



New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2013

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

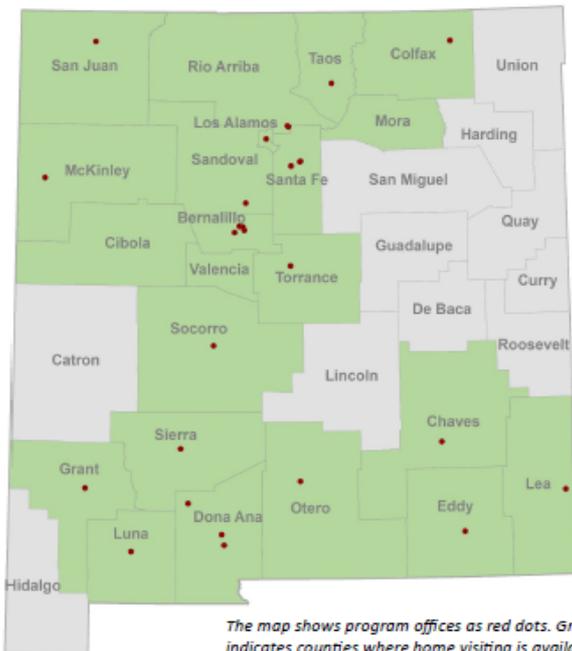
JANUARY 1, 2014

Introduction

This first Annual Home Visiting Outcomes Report presents aggregate data about the outcomes for all Children, Youth and Families Department (CYFD)-administered home visiting programs funded by the State of New Mexico in Fiscal Year 2013 (FY13). The report was prepared according to the requirements of NMSA 1978, Sections 32A-23B-1 (2013), referred to here as the "Home Visiting Accountability Act," and is designed to inform policymakers and practitioners about the impact of the state's Home Visiting System on families and children in New Mexico.

New Mexico's Home Visiting System, FY13

New Mexico's 20 home visiting programs serve 22 of New Mexico's 33 counties.



Home Visiting in FY13, At a Glance:

Programs: 20

Counties Served: 22

Families Funded: 1,005

Home Visits: 20,224

Home Visitors: 144



The First Annual New Mexico Home Visiting Annual Outcomes Report, Fiscal Year 2013

Presentation to the
Legislative Finance Committee
Rep. Luciano "Lucky" Varela, Chairman
Sen. John Arthur Smith, Vice-Chairman
May 7, 2014
Room 307, State Capitol
Santa Fe, New Mexico

Prepared by the University of New Mexico's
Center for Education Policy Research and
Center for Rural and Community Behavioral
Health

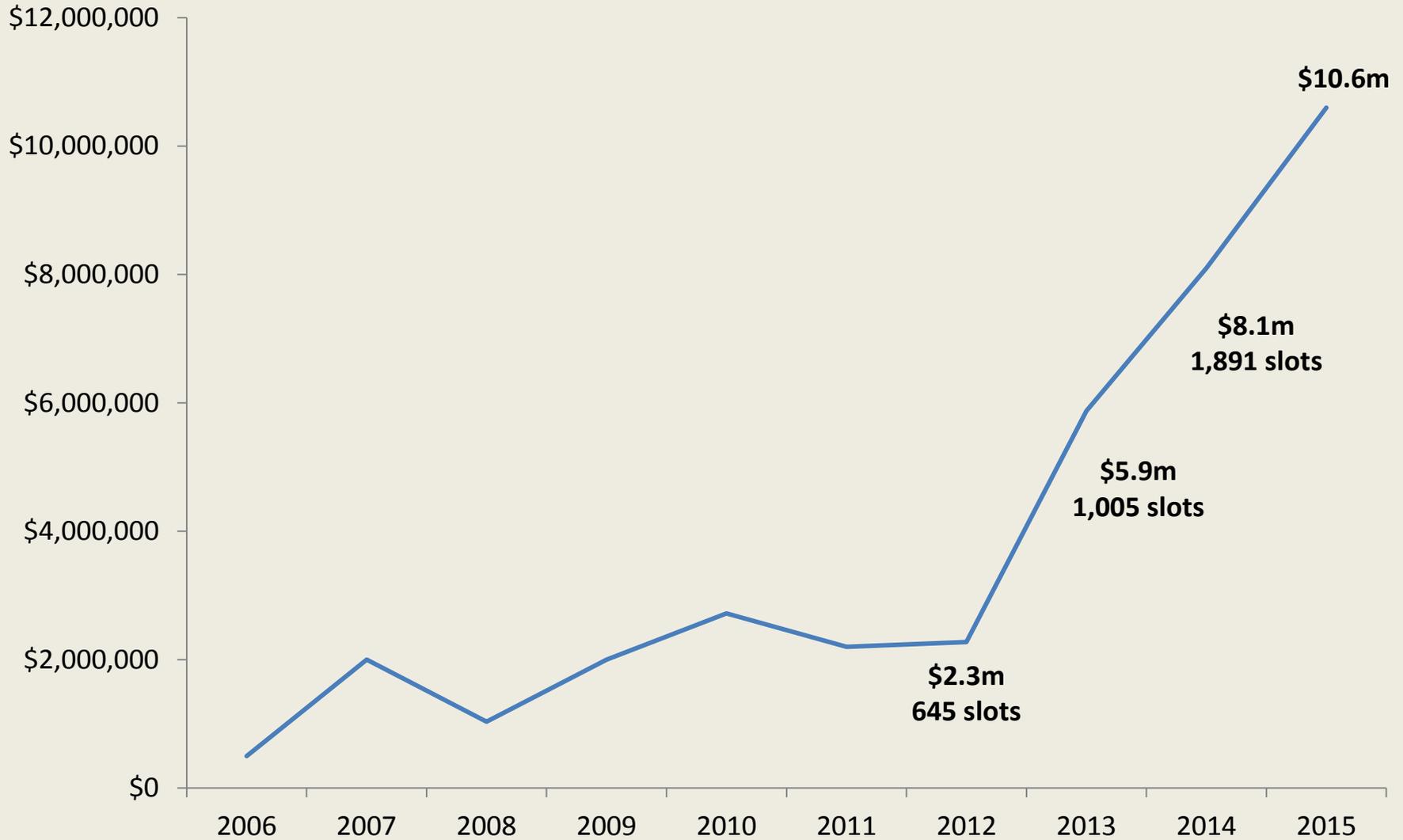
Thanks to the Governor, Legislature and Early Childhood Community

Over the past decade, New Mexico has committed itself to improving the lives of young children and their families. The State of New Mexico, its Governor, and its Legislature have increased funding, passed key legislation, implemented programs, developed infrastructure, and positively impacted the lives of numerous infants, young children and families.

As importantly, New Mexicans from all political persuasions, diverse communities, and geographic regions have forged a powerful alliance that focuses on the care and education of our youngest residents. New Mexico is nationally recognized as a leader in early childhood, and these efforts should be a point of pride for our state.

This Home Visiting Accountability Act reflects the combined efforts of policymakers, professionals, advocates, communities and families to support home visiting as an important strategy for prevention of adverse childhood experiences and promotion of child well-being. Thanks are due to all of these New Mexicans who supported passage of the Act, which has successfully established a framework of transparency and support for ongoing program improvement and accountability.

New Mexico's Investment In Home Visiting



Source: LFC post-session reviews and budget documents. Includes state and federal funding sources.

New Mexico Home Visiting System, FY13

Home Visiting, FY13 At a Glance:

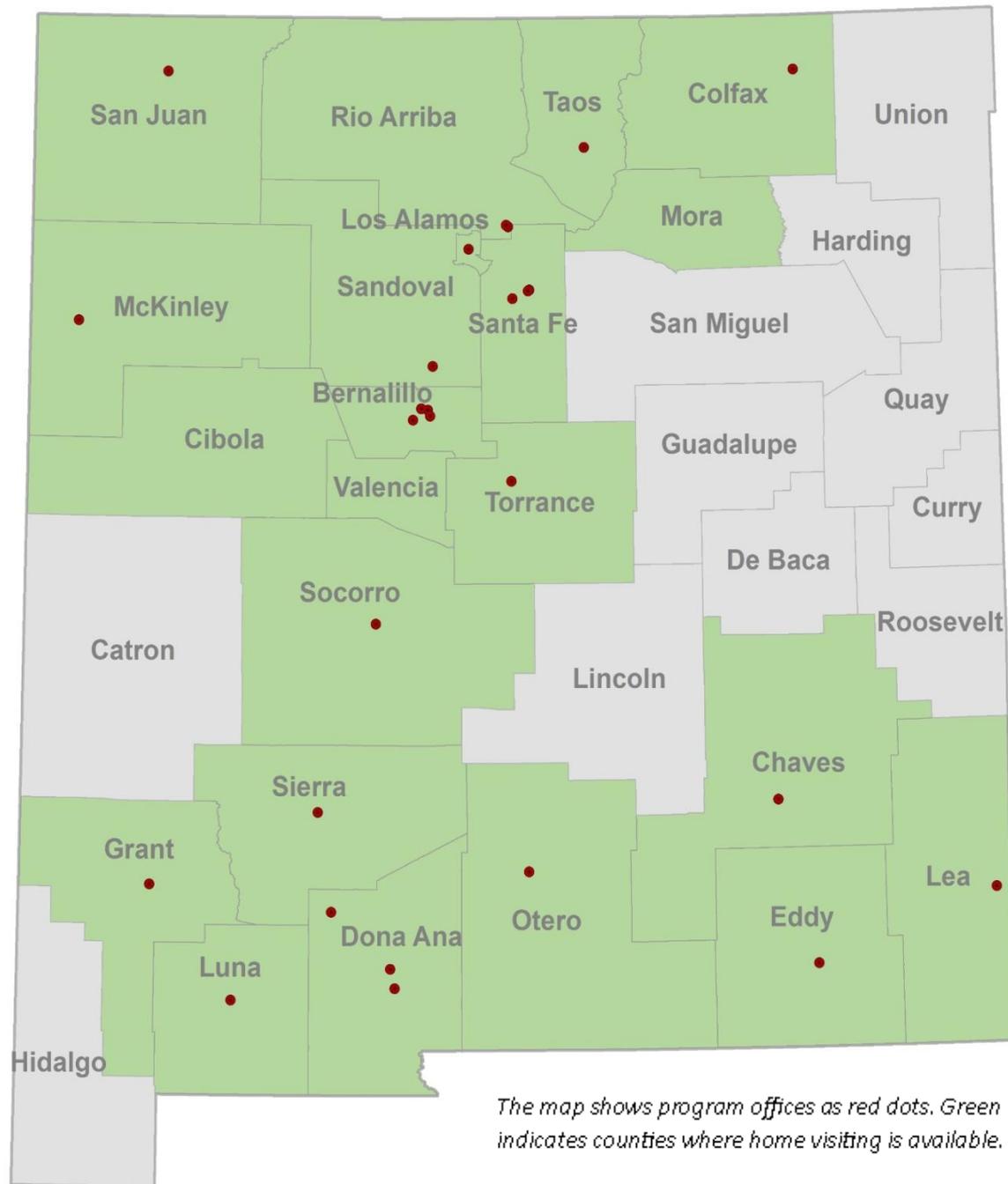
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The map shows program offices as red dots. Green indicates counties where home visiting is available.

Family Openings Funded and Counties Served, FY13, by Home Visiting Program

Home Visiting Program	Approximate Number Of Families Funded In FY2013	Counties Served
Ben Archer Health Center Welcome Baby Program	69	Doña Ana, Luna, Otero, Sierra
Colfax County Home Visiting Program	17	Colfax
Española Hospital Rio Arriba County <i>First Born</i>	36	Rio Arriba
Gallup-McKinley County Schools <i>Parents As Teachers</i> *	80	McKinley
Gila Regional Hospital <i>First Born</i>	60	Grant
Holy Cross Hospital, Taos First Steps	90	Colfax, Mora, Taos
La Clinica de la Familia Home Visiting Services	70	Doña Ana
Las Cumbres Rio Arriba	17	Rio Arriba
Las Cumbres Santa Fe Community Infant Program	18	Santa Fe
Los Alamos Hospital <i>First Born</i>	27	Los Alamos
Luna County <i>Parents as Teachers</i> *	75	Luna
Native American Professional Parent Resources, Inc. <i>Parents as Teachers</i>	35	Bernalillo, Cibola, Sandoval, Valencia
Peanut Butter & Jelly Therapeutic Family Services	37	Bernalillo, Sandoval
Presbyterian Medical Services <i>Parents as Teachers</i>	75	Chaves, Eddy, Lea, San Juan
Socorro General Hospital <i>First Born Socorro</i>	57	Socorro
Torrance County Amigas de la Familia	61	Torrance
United Way of Santa Fe County <i>First Born</i>	71	Santa Fe
UNM Center for Development and Disability VISION	27	Bernalillo
UNM Center for Development and Disability <i>Nurse-Family Partnership*</i>	50	Bernalillo
UNM Young Children's Health Center	33	Bernalillo
Total	1,005	
* Program received federal funding during FY13		

The Home Visiting Accountability Act: Reporting Provisions

“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.**

Beginning in 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” (SB365/NMSA 32A-23B, Section 3, G & H).”

Joint Development of Outcomes Monitoring Plan and Measurement Indicators

Our Process:

- We analyzed the state's extensive home visiting database and its relationship to the New Mexico Home Visiting System's research-based practices, in order to understand what data is already collected and available.
- We surveyed federal evidence-based programs and state home visiting programs across the U.S. to review what "best practice" measurement indicators are being used nationally.
- We consulted with national experts in the home visiting field on their recommendations for meeting state-level challenges in outcomes measurement.
- We convened and consulted with New Mexico home visiting stakeholders – including all programs currently funded by the state – for joint selection of measurement indicators and development of the state's measurement plan.

Joint Development of Outcomes Monitoring Plan and Measurement Indicators

Our Partners:

As required by the Act, representatives from CYFD, experts in the field, and all currently contracted Home Visiting met in October for joint plan development.

- Apple Tree Educational Center
- Avance
- Ben Archer Health Center
- Center for Development and Disability-UNM, Early Childhood Learning Network
- Center for Development and Disability-UNM, Home Visiting Training
- Center for Development and Disability-UNM, Home Visiting Programs
- Colfax County Home Visiting Program
- Gallup-McKinley County Schools
- Gila Regional Hospital
- Las Cumbres Community Services
- Los Alamos National Laboratory Foundation
- Luna County Home Visiting Program
- Native American Professional Parent Resources, Inc.
- New Mexico Early Childhood Development Partnership
- New Mexico Legislative Finance Committee
- Northern New Mexico First Born
- Peanut Butter & Jelly Therapeutic Family Services
- Presbyterian Medical Services
- Quay County
- Rio Arriba First Born
- Socorro General Hospital
- Taos First Steps
- Torrance County Home Visiting Program
- United Way of Santa Fe County
- UNM Continuing Education, Early Childhood Services Center, Data Management
- UNM Young Children's Health Center

Goals, Outcomes and Reporting Data Outlined in the Home Visiting Accountability Act

Goals (SB365 Section 1, G, 1, a)	Outcomes (SB365 Section 3, D)	Required Data to Report (SB365 Section 3, I)
Babies are born healthy	1a) Improve prenatal and maternal health outcomes, including reducing preterm births	
Children are nurtured by their parents and caregivers	2) Promote positive parenting practices 3) Build healthy parent and child relationships	(2)k. Number of children that received an Ages & Stages questionnaire and what percent scored age appropriately in all developmental domains
Children are physically and mentally healthy	1b) Improve infant or child health outcomes 5) Support children's cognitive and physical development	(2)i. Percentage of children receiving regular well-child exams, as recommended by the AAP (2)j. Percentage of infants on schedule to be fully immunized by age 2 (2)l. Number of children identified with potential developmental delay and, of those, how many began services within two months of screening

Goals, Outcomes and Reporting Data Outlined in the Home Visiting Accountability Act (cont'd)

Goals (SB365 Section 1, G, 1, a)	Outcomes (SB365 Section 3, D)	Required Data to Report (SB365 Section 3, I)
Children are ready for school	8) Increase children’s readiness to succeed in school 4) Enhance children’s social-emotional and language development	(2)f. Any increases in school readiness, child development and literacy
Children and families are safe	7) Provide resources and supports that may help to reduce child maltreatment and injury	(2)g. Decreases in child maltreatment or child abuse (2)h. Any reductions in risky parental behavior
Families are connected to formal and informal supports in their communities	6) Improve the health of eligible families 9) Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families	(2)m. Percentage of children receiving home visiting services who are enrolled in high-quality licensed child care programs

We Selected Measures That Focus On:

- Mothers' connection to prenatal care
- Mothers' discontinued substance use during pregnancy
- Mothers screened for postpartum depression and referred for services

- Babies receiving breastfeeding
- Infants and children receiving on-schedule immunizations
- Infants and children receiving well-child check-ups
- Infants and children regularly screened for potential delays in development and referred for services
- Reduction in cases of child maltreatment after program entry

- Parents coached in high-impact positive parent-child interactions
- Families screened for risk of domestic violence and referred for services
- Family safety and child injury prevention plans
- Families referred and connected to community support services

Overview of Annual Outcomes Report

- The goal of the report is to inform policymakers, practitioners and the public about the current status and impact of the state's Home Visiting System on the New Mexico families and children that it serves.
- The report provides data on the **extent** of home visiting services provided in FY13, on effective **implementation** of home visiting services, and on what **impacts** we're seeing on families and children served.
- Data were analyzed and reported in the aggregate, across all state-funded programs, in order to present a picture of the current Home Visiting System as a whole.
- The report was prepared by the University of New Mexico's Center for Education Policy Research and Center for Rural and Community Behavioral Health, on behalf of the New Mexico Children, Youth and Families Department.

Some Important Notes About Outcomes

- New Mexico's Home Visiting System has begun to establish a number of valid and reliable outcomes measures, and provided infrastructure for uniform reporting across programs, through CYFD's extensive and well-maintained database.
- Data collected and analyzed in this FY13 report are most usefully considered as a baseline from which to compare future performance.
- Measurement of some stated outcomes of the home visiting system will require policymakers to advance several pressing data development agendas in the state:
 - Some truly long-term goals outlined for the Home Visiting System will require an effective state system for tracking children as they move through early childhood programs into K-12 education and beyond.
 - Other critical goals, such as reducing child maltreatment, will require development of new protocols for sharing data across administrative systems.
- We believe that individual families and children have benefitted from participation in home visiting services. It is important, however, to understand that many more families will have to be served by home visiting programs in order to achieve statewide improvement in child and family well-being.

Summary of Findings:

Home Visiting System Extent FY13

FY13 Capacity

- New Mexico's Home Visiting System is currently in a well-supported and structured state of expansion. Its most significant funding from the Governor and Legislature have come just in the past several years.
- Since FY06, funding for home visiting has increased from \$500,000 for a small pilot program to \$10.6 million in state and federal funds in FY15.
- In FY13, CYFD received \$5.9 million in state and federal home visiting funding.
- In FY13, CYFD funded 20 home visiting programs with the capacity to provide regular services to 1,005 families at any one time.
- During this time of expansion, CYFD has worked to keep contracted programs in compliance with its standards for service delivery, screenings and data reporting.

Summary of Findings:

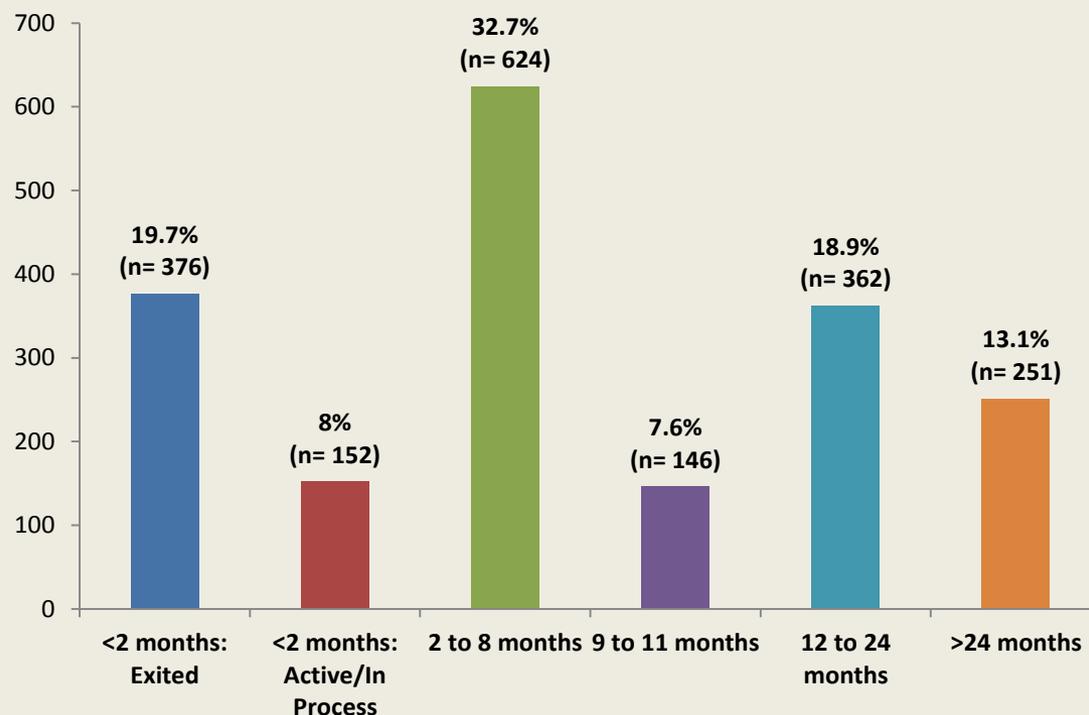
Home Visiting System FY13 Implementation

FY13 Participation

Programs are designed to engage families for varying numbers of visits and lengths of time, depending on the family's needs and goals:

- During FY13, the state's 20 programs provided at least one home visit to 1,911 families and 1,630 children.
- 72.3% of the families participating in FY13 had been in the program for two months or more. 13.1% had been in the program for more than two years.
- 39% were enrolled for the first time; 61% were continuing services begun in a previous year.
- 33% have received a cumulative total of 20 or more home visits.

Total Duration of Family Participation, from Initial Date of Enrollment, in Months (*Total FY13 Families = 1,911*)



Summary of Findings:

Home Visiting System FY13 Implementation

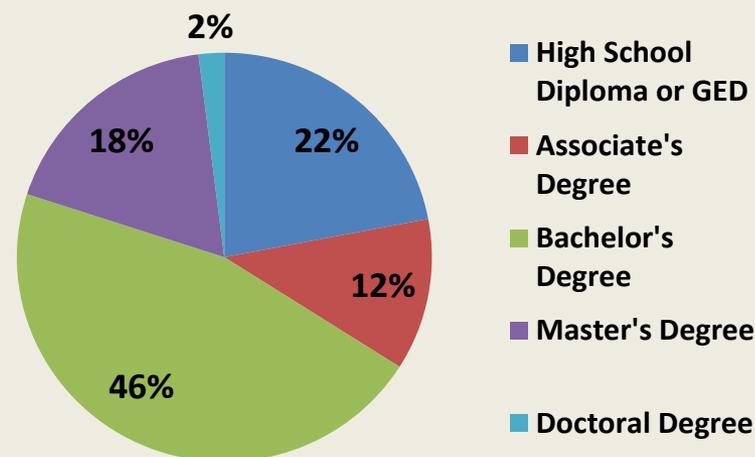
FY13 Cost

- The average cost per family in state funded programs was \$2,998, and the average cost per family in federally funded programs was \$5,614.

FY13 Workforce

- In FY13, 144 professionals provided home visiting services.
- Their credentials range from high school diplomas to doctoral degrees, and they receive professional development in curriculum, working with children and families, and use of screening tools and data.
- Better understanding of the capacities and training needs of the home visiting workforce will be a focus of our research this year.

**Highest Education of Home Visitors
(n=72 of 144 total)**



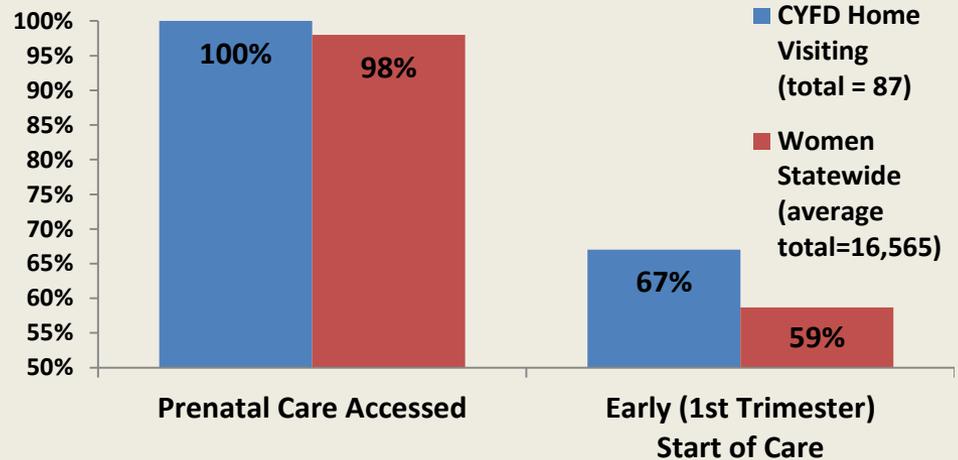
**Educational attainment data was not reported for 50% of home visiting staff.*

Summary of Findings: Home Visiting Goal Outcomes

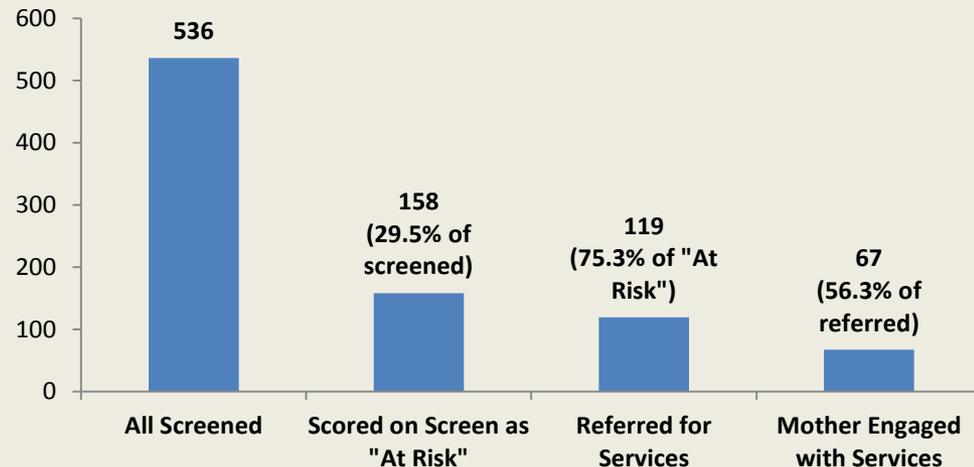
Goal 1: Babies Are Born Healthy:

- Pregnant women in home visiting accessed prenatal care earlier and more often than pregnant women statewide.
- Research shows that children of depressed mothers face increased difficulties in health, cognition, and emotional development.
- In FY13, 75.3% of eligible mothers identified as having symptoms of postpartum depression were referred for services, where available, and more than half of those mothers engaged in referral supports.

Comparison of Prenatal Care Starts, Home Visiting Mothers (FY13) and Mothers Statewide (2008-12)



% of Postpartum Mothers Screened for Depression and Connected to Available Services



Summary of Findings:

Home Visiting Goal Outcomes

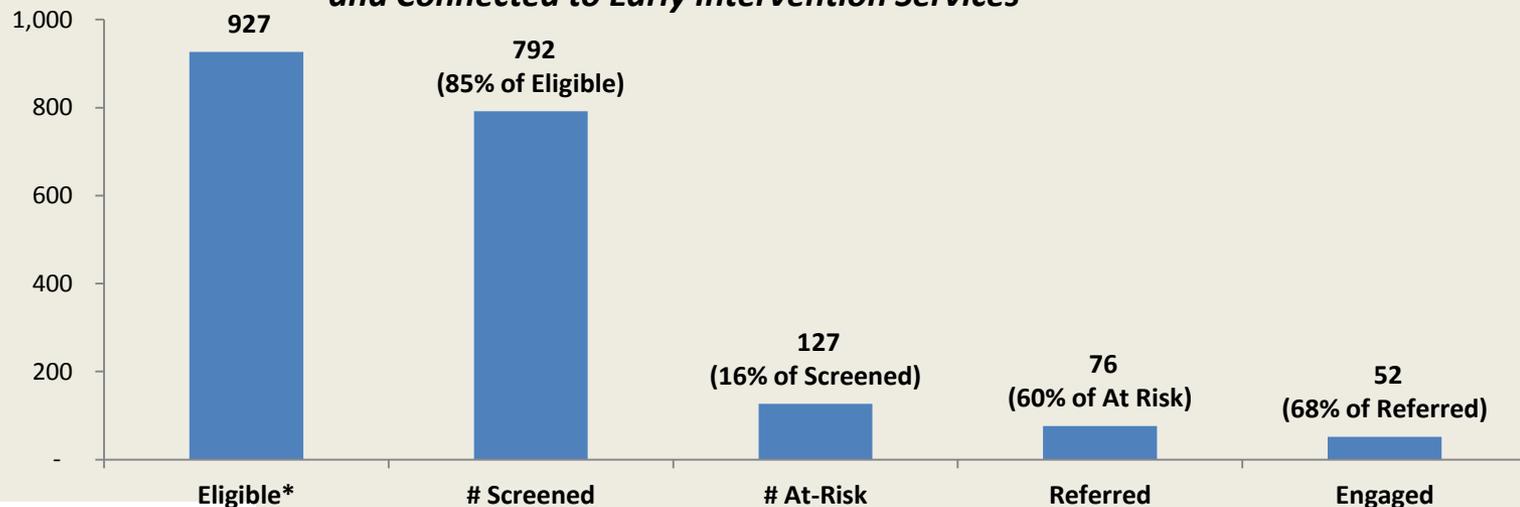
Goal 2: Children Are Nurtured

- A new, research-validated tool was piloted for use in promoting and measuring nurturing parenting interactions in the Home Visiting System in FY13. All programs were trained, and full data is being collected for reporting in FY14.

Goal 3: Children Are Physically and Mentally Healthy

- 85% of eligible children who received at least five home visits were screened for potential delay in development using the Ages & Stages Questionnaire. Of the 16% identified as having possible characteristics of delay, 60% were referred to early intervention services. 68% of those referred are recorded as having engaged with services.

Children Screened on Schedule for Potential Delay in Development with the ASQ-3, and Connected to Early Intervention Services



*See full report for definition of "eligible"

Summary of Findings: Home Visiting Goal Outcomes

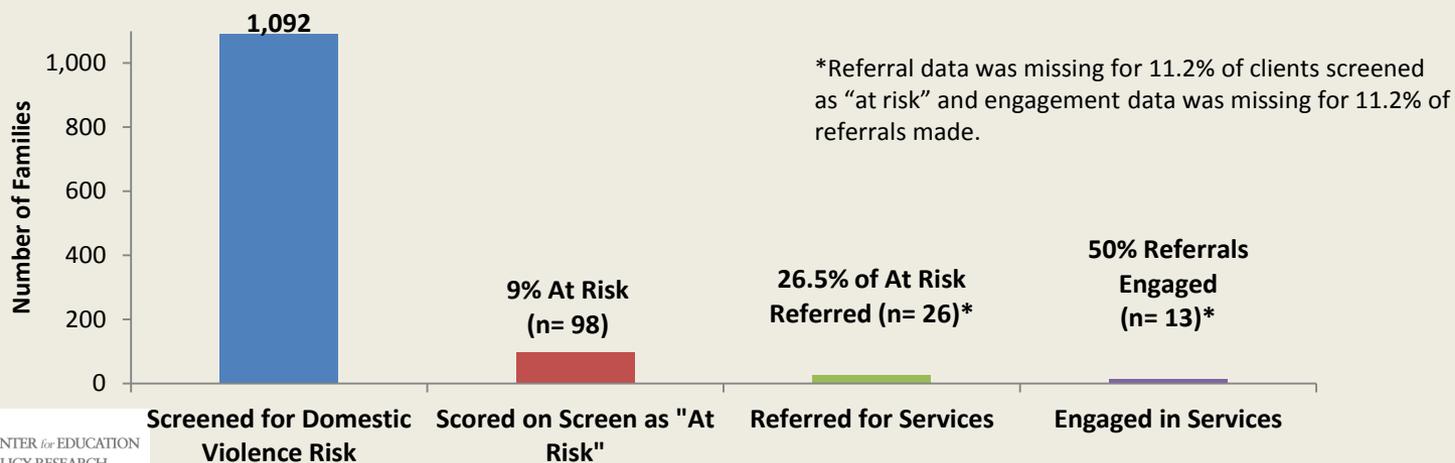
Goal 4: Children Are Ready For School

- The existing ASQ screening and referral data show that crucial early connections were made between families of infants and young children and early intervention services.
- Tracking the impact of home visiting out to the point of school entry will require continued state development of a kindergarten readiness assessment and an effective system for tracking children through early childhood into K-12 education.

Goal 5: Children and Families Are Safe

- Domestic violence risk screens were administered to 1,092 caregivers. Of these, 9% scored at risk on the Woman Abuse Screening Tool (WAST). Of these, 26% were referred for services and 50% of these were recorded as engaging in services.

Caregivers Screened for Domestic Violence Risk and Connected to Services



Summary of Findings: Home Visiting Goal Outcomes

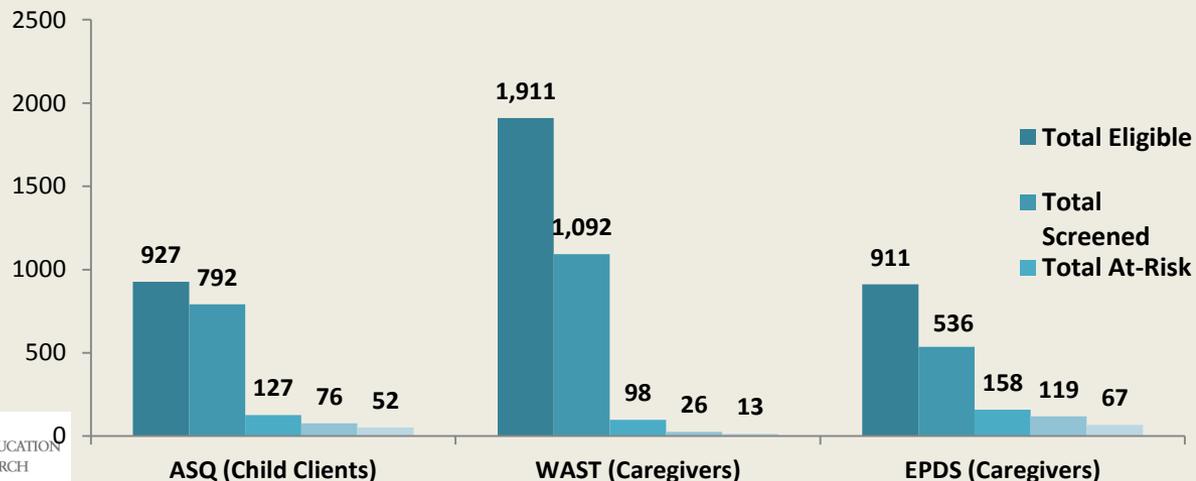
Goal 5: Children and Families Are Safe *(continued)*

- Efforts to measure decreases in child maltreatment or abuse will require continued development of protocols for sharing data across state systems.

Goal 6: Families Are Connected To Formal And Informal Community Supports

- Key screens of potential risk to children and families guide home visitors to identify where additional supports may be needed. Those supports may be connections to formal social or clinical service agencies, where available in a given community. The highest rates of referral to available formal supports were to early intervention for infants and young children (59.8%) and postpartum depression services for mothers (75.3%).

Screenings and Referrals for Enrolled Families



Outcomes Report: Next Steps

- Develop a plan to enhance the quality and completeness of the data collected and reported by home visiting programs. This includes collecting new data points and more thorough collection of existing required data points.
- Work toward better defining a family's goals for home visiting in order to measure and collect data on program success in a more meaningful way.
- Continue discussions on stable and predictable funding for home visiting, informed by our work with programs to better understand their full direct service and infrastructure costs.
- The passage of New Mexico's Home Visiting Accountability Act has placed our state firmly in the midst of the national discussion on how to support young children during their most critical developmental period. It will be important that New Mexico continue to participate in national level work -- with other leading states, the Pew Charitable Trusts, and the Federal Maternal Infant and Early Childhood Home Visiting Program -- to grapple with emerging questions and issues, including the challenging outcomes measurement issues that the field is rapidly defining and addressing.