NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

Program Evaluation Unit

Program Evaluation: Home Visiting Implementation and Expansion

July 20, 2023

Report #23-02

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Charles Sallee
Interim Director

July 20, 2023

Elizabeth Groginsky, Secretary
1120 Paseo De Peralta
Santa Fe, New Mexico 87501

Dear Secretary Groginsky:

The Legislative Finance Committee (LFC) is pleased to transmit the evaluation, *Home Visiting Implementation and Expansion.* The program evaluation examined the program impact and fidelity monitoring, determined capacity and needs, and assessed uptake and enrollment trends of home visiting. An exit conference was held with you and your staff on July 11, 2023 to discuss the contents of the report.

The report will be presented to the LFC on July 20, 2023. LFC would like plans to address the recommendations within this report from the Early Childhood Education and Care Department within 30 days of the hearing.

I believe this report addresses issues the LFC asked us to review and hope the district will benefit from our efforts. We very much appreciate the cooperation and assistance we received from you and your staff.

Sincerely,

Charles Sallee, Interim Director

Cc: Senator George K. Muñoz, Chair, Legislative Finance Committee
Representative Nathan Small, Vice-Chair, Legislative Finance Committee
Daniel Schlegel, Chief of Staff, Office of the Governor
Mariana Padilla, Executive Director, Children's Cabinet
Wayne Propst, Secretary, Department of Finance and Administration
Joseph Maestas, State Auditor, Office of the State Auditor

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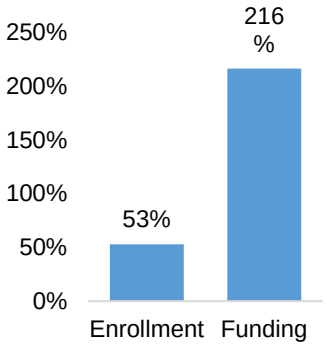
Home Visiting Holds Promise But Implementation and Expansion Need Improvement

Home visiting, parent education and supports for families, likely reduces child maltreatment and improves parenting, but participant often drop out and effectiveness may depend on the home visiting model used. The program, which is administered by the Early Childhood Education and Care Department, holds promise to improve New Mexico's lower-than-national average maternal and child health outcomes. Furthermore, the state's commitment to home visiting has made it a national leader due to its strong legislative framework through the Home Visiting Accountability Act and steadily increasing funding. However, enrollment has not kept pace with funding, growing only 53 percent since FY17 while funding increased 216 percent over the same period.

Home visiting outcomes can vary widely depending on models, implementation, and length of service. Home visiting in New Mexico has an expected return on investment ranging from $1 to $14 for every dollar spent depending on the model delivered. However, with only 11 percent of participating families completing the Home Visiting Program in FY22, the state's actual benefit is likely smaller. For some families participating in certain models of home visiting in New Mexico, child maltreatment rates were lower than the state average. Overall, caregivers' parenting skills are higher than a national average with some models performing better than others. However, fewer mothers enrolled in home visiting initiate breastfeeding than the state average. The Nurse Family Partnership model consistently saw more positive impacts compared with other models however it accounted for less than 10 percent of slots. Additionally, few families stay in the Home Visiting Program for the expected length of time or receive the expected number of visits, signaling that monitoring of program implementation could be improved with a focus on these factors.

While home visiting services have expanded in recent years, most eligible children remain unserved, with only 6 percent of children under age 5 receiving services in FY22. As the Home Visiting Program expands, counties with high need should be prioritized while the state also grows universal access programs that serve families regardless of if they have high risk. Additionally, if Medicaid were better utilized, the state could serve up to an additional 5,400 children with existing appropriations. Barriers to expansion include different state- and Medicaid- funded rate and reimbursement structures, low successful referral rates from medical providers, and ineligibility for postpartum enrollment. A coordinated intake and referral system and increased referrals from Medicaid managed care organizations as well as examining the impact of incentives could improve enrollment.

Chart 1. Increase in Enrollment and Funding for Home Visiting, FY17 to FY22



Note: Enrollment in FY17 was 4,130 and 6,317 in FY22. Total funding in FY17 was $13.5 million and $42.9 million in FY22.
Source: LFC analysis of ECECD data

Table 1. Overview of Key Home Visiting Outcomes in New Mexico

Home Visiting Accountability Act Goal (Measure)	NM Compared with Benchmark
Children and families are safe (rates of child maltreatment)	+
Babies are born healthy (% of mothers initiating breastfeeding)	-
Children are nurtured (score on the PICCOLO*)	+
Children are physically and mentally healthy (% of well-child checks)	+
Children are ready for school (iStation scores*)	?
Families are connected to supports within their communities (% of families engaged in referred services)	-

Note: PICCOLO is a tool to measure parent child interactions. istation is an assessment given to K-2 graders. + is positive impact, - is no positive impact and ? is unknown.
Source: LFC analysis of ECECD data

Evaluation Objectives

1. Assess uptake and enrollment trends;
2. Determine capacity and needs, including workforce needs; and
3. Review program impact and assess fidelity monitoring, including examining the impact of the pandemic and tele-home visiting.

Key Findings

Home visiting positively impacts families and for families to get the full benefits, the state should focus on increasing completion rates.

Home visiting likely reduces child maltreatment and improves parenting skills and can impact other outcomes with evidence- and research- based models generally leading to larger impacts.

Given low completion rates and changes to how to program is operated, fidelity needs to be monitored to ensure the best potential outcomes.

Home visiting serves a small proportion of New Mexico children from birth to age 5.

The reimbursement rates for state-funded and Medicaid-funded home visitings are different and may not be indicative of actual costs.

Promising, universal-access home visiting models have been slow to grow and some higher risk communities have fewer home visiting services.

Addressing low family recruitment and retention will help reach expansion targets.

Key Recommendations

The Early Childhood Education and Care Department should:

- Update and publish a cost study using actual financial data from providers to determine actual costs of home visting and use this as one component in determining how to adjust reimbursement rates;
- Provide education to medical providers about the value and availability of home visiting, simplify and standardize the referral process and encourage integration of referral prompts into electronic records;
- Prioritize home visiting expansion in areas of high population as well as higher social vulnerability;
- Conduct an evaluation on the impact of virtual visits on outcomes; and
- Ensure the Early Childhood Integrated Data System allows for outcome analysis of all early childhood programs, including Home Visiting, by the current timeline.

The Early Childhood Education and Care and the Human Services Departments should:

- Ensure Medicaid-funded home visiting rates are comparable to state-funded home visiting rates including paying by model; and
- Ensure postpartum women can enroll in Medicaid-funded home visiting, including Parents as Teachers.

The Legislature should consider allocating funds for evaluation of standards-based home visiting to determine expected outcomes for families enrolled in these programs.

BACKGROUND

Home Visiting is a voluntary parent education program available free to all families in New Mexico expecting a child from before the birth of the child to age five. The program provides family support, such as providing information on child development and connections to services, and parenting skills to improve early childhood and family outcomes. Home visiting models differ in staffing, duration, intensity, and targeted participants. In New Mexico, a strong legislative framework has been in place for 10 years and funding has consistently increased, but enrollment has expanded more slowly.

History of Home Visiting in the United States and New Mexico

Home visiting began in the United States in the 1880s based on theory that education is the most powerful strategy to lift children out of poverty and that the lifelong health of families is improved by addressing social and economic factors. Home visitors were deployed to people's houses to provide early childhood education, improve maternal-infant health through public health nursing, and support impoverished immigrant communities as part of the settlement house movement. Federal interest in the needs of mothers and young children led to the enactment of Title V of the Social Security Act, the Maternal and Child Health Program. Modern home visiting began with Hawaii's implementation of the Healthy Start Project in 1975. In 2010, bipartisan support for home visiting led to the creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) which provides funding and technical assistance for evidence-based home visiting programs.

In New Mexico, the long history of midwifery includes home visiting as part of the standard of care. Throughout the early 1900s, midwives, or *curandera-parteras*, were the primary caregivers for women and infants during the pre- and post-natal period. The state's current Home Visiting program was established in 2012 with legislation enacted in 2013.

Source: National Home Visiting Resource Center, Journal of Midwifery and Women's Health

A strong statutory framework for home visiting outlines goals, requirements, and standards.

In 2012, New Mexico began publicly funding home visiting programs and in 2013 established the Home Visiting Accountability Act, a standards-based framework to ensure consistency and quality. The Early Childhood Education and Care Department (ECECD) administers Home Visiting as part of its continuum of early childhood programs.

The state Home Visiting Accountability Act requires specific standards for a home visit and specifies reporting monitored by ECECD. The act outlines six goals of home visiting to impact young childrens' health, school readiness, and safety. These goals broadly align with federal goals from the Administration for

Figure 1. Goals of Home Visiting in New Mexico

Source: FY21 Home Visiting Report

Select Statutorily Required Data in the Annual Home Visiting Report:

- Cost per family served;
- Number of families served;
- Demographics;
- Duration of participation;
- Number and type of programs;
- School readiness, child development, and literacy;
- Child maltreatment, risky parental behavior;
- Children receiving regular well-child exams;
- Infants on schedule to be fully immunized by age 2;
- Children with potential delay and how many in services within 2 months of screening;
- Children receiving home visiting and in high-quality childcare programs.

Children and Families. ECECD is also statutorily required to annually report on enrollment and outcomes of the Home Visiting Program, including child maltreatment, maternal and child health, and school readiness.

The Home Visiting Program transferred from the Children, Youth, and Families, Department when ECECD was established in FY21 and is currently housed in the Family Support and Early Intervention Division. Prior to moving to ECECD in July 2020 when the department was created, Home Visiting was housed within the Early Childhood Services Division at CYFD. In 2020 the Home Visiting Program moved to the new department along with several other programs and two formerly within the Department of Health; the Family, Infant, Toddler (FIT) program and Families First. In FY23 the division had a budget of $68.9 million and 41 FTE.

Chart 2. Sources of Revenue for the Family Support and Early Intervention Division, FY21-FY23

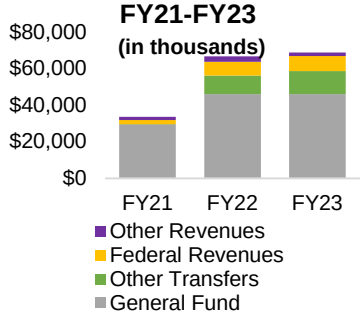
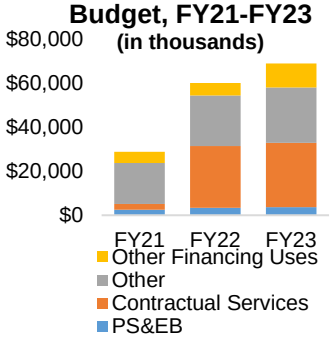


Chart 3. Uses of the Family Support and Early Intervention Budget, FY21-FY23



Source: Vol II

Enrollment increases have lagged funding increases for home visiting.

Funding for the Home Visiting Program increased between FY17 to FY22. In FY17, the program spent $13.5 million and had an operating budget of $42.9 million[1] in FY22 driven by increased state investment as well as the introduction of an additional federal funding stream through Medicaid. In 2020, the state received federal approval for home visiting as a Medicaid-eligible service. As with all Medicaid funding, the state is required to match funds at approximately 25 percent. The early childhood trust fund and two other federal funding streams, Temporary Assistance for Needy Families (TANF) and Maternal Infant Early Childhood Home Visiting (MIECHV), also fund home visiting. TANF funds are part of the TANF distribution from the

Chart 4. Actual Number of Families Served in Home Visiting, FY17-FY22

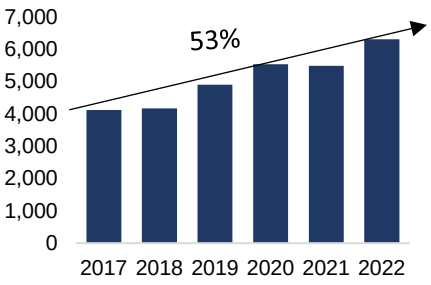
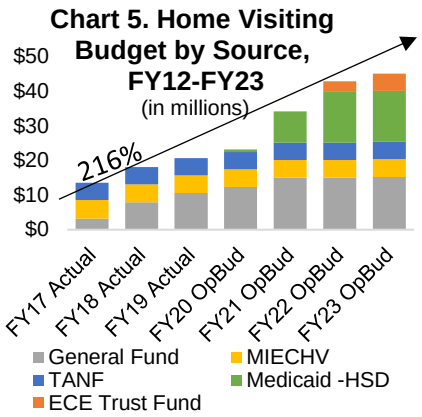


Chart 5. Home Visiting Budget by Source, FY12-FY23



Note: Complete enrollment data for FY23 is not available currently. Enrollment data was taken from a dynamic database through an extract provided to LFC from ECECD and UNM in March 2023. Previous extracts may have slightly different enrollment numbers. New Mexico is not bringing in the budgeted level of Medicaid dollars due to low enrollment in Medicaid funded home visiting.

Source: Vol 3, LFC analysis of ECECD data

[1] $14.7 million of the $42.9 million is earmarked Medicaid dollars that are not part of ECECD's budget.

Human Services Department (HSD), which are spent on various programs including the Prekindergarten program and child welfare. The majority of the 5 million federal MIECHV dollars are required to go to providers operating evidence-based home visiting as defined by MIECHV (see Appendix B). Providers receiving these dollars are required to submit additional reporting and are paid more per family. The federal government also allows the state to spend up to 25 percent of the MIECHV dollars on promising programs.

While funding increased 216 percent from FY17 to FY22, family enrollment grew only 53 percent over this period in part because enrollment in Medicaid-funded home visiting did not meet targets. Total enrollment in home visiting grew from approximately 4,000 to over 6,000 from FY17 to FY22. For FY23, according to ECECD's third quarter report card, enrollment in Medicaid-funded home visiting, targeted at 1,500 for the year, but was 406 as of quarter 3 (see Appendix C). Because of the under enrollment in Medicaid funded home visiting, federal dollars have been left unspent.

Home visiting program: a provider running any type of home visiting, whether it follows a model or not.

Home Visiting Model: provides structure as to eligibility, visit frequency and duration, and workforce used when conducting home visits.

Home visiting can improve New Mexico's poor maternal and child outcomes.

The potential of home visiting to improve the lives of families is significant. Certain home visiting models have been shown to lower incidences of child maltreatment and reported substance abuse, improve mental and physical health, and increase educational outcomes. High-quality home visiting holds promise to help improve the lower-than-national-average outcomes in New Mexico related to child maltreatment and maternal and child health.

New Mexico has worse maternal and child health and wellbeing outcomes than the national average. According to United Health Rankings 2022 Women and Health report, New Mexico is 44th in the country for women's and children's health. Specifically, New Mexico ranks 36th for prevalence of babies born with low birth weights and 49th for adequate prenatal care, with approximately one-third of mothers not receiving adequate prenatal care in the first four months of pregnancy. Additionally, New Mexico ranks 50th for child exposure to adverse childhood experiences (ACEs) Due to these poor health factors, New Mexico could benefit from services that improve birth outcomes and use of prenatal care.

According to the Human Services Department (HSD), nearly three quarters of children born in New Mexico are born to mothers enrolled in Medicaid. This large proportion of births would likely benefit more from home visiting services than other populations. New Mexico also has one of the highest social vulnerability scores in the nation, according to the federal Center for Disease Control and Prevention. This metric assesses how many households are lower income, have young or old inhabitants, have limited English proficiency, are a racial minority, or have housing instability. It can be used to assess the potential negative effects of external stressors on health. Based on this index, New Mexico ranks third highest for social vulnerability in the nation, with Luna, Cibola, Doña Ana and McKinley counties having the highest social vulnerability scores in the state.

Evidence-based means that the model:
(1) incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials;

(2) Can be implemented with a set of procedures to allow successful replication in New Mexico; and

(3) When possible, has been determined to be cost beneficial.

Research-based means that the model has some research demonstrating effectiveness, but does not yet meet the standard of evidence-based;

Standards-based approach follows a research-based curriculum, or combinations of research-based curricula, or follow the curriculum of an evidence-based home visiting model or promising approach that the home visiting program has adopted.

Source: Home Visiting Accountability Act and the Accountability in Government Act

Table 2. Home Visiting Impact of Child Maltreatment and Health by Model
(in order of largest reduction in child maltreatment, then health)

Model	% Reduc-tion Maltreat-ment Risk	% Improve-ment maternal or child health
Nurse Family Partnership	5%	1%-8%
Healthy Families America	3%	1%-4%
Child First	Unknown	10% to 12%
Safe Care Augmented	1%	-1% to 2%
Promoting First Relation-ships	Unknown	4% to 5%
Parents as Teachers	Unknown	3%
First Born	Unknown	Positive impact but unknown % change
Family Connects	Unknown	Positive impact but unknown % change
Standards-Based	Unknown	Unknown
Early Head Start HV	Unknown	Positive impact but unknown % change

Note: Outcome of interest was maltreatment risk assessment or medical assessment of maltreatment risk. Health is defined as child or adult physical or behavioral health.

Source: Title IV-E Prevention Services Clearinghouse

Home visiting can prevent child maltreatment and injury and improve children's cognitive and socio-emotional development. According to the federal government's Maternal Infant Early Childhood Home Visiting (MIECHV) program, research shows home visiting can potentially impact seven areas of health and well-being, including maternal and child health, child welfare, and parenting behaviors. Some home visiting models have been shown to impact multiple family outcomes, while others impact fewer outcomes or have a lesser impact on the same outcomes. The potential benefits of home visiting are not only dependent on the particular model used but also on whether providers run the model as intended. Additionally, for certain parents, home visiting may affect additional outcomes. For teen mothers, home visiting can reduce repeat births, and for mothers who have been abused, it can reduce intimate partner violence.

Table 3. Home Visiting Models in New Mexico and Researched Outcomes, Based on National, Published Research
(ordered by programs in New Mexico and evidence base)

		Positive Parenting Practices	Maternal or Child Health	School Readiness	Child Abuse and Neglect	Family Economic Self Sufficiency	Family Violence and/or crime	Linkages and Referrals
State funded in FY23	Nurse-Family Partnership	✓	✓	✓	✓	✓	✓	
	Parents as Teachers	✓		✓		✓		
	Promoting First Relationships	✓	✓					
	First Born		✓					
	Family Connects*^	✓	✓					✓
	Standards-Based							
Federally Funded	Early Head Start HV	✓	✓	✓		✓		✓
Coming in FY24	Child First*		✓	✓				✓
	Safe Care Augmented*				✓			✓
	Healthy Families America*	✓	✓	✓	✓	✓	✓	✓

Note: *Models coming to New Mexico in FY24; ^Family Connects is currently being piloted in Bernalillo County; EHS is a non-state funded home visiting program that serves 510 children 3 and under in NM.

Source: Adapted from HomVEE, California Evidence-Based Clearinghouse, and Title IV-E Clearinghouse

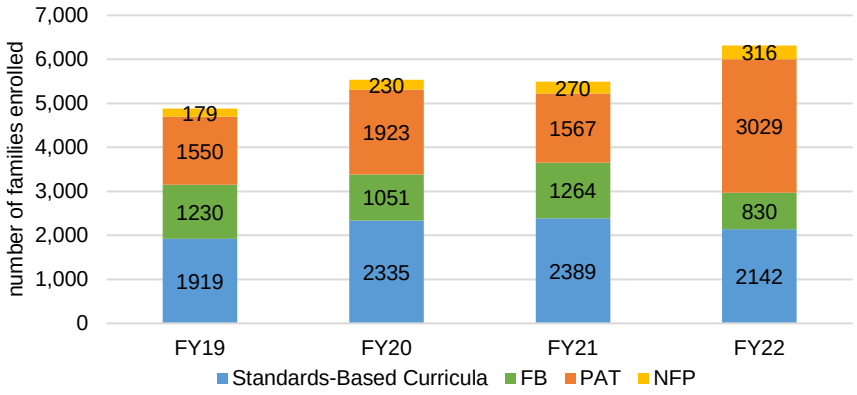
New Mexico allows the use of either standards or evidence-based approaches to home visiting. Providers in New Mexico can choose what type of model they offer to families. In FY22 there were 33 home visiting providers, from small, local non-profit organizations to large statewide healthcare groups, such as Presbyterian Medical Services (see Appendix D for a complete list of providers). The Accountability Act specifies the state's home visiting providers must be at least standards-based, meaning they should be grounded in empirically based best practices and use a curriculum linked to positive outcomes for children and families. However, standards-based programs do not adhere to the same requirements as more rigorously evaluated evidence-based models. Specifically, standards-based programs use a researched curricula but do not specify the number of visits a month, expected length of enrollment, or workforce requirements.

In FY22, 13 providers offered the Parents as Teachers (PAT) model and one provider offered the Nurse Family Partnership (NFP) model, with another beginning NFP in FY23. Five providers used First Born (FB), a program developed in Silver City found by Rand to lead to positive health outcomes for families. While information on FB was submitted by the state to the federal

government to be designated as evidence-based by MIECHV, it has not yet been designated an evidence-based program by the federal government but is a research-based model (see Appendix B for list of recognized models). Additionally, in FY22, 13 providers used the standards-based approach.

Since 2019, the number of families served by an evidence- or research-based model increased 40 percent from approximately 3,000 to 4,200. In FY22, two-thirds of all families served by state-funded home visiting received services from an evidence- or research-based model. According to MIECHV, NFP and PAT are evidence-based models that served approximately 3,300 families in New Mexico in FY22 (or nearly half of all families served). These models offer not only specific curricula but also a scheduled number of visits, among other program supports. NFP requires a range of visits with families varying from weekly to twice a month, depending on the age of the child. PAT requires a minimum of monthly visits for those at lower risk and twice a month for those with higher needs. Additionally, FB served 830 families in 2022. FB requires a minimum of 40 visits within the first year. When organizations implement one of these models with fidelity, certain positive outcomes are expected. In FY22, 2,142 families were served by a provider using the standards-based approach, which uses a research-based curricula but does not have specific model requirements, such as the length of time it takes to complete the program. While these organizations may be meaningfully helping families, given the lack of an outlined model to follow, the benefit from standards-based programs is unknown.

Chart 6. Home Visiting Enrollment by Model



Source: LFC analysis of ECECD data

Nurse Family Partnership (NFP) –An evidence-based model using nurses who visit first-time, low-income moms during pregnancy (28 weeks or less) and continuing through the child's 2nd birthday. Home visitors are nurses.

Parents as Teachers (PAT) – An evidence-based model offering visits to families with children from before the child's birth through age 5. Home visitors do not have to meet specialized qualification.

First Born (FB) – A research-based model created in New Mexico initially for first-time mothers that serves families from pregnancy continuing to the child's 3rd birthday. Home visitors do not have to meet specialized qualifications.

Standards-Based – Partnership for a Healthy Baby and Nurturing Parenting are both research-based curricula that provide information on child health and development for home visitors to share with families with children aged birth to 3 years old.

Home Visiting Positively Impacts Families but Low Completion Rates may Limit Benefits

Research demonstrates positive outcomes from home visiting on measures that the state is trying to improve, reducing child maltreatment and improving parent child interactions. New Mexico's Home Visiting Accountability Act requires an annual outcomes report which generally shows the Home Visiting Program is leading to positive outcomes on a variety of measures (see Appendix E). The state also sees some positive outcomes for child health and family goals but could improve on connecting families to other services and in the rates of families breastfeeding. Additionally, outcomes of some of these metrics depend on the model of home visiting in use. Outcomes are generally better for evidence-based rather than non-evidence-based models. In FY22, the state funded two evidence-based models (Nurse Family Partnership (NFP) and Parents as Teachers (PAT)) and one research-based model, First Born (FB). New Mexico also has many providers using standards-based home visiting.

Table 4. Estimated ROI from Potential Home Visiting Programs in New Mexico

Program Name	Benefit to Cost Ratio (rounded to nearest dollar)	Effect Size (ES) Cost Matrix
Nurse Family Partnership	$5-$10	Large ES/ High Cost
Triple P*	$9-$14	Small ES/ Low Cost
Other Home Visiting for At-Risk Families^	$2-$4	Medium ES/ High Cost
Parents as Teachers	$1-$2	Medium ES/ Moderate Cost
Healthy Families America	$1	Medium ES/ High Cost
Family Connects	$1	Small ES/ Low Cost
Early Head Start	$0	Minimal ES/ High Cost

Note: Cost of Family Connects based on Durham Connects 2014 adjusted for inflation. Some programs may have other benefits, but these currently are not monetized. Outcomes from WSIPP, other than First Born where outcomes are from a 2019 Kilburn and Cannon article. Some ROI analysis (NFP, PAT, EHS) has a range based on previous LFC reports with variance due to model changes. ^Other home visiting programs for at risk families may provide a proxy for First Born home visiting, which was not included by due to limited research allowing for monetization

Source: LFC analysis using Pew RF analysis with NM data where possible

Home visiting has positive returns on investment, but these returns depend on the model being implemented to fidelity (run as expected), including families completing the service. Home visiting should have returns on investment ranging from $1 to $14 for every dollar spent, depending on the program used. In 2021, LFC staff conducted cost benefit analyses on home visiting for programs that were or could be funded by the state to determine target returns on investment, assuming the models are run as intended. These returns varied from $14 for every dollar spent for Triple P to $0 for Early Head Start. This variability in return is due to model cost and the size of the impact on children and families. NFP has one of the largest potential returns on investment. However, it is currently only offered by two providers and accounted for less than 10 percent of all contracted slots statewide in FY22.

Importantly, as discussed later in this section, how programs are implemented also impacts outcomes. As of FY22, completion rates were at a nine-year low and few families remained in home visiting for the expected length of time, likely reducing home visiting's benefit. Over the past few years, there has been an increase in virtual home visits and some models expanded eligibility. These changes may point to the need for greater oversight and further study.

Home visiting potentially reduces child maltreatment and improves parenting skills.

New Mexico sees higher child maltreatment rates than the United States, with 14.9 in 1,000 children victimized. Home visiting, a high-quality, upstream prevention service, if delivered correctly can reduce maltreatment and improve parenting. For instance, based on meta analyses, the Nurse Fmaily Partnership can reduce maltreatment by 5 percent. Specifically, in New Mexico, home visiting families have child maltreatment levels that are lower than both state

and nationwide averages, and participants with a subset of providers using evidence-based home visiting and funded by MIECHV have an even lower rate. Additionally, parents enrolled in the Home Visiting Program scored higher on measures of parent child interactions, which is one of the most direct connections to home visiting, than a national validation study.

In FY21, New Mexico's home visiting programs, and particularly evidence-based MIECHV-funded home visiting programs led to lower child maltreatment. In FY21, for those families who participated in home visiting, their maltreatment rates were less than half of the state rate at 6.2 per 1,000 versus 14.9 per 1,000. The families enrolled with a provider funded by MIECHV rates had even lower rates. New Mexico used MIECHV funds to support five PAT programs and one NFP program. The child maltreatment rate for MIECHV-funded programs in New Mexico is much lower than the national average for MIECHV-funded programs (0.1 per 1,000 families vs. 7.4 per 1,000 families). The overall national incidence of child maltreatment is 8.4 per 1,000 and New Mexico's incidence in FY21 was higher at 14.9 per 1,000, highlighting the larger than average benefit that New Mexico home visiting programs may have. However, it should also be noted New Mexico offers home visiting to all families who would like the service rather than targeting high-risk families. This could increase selection bias, meaning that families who opt to participate in home visiting may be less likely to be at risk for child maltreatment.

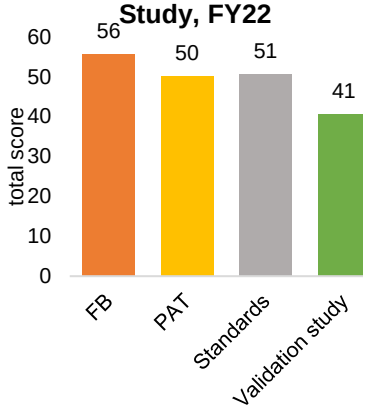
Table 5. Home Visiting Impact on Child Maltreatment, FY21
(per 1,000, lower is better)

	New Mexico	US
MIECHV	0.1	7.4
All HV	6.2	N/A
Overall	14.9	8.4

Note: MIECHV covers only MIECHV funded providers (five in FY21, one provider offered both PAT and NFP), while All HV is the average for all HV in New Mexico in FY21 for families in HV at least six months.
Source: MIECHV New Mexico FY21 State Snapshot

New Mexico families that participate in home visiting have higher positive parenting scores than a national comparison. Healthy parent-child interactions are related to positive outcomes for children, including education, health, and social emotional functioning. The PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) is a commonly used tool to assess interactions. Scores vary by home visiting model and time point. While families enrolled in all models on average scored above a national validation study, FB and standards-based programs had slightly higher scores.

Chart 7. Total PICCOLO Scores by Model* Compared to National Validation Study, FY22



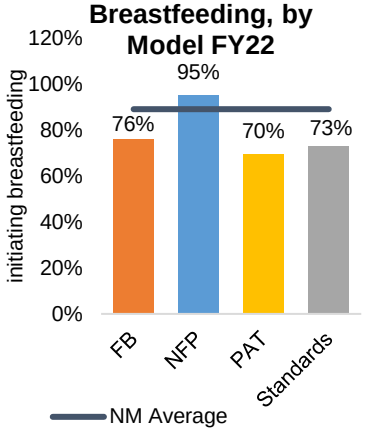
Note: NFP is not included because it uses a different tool to assess parent child interactions.
Source: LFC analysis of ECECD data and *Infant Mental Health Journal 2013*

The PICCOLO is a point in time assessment and not meant to be used to measure growth over time, partially due to scores naturally increasing over time (see Appendix F for additional analysis). However, the annual Home Visiting Outcomes report and the state's quarterly continuous quality improvement (CQI) process examine growth over time. Therefore, the state may want to use a different tool or compare metrics to national means.

Home visiting can positively affect other outcomes but depend on the model.

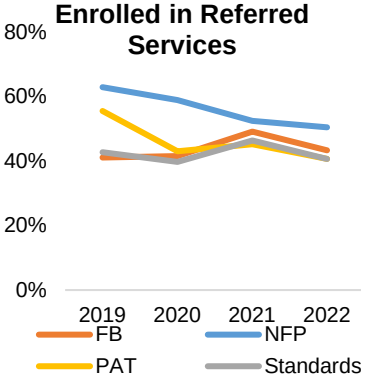
Home visiting also less directly impacts health, engagement in other services, and family goals, with many of these outcomes showing different impacts by model. Outcomes associated with different home visiting models may partially be influenced by the demographics of the families enrolled. While outcomes vary by family, generally those at higher risk are likely to have larger benefits. Additionally, national research suggests prenatal enrollment in some home visiting programs may improve prenatal care and birth outcomes.

Chart 8. Mothers Initiating Breastfeeding, by Model FY22



Source: LFC analysis of ECECD data, IBIS

Chart 9. Home Visiting Clients Enrolled in Referred Services



Source: LFC analysis of ECECD data

Table 6. Top Five Referrals from Home Visiting, FY22

Referral Category	# of referrals
Basic needs	2,551
Behavioral health services	2,760
EI/FIT services	3,375
Family and social support services	3,239
Other	3,381

Source: LFC analysis of ECECD

Health outcomes for home visiting are mixed. Women enrolled in home visiting, with an exception for those enrolled in NFP, initiate breastfeeding at slightly lower rates than the state average. Initiation of breastfeeding is associated with lower risk for child obesity, and breastfeeding overall can provide some protection against illness in infancy. According to the Department of Health, roughly 89 percent of women statewide attempted to breastfeed their infants; however, in FY22 72 percent of women in home visiting initiated breastfeeding. Families enrolled in NFP showed the highest initiation rates at 95 percent. Likely in part because families enrolled in NFP are required to enroll prenatally and mothers with prenatal enrollment had higher initiation rates (80.3 percent). Other models allow for prenatal enrollment but do not require families to enroll prenatally. As suggested by national research, earlier and more visits may lead to a larger home visiting impact on families enrolled.

The rate of children in home visiting in New Mexico who received their most recent well-child check was above a national average. Well-child checks are a chance to provide immunizations, identify illness, offer preventive care, and are associated with reduced hospitalizations and emergency department use. In FY21, on average 56 percent of families in home visiting received the most recent well-child check for their child's age, above a national home visiting average of 44 percent. Although data did not allow for complete analysis of well-child checks by model (because some provider information is not broken out by the different models they provide), NFP had 100 percent of families report children received their most recent well-child check. Additionally, since FY21, definitions for well-child checks within the Home Visiting Program database have changed.[2] The new definition is different from the definition used by MIECHV. Using consistent definitions similar to those used by the federal government would allow New Mexico to better compare itself to other states and national averages.

In FY22, fewer families are using the services they are referred to through home visiting than in previous years. Connecting families to additional resources is one of the goals of home visiting as identified both federally by MIECHV and by New Mexico's Home Visiting Accountability Act. Home visitors may refer families for services based on validated screening tools (used to identify families at-risk for postpartum depression, developmental delays and intimate partner violence) or may refer families for other services such as childcare or public assistance based on family need (see Appendix G for full list). For some services, as noted in a 2022 University of New Mexico paper on referrals, client engagement is more challenging than for others, with intimate partner violence among the most challenging to ensure engagement. Additionally, some referrals may be hard to engage in as was shown in the 2022 LFC Medicaid report. Using data from that report, staff found that only 1 in 5 pediatricians or family practitioners were able to schedule a new client appointment in fall 2022.

In 2022, 41 percent of Home Visiting Program families engaged in referred services, down from 49 percent in 2019. This decrease may in part be due to the pandemic. However, referrals as a result of screenings (i.e., postpartum

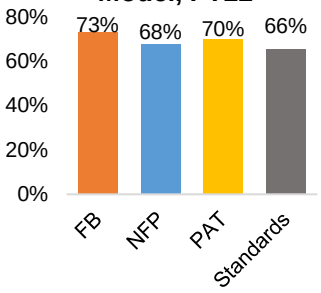
[2] In FY21, ECECD defined an up to date well child check as a well-child check date in the Maternal Child Health assessment that corresponds to the child's age in the reporting period. In FY22, the definition was changed to whether families took their child to a medical checkup or if they had an appointment scheduled as well as whether the child had all recommended immunizations.

depression, intimate partner violence, and development screenings) were at or near three-year highs in FY22, according to the FY22 Annual Home Visiting Outcomes report. Notably, screenings for postpartum depression decreased from 95 percent in FY20 to 85 percent in FY22.

Engagement in referrals for all services vary by model. In FY22, half of NFP families engaged in referred services and only 41 percent in families enrolled in PAT and standards-based programs engaged. To improve engagement, home visitors could use a closed loop referral system that would notify a home visitor if a family engaged in services.

In FY22, for all models, most families met or partially met their home visiting goals but a higher percentage of families in evidence- or research- based models met their goals. As home visiting is relational, ensuring families feel they are getting what they want to get from the service is especially important. For families enrolled in the Home Visiting Program at least six months, in FY22, 68 percent met or partially met the goals they set for themselves with their home visitor. This rate has been relatively constant over the past few years however, previous years' data may not have been entered consistently. Some of the top goals include child developmental milestones met, child well-being supported, and positive parent-child relationship (see Appendix H for a full list). If families meet their goals for home visiting, they may be more likely to see the value of home visiting or stay enrolled to meet more of their goals.

Chart 10. Family Goals Accomplished or Partially Accomplished by Model, FY22



Note: Only families enrolled in home visiting for at least 6 months were included.
Source: LFC analysis of ECECD data

ECECD does not track home visiting's impact on education and databases that could do so do not include home visiting when tracking outcomes.

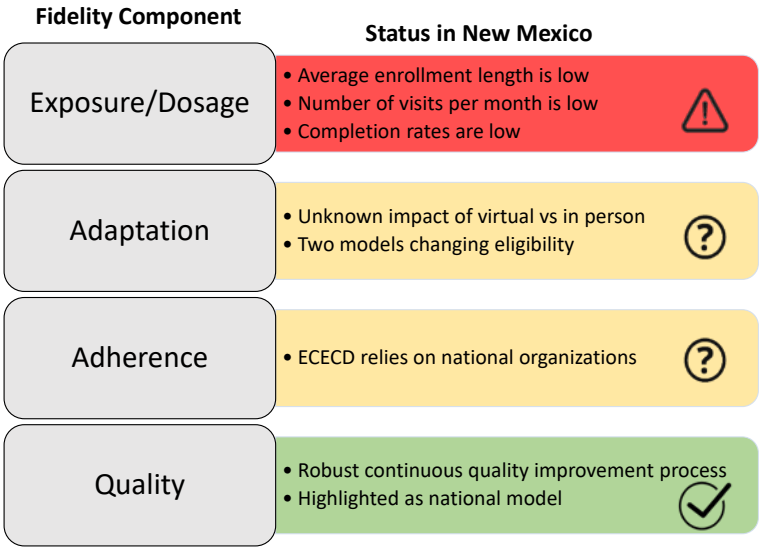
The original purpose of the Early Childhood Integrated Data System (ECIDS) was to allow for the integration of data from multiple early childhood data systems to analyze outcomes. In 2016, the Public Education Department first contracted with eScholar to build the system originally funded at $8.5 million. EScholar stated the system would be able to answer policy questions, such as are children on track to be successful in kindergarten, how are children doing on assessments, and did at-risk children have access to qualified staff? However, as cited in a 2019 LFC evaluation on childcare, the system was not completed on schedule. Additionally, the current version of ECIDS does not allow for analysis of the Home Visiting Program or Family, Infant, Toddler (FIT) outcomes and allows for analysis of outcomes of the other programs for only education. LFC staff attempted to analyze the impacts of home visiting on education, but could not do so reliably due to difficulties connecting children who received home visiting with these children's' future test scores. ECIDS should simplify that process.

ECECD now oversees the work and has a $1.1 million contract with Resilient Solutions 21 (RS21), due for completion in 2024, to allow for this analysis. As noted in a 2019 LFC evaluation on the procurement process, ECIDS is an example of the state not obtaining value from the initial contract. Due to the need to better understand the long-term outcomes connected with home visiting (such as school readiness), as well as the delays associated with ECIDS, ECECD should ensure RS21 provides the contracted services on time.

Given low completion rates and changes to home visiting delivery, fidelity needs to be monitored to ensure the best potential outcomes.

In 2022, only 11 percent of families leaving the Home Visiting Program did so because they completed the program. This is lower than national averages, which generally hover around 50 percent. To realize the full expected benefits of home visiting, families need to complete the service, and models need to be implemented as intended.

Figure 2. Status of Fidelity Monitoring in New Mexico

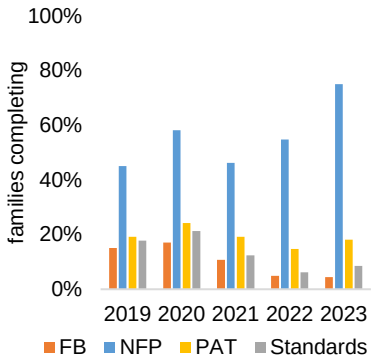


Source: Adapted from NIRN, State Implementation & Scaling-up of Evidence-Based Practices

Fidelity monitoring, or ensuring that a model is implemented as intended, is crucial to determine expected impact. Providers should be adhering to a chosen model, meaning they meet with families the appropriate number of times (i.e., families are receiving the right intervention "dosage"), have high-quality, engaging interactions with families, and provide culturally appropriate adjustments. These components are essential to ensure a home visiting program delivers the expected results. Ensuring families are in home visiting for the expected length of time and getting the expected number of visits per month is important to ensure families get the expected outcomes.

New Mexico is dealing with new program adaptations such as virtual visits as well as model expansions that have yet to have outcomes fully studied. Given these changes, fidelity and quality monitoring of providers is of particular importance. In New Mexico, ECECD relies on the national service organizations to monitor fidelity but does not consistently have written agreements that outline roles for both groups. Without the state monitoring potential challenges providers have with model implementation, it is difficult for the state to best plan which programs should be expanded or how to maximize the benefit of home visiting.

Chart 11. Families Completing Home Visiting by Model



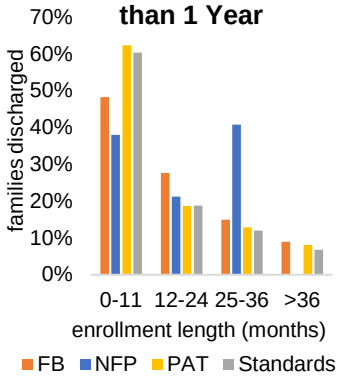
Note: Data for 2023 does not cover a full year, only data for families who discharged from home visiting were included for enrollment length. Completion is determined by home visitor. See chart 29 on page 33 for reasons why families leave home visiting before completing the program.

Source: LFC analysis of ECECD data

In New Mexico, few families complete home visiting, with more than half of families leaving before a year, an indication models are likely not run as intended. Current evidence- and research-based models implemented in New Mexico have length of enrollment standards ranging from 24 to 36 months to determine if the model is run to fidelity. However, families generally leave much earlier. In New Mexico in FY22, 89 percent of families enrolled in home visiting did not complete the program, compared to about 50 percent nationally. More families enrolled in evidence-based models completed home visiting than those enrolled in standards-based or research-based models. Since at least 2019, NFP had the highest completion rate, with around half of all families completing the program. While low completion and duration rates are a problem nationwide, national research shows that when families stay in home visiting for the expected length, they are more likely to get more benefits. For instance, families who engaged in home visiting for a longer duration had positive longer-term outcomes, including improved kindergarten behavior compared with those enrolled for less time.

Additionally, a large majority of families in New Mexico are not staying in home visiting for the expected length of time, with more than half of families enrolled for less than 12 months. In FY22, only NFP had more than 40 percent of families stay 25-36 months. Staying this long likely indicates families were enrolled the entire expected length of stay because families enroll prenatally and graduate when the child turns 2 years old. Standards-based programs do not have a target enrollment length, unlike the evidence-based models. Research on why families leave home visiting highlight a number of reasons, including families not seeing the value of home visiting, a mismatch between the family and the home visitor, or schedules between the home visitors and the family not aligning.

Chart 12. In FY22 Most Families Stayed in Home Visiting Less than 1 Year



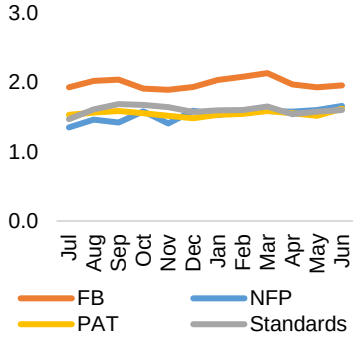
Note: Length of stay analyzed only for those families discharged from home visiting in FY22. See chart 29 on page 33 for reasons why families leave home visiting before completing the program.

Source: LFC analysis of ECECD data

In FY22, families typically received between one and two visits per month, lower than model recommendations. NFP, PAT, and FB all specify the number of visits a family should receive from the model. NFP generally expects two to four visits a month. FB has a minimum of 40 visits in the first year, or just over three visits a month. PAT requires a minimum of one or two visits a month, depending on the number of stressors a family has experienced. Research highlights that more visits lead to a larger impact on outcomes. This has been found for birth outcomes, such as preterm birth and small for gestational age, as well as other outcomes more broadly.

Most home visiting models in New Mexico provide fewer than the expected number of visits per month. In FY22, NFP and FB did not see families the expected number of times per month. Providers using PAT on average saw families between one to two times a month, potentially meeting model expectations. Standards-based home visiting does not have a required number of visits per month but averages one to two visits per month per family. While providing 1.5 visits a month rather than two visits a month does not sound like a big difference, it could mean a family receives six fewer visits than expected over the course of a year. If providers do not see families the expected amount, it is less certain families will get the expected benefits of the model. The lower-than-expected number of visits could mean providers may not be implementing models to fidelity or families may be opting for fewer visits. National literature shows there are challenges to visiting families and not all families need the same amount of home visiting. As the specific needed dosage may vary by family and provider, the federal government recommends considering the dosage intended, offered, and received.

Chart 13. Average Visits per Month by Model, FY22

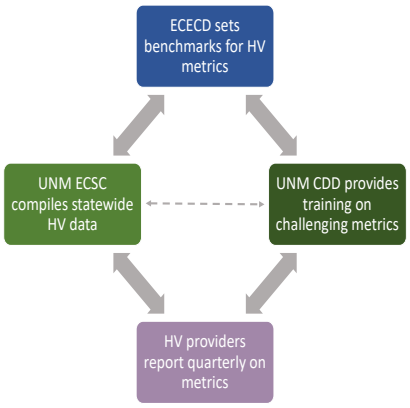


Note: Visit was defined as a face-to-face (virtual or in-person) interaction lasting at least 30 minutes.

Source: LFC analysis of ECECD data

Given low dosage, duration, and completion rates, written agreements between ECECD and national service organizations could improve fidelity. Providers work directly with national service organizations when establishing a specific model. However, providers also work with ECECD for reimbursement and continuous quality improvement (CQI). As such, ECECD does not consistently have written agreements or contracts with national service organizations. Written agreements can highlight data-sharing practices and clarify the role of each organization for fidelity monitoring to help both organizations understand their responsibilities when working with home visiting providers. Both NFP and PAT each have their own database to record information. Ensuring interoperability between these databases and the state's comprehensive database will likely help reduce time spent on data entry. ECECD should work with the national service organizations of the evidence- and research- based models in New Mexico to establish written agreements to ensure models are implemented as intended and to ensure interoperability between state and national organization databases.

Figure 3. Diagram of ECECD's CQI Process



Source: LFC

ECECD has a nationally recognized continuous quality improvement (CQI) process but could improve via a focus on enrollment and visit frequency. While ECECD is not monitoring fidelity to a model, the department does assess quarterly whether providers are meeting targets through a CQI process. According to MIECHV, New Mexico's CQI process is exemplary. During these quarterly meetings, providers, ECECD, and training and data teams from the University of New Mexico (UNM) review 24 measures that focus on both outcomes and the home visiting process, of which 19 have a target. The measures are associated with the key goals of home visiting as articulated in the Home Visiting Accountability Act as well as national research. UNM's Early Childhood Service Center compiles and houses the state's home visiting data, including the information used to assess performance on the CQI metrics. In addition to reviewing these targets, agencies present written goals highlighting how they plan to improve if needed. If there are metrics with which a number of providers need assistance, UNM's training team provides training on these. Two ways to strengthen this robust system would be to focus on enrollment length and visit frequency, because this is an area where providers may have challenges meeting model expectations, and to keep definitions and metrics constant for several years to allow the CQI team to see how outcomes shift over time.

Both FB and NFP are expanding eligibility:

First Born and more: Serving subsequent births and children up to 5

NFPx: Serving subsequent births and enrolling families anytime in the prenatal period.

In FY22, more evidence- and research-based providers met CQI targets than standards-based providers, showing the need to either assess the effect of individual standards-based providers or move towards models shown to work. Home visiting providers are required by ECECD to report and review data on several measures of maternal and child health and well-being, most of which have benchmarks. In the third quarter of FY22, more evidence- and research-based providers met or exceeded targets than standards-based providers for most of the measures. For example, 67 percent of evidence- and research-based providers met or exceeded the benchmark to screen children using a developmental screening tool while only 42 percent of standards-based providers did so (see Appendix I). While more evidence- and research-based providers met goals than standards-based providers, some standards-based providers were performing well. ECECD should evaluate providers offering standards-based home visiting to determine their effectiveness. Additionally, in FY24 ECECD plans to bring Healthy Families America to New Mexico. This evidence-based model allows for the same curricula as Partners for a Healthy Baby, currently used by many standards-based providers. Therefore, shifting from a standards-based approach to the Healthy Families America model should be easier than switching to a different model that has specified curricula.

Home visiting service delivery recently changed due to increased use of virtual visits and model eligibility expansions, with largely unknown effects on maternal and child outcomes. The Covid-19 pandemic caused home visiting to switch to virtual visits, with one national study reporting 88 percent of programs stopped offering in-person visits in April 2020. Virtual visits present both potential challenges and benefits. In New Mexico, a UNM study compared home visiting pre-Covid-19 with that during Covid-19, finding families stayed in the program at the same rate as before the pandemic. Additionally, the number of home visiting hours did not change but more economically advantaged families had fewer, longer visits compared with less advantaged families who had more, shorter visits. Several articles highlight that, while virtual home visiting can help with flexibility and may not change

engagement rates, limited outcome data has been collected, so whether virtual visits provide the same maternal and child benefits is unknown. Home visiting depends on the quality of the relationship between the home visitor and family which virtual visits may change, thereby, potentially impact intended outcomes. One study found virtual visits can make screening and assessments more difficult to provide because the home visitor is not in the same room as the family. However, a study of the evidence-based model Child First when delivered virtually still provided positive impacts. However, the study did not compare virtual to in-person home visiting. While it is helpful to know virtual home visiting does not change retention and can provide some benefits (e.g. reduced travel time for home visitors), more research should be conducted on the impact on outcomes. Tracking outcomes when services are delivered in person and virtually can be useful and was done by CHI Saint Joseph's the largest non-state funded home visiting provider in the state (see appendix J).

Changes to FB and NFP have not been rigorously studied and could lead to changes in model outcomes. FB expanded eligibility in FY22 to serve families with children up to 5 years of age, and serving subsequent births. Additionally, NFP is planning to launch NFPx, which will allow pregnant women to enroll in the model anytime while pregnant rather than prior to 28 weeks and will also allow for families to enroll with subsequent births, although it is not yet serving families in New Mexico with the expanded model. Changes to both FB and NFP will need to be studied to determine how expanding eligibility impacts model outcomes given the state's large investment in home visiting. Communication with the national offices of both FB and NFP during this period of expansion may be more important to ensure continued fidelity.

Recommendations

The Early Childhood Education and Care Department should:

- Use a different tool to measure parent child interactions or compare metrics to national averages rather than looking at growth across time;
- Because research shows early enrollment to be impactful, encourage enrollment as early as possible in home visiting;
- Use the MIECHV definition for well-child checks in CQI and comparisons;
- Ensure ECIDS allows for outcome analysis of all programs, including home visiting;
- Focus on family enrollment length and visit frequency during CQI meetings and keep definitions and metrics constant to allow the CQI team to see how outcomes change;
- Evaluate all standards-based home visiting programs to examine their impact on outcomes within three years of receiving state funding;
- Prioritize switching standards-based programs to evidence- or research- based models especially Healthy Families America;
- Evaluate the impact of virtual visits; and
- Establish written agreements with national organizations whose models are currently funded by ECECD. These written agreements should focus on ensuring adequate dosage and duration of home visiting as well as ensuring data system interoperability.

The Legislature should consider allocating funds for evaluation of standards-based providers to determine expected outcomes for these programs.

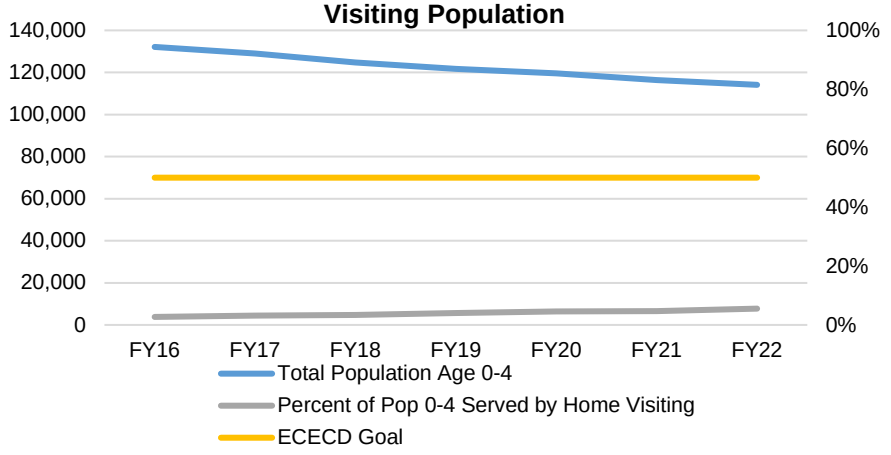
Home visiting serves a small proportion of New Mexico children partially due to Medicaid dollars being left unspent

When programs expand too quickly, quality may suffer, as was likely the case with prekindergarten in Tennessee. Building on promising national research on the effectiveness of prekindergarten to reduce achievement gaps, in 2005 Tennessee established voluntary prekindergarten and quickly expanded it to ensure all children had access. However, a 2022 study found children enrolled in Tennessee prekindergarten performed worse than peers, both academically and behaviorally. Evidence from Tennessee suggests growth occurred without fidelity monitoring contributing to these alarming findings. To address the problem, Tennessee passed legislation to award prekindergarten contracts based on quality, rather than number of children served.

Much like prekindergarten, evidence-based home visiting programs, when implemented correctly, can produce large positive outcomes. The state should ensure providers maintain high quality while expanding home visiting.

While home visiting services have expanded in recent years, most eligible children remain unserved. The population of children under age 5 receiving home visiting grew from 3 percent to 6 percent from FY16 to FY22, higher than a national average of an estimated 1.6 percent of children served. However, in New Mexico, another more than 100 thousand children under age 5 could benefit from the program. In 2021, in ECECD's finance plan, the state made the goal of serving approximately half of all children eligible with home visiting by serving 74 percent of Medicaid births, 21 percent of moderate need families and 5 percent of low need families. In 2022, state has since revised their short-term goal to be more conservative, planning to serve an additional 5 thousand families in 4 years. New Mexico will need to have continued expansion of home visiting to meet these goals.

Chart 14. Eligible and Actual Under Age 5 Home Visiting Population



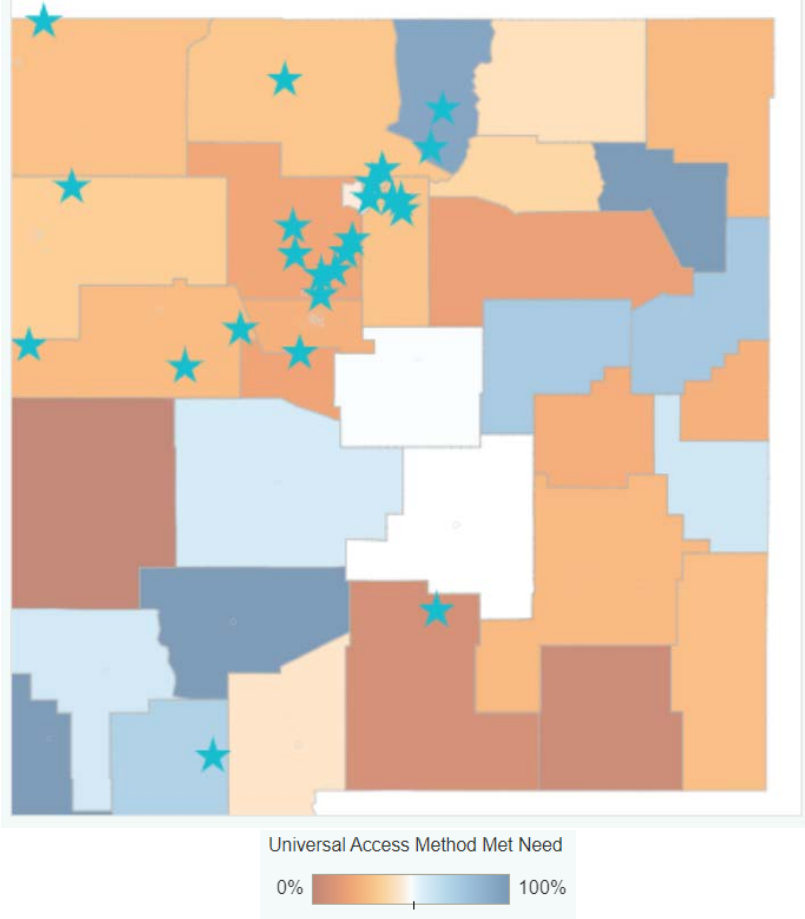
Source: ECECD and U.S. Census

As the state continues to expand home visiting, several factors need to be considered such as regional capacity and needs, how to better leverage Medicaid-funds, and if the state has the workforce to provide these services. Currently New Mexico has home visiting in most counties, but some counties with higher needs have more limited access. Promising programs in the state have not grown quickly to increase home visiting service capacity. Additionally, while the state could be using Medicaid to pay for home visiting for most families enrolled, Medicaid-funded home visiting has been persistently under-contracted and under-enrolled, potentially due to differences in reimbursement structures. Finally, the state will need more home visitors as it expands the service. Currently the state has limited data on salaries or turnover in the home visiting workforce. This information, along with information on which home visitors have the best outcomes, can help the state determine how to provide incentives and where it should focus its attention to improving workforce capacity.

In FY22, New Mexico home visiting served over 6,300 families, but some higher need counties had less access.

In FY22, 6,317 families were served by the 33 different state-funded home visiting providers. Home visiting programs are offered statewide with the majority clustered in the more population-dense areas of Bernalillo, Doña Ana, and Santa Fe counties. Some providers serve more specific populations (families with first-born children or low-income families), but home visiting programs overall tend to reach a broad selection of families that are representative of the state. The New Mexico Home Visiting Collaborative, a group of both publicly and privately funded providers and other key stakeholders, publishes a map of statewide capacity for home visiting as well as estimated need by county.

Figure 4. Statewide Home Visiting Capacity Map, 2022



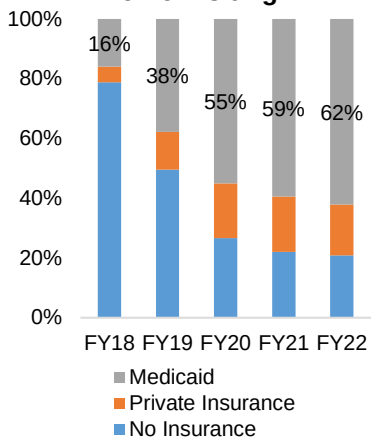
Note: The map shows the percent capacity to meet universal access need. Null for the other two metrics indicates these are not currently shown on the map. TO see these and to examine the map in more detail, see interactive map at:
https://ccpi.unm.edu/visualizations/statewide-home-visiting-capacity-2022
Source: CCPI and Statewide Home Visiting Collaborative

Home visiting can help address the state's poor social determinants of health, but some counties have high need and limited access to home visiting. To attempt to address these needs and to expand the Home Visiting Program, the state is introducing new evidence-based home visiting models in FY24—Family Connects, Safe Care Augmented, Healthy Families America, and Child First—that will be eligible for Medicaid reimbursement under the new state Medicaid plan, called Turquoise Care (see Appendix K). Two of the new models that will be introduced to the state in 2024, Child First and Safe Care Augmented focus on families with elevated risk. These models target families with risk factors associated with behavioral health disorders and child maltreatment. Currently, the state is talking with potential providers and has not determined where Child First and Safe Care Augmented will be provided. As the state expands home visiting, ECECD should prioritize serving counties with high risk factors as well as counties with high numbers of births.

In FY22, the Home Visiting Program mostly served families enrolled in Medicaid, with less than a bachelor's degree and who lived in the most populous counties. While home visiting services are offered statewide, most families receiving home visits in FY22 lived in Doña Ana County (about 1,300), followed by Bernalillo (nearly 1,000 families), the two counties with the highest births statewide. In FY22, Hispanic caregivers represented 65 percent of the home visiting population compared with 50 percent of the statewide population. The larger percent of families served in Doña Ana County where there is a higher than statewide average Hispanic population likely contributes to this difference. Native Americans represented 11 percent of home visiting families, the same as statewide.

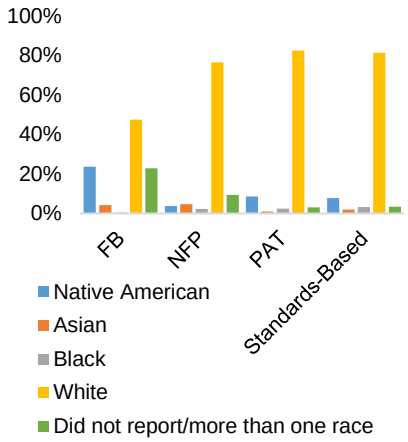
The **statewide home visiting collaborative** is a group of home visiting providers, the state, and other stakeholders who meet periodically to discuss home visiting in New Mexico, focusing on how to best collaborate to increase the number of families receiving the service and to determine how to improve challenges that providers face statewide.

Chart 15. Insurance Status of Parents in Home Visiting



Source: LFC analysis of ECECD data

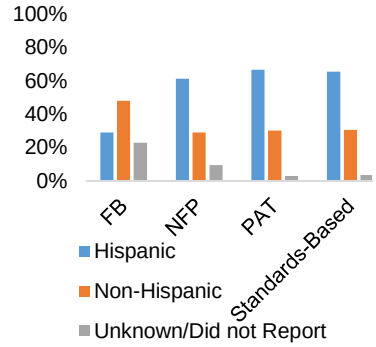
Chart 16. Enrollment by Race and Model, FY22



Note: FB is First Born, NFP is Nurse Family Partnership, and PAT is Parents as Teachers

Source: LFC analysis of ECECD data

Chart 17. Enrollment by Ethnicity and Model, FY22



Note: FB is First Born, NFP is Nurse Family Partnership, and PAT is Parents as Teachers

Source: LFC analysis of ECECD data

Since FY18, an increasing number of families served by the Home Visiting Program are enrolled in Medicaid, growing from 16 percent in FY18 to 62 percent in FY22. An expansion in access to Medicaid driven by the Covid-19 pandemic fueled a statewide increase in families enrolled in public health insurance and likely contributed to more Medicaid families enrolled in home visiting; however, most of these families are not enrolled in Medicaid-funded home visiting. Families in the Home Visiting Program tend to have less than a bachelor's degree, also similar to the rest of the state. In addition, nearly three-quarters of families served by the Home Visiting Program were English speakers and 20 percent were Spanish speakers. Families in visited homes speak at least six other languages beyond English and Spanish

Nurse Family Partnership, Parents as Teachers, and standards-based home visiting serve relatively similar populations, while First Born serves a larger Native American population. Nurse Family Partnership, Parents as Teachers, and standards-based programs generally serve more Hispanic and low-income families, while First Born serves a higher percentage of Native American families, as well as higher-income families. Nearly 100 percent of families enrolled in NFP did so prenatally, as required by the model. The other home visiting models in New Mexico do not require prenatal enrollment. While all families can benefit from home visiting, those who enroll prenatally and have high risk factors likely have the most to gain from the service.

Home Visiting Within Native American Communities

New Mexico has the largest number of programs in the nation funded with tribal MIECHV. Four programs serve tribal communities within seven counties:

- Native American Professional Parent Resources, Inc. (NAPPR) Tribal Home Visiting Program
- Navajo Nation Growing in Beauty Tribal Home Visiting Program
- Taos Pueblo Tiwa Babies Tribal Home Visiting Program
- San Felipe Pueblo Katishtya Eh-wahs Valued Always (KEVA) Tribal Home Visiting Program

Beyond these MIECHV programs, other agencies also provide home-based services to Native American families with young children, such as Early Head Start Home-Based, Family and Child Education (F.A.C.E.).

Source: NM MIECHV needs assessment

In 2021, ECECD identified 14 counties that are at higher risk and could potentially benefit more from home visiting services. ECECD's needs assessment determined where families may have higher risk factors. The assessment identified 14 counties, including Bernalillo, Chaves, Colfax, Curry, Doña Ana, Grant, McKinley, Otero, Rio Arriba, Roosevelt, and Valencia. The state determined risk based on a review of comprehensive data, including information provided by the federal Health Resources and Services Administration. Additionally, the state identified three more counties as high risk due to a variety of factors, including high rates of child poverty, teen pregnancy, and child abuse and neglect.

Need for home visiting varies across communities. Surveys from the Anna Age Eight Institute identified local need for home visiting as well as difficulty accessing the service. Among the 14 counties identified as high risk by the state, four were included within these surveys. Among these four counties, need for home visiting ranged from 11 percent of those responding to 35 percent. However, some respondents also cited access as a problem.

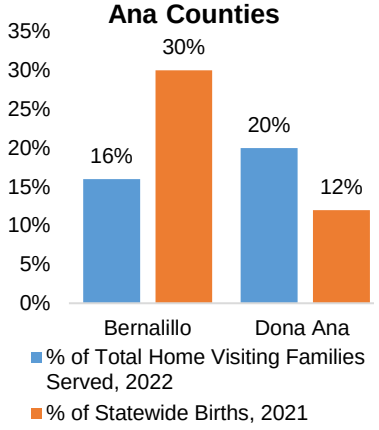
Table 7. Select Surveys of Home Visiting Need

County	Percent Reported Needing Services	Percent of those needing home visiting but with difficulty accessing it
Bernalillo	11%	34%
Dona Ana	35%	14%
Otero	26%	24%
Rio Arriba	23%	30%

Source: Anna Age Eight Institute

In 2022, despite having the highest number of births statewide, Bernalillo County did not serve the most families, indicating an opportunity to expand home visiting access. The New Mexico Home Visiting Collaborative, a group of 60 plus programs and partners, publishes maps of home visiting program capacity. According to these maps, there is home visiting program capacity (both publicly and privately funded) to serve 23 percent of families with newborns and 1-year-olds in Bernalillo County. Doña Ana County, which had the second highest number of births statewide, had capacity to serve nearly double that of Bernalillo County (43 percent), indicating greater access to services (see page 20 for the statewide capacity map). A similar trend of less access to home visiting in Bernalillo than Doña Ana holds for low-income births, with 7 percent program capacity in Bernalillo and 14 percent in Doña Ana in 2022.[3] Additionally, ECECD's 2021 MIECHV needs assessment highlights Bernalillo County as the highest risk county in the state.

Chart 18. Births and Home Visiting in Bernalillo and Doña Ana Counties



Source: LFC analysis of DOH and ECECD data

In 2022, home visiting programs tended to serve children in counties with the highest number of births but not necessarily counties with the highest social vulnerability.[4] Home visiting programs generally served counties with more births; however, there were some important outliers, namely McKinley and San Juan counties. While in McKinley County home visiting programs served an estimated 9 percent of eligible children (above the 6 percent statewide average), the county is also one of the most socially vulnerable and has a high number of births, indicating a greater need for services. In San Juan County, there is high social vulnerability and a high number of births, but home visiting served only an estimated 3 percent of eligible children. ECECD should, therefore, prioritize serving McKinley and San Juan counties and other counties with high need and relatively low access.

Expanding services in these counties may be difficult given their rural nature, but ECECD and home visiting providers could consider ways to increase access, such as providing virtual visits as well as working with the early childhood coalitions in these communities to help improve home visiting access, either through expanding current provider capacity or helping introduce new home visiting providers. In Doña Ana County, where there is high social vulnerability and the second highest numbers of births, state-funded home visiting reach 11 percent of children under age 5, indicating services may be more successfully reaching those in need.

[3] The New Mexico Home Visiting Collaborative defines universal access as serving 80 percent of births in the current year and 40 percent of births in the prior year. The targeted approach focused on Medicaid births defines access as 100 percent of current year Medicaid births and 50 percent of prior year Medicaid births.

[4] The SVI ranks counties nationwide on 16 social factors, including poverty, health insurance status, single parent households, and crowded housing.

Chart 19. Home Visiting Serves More Children in High Population Counties (ranked)

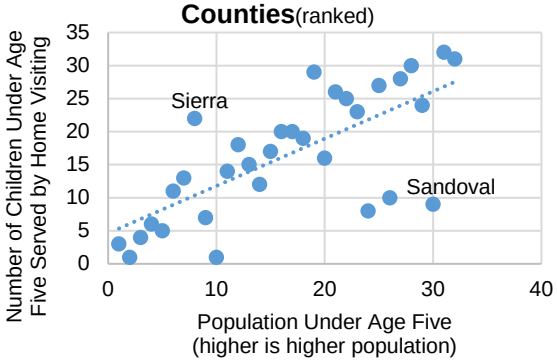
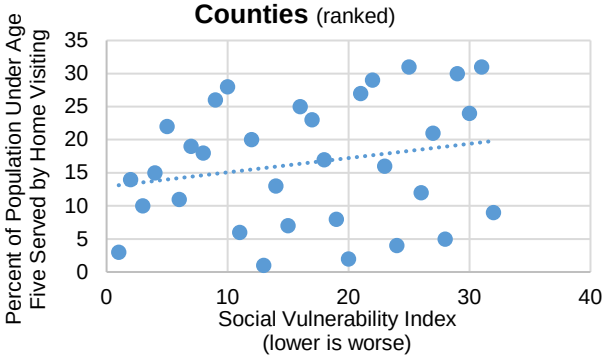


Chart 20. Home Visiting Does Not Serve More Children in Higher Need Counties (ranked)



Note: SVI from 2020, county-based population estimates from 2021, and number of children served by home visiting from FY22.

Source: LFC analysis of ECECD, U.S. Census and CDC data

In FY22, teen parents in counties with high teen births are served with home visiting at higher rates than the statewide average. As noted in a 2020 LFC report, teenage parents may flourish or struggle depending on circumstances, but teen parenting, on average, is closely connected to educational, economic, and health challenges. High-quality home visiting programs can help improve these outcomes. Luna, Curry, Sierra, Roosevelt, and Lea counties had the highest teen birth rates in 2021. In these counties, 67 percent of teen births received home visiting. Statewide, 43 percent of teen parents received home visiting services. ECECD should continue to ensure home visiting is available to teen parents in counties with high need.

Promising universal-access models have been slow to grow.

New Mexico is expanding the Home Visiting Program; however, the state should consider promoting enrollment in universal-access programs currently in the state that have seen lower-than-expected enrollment or slower-than-expected introduction to the state.

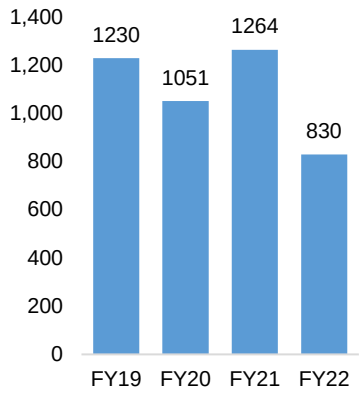
In FY24, the state is planning on using both Family Connects and Healthy Families America to increase enrollment. Currently offered only in Bernalillo County, Family Connects offers light-touch home visiting (one to three visits) to a family after the birth of a child while Healthy Families America provides more traditional home visiting (see Appendix K). The University of New Mexico (UNM) and Gila Regional Medical Center will start using Healthy Families America in FY24. Family Connects is currently being piloted in Bernalillo County, but for New Mexico to reap the benefits of the program, it will need to be expanded to more locations. Additionally, even as the state spent money to increase the evidence base of First Born, enrollment has declined.

While the state has invested over $1 million since FY21 to help build the evidence-base for First Born, enrollment has declined by approximately one-third since 2019. In FY23, the Legislature appropriated nearly $500 thousand to conduct an evaluation of First Born with the goal to meet federal requirements that would allow the program to become recognized by MIECHV as an evidence-based program. In fall 2022, UNM's Cradle to Career Policy Institute (CCPI) was awarded the grant to conduct this

evaluation. CCPI plans to examine five of the domains MIECHV prioritizes including how First Born affects linkages and referrals, parenting practices, maternal health, child health, and child development and readiness for school by following families from birth to 12 months postpartum. Data will be collected through surveys, and families in both the home visiting and the comparison group will be compensated for their time. If First Born receives recognition as an evidence-based program by MIECHV, the program would then be eligible to leverage MIECHV funds and potentially bill Medicaid.

Continued enrollment in First Born is needed to ensure the best use of federal funds if the program becomes recognized by MIECHV. In 2021, First Born served over 1,200 families according to the organization's annual report. However, in 2022 the number dropped to 830 families, a 34 percent drop. First Born attributed this drop to one large provider switching to Parents as Teachers so they could draw down Medicaid funds. The federal government allows states to use up to 25 percent of MIECHV funding for promising (rather than evidence-based) models. In both FY21 and FY22, ECECD's MIECHV funding was distributed to providers implementing Nurse Family Partnership and Parents as Teachers but did not support providers using First Born. ECECD may want to use some of this MIECHV funding for First Born to help grow enrollment.

Chart 21. Families Served by First Born Home Visiting



Source: LFC analysis of ECECD data

Family Connects successfully started serving families in Bernalillo County in 2023, four years after an anticipated pilot was to have begun. Family Connects is an evidence-based, universal-access, light-touch home visiting model that relies on a nurse to provide at least one home visit followed by up to two additional visits (usually via telephone). Family Connects nurses refer families to a wide range of community partners, including more intensive home visiting programs. Because Family Connects is a short program, the cost per family is significantly less than other models, between $450 and $600. However, Family Connects has been slow to get started in New Mexico. A 2019 LFC report on the Department of Health's (DOH) early childhood programs highlighted the promise of Family Connects and reported DOH was piloting the program. The program started serving families in 2023. Families who receive prenatal care at the UNM Women's Eubank Clinic, are residents of Bernalillo County, and deliver at UNM are currently eligible for Family Connects. As of spring FY23, Family Connects served 82 families from an eligible pool of 102. This 80 percent uptake is above the model requirement of between 60 percent to 65 percent uptake. ECECD is discussing a statewide expansion plan with Family Connects with no timeline yet established. ECECD should report in its annual outcomes report the number of families served by Family Connects. Additionally, ECECD should monitor outcomes from the program and require Family Connects nurses to input data in the state home visiting database.

Oregon passed legislation to provide universal-access, light-touch, home visiting, and Chicago has rapidly expanded access through working with hospitals to provide this service. Oregon passed legislation in 2019 to adopt universal home visiting using Family Connects, which will provide home visiting for families up to six months after a child's birth. The state initially planned to serve all 45 thousand births by 2026, but the timeline was extended to 2028 due to reimbursement hurdles and shifting priorities from the Covid-19 pandemic. To fund these services, Oregon required all health plans, including public and private insurance, to cover light-touch home visiting. By requiring private insurance to cover the cost of home visiting, the

share the state must reimburse is minimized and the program can be thought of as part of the suite of health services offered to families with a newborn. This likely helps to destigmatize home visiting. New Mexico may also want to require its insurance carriers to cover this service.

Chicago began piloting universal home visiting in 2019 with the goal of serving 4,000 newborns. Unlike Oregon, Chicago worked directly with hospitals, piloting the service to five hospitals as of 2023. Recently, the city announced they will bring the service to 10 more hospitals by summer 2023. This rapid expansion is likely possible because the city's health department is contracting with the hospitals directly, leading to increased ease of accessing women giving birth in these hospitals. New Mexico, which contracts with a few hospitals to provide longer-term home visiting may want to examine this model more closely as it plans to grow Family Connects.

If all **Medicaid insured families were served by Medicaid-funded** home visiting, the state could draw down **up to an estimated $24.5 million in federal funds**, freeing up state dollars **to serve an estimated 5,400 additional families**.

Almost two-thirds of the 6,317 families enrolled in home visiting had Medicaid health insurance yet only 299 of these families received home visiting paid for by Medicaid.

Medicaid is a significant and largely untapped source of funding for home visiting in New Mexico. Not every provider or model is approved to bill Medicaid for home visiting and not every family is enrolled in Medicaid. However, for those that are eligible, Medicaid can provide additional funds: for every $1 in state funds invested in home visiting, an estimated additional $3 in federal revenues can be leveraged. These additional funds can allow the state to serve more families. However, the state is not leveraging these funds because providers face challenges enrolling families and billing for services. If all the 4,329 families enrolled in Medicaid health insurance were served by Medicaid-funded home visiting, the state could draw down up to an estimated $24.5 million in federal funds, freeing up state dollars to serve an estimated 5,400 additional families.

Table 8. Differences in Reimbursement Structure, Medicaid-Funded Versus State-Funded Home Visiting

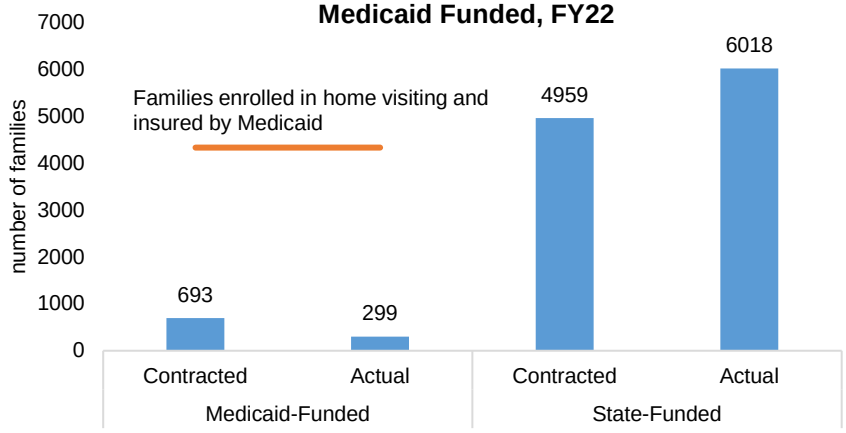
State-funded	Medicaid-funded
Grant reimbursed per month	Fee-for-service
$375/month reimbursed independent of number of visits (as long as 1 visit of at least 90 min)	Reimbursed based on the number of visits, with $244/visit for Parents as Teachers
Can be standards, evidence- or research based	Must be a Medicaid approved, evidence-based model

Medicaid-funded home visiting is under-contracted and under-enrolled. ECECD's FY22 report card established a target to serve 2,000 families with Medicaid-funded home visiting, but the department contracted to serve only 693 families and providers served only 299 families. In FY23, enrollment slowly increased with just over 400 families served through the third quarter, but it still falls short of the state's FY23 target of 1,500 families. In contrast, state-funded home visiting is typically well enrolled. Funding from the state is distributed as a grant rather than a fee-for-service structure like Medicaid. Providers receive monthly payments from the state regardless of the number of visits provided, as long as they meet for at least 90 minutes per month. Addressing differences in state-funded and Medicaid-funded rates could help improve enrollment in Medicaid-funded home visiting. The state should ensure rates are based on actual costs of home visiting, which vary by model and are driven by home visitor salaries.

Medicaid Reimbursable Home Visiting Models in New Mexico:

- Nurse Family Partnership,
- Parents as Teachers,
- 4 new models will be added in 2024, including: Family Connects, Healthy Families America, Safe Care Augmented, and Child First.

Chart 22. Projected and Actual Home Visiting, State and Medicaid Funded, FY22



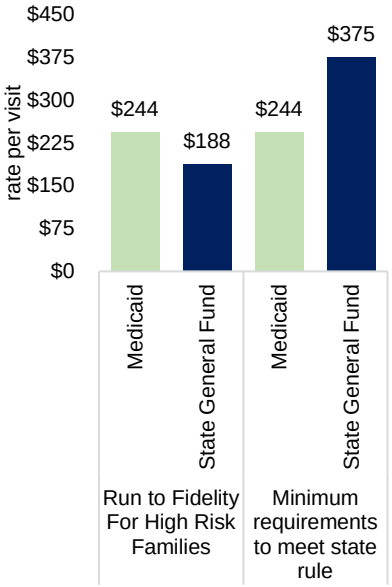
Note: more families are served by state-funded home visiting than are contracted to be served due to attrition.

Source: LFC analysis of ECECD data

State general fund and Medicaid reimbursement rates for home visiting are different and may not be indicative of actual costs. Medicaid reimburses each visit at $315 for NFP and $244 for PAT. ECECD pays up to $4,500 per family per year for services paid from the state general fund.[5] The state reimburses providers the same amount monthly, as long as the provider has seen a family at least once for at least 90 minutes, even if a provider sees a family multiple times. Therefore, if a provider does not see a family multiple times, state funding can reimburse at a higher rate than Medicaid and is more flexible in its requirements. If home visiting providers are paid differently based on whether the funding is from Medicaid or the state general fund, it may create a disincentive for providers to use Medicaid rather than state-funded home visiting slots or to see families the expected number of times a month. National research highlights the benefits of more visits to achieve desired outcomes. Therefore, ECECD and the Human Services Department (HSD) should consider changing their payment structure to incentivize more visits while considering potential billing challenges associated with the change. To determine how to best shift rates, ECECD and HSD should first identify the cost of a home visit by model.

The state pays providers more than the national average cost of running the model for Parents as Teachers but less than the national average cost for Nurse Family Partnership. Cost studies can use budgeted or actual costs, which can result in different cost estimates. In 2022, the Administration for Children and Families' (ACF) Office of Planning Research and Evaluation released a cost report for evidence-based home visiting. The report examined family service logs over the course of a year to measure family specific costs and included general costs for program implementation such as training. The report found the total cost of serving a family during the first year of home visiting varied significantly for all models, but generally, PAT has the lowest average cost ($3,086) and NFP has the highest average cost ($6,431).[6]

Chart 23. Average Rate per Visit for Parents As Teachers by Funding Source



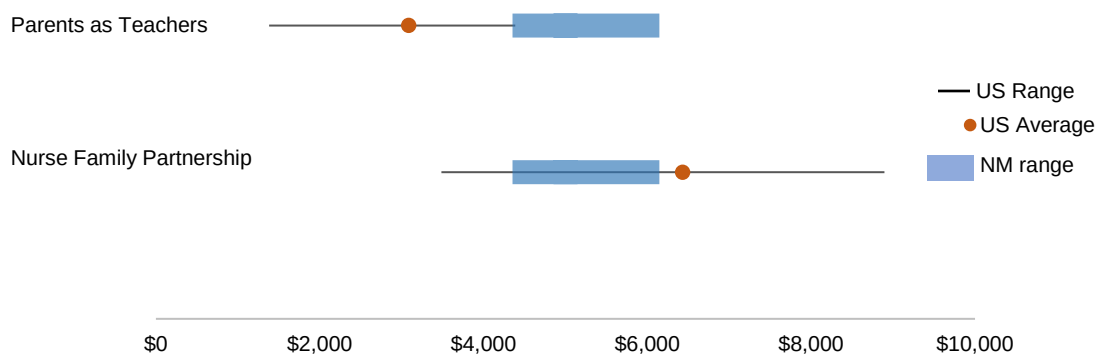
Note: MIECHV funded programs are reimbursed in a similar way as state general fund but paid at a rate of $6,000 a year prorated for the month.

Source: ECECD and HSD

[5] HSD and ECECD have an updated rate for Nurse Family Partnership of $369. There has not been an increase in Medicaid-funded Parents as Teachers reimbursement rates.

[6] These numbers are adjusted for inflation from 2014 dollars to 2022 dollars.

Chart 24. New Mexico Rates by Evidence-Based Model Compared to National Averages



Note: Black lines are the range of costs of the first year of home visiting by model.

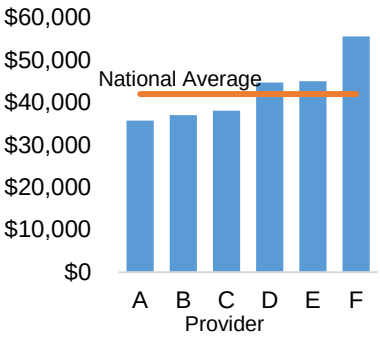
Source: Adapted from evidence-based home visiting cost report OPRE 2022, ECECD

Table 9. Home Visitor Credential Requirements

Program	Minimum Staff Credential Requirements
Nurse Family Partnership	Registered Nurse with a BA
Parents as Teachers	GED with plans to continue education
Early Head Start	Child Development Associate credential
Minimum state requirements	100% of non-degreed professionals must obtain one of two relevant certificates within three years of employment

Source: ECECD, NFP, PAT, EHS

Chart 25. Average Salaries for a Sample of Home Visitors



Source: HV Providers, OPRE

ECECD conducted an initial cost analysis of home visiting in 2021 and should conduct a formal cost study following the federal government's methodology. Without an understanding of the actual costs of home visiting, rates cannot be accurately set. ECECD is planning to update its 2021 cost analysis to include new models and salary minimums. However, by creating salary minimums within the cost study, the state will not know the actual cost of current service delivery but the cost assuming salaries are at ECECD minimums, rather than where salaries are currently. To better determine how to adjust rates, the state first should understand actual costs. ECECD is updating its cost study to determine how much it costs to operate models currently run in New Mexico, as well as the four new models that will be introduced in FY24. The cost study should use family-level service information and should use actual financial data from providers, not base salary information on ECECD-selected minimums. The results of the cost study should inform the setting of the state-funded and Medicaid-funded reimbursement rates. Furthermore, because costs will be different based on the model used, the state should reimburse by model.

The workforce capacity is a key consideration in home visiting expansion, especially because turnover rates are high among a sample of providers.

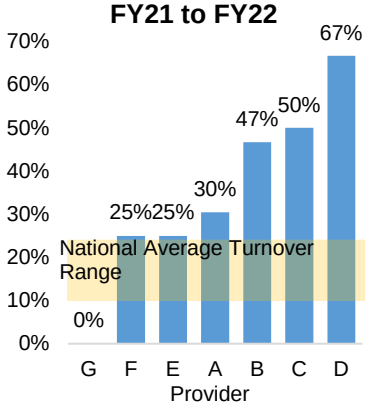
Expanding home visiting depends on having a stable and sufficient workforce. For every additional 1,000 families funded in home visiting, the state will need an additional 50 home visitors, assuming each home visitor has a caseload of 20 families. If the state wants to serve 2,500 additional families, it will need approximately 125 additional home visitors.

Understanding current turnover and compensation levels in the state can help ECECD understand the speed at which the state may be able to expand home visiting. According to the 2022 federal Administration for Children and Families cost study report, compensation is a major driver of expenditures in home visiting, accounting for approximately 80 percent of all expenditures. Home visitor compensation (rather than compensation for administrative staff) accounted for more than half of total expenditures. Home visitors with more education and credentials typically earn higher wages with nurses averaging the highest hourly wage. This in part accounts for the higher cost of running the NFP model. In 2020, home visitors nationally earned an average annual

wage of $36 thousand, or a 2023 inflation-adjusted salary of $42 thousand. In New Mexico, home visitor compensation seems to be around the national average. LFC staff received data from six providers. Across these providers, salaries ranged from a low of around $30 thousand to a high of $70 thousand. However, both in New Mexico and nationally, home visitors earn less than the national average wage of $60.5 thousand in 2021.

A sample of New Mexico home visitor providers had higher rates of turnover than an estimated national average, but statewide data is not collected. A 2020 Urban Institute report states home visitor turnover causes discontinuity for families and increases operational costs because programs need to recruit and train new staff. National estimates of home visitor turnover range from 11 percent to 23 percent with promotions, quality of work environment, and work-life balance associated with retention. LFC staff reviewed staffing reports for seven programs and found turnover of direct service home visitors (i.e., no management or supervisors) exceeded national averages for six of these programs, with turnover ranging from 25 percent to 67 percent. One program had no turnover.

Chart 26. Home Visitor Turnover from a Sample of Providers FY21 to FY22



Note: Provider G did not have any turnover from FY21 to FY22.
Source: LFC analysis of ECECD Staffing Reports, OPRE

A 2021 ACF report highlighted specific management practices that led to improved retention, finding home visitor input, assigning peer mentors, paying for performance, and using employee goal tracking throughout the year increased the likelihood of home visitors staying in their jobs. These factors are all related to the perceived quality of the work environment. Home visitors also mentioned they enjoy the flexibility that comes with their job. This can include being able to work when needed and not having to return to the office in between home visits. However, some were dissatisfied with their salary or did not feel like the job was a fit. Importantly, a home visitor's salary was not statistically related to intent to stay in their current position for the next two years.

As ECECD considers adjusting Home Visiting Program reimbursement rates, salaries and turnover are both important components to consider. Currently, salary and workforce turnover data are not collected and analyzed by ECECD. However, this information is due to be included in a new early childhood Professional Development Information System (PDIS). ECECD contracted with Resilient Solutions 21 (RS21) for $2.2 million to design and build the PDIS for the entire early childhood workforce. The PDIS will include professional development content as well as information about wage supplements, scholarships, and career opportunities. Early childhood professionals, as well as administrators and ECECD staff, will all be users of the system. The project is scheduled for completion by the end of 2024. Data from this system can be used by ECECD to track workforce information, allowing the agency to understand workforce challenges. The system should also be used to connect home visitors with family level data to determine if certain home visitors with specific education, training, or salary are getting better outcomes.

Recommendations

The Early Childhood Education and Care Department and the Human Services Department should:

- Prioritize enrolling families in Medicaid-funded home visiting; and
- Ensure Medicaid-funded home visiting rates are comparable to state-funded home visiting rates and adjust the Turquoise Care waiver application as needed.

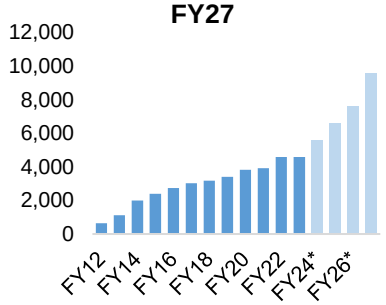
The Early Childhood Education and Care Department should:

- Prioritize home visiting expansion in areas of high population and higher social vulnerability, such as Bernalillo, San Juan, and McKinley counties;
- Contingent on increased federal MIECHV funding, use 25 percent of MIECHV funding to support promising home visiting models, such as First Born;
- To strengthen Family Connects, explore contracting directly with hospitals to provide the model, require Family Connects providers input data into the state's home visiting database and have this data reported within the annual outcome report, and work with the Office of Superintendent of Insurance to potentially change administrative rule to require private insurance to cover Family Connects as a postpartum service;
- To incentivize more visits to families, set provider rates by model and pay per visit;
- Update and publish the home visiting cost model to determine how much it costs to operate both the models currently run in New Mexico as well as the four new models that will be introduced in 2024 using family level service information. The results of the cost study should be considered when determining how to adjust the Medicaid-funded reimbursement rates, as well as the rates for state funded home visiting; and
- Regularly track provider turnover, salary, and outcomes information using the Professional Development Information System to determine how to better support the home visiting workforce.

Addressing Low Family Recruitment and Retention Will Help State Reach Expansion Targets

In its 2022-2027 strategic plan, ECECD plans to expand the Home Visiting Program with a goal of serving 5,000 more families by 2027 for a total of an approximate 9,600, or growth of 109 percent.[7] Given that, from FY19 to FY23, contracted home visiting increased only 35 percent, this goal is ambitious. However, it is attainable if ECECD prioritizes home visiting expansion and addresses key challenges. Two of these challenges include improving the referral system to allow for improved family recruitment and effectively engaging Medicaid managed care organizations (MCOs), medical providers, early childhood coalitions, and others.

Chart 27. Contracted Enrollment and Projected Enrollment in Home Visiting, FY12-FY27



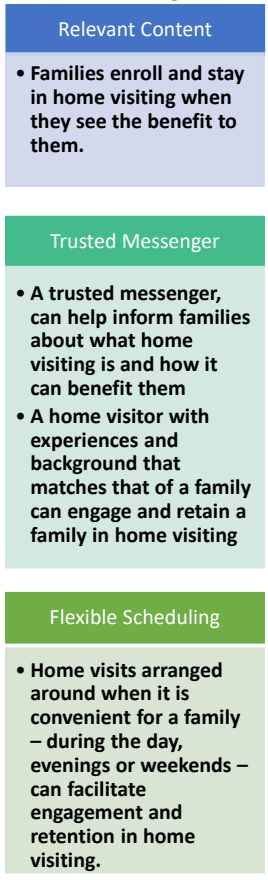
Note: Enrollment from FY12-FY23 is contracted enrollment based off the LFC annual report to the Legislature. Numbers for FY24-FY27 are estimated ECECD projections.
Source: LFC analysis of LFC and ECECD data

A coordinated, regional referral system that relies on trusted messengers could increase expansion.

Better awareness about the value of home visiting for both families and potential referrers is needed to help increase uptake and recruitment. A 2023 report from the federal Administration of Children and Families identified three primary factors that influence engagement in home visiting: (1) relevant messaging of program content that addresses family needs; (2) flexible scheduling to ensure visits are convenient to families; and (3) trusted messengers to inform families about home visiting and serve as home visitors. New Mexico research from 2015 from the bipartisan research team of Public Opinion Strategies and the Mellman Group found similar factors as critical to promoting engagement. In New Mexico, referrals could be better coordinated, trusted messengers may not be successfully communicating the value of the program and early childhood coalitions could be better leveraged.

A lack of coordination across public-facing referral websites has led to incorrect information about available home visiting in the state's most populous counties. Awareness of home visiting is a critical first step to increasing enrollment. Public websites can help communicate awareness and availability of services, but information must be current and consistent. LFC staff reviewed three state-supported websites with home visiting information by county: MomentsNM.org from ECECD, NewMexicoKids.org from the University of New Mexico's Early Childhood Services Center in collaboration with ECECD and PullTogether.org from CYFD. NewMexicoKids.org lists a number of providers not listed on the other two websites. Additionally, one Santa Fe provider listed on NewMexicoKids.org does not provide curriculum-based home visiting and is run by volunteers. Another provider is listed as offering home visiting in Santa Fe and Bernalillo counties but currently only provides services in Doña Ana and Sierra counties, although they have plans for future expansion. ECECD should work with UNM and CYFD to ensure that all public state websites provide current, correct, and coordinated information on home visiting to help improve awareness and enrollment.

Figure 5. Factors Contributing to Family Engagement in Home Visiting



Source: OPRE Report #2023-004 and The Mellman Group and Public Opinion Strategies on behalf of Pew 2015

[7] ECECD established a higher goal of around 20 thousand families within four years in its 2021 finance plan and in a 2023 presentation to the Senate Finance Committee.

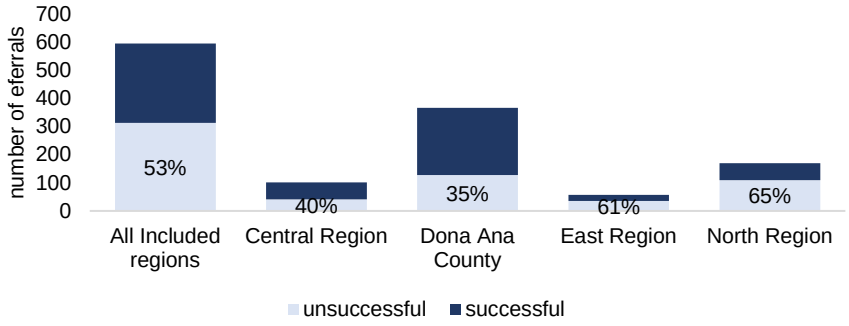
Table 10. Home Visiting Programs in Santa Fe County, by State Website

	ECECD FY23 Home Visiting Contact List	MomentsNM.org	PullTogether.org
Growing Up New Mexico	✓	✓	✓
Las Cumbres – Confident Parenting Home Visiting	✓	✓	✓
Tresco Inc. – Day One Home Visiting (Note: This program does not offer services in Santa Fe)	✓		
Presbyterian Medical Services		✓	
Presbyterian Medical Services – Pojoaque EHS		✓	
Families First		✓	
Many Mothers (Note: This program is not a curriculum-based home visiting program)		✓	

Source: ECECD, CYFD

Despite medical providers being common referrers, half of their referrals to home visiting do not lead to engagement. Doctors are one of the first individuals outside a family that learn about a pregnancy and have a key role to play in referring families to home visiting. A 2023 UNM report found early childhood services, community members, and medical providers, were the three most common source of referrals in 18 counties statewide (see Appendix L). However, referrals from medical providers were the second least likely to result in families connecting with home visiting—with 53 percent of medical provider referrals failing to lead to a family enrolling in home visiting.

Chart 28. Statewide Only Half of Medical Provider Referrals Lead to Successful Enrollment in Home Visiting, Nov 2020 to Sept 2022



Source: University of New Mexico

Key Recommendations from UNM Report:

Educate providers by having HV information added to medical school or residency curricula and presented at grand rounds and conferences;

Message HV through provider tip sheets;

Cultivate champions, encouraging programs work through clinics and collaborate to provide feedback on referrals;

Standardize processes with a common referral form and centralized intake and referral; and

Refer all patients to HV.

Note: See Appendix M for full list

Source: Cruz et al 2023

Two UNM studies, one examining referrals in Bernalillo County and one looking at both urban and rural community referrals in New Mexico, identified multiple barriers to successful referrals for home visiting from healthcare providers. These included a lack of healthcare provider knowledge about home visiting, not having a simple referral process, uncertainty about how to promote home visiting, and not receiving feedback after clients had been referred, among other factors. The reports included multiple recommendations, including better educating providers about home visiting, simplifying and standardizing the referral process, and integrating referral prompts into electronic record systems (see Appendix M). ECECD could help providers with some of these and is currently working on simplifying the

referral process through a centralized intake and referral system.

Given regional differences in home visiting referrals, early childhood coalitions could play a role in supporting the state's intake and referral system. The 2023 UNM report found early childhood services was the largest referral source for home visiting statewide (accounting for 24 percent of referrals) but varied by region, from 36 percent of referrals in the eastern region to 5 percent in the northern region (see Appendix L). Referrals from medical providers also varied by region from 7 to 36 percent of total referrals. These regional differences make sense given differences in available community services. The report recommends the state focus regionally on increasing referrals.

An FY24 $1 million appropriation to ECECD funds 15 local early childhood coalitions to develop a strategic plan and evaluation plan and support a paid coordinator. A 2014 Rand evaluation of four home visiting coalitions in New Mexico found communities welcomed these groups, but the coalitions had varied levels of success. The evaluation noted dedicated staff and consistent funding, as well as accountability from the state, such as having coalitions specify how they will care out their work and creating stronger organizational structure, were important but sometimes lacking components.

In New Mexico, coalition groups include early childhood coalitions, local public health coalitions, and local behavioral health coalitions and these coalitions frequently meet with similar stakeholders. While these groups can be useful, it is important to ensure they are not duplicative. ECECD should ensure accountability of early childhood coalitions by monitoring community plans and ensuring timelines for needs assessments and strategic plans as well as other responsibilities are met and should help coordinate and collaborate with other coalitions to minimize duplication. Additionally, the coalition coordinators could develop regional relationships to facilitate referrals and ensure the state intake and referral system is up to date.

ECECD received an appropriation for a central intake and referral system and is currently in a predesign phase. In FY24, ECECD received $2 million to develop a streamlined system to increase referrals for home visiting. HSD also received an FY24 appropriation for a closed-loop referral system for Medicaid referrals, including home visiting. Evidence suggests a centralized intake and referral system can help reduce wait times for services, increase the numbers of patients seen, and improve monitoring of outcomes. Trusting relationships between providers as well as agreed-on and easy to use forms and processes are important to ensure success. However, referral systems need to be monitored to be successful and regional referral systems may be more responsive to individual community needs. The national Nurse Family Partnership organization suggests centralized referral systems are most effective when they are impartial and not affiliated with one program in the system. In Bernalillo County, UNM sends a weekly email to home visiting providers with referrals from MCOs for home visiting. In FY22, UNM disseminated 568 referrals to 10 providers; however, there was a perceived conflict of interest because UNM is also a home visiting provider. Given the advice from NFP, the system could potentially be improved by having an independent organization, rather than a home visiting provider, facilitate the referrals.

State-Funded Early Childhood Coalitions 2022

- Bernalillo County Home Visiting Workgroup
- Community Partnership for Children
- Coalition for Science Learning in Early Childhood
- Cuidando Los Ninos
- Doña Ana County Early Childhood Education Coalition
- McKinley County Early Childhood Coalition
- Nuestros Ninos de Guadalupe Early Childhood Coalition
- Paso a Paso Network
- Partners in Early Childhood Education Coalition of Lincoln County
- Proveedoras Unidas de Southern New Mexico
- Rio Arriba County Early Childhood Collaborative
- Santa Fe Early Childhood Steering Committee
- San Juan County Early Childhood Coalition
- San Miguel County Early Childhood Coalition
- Valencia County Early Childhood Community Partnership

Children Born Addicted to Substances and Home Visiting

Just under half of all babies born addicted to substances have a family that enrolls in home visiting. According to the state, from 2020-2022 of the families with a plan of safe care, approximately 35 percent were either already enrolled in home visiting or were successfully referred, approximately 20 percent declined the service, and approximately 45 percent were not referred or enrolled in the service. LFC is currently conducting an evaluation on the Comprehensive Addiction Recovery Act (CARA) which should be presented later this year.

Some states require families with children born addicted to substances to be referred to home visiting and having a robust referral system may help with engagement. In New Mexico, when children are born addicted to substances, the state requires families create a plan of safe care but does not require referrals to or engagement in home visiting. Without this requirement, from 2020-2022 approximately 55 percent of families with a baby born addicted to substances were referred to home visiting. New Mexico's centralized intake and referral system should provide family and provider outreach to increase engagement with the referral process.

Both Florida and Delaware require families with a plan of safe care due to children being born exposed to substances to be referred to home visiting. Washington state recently began using Help Me Grow to coordinate referrals. This nationwide organization uses a three-part approach to improving referrals through a coordinated access point, outreach to families, communities, healthcare providers, and data collection and analysis. When a family is referred, Help Me Grow calls the family to determine the most appropriate provider of the service and then helps connect the family. In 2022, Help Me Grow also developed a pilot to look at family experiences when connected to resources; the results will be published in 2023.

Postpartum women are not currently eligible to enroll in Medicaid-funded home visiting. On average children are 14 months old when families begin home visiting. This means that most families that would enroll in home visiting cannot enroll in Medicaid-funded home visiting. Currently, federal Medicaid rules specify eligibility for home visiting is for pregnant women only. Allowing families to enter home visiting postpartum could lead to more families enrolling in Medicaid-funded home visiting and could improve outcomes for these families. HSD has adjusted the provisions within its new waiver application for federal approval of the state program to allow for Medicaid-funded home visiting to cover families who enroll postpartum. However, postpartum women are only eligible to enroll in programs using one of the new models being introduced (Child First, Family Connects, Safe Care Augmented, and Healthy Families America) in FY24. The waiver does not allow Parents as Teachers, the largest evidence-based model in New Mexico, to enroll postpartum women. The state will likely need to ensure providers are aware of these changes and should amend the new waiver application to allow Parents as Teachers to enroll postpartum women and their children.

A managed care organization referred only 7 percent of pregnant members. Medicaid MCOs are an important connection for home visiting providers to enroll families in Medicaid-funded home visiting. While MCOs should not be the only way families get connected with home visiting, having multiple entry points can help increase enrollment and awareness. Additionally, MCOs learn about a pregnancy early on and can provide early access to home visiting. Providers can enroll eligible families identified by other means, but this could prove difficult, especially for providers that are not directly connected to a hospital or other health service and because Medicaid-funded home visiting currently requires prenatal enrollment. Ideally, MCOs refer all pregnant enrollees to home visiting, but for one MCO, only about 1-in-14 women were referred in 2021. Care coordinators at MCOs, contact pregnant enrollees to ask if they would like to enter the MCO's pregnancy program. At the same time, they also inquire about whether the woman is interested in home visiting. The coupling of these two referrals can create confusion. Care coordinators are not experts in home visiting and may not be

Table 11. Total Referrals to Medicaid Home Visiting for One MCO

Year	Estimated Number of Pregnant women in MCO	Total Referrals in Year
2019	7,062	256
2020	6,765	425
2021	6,322	452
2022	5,851	1,118

Source: MERS reports, IBIS, and MCO

able to communicate the full value of the service, potentially contributing to the low number of referrals.

To increase referrals to Medicaid-funded home visiting, the state can look at different ways to incentivize MCOs to refer enrollees to home visiting, allow postpartum women to enroll in Medicaid-funded home visiting and pilot other care coordination models. Two such models being delegated or shared care coordination. Delegated care coordination which would have a home visiting provider conduct care coordination rather than the MCO. The provider would be responsible for not just referring the family to home visiting but also providing the other services care coordinators provide to pregnant women and families with young children (shared care coordination would have the home visiting provider and the MCO both conduct separate parts of the care coordination process).

Delegated or shared care coordination with a home visiting provider may lead to increased home visiting referrals.

At least one home visiting provider is currently exploring this option. ECECD and HSD should track the success of using a home visiting provider as a care coordinator to see if this leads to increased referrals for Medicaid-funded home visiting as well as continued success in referrals to other services and completed screenings.

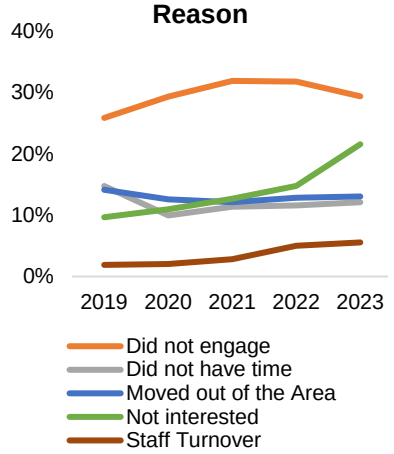
Incentives are widely used in home visiting to improve engagement, but effectiveness must be further studied.

According to national literature, around 50 percent of families typically leave home visiting before services are scheduled to end. In New Mexico in FY22, 89 percent of families left before program completion, with a lack of engagement cited as the primary reason for leaving. One way to potentially increase both recruitment and retention of families is with incentives. Medicaid already uses incentives for other services, such as well-child checks.

In FY23, ECECD provided funding for recruitment incentives to improve engagement, but national research is mixed on effectiveness. One strategy to keep families engaged is through incentives, such as books, toys, and gift certificates. However, a 2022 report from the Administration of Children and Families found incentives sometimes, but do not consistently, improve recruitment and retention in home visiting. In Minnesota, incentives are used as a tool for engagement in home visiting, with the state capping incentives at $150 per family per year and requiring budget information from providers. CHI Saint Joseph's Children, a private provider of home visiting to 750 families in New Mexico, uses incentives regularly throughout the three years a family can stay with the program. At the beginning of FY23, ECECD gave providers approximately $240 per family enrolled in home visiting to be distributed to families enrolled in the service. Some providers offered gift cards. In fall 2022, providers also gave out a total of 236 safe sleep kits to families enrolled in home visiting. ECECD should measure the effectiveness of the incentives in retaining families.

New Mexico's Medicaid program offers Centennial Rewards, which provide incentives for enrollees to participate in preventive health measures, but home visiting is not a reward activity. Beyond having home visiting providers give incentives or gifts to clients, Medicaid rewards could also provide incentives for continued use of home visiting. Currently, there are 14 Centennial Care reward activities, ranging from well-child checks to walking challenges or getting a flu vaccine. These activities are incentivized because they prevent future health problems or promote well-being. In the first quarter of 2022, Medicaid spent roughly $4 million on rewards for 161 thousand participants (averaging $25 per participant). For each activity completed, enrollees can earn between $5 and $80. According to HSD, as highlighted in a 2022 LFC evaluation, the Centennial rewards program has saved an estimated $38.8 million but has yet to report health impacts.

Chart 29. Families Leave Home Visiting Prematurely Due to Lack of Engagement More than Any Other Reason



Note: 2023 data covers only part of the calendar year. Did not engage does not specify whether the family was at fault or if the provider did not do due diligence. See chart 12 on page 15 for information on average length of stay in home visiting.

Source: LFC analysis of ECECD data

Figure 6. Current Activities that Quality for Centennial Rewards

Source: Centennial Rewards website

Many home visiting models have shown positive child and maternal health outcomes. Therefore, it may make sense to add home visiting to Medicaid Rewards by amending the waiver. Like well-child check-ups, the rewards could increase as families have more home visits, or there could be an additional reward when the home visitor and family jointly decide that the family has successfully completed the service.

Recommendations

The Early Childhood Education and Care Department and the Human Services Department should:

- Amend the state's 1115 waiver to ensure postpartum women are eligible to enroll in Medicaid-funded home visiting, including Parents as Teacher and add home visiting to Turquoise Care Rewards; and
- Monitor the effectiveness of using a home visiting provider as a care coordinator to see if this leads to increased referrals for Medicaid-funded home visiting as well as continued success in referrals to other services and completed screening.

The Early Childhood Education and Care Department should:

- Collaborate with the University of New Mexico and the Children, Youth, and Families Department to ensure that all public-facing state websites provide current, correct, and coordinated information on home visiting to help improve awareness and enrollment;
- Provide education to medical providers about the value and availability of home visiting, simplify and standardize the referral process, and encourage integration of referral prompts into electronic record systems;
- Ensure the state's referral system includes input from early childhood coalitions, is run independently not by a home visiting provider, monitored for success, and includes family and provider outreach;
- Monitor and ensure accountability of early childhood coalitions by monitoring plans and whether timelines are met. Additionally, the coalition coordinators could develop regional relationships to facilitate referrals and ensure the state intake and referral system is up to date; and
- Evaluate the effectiveness of financial incentives given to families in FY23 in retaining them in home visiting programs.

Charles Sallee, Interim Director
Legislative Finance Committee
325 Don Gaspar, Suite 101
Santa Fe, NM 87501

Dear Interim Director Sallee,

The Early Childhood Education and Care Department (ECECD) appreciates the opportunity to respond to the July 2023 Program Evaluation *Home Visiting Implementation and Expansion*. Thank you to the evaluation team from the Legislative Finance Committee (LFC) for their close collaboration and professionalism in working with ECECD and its partners on this evaluation. This evaluation will support ECECD in focusing its efforts to ensure New Mexico has a world-class home visiting system that contributes to the department's vision that all New Mexico families and young children are thriving.

New Mexico's Home Visiting system has been in place for more than a decade and continues to produce positive outcomes for our youngest children and their families. Since ECECD began administering and monitoring the home visiting system in July 2020, it has made improvements to the system despite the challenges it faced from the COVID-19 pandemic. The leadership of the New Mexico legislature and Governor Michelle Lujan Grisham to continue to invest in the home visiting system has allowed ECECD to increase the number of families served during the pandemic (from 3,403 funded families in FY19 to 5,070 funded families in FY22). ECECD has also received federal grants through the Health Resources and Services Administration (HRSA) as part of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program to enhance and expand home visiting services.

New Mexico's home visiting program continues to improve and expand. In FY23, home visiting funding was increased to $30.39 million overall, which included $10 million from the state's Early Childhood Trust Fund. Expansion will continue in FY24, with an additional $8 million investment from the Land Grant Permanent Fund in home visiting. As the state continues to expand investments in this program, ECECD recognizes the need to increase accountability for home visiting programs to effectively recruit and retain families and deliver high-quality services that ensure positive health, development, and educational outcomes for families and young children.

In general, ECECD agrees that the key recommendations in this report are actionable and important to improve access and the quality of the state's home visiting system. In some instances, the department's response provides more context to the legislature related to the LFC findings, especially those related to families' length of stay in the program and the continued improvements to the referral system. Overall, we look forward to continued partnership with the legislature to ensure the state's Home Visiting System is optimized to ensure the best results for New Mexico's youngest children and their families.

Thank you again for the opportunity to respond. ECECD responses are below. In addition, where recommendations are directed toward the Human Services Department (HSD), joint responses from ECECD and HSD are included.

Finding #1: Home Visiting Positively Impacts Families but Low Completion Rates may Limit Benefits

Key Recommendations

The Early Childhood Education and Care Department should:

- Ensure the Early Childhood Integrated Data System (ECIDS) allows for outcome analysis of all early childhood programs, including home visiting, by the current timeline;
- Evaluate all standards-based home visiting programs to examine their impact on outcomes within three years of receiving state funding; and
- Conduct an evaluation on the impact of virtual visits on outcomes

ECECD Response:

Family participation in home visiting has remained consistent across 10 years, with demonstrated improvements each year as articulated in our legislatively required annual outcomes report. Overall, nearly half of the families served during the 2022 fiscal year (48.9%) participated in home visiting for more than one year, with those participating for at least two years up from 27 percent in FY21 to 30.5 percent in FY22. The average total length of enrollment across families served during FY22 was 16.3 months (with a median service length of 10.3 months). It is also important to note that families experience benefits across all durations of service – e.g., even a family that participates for less than two months still receives, on average, referrals to one or more services and completes more than one goal. Families have a variety of reasons for leaving home visiting services – including mobility, program completion, or lack of time to engage in visits. ECECD does recognize the need to continue to improve family participation/length of time with home visiting services and will continue to build on this success by ensuring programs are held accountable for providing access to families.

New Mexico is a leader in home visiting data collection and usage, including using data for a robust Continuous Quality Improvement (CQI) process. Home Visiting programs have bi-weekly touchpoints with ECECD home visiting manager monitors and/or UNM staff to improve program implementation, including enrollment and retention of families and programs. These processes allow home visiting programs to focus on family enrollment length and visit frequency, among other issues. As programs have largely returned to post-pandemic operations, with the majority of home visits occurring in-person, ECECD is working to incorporate analysis about the ongoing use of virtual visits into its CQI process. In addition, ECECD will increase accountability for home visiting programs – especially those with the highest rates of turnover or lowest visit rates – in this coming program year.

As noted in the LFC Program Evaluation Report, ECECD has a plan to improve ECIDS and will be working with its vendor (RS21) in the next year and beyond to ensure the system allows the state to understand the impacts of its early childhood investments, including home visiting, on short- and long-term child outcomes. We recognize the need to make these data transparent and will continue to update the LFC and the legislature on progress related to ECIDS.

ECECD agrees that it must continue to improve its home visiting system related to ensuring standards-based programs are deployed appropriately and that outcomes of these programs are examined. Standards-based programs play an important role in the home visiting system, from ensuring that home

visiting providers can implement culturally relevant practices to allowing space for new models to be tested. ECECD recognizes the need to demonstrate the efficacy of standards-based approaches and may require additional resources to conduct evaluations of these programs to do so.

Finding #2: Home Visiting Serves A Small Proportion Of New Mexico Children Partially Due To Medicaid Dollars Being Left Unspent

Key Recommendations

The Early Childhood Education and Care Department and the Human Services Department should:

- Ensure Medicaid-funded home visiting rates are comparable to state-funded home visiting rates including paying by model; and
- Ensure postpartum women can enroll in Medicaid-funded home visiting, including Parents as Teachers.

The Early Childhood Education and Care Department should:

- Prioritize home visiting expansion in areas of high population as well as higher social vulnerability;
- Update and publish a cost study using actual financial data from providers to determine actual costs of home visiting and use this as one component in determining how to adjust reimbursement rates.

ECECD Response:
In FY24 ECECD will increase the number of children and families served in Home Visiting, with a goal of expanding to approximately 2,000 new families. ECECD is working to target these services towards areas of high populations and higher social vulnerability, such as in Bernalillo, San Juan, and McKinley Counties. ECECD is working to build the capacity of local agencies in these areas to continue to expand services to reach New Mexico families most in need.

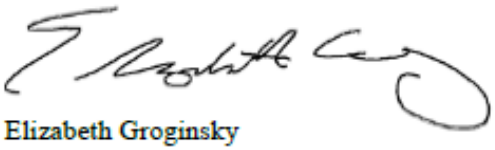
In addition, this will require ECECD to build the workforce capacity in home visiting. For example, from FY21 to FY22, home visiting programs added 90 home visitors to expand services. In FY23, ECECD continued to attract home visitors to the profession through its *Developing Futures* campaign, as well as supporting over 30 home visitors to achieve degrees through the ECECD scholarship. The department will continue to build on these efforts in FY24. In addition to building workforce capacity, ECECD will need to recruit and onboard new agencies to offer home visiting services. In FY23, the department added one new agency and will add at least two new agencies in FY24. ECECD will continue to improve the operation of home visiting programs through the use of its robust, nationally recognized Continuous Quality Improvement process.

In addition, ECECD will complete a cost study with an updated home visiting cost model to ensure that funding for the home visiting system is sufficient. As mentioned in previous meetings with LFC, ECECD plans to continue to reimburse providers for expenditures, while holding programs accountable for serving the appropriate number of children and families, as opposed to a per-visit payment system. Home visiting programs experience costs that are not per-visit related, the largest being personnel costs. To ensure home visiting programs do not experience additional workforce shortages, ECECD believes it is important to ensure programs have consistent and predictable funding.

ECECD is improving connections and referrals between the health system and the home visiting system in several ways. First, ECECD provided several trainings on home visiting for UNM pediatric residents and for Community Health Workers at UNM and Presbyterian. Second, the department developed a bilingual brochure that is now being distributed to every birthing hospital and birth center for families with newborns to help increase awareness of home visiting and other ECECD programs. Finally, we have intentionally worked to better connect county and tribal health councils with the local early childhood system building coalitions. ECECD has also started discussions with the Interagency Coordinating Council (ICC) and the Early Childhood Comprehensive Services (ECCS) Advisory Council about other ways to market home visiting specifically to healthcare providers, and we are surveying home visiting providers to get an idea of current practices for closing the referral loop with healthcare providers so we can assess the needs and address the gaps.

In FY24, ECECD will ensure continued improvement to the state's home visiting system. It is our administration's priority to increase access to high-quality early childhood services and our investments in home visiting are critical toward achieving more equitable and positive outcomes for families and young children. We look forward to continuing to update the legislature on this progress through our Annual Outcomes Report.

Sincerely,



Elizabeth Groginsky
Cabinet Secretary, ECECD

Appendix A: Evaluation Scope and Methodology

Evaluation Objectives.

- Assess uptake and enrollment trends;
- Determine capacity and needs, including workforce needs; and
- Review program impact and assess fidelity monitoring, including examining the impact of the pandemic and tele-home visiting.

Scope and Methodology.

- Interviewed state officials, including ECECD leadership and Secretary Groginsky and home visiting providers across the state. These providers included providers using each of the home visiting models.
- Met with state collaborative groups and funders.
- Reviewed state and federal laws, regulations, and policies on home visiting.
- Reviewed ECECD's strategic plans, contracts, policies and procedures and other administrative documentation.
- Analyzed data from the state home visiting database as well as data from federal organizations and the public education department.
- Analyzed demographic and performance data from ECECD.
- Reviewed empirical research and best practices from academic journals and nonpartisan research organizations.

Evaluation Team.

Dr. Sarah Dinces, Project Lead, Program Evaluator
Catherine Dry, Program Evaluator

Authority for Evaluation. LFC is authorized under the provisions of Section 2-5-3 NMSA 1978 to examine laws governing the finances and operations of departments, agencies, and institutions of New Mexico and all of its political subdivisions; the effects of laws on the proper functioning of these governmental units; and the policies and costs. LFC is also authorized to make recommendations for change to the Legislature. In furtherance of its statutory responsibility, LFC may conduct inquiries into specific transactions affecting the operating policies and cost of governmental units and their compliance with state laws.

Exit Conference. The contents of this report were discussed with Secretary Groginsky on July 11, 2023.

Report Distribution. This report is intended for the information of the Office of the Governor, Department of Finance and Administration, Office of the State Auditor, and the Legislative Finance Committee. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Jon Courtney, Ph.D.
Deputy Director for Program Evaluation

Appendix B: MIECHV Approved Home Visiting Models

Models Eligible for Maternal, Infant and Childhood Home Visiting Funding

Model	Used In NM?
Attachment and Biobehavioral Catch-Up (ABC) -Infant	No
Child First	No*
Early Head Start Home-Based Option	Yes
Early Intervention Program for Adolescent Mothers	No
Early Start (New Zealand)	No
Family Check-Up For Children	No
Family Connects	Yes
Family Spirit	No
Health Access Nurturing Development Services (HANDS) Program	No
Healthy Beginnings	No
Healthy Families America (HFA)	No*
Home Instruction for Parents of Preschool Youngsters (HIPPY)	No
Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT)	No
Maternal Early Childhood Sustained Home-Visiting Program (MECSH)	No
Maternal Infant Health Outreach Worker (MIHOW)	No
Maternal Infant Health Program (MIHP)	No
Minding the Baby Home Visiting (MTB-HV)	No
Nurse-Family Partnership (NFP)	Yes
Parents as Teachers (PAT)	Yes
Play and Learning Strategies (PALS) Infant	No
Promoting First Relationships—Home Visiting Intervention Model	Yes
SafeCare Augmented	No*

Note: Child First, Healthy Families America, and Safe Care Augmented are expected to being in New Mexico in 2024 when they become reimbursable by Medicaid

Source: ACF

Appendix C: ECECD Report Card and HSD Medical Assistance Division Report Cards, FY23 Q3

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD
Early Childhood Education and Care Department
Third Quarter, Fiscal Year 2023

ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No

Early Childhood Education and Care

The Early Childhood Education and Care Department (ECECD) added several additional measures in FY23 for the early education prekindergarten program. However, these measures are annually measured and will not be reported until the close of FY23. National reported declines in math and reading proficiency for young children, due to the global pandemic, have elevated the importance for expanding early education programs to remedy the losses. LFC staff found participation in prekindergarten corresponds with a 10 percent increase in college entrance. Additionally, a large body of national research and LFC evaluations have consistently found prekindergarten programs increase math and reading proficiency for low-income 4-year-olds, lower special education and retention rates, and lessen the negative effects of mobility, or a child changing schools throughout the school year.

ECECD reported the Centennial Home Visiting Program has funded 933 slots in 15 counties, in partnership with nine home visiting providers. The department stated concerns that referrals are lower than expected resulting in only 406 families being enrolled. To improve referrals ECECED is working to develop relationships with birthing hospitals and advertise the program widely in the medical, maternal health field.

Family Support and Intervention

The program—composed primarily of the Family, Infant, Toddler (FIT) developmental disabilities intervention program, Families First case management program, and Home Visiting parental education and supports program—reported meeting performance targets for families demonstrating progress in positive parent-child interactions and children receiving regular well-child visits. These measures monitor Home Visiting progress in supporting new families to attain health and developmental goals for young children. The program also reported only 406 families enrolled in Medicaid-funded home visiting, well below the performance target of 1,500. Medicaid-funded Home Visiting allows the state to receive federal revenues to grow state services. Additionally, ECECD is developing a Medicaid billing system to streamline the billing process and eliminate the duplication of data entry for providers.

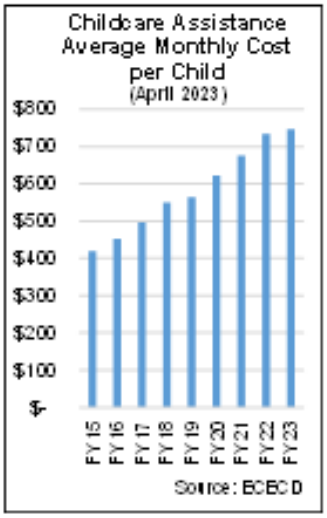
Budget: $68,850.3 **FTE:** 41	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Number of families enrolled in Centennial home visiting	135	299	1,500	382	380	406	R
Average annual number of home visits per family	27	NA	12	Reported Annually			
Percent of children enrolled in home visiting for longer than six months that receive regular well child exams as recommended by the American Academy of Pediatrics	NA	86%	80%	87%	87%	89%	G
Percent of parents participating in home-visiting program for at least eight months who demonstrate progress in practicing positive parent-child interactions	74%	73%	75%	77%	76%	81%	G
Percent of women enrolled in families first and home visiting who are eligible for Medicaid who access prenatal care in the first trimester	NA	93%	75%	92%	92%	89%	G
Percent of children participating in the family infant toddler program for at least six months who demonstrate substantial increase in their development as measure by the early childhood outcomes tool	NA	76%	75%	Reported Annually			

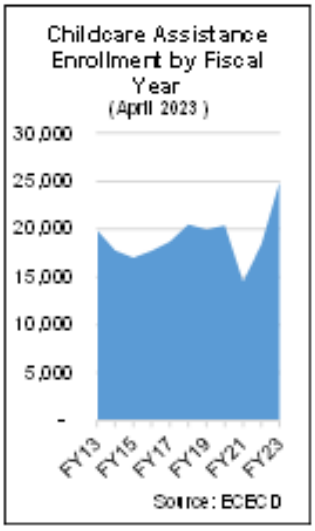
Appendix C Cont: ECECD Report Card and HSD Medical Assistance Division Report Cards, FY23 Q3

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD

Early Childhood Education and Care Department
Third Quarter, Fiscal Year 2023





Percent of women who are pregnant when they enroll in home visiting who access postpartum care	NA	80%	90%	71%	71%	74%	Y
Percent of women who are pregnant when they enroll in Families First who access postpartum care	NA	80%	90%	95%	97%	96%	G
Percent of eligible infants and toddlers with individual family service plan for whom an initial evaluation and initial assessment and an initial individual family service plan meeting were conducted within the forty-five-day timeline	NA	NA	100%	92%	88%	95%	Y
Program Rating	R	Y					Y

*Measure is classified as explanatory and does not have a target.

Early Education, Care, and Nutrition

The Early Education, Care, and Nutrition Program, primarily composed of Childcare Assistance and the Family Nutrition Bureau, met all performance targets. Prior to the pandemic, Childcare Assistance average monthly enrollment had been relatively flat, ranging between 18 thousand and 20 thousand children a month. However in fall 2020, enrollment declined significantly to 15 thousand. In FY21, average monthly enrollment was 14.5 thousand. The average monthly cost per child, however, increased to $676, or $8,117 annually. At the close of FY22, monthly enrollment has continued to increase from nearly 22 thousand, and the average monthly cost continued to grow to $734, or $8,810 annually. In April 2022, ECECD announced Childcare Assistance income eligibility would increase to 400 percent federal poverty level (FPL) and all co-payments would be waived. As of April 2023, and average monthly enrollment in FY23 was 24,922 and with an average monthly cost of $747, or $8,965 annually.

Budget: $271,105.6 **FTE:** 146	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Percent of infants and toddlers participating in the childcare assistance program enrolled in childcare programs with four- or five-stars	NA	60%	40%	58%	57%	59%	G
Average monthly copay as a percentage of monthly income	NA	NA	10%	0%	0%	0%	G
Program Rating	R	Y					G

*Measure is classified as explanatory and does not have a target.

Prekindergarten

During the pandemic, all public school and most private school prekindergarten programs were forced to close in-person programs and conduct programs virtually. In spring 2021, virtual class sessions lasted on average approximately 30 minutes to 45 minutes, depending on children's ability to remain attentive and parents' abilities to assist and support their children in remote learning. The pandemic also resulted in the programs being unable to assess children and provide the data. In FY21, ECECD contracted for 13,608 prekindergarten and early prekindergarten slots. The program did not meet targeted performance for FY22. FY23 performance will be reported at the close of the fiscal year.

Appendix C Cont: ECECD and HSD Medical Assistance Division Report Cards, FY23 Q3

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD

Early Childhood Education and Care Department
Third Quarter, Fiscal Year 2023

Budget: $111,043.6 **FTE:** 11	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Percent of children who were enrolled for at least six months in the state-funded prekindergarten program who score at first step for K or higher on the fall observation kindergarten observation tool	No Report	54%	75%	Reported Annually			
Percent of children participating in the state-funded New Mexico prekindergarten program (public and private) for at least six months showing measurable progress on the school readiness spring preschool assessment tool	No Report	92%	90%	Reported Annually			
Percentage of children who participated in a New Mexico Pre-K program, for at least nine months, that are proficient in math in Kindergarten	NA	NA	37%	Reported Annually			
Percentage of children who participated in a New Mexico Pre-K program, for at least nine months, that are proficient in literacy in Kindergarten	NA	NA	32%	Reported Annually			
Measure							
Program Rating	R	Y					

*Measure is classified as explanatory and does not have a target.

Policy, Research, and Quality

The Policy, Research and Quality Program's primary purpose is to manage initiatives to improve the quality of early childhood education and care programs and professional development support for providers. The program also provides data assessment and support in addition to policy development for the department. The program leads the state's childcare tiered quality rating and improvement system, Focus. The department reported meeting both targeted performance measures for Focus.

Budget: $21,101.2 **FTE:** 29.5	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Percent of early childhood professionals, including tribal educators, with degrees or credentials in early childhood fields	NA	NA	45%	Reported Annually			
Percent of licensed childcare providers participating in FOCUS tiered quality rating and improvement system	NA	51%	60%	63%	64%	64%	G
Percent of licensed childcare providers participating in Focus tiered quality rating and improvement system at the four- and five-star level	NA	60%	50%	61%	60%	60%	G
Program Rating		Y					Y

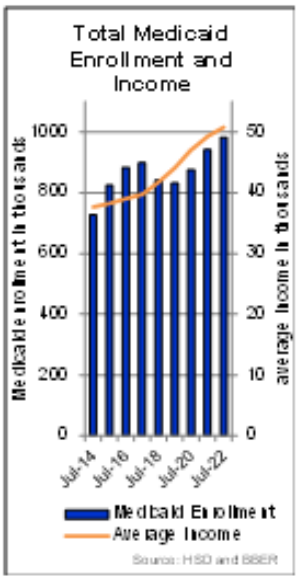
*Measure is classified as explanatory and does not have a target.

Appendix C Cont: ECECD and HSD Medical Assistance Division Report Cards, FY23 Q3

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD
Human Services Department
Third Quarter, Fiscal Year 2023

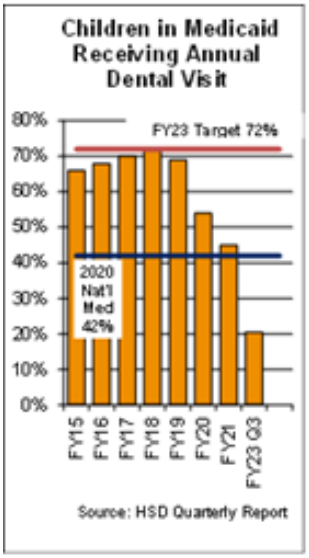
Medical Assistance Division



The Medicaid Program's performance measures are not on trend to meet targeted levels. However, when comparing FY23 third quarter data with FY22 third quarter data, multiple performance measures show improvement and are trending in a positive direction. Some of these measures include percent of infants and children in Medicaid managed care who had six or more well-child visits in the first 15 months of life, percent of Medicaid managed care member deliveries who received a prenatal care visit in the first trimester or within forty-two days of eligibility, and percent of children and adolescents in Medicaid managed care ages three to twenty-one years who had one or more well-care visits during the measurement year.

For the third quarter, a reported 8.4 percent out of a targeted 67 percent of children received one or more well-child primary care visits. HSD reports this rate is based on Healthcare Effectiveness Data and Information Set (HEDIS) specifications, which are based on a calendar year and do not align with the state fiscal year quarterly reporting. MCO strategies to improve well-child visits include increasing outreach calls, instituting value-based contracts with providers, creating a reward program for well-child visit compliance, offering assistance with scheduling appointments and transportation, and implementing a member texting campaign.

Home Visiting. Participation in the Centennial Home Visiting program (CHV) remains low despite federal and Medicaid funding for the program. CHV provides in-home services to children and primary caregivers. CHV seeks to improve maternal and child health, child development and school readiness, encourage positive parenting, and connect families to support in their communities. MAD could leverage the Centennial Rewards program to incentivize CHV participation.



Budget: $7,269,255.3 **FTE: 219.5**

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during their first 15 months*	51%	49.6%	N/A	55%	61.3%	33%	Y
Children and adolescents ages 3 to 21 enrolled in Medicaid managed care who had one or more well-care visits during the measurement year*	39.3%	16.7%	67%	28.7%	40.2%	8.4%	R
Children ages 2 to 21 enrolled in Medicaid managed care who had at least one dental visit during the measurement year	56%	37.7%	72%	44.7%	51.2%	20.3%	R
Hospital readmissions for children ages 2 to 17 within 30 days of discharge	6.7%	6.8%	<5%	7.3%	7.6%	5%	Y
Hospital readmissions for adults 18 and over within 30 days of discharge	8.8%	11%	<8%	11.2%	11.9%	9.4%	R
Emergency department use categorized as nonemergent care	50%	53%	45%	53%	55%	56%	R
Newborns with Medicaid whose mothers received a prenatal care visit in the first trimester or within 42 days of enrollment in the managed care organization*	70%	59.3%	83%	59.4%	63%	62%	R
Medicaid managed care members ages 18 through 75 with diabetes, types 1 and 2, whose HbA1c was >9 percent during the measurement year*	53%	77.4%	86%	72.8%	66.5%	83.3%	R
Program Rating	Y	R					R

*Measures are HEDIS measures, which represent a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. The most recent unaudited data available reported under FY22 actuals includes the last quarters of FY22. The data for HEDIS measures is preliminary and will be finalized in June 2023.

Appendix D: FY22 Home Visiting Providers – Contracted and Actual Families Served

Provider	Model or Curricula	Total Families Funded	Total Families Served
Appletree	Standards-based	60	98
Aprendamos Early Intervention	Parents as Teachers/Standards-Based	170	213
Avenues for Early Childhood Services	Standards-based	121	158
Ben Archer Health Center	Standards-based	375	673
Colfax County	Standards-based	50	68
Community Action Agency of Southern New Mexico	Parents as Teachers	270	279
ENMRSH	Parents as Teachers	216	226
F.A.C.E.S First Ltd	Standards-based	40	25
First Born of Los Alamos	First Born	75	109
Gallup-McKinley County Schools	Parents as Teachers	120	137
Gila Regional Hospital	Standards-based	134	179
Growing Up New Mexico	First Born	180	296
Guidance Center of Lea County	Standards-based	132	174
Kiwanis - First Born of Northern NM	First Born	60	95
La Vida Felicidad	Standards-based	69	104
Las Cumbres Community Services	Standards-based	100	198
Los Pasitos Early Intervention	Parents as Teachers	25	57
Luna County	Parents as Teachers	175	214
MECA	Parents as Teachers	607	637
Northwest New Mexico First Born Program	First Born	155	208
Peanut Butter & Jelly Services	Standards-based	90	121
Presbyterian Healthcare Services - Socorro General Hospital	First Born	95	122
Presbyterian Medical Services	Parents as Teachers	235	270
Region IX Educational Co-Op	Parents as Teachers	66	74
Southwest Pueblo Consultants	Standards-based	189	276
Taos Health Services	Standards-based	140	191
Tresco, Inc	Parents as Teachers	260	290
University of New Mexico - CDD HSC	Parents as Teachers	170	239
University of New Mexico - CDD HSC	Nurse Family Partnership	200	316
University of New Mexico Hospital - Young Children's Health Center	Standards-based	70	89
Western Heights Learning Center	Standards-based	40	64
Youth Development Inc	Parents as Teachers	270	117
Total		4959	6317

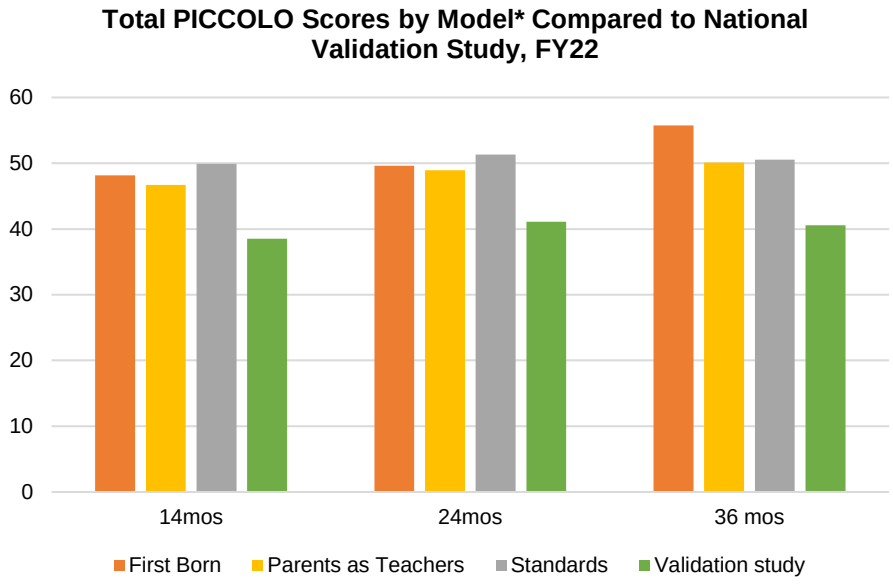
Source: ECECD data

Appendix E: New Mexico Home Visiting Outcomes as Reported in the Annual Outcomes Report

Home Visiting Outcomes for FY22

Healthy Births	
Received Prenatal Care	92.3 percent
Received First Trimester Prenatal Care	91.1 percent
Initiated Breastfeeding	80.3 percent
Screened for Perinatal Depression	84.6 percent
Referred to Depression Supports	97.9 percent of this at-risk those at-risk
Engaged with Depression Supports	49.6 percent of those referred
Up-to-Date Immunizations	94.1 percent
Parental Nurturing	
Improved Parenting Skills	1,666 parents (in at least one domain as measured by the PICCOLO tool)
Improved Ability to Teach Children	59.6 percent
Improved Ability to Encourage Children	45.8 percent
Child Physical and Mental Health	
Screened for Healthy Development	90.7 percent (as measured by the ASQ-3 tool)
Referred for Early Intervention Supports	93.1 percent of those at potential risk of delay
Engaged with Early Intervention Supports	69.3 percent of those referred
Up-to-Date Well-Child Checks	94.1 percent of parents reporting
School Readiness	
Screened for Social-Emotional Development	87.6 percent (as measured by the ASQ-SE tool)
Any Weekly Reading, Singing or Storytelling	96.2 percent
Daily Reading, Singing or Storytelling	65.7 percent
Safety of Families and Children	
Screened for Intimate Partner Violence	80.4 percent
Referred for Intimate Partner Violence Supports	91.7 percent of those identified as at-risk
Engaged with Intimate Partner Violence Supports	31.4 percent of those referred
Family Safety Plan in Place	78.7 percent of those identified as at-risk
Referral for Child Maltreatment or Abuse	Less than 1 percent (0.87) of families in home visiting for six months or more
Connections to Community Supports	
Risk Factors Identified through Screenings	1,870 children or their caregivers (29.4 percent of families) based on screening tools for child development, perinatal depression and intimate partner violence)
Referred to Supports	93.9 percent of those at-risk
Engaged with Supports	56.5 percent of those referred

Appendix F: PICCOLO Scores by Model at 14 and 24 months



Source: LFC analysis of ECECD data

Appendix G: Type of Service Referrals in 2022

Referral Category	# of referrals
Basic needs	2551
Behavioral health services	2760
Breastfeeding support	516
Charitable Services	21
Childbirth education classes	23
Child Care Referral Services	44
Child protective services	92
Childcare and early education	1534
Dental services	792
Domestic violence services	518
Early Childhood Intervention	203
Education	1805
EI/FIT services	3375
Employment	465
Family and social support services	3239
Food Stamps	55
Health care (child or family)	948
Housing	33
Intimate Partner Violence	36
Lactation support	44
Legal	340
Legal Services	34
Medicaid (child or family)	1312
Medical Services	1135
Mental health treatment/therapy	310
Nutrition	1892
Other	3381
Parenting program/classes	586
Pediatrician	928
Preschool Part B	87
Primary care physician	565
Primary care provider - well client	42
Private Insurance	24
Public assistance	1853
Recreational resources	2017
Subsidized Child Care	31
Substance abuse counseling	124
Tobacco Cessation	123
WIC	125

Note: The highlighted rows have the highest number of referrals.
Source: LFC analysis of ECECD

Appendix H: List of Goals Identified by Families in Home Visiting Programs in New Mexico

Age appropriate expectations are met	3366
Appropriate health/medical care is received	1240
Appropriate prenatal practices are in place	874
Attainment of education/employment	1432
Breastfeeding is provided for the baby	986
Caregiver competence/confidence	2518
Child well being/readiness supported	3525
Emotional health is managed	1023
Engaged in social/spiritual communities	281
Family is safe	1248
Father is involved with child	221
Healthy nutrition provided for child	597
Immunization plan of family is followed	345
Positive relationships with children	983
Stable basic essentials are obtained	184
Stable basic essentials are obtained	940
Subsequent pregnancy is planned and spaced	737
Substance use is managed	93
Supportive relationships present	889

Note: The highlighted rows have the highest number of referrals.

Source: LFC analysis of ECECD

Appendix I. Evidence-based and Standards Based Providers Above Benchmark for Key Home Visiting Measures

	Benchmark	% of Evidence-Based Providers Above Benchmark	% of Standards Based Providers Above Benchmark
Goal 1: Babies are Born Healthy (EPDS)			
1c. Screened	93%	29%	17%
1d. Referred	100%	76%	67%
1e. Engaged	60%	35%	17%
Goal 2: Children are Nurtured by their Parents/Caregivers (PICCOLO/DANCE)			
2a. Affection	65%	76%	75%
2b. Encouragement	65%	88%	67%
2c. Responsiveness	65%	94%	50%
2d. Teaching	65%	71%	58%
Goal 3: Children are Physically and Mentally Healthy			
3a. Well-child visit	85%	53%	25%
3b. Screened with ASQ	93%	71%	42%
3c. Referred	93%	59%	67%
3d. Engaged	69%	59%	33%
Goal 4: Children are Ready for School			
4a. Screened with ASQSE	95%	18%	17%
4a2. Referred	100%		
4b4. Any amount of reading per week	100%	29%	25%
Goal 5: Children and Families are Safe			
5b. At risk of domestic violence who have a safety plan in place	65%	65%	67%
5c. Referred	100%	47%	67%
5d. Engaged	40%	35%	25%
5e. Unintentional injury prevention	75%	47%	58%
Goal 6: Families are Connected to Formal and Informal Supports in their Communities			
6a. Families referred to support services in their community, by type (all referrals)	85%	71%	58%

Note: Measures without benchmarks were excluded. Data for two providers was not available for this period.

Source: LFC analysis of ECECD data

Appendix J: CHI St Joseph's Annual Outcome Metric Performance 2019-2022

CHI St Joseph's Children, New Mexico's largest private home visiting provider and not funded by the state, chose to have only virtual visits and reports no change in outcomes but did not conduct experimental research. At the onset of the pandemic, CHI went virtual after being only in-person. They chose to continue to serve families virtually because they did not see large differences between virtual versus in-person home visiting for the outcome measures tracked (Appendix J). Most of the measures tracked when comparing FY19 to FY22 data did not look to be meaningfully different; however, no statistical tests were shown.

Breastfeeding initiation and percent of children whose birth weight exceeded 5.5 pounds both showed larger differences than other metrics; however, disaggregating the impact of the pandemic or other factors from the impact of virtual versus in-person visits is needed.

Outcome Number	Outcome Measure	Who is Assessed	2022 %	2021 %	2020 %	2019 %
1	01A-Bonding and Attachment (observed all visits in period)	Family	96.03	96.07	93.12	95.87
1	01B-Bonding and Attachment (observed most recent visit in period)	Family	99.44	99.03	98.83	99.44
2	02A-Safety in the home	Family	95.6	95.11	94.3	95.72
2	02B-Stability in housing	Family	99.7	96.8	98.31	97.64
3	03A-Initiated Breastfeeding	Family	95.12	88.41	88.28	87.73
3	03B-Still breastfeeding around 6 months of age	Family	74.39	67.43	67.07	66.56
4	04-Sufficient financial resources	Family	90.25	87.65	83	88.48
5	05-Supported by community formal and informal resources	Family	99.51	99.64	99.31	99.15
6	06A-Good physical health (healthy lifestyle)	Family	92.69	92.05	88.77	92.65
6	06B-Good physical health (mother receiving regular well care)	Mother	95.89	91.6	86.77	91.65
6	06C-Good physical health (child receiving regular well care)	Child	96.84	94.72	95.37	96.57
6	06D-Good physical health (child has up to date immunization)	Child	94.34	91.45	91.01	95.81
6	06E-Good physical health (overall)	Family	85.36	80.58	75.42	84.95
7	07-Birthweight exceeds 5.5 lbs.	Child	73.33	92.31	87.11	95.83
8	08A-Use medical provider instead of ER (Child)	Child	82.76	89.2	89.88	99.51
8	08B-Use medical provider instead of ER (Mother)	Mother	93.19	95.73	95.34	96.84
8	08C-Use medical provider instead of ER (Father)	Father	98.85	99.44	98.44	99.63
9	09-Good mental/emotional health	Family	96.25	95.88	95.52	96.67
10	10-Free of substance use or substance use managed	Family	98.23	98.94	98.17	97.94
11	11-Free of domestic violence	Family	93.2	92.64	90.27	94.14
12	12-Free of encounters with Judicial system	Family	97.6	95.91	95.85	94.96

Note: 2019 was 100 percent in person and 2021 and 2022 were 100 percent virtual.

Source: CHI St Joseph's

Appendix K: New Models in New Mexico

The state is introducing new evidence-based home visiting models, in 2024. These four new models will be eligible for Medicaid reimbursement – Family Connects, Safe Care Augmented, Healthy Families America, and Child First.

Family Connects offers light-touch home visiting (one to three visits) to a family after the birth of a child. One of the model's goals is to connect families with additional needed services, including longer-term home visiting.

Healthy Families America is not yet offered in New Mexico but is commonly used nationwide and can be run with the Partners for a Healthy Baby curriculum currently used by many standards-based providers.

Child First serves families that have mental or behavioral health concerns, a history of domestic violence, child maltreatment, homelessness, or a child with developmental delay. The model requires at least weekly visits and employs mental health clinicians.

Safe Care Augmented serves families with risk factors for maltreatment, with families getting no more than two visits a week and no less than two visits a month but does not require specific educational degrees for its home visitors.

Appendix L: Number and Percentage of Referrals and Unsuccessful Referrals by Referral Source and Region

Total Referrals To Home Visiting by Source with Number and Percent, Nov 2020 to Sept 2022

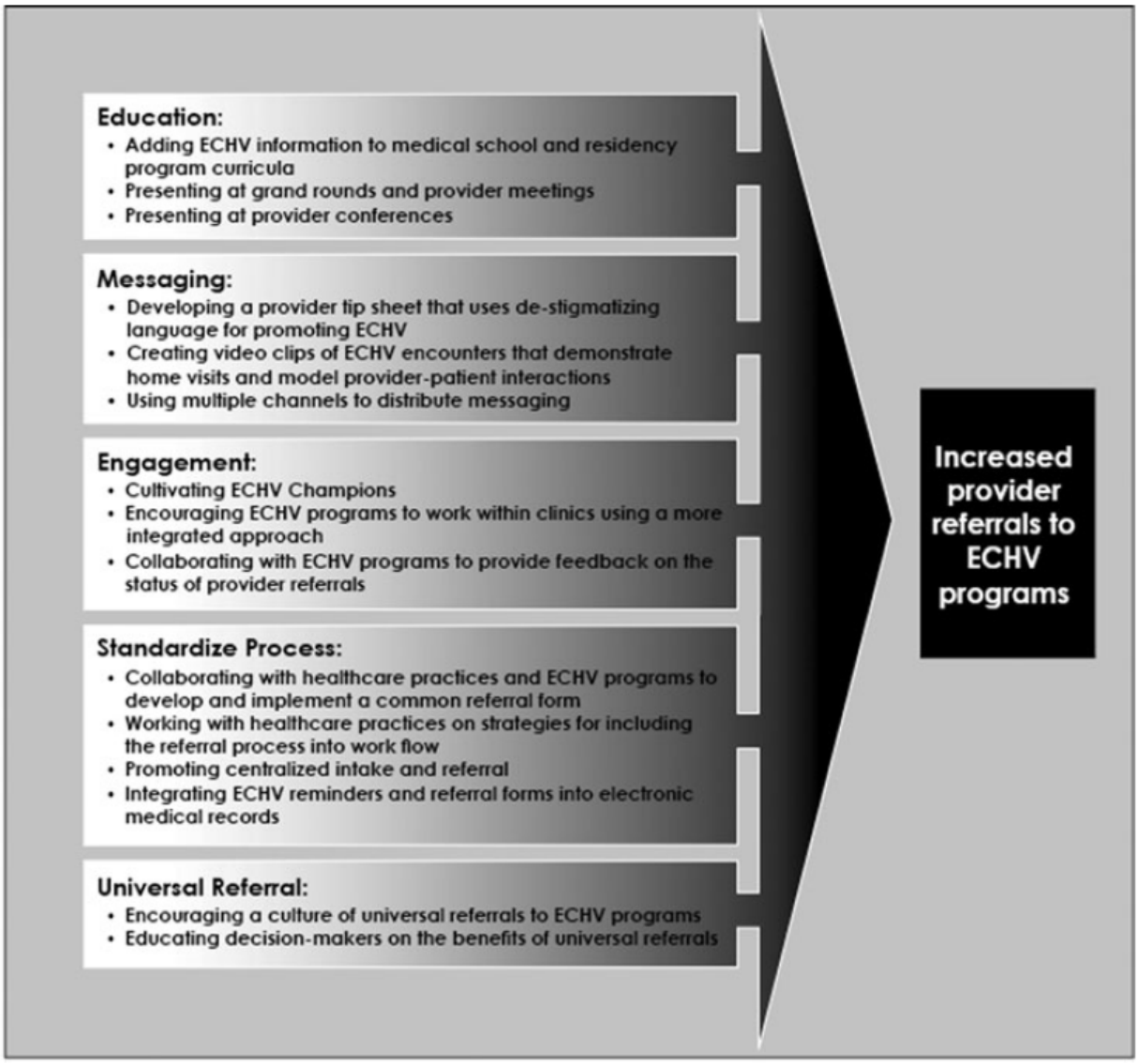
Referral Source	All included regions n (%)	Central Region n (%)	Dona Ana Region n (%)	Eastern Region n (%)	Northern Region n (%)
Early Childhood services/ schools	959 (24)	74 (18)	575 (25)	288 (36)	23 (5)
Community Members	665 (17)	46 (11)	507 (22)	84 (11)	28 (6)
Medical Providers	597 (15)	102 (25)	268 (11)	57 (7)	170 (36)
Outreach event or local matching system	429 (11)	33 (8)	294 (13)	52 (7)	50 (11)
Self-referral	424 (11)	23 (6)	169 (7)	101 (13)	131 (28)
Managed Care Organizations (MCO)	292 (7)	68 (17)	141 (6)	81 (10)	2 (1)
Child Protective Services & Legal Sources	115 (3)	5 (1)	59 (3)	46 (6)	5 (1)
Public Health and Community Support Services	117 (3)	31 (8)	74 (3)	7 (1)	5 (1)
Other, not specified	231 (6)	12 (3)	134 (6)	32 (4)	53 (11)
Not reported/Missing	178 (4)	9 (2)	119 (5)	47 (6)	3 (1)
Total referrals	**4007**	**404**	**2339**	**795**	**470**

Number and Percent of *Unsuccessful* Referrals by Source, Nov 2020 to Sept 2022

Referral source	All included regions n (%)	Central Region n (%)	Doña Ana County n (%)	East Region n (%)	North Region n (%)
Child Protective Services (CPS) & judicial/law enforcement/legal sources	64 (56)	3 (60)	36 (61)	25 (54)	0 (0)
Medical provider	314 (53)	41 (40)	128 (48)	35 (61)	110 (65)
Public health & community support services	51 (44)	15 (48)	29 (39)	5 (71)	2 (40)
Early childhood services/schools	345 (36)	29 (39)	178 (31)	128 (44)	10 (43)
Managed care organization	88 (30)	14 (21)	41 (29)	33 (41)	0 (0)
Self-referral	122 (29)	6 (26)	51 (30)	25 (25)	40 (31)
Outreach event or local matching system	117 (27)	13 (39)	81 (28)	16 (31)	7 (14)
Community members	164 (25)	4 (9)	108 (21)	47 (56)	5 (18)
Other source, not specified	87 (38)	4 (33)	38 (28)	19 (59)	26 (49)

Source: Cruz et al 2023 Sources of Referral to Early Childhood Home Visiting Report

Appendix M: Recommendations of How to Strengthen Provider Referrals



Source: Cruz et al 2023, Family and Community Health