AN ACT

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

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

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

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

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

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

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

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

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

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

(1) delivers a variety of informational,
educational, developmental, referral and other support
services for eligible families who are expecting or who have
children who have not yet entered kindergarten and that is
designed to promote child well-being and prevent adverse
childhood experiences;

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

(3) does not include:

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

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

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

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

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

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

F. "home visiting system" means the infrastructure
and programs that support and provide home visiting. A "home visiting system":

(1) provides universal, voluntary access;
(2) provides a common framework for service delivery and accountability across all home visiting programs;
(3) establishes a consistent statewide system of home visiting; and
(4) allows for the collection, aggregation and analysis of common data; and

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

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

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

(b) has comprehensive home visiting standards that ensure high-quality service delivery and continuous quality improvement; and
(c) has demonstrated significant, sustained positive outcomes;

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

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

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

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

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

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

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

(9) is culturally and linguistically appropriate.
SECTION 3. HOME VISITING PROGRAMS--ACCOUNTABILITY--
EXCLUSIONS--CONTRACTING--REPORTING.--

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

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

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

D. A home visiting program shall do two or more of the following:
   (1) improve prenatal, maternal, infant or child health outcomes, including reducing preterm births;
   (2) promote positive parenting practices;
   (3) build healthy parent and child relationships;
   (4) enhance children's social-emotional and language development;
   (5) support children's cognitive and
physical development;

(6) improve the health of eligible families;

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

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

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

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

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

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

(1) jointly develop an outcomes measurement
plan to monitor outcomes for children and families receiving services through home visiting programs;

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

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

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

I. The annual outcomes report shall include:

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

(2) data regarding:

(a) the cost per eligible family served;

(b) the number of eligible families served;

(c) demographic data on eligible families served;

(d) the duration of participation by eligible families in the program;
(e) the number and type of programs
that the department has funded;

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

(g) decreases in child maltreatment or
child abuse;

(h) any reductions in risky parental
behavior;

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

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

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

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

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