New Mexico
Early Childhood
Education & Care Department

NEW MEXICO HOME VISITING PROGRAM STANDARDS

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COMMITMENT

Our commitment to New Mexicans is to create a cohesive, equitable, and responsive prenatal to five early childhood system that supports families, strengthens communities, and enhances child health, development, education, and wellbeing.

MISSION

Optimize the health, development, education, and well-being of babies, toddlers, and preschoolers through a family-driven, equitable, community-based system of high-quality prenatal and early childhood programs and services.

VISION

All New Mexico families and young children are thriving.

NEW MEXICO HOME VISITING PROGRAM

The New Mexico Early Childhood Education and Care Department (ECECD) was created by Governor Michelle
Lujan Grisham and the New Mexico Legislature in 2019. The Home Visiting Bureau resides within the department under the purview of ECECD. The bureau administers the home visiting system in accordance with the New Mexico Home Visiting Accountability Act. The Home Visiting Program standards are based on research and best practices to help create long-term outcomes and program standards. These standards provide a common framework of service delivery and accountability across funded, statewide programs. New Mexico allows the discretion to choose from research-based curriculums and evidence-based home visitation models that best meet the needs of communities and families. The common long-term outcomes and program standards enable the state to establish the following:

- Common performance measures
- Common data elements
- Common contractual obligations across all ECECD funded Home Visiting Programs

According to the ***New Mexico Home Visiting Accountability Act***, "home visiting" means a program strategy that 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. Part of this definition includes “comprehensive home visiting standards that ensure high-quality service delivery and continuous quality improvement.” Therefore, the program standards described in this document are consistent with the requirements set forth by this Act.

Services are provided statewide from prenatal to kindergarten entry for pregnant people, expectant parents, and primary caregivers of children as stated in our Home Visiting Accountability Act, NMSA 32A-23B-2.

PROGRAM GOALS, OBJECTIVES, AND REPORTING REQUIREMENTS

As part of the Home Visiting Accountability Act, programs shall adhere to the goals related to service delivery. In addition, sample data shall be collected for reporting to the New Mexico Legislative Finance Committee on the identified Outcome Measures:

a. Improve prenatal, maternal, infant, or child health outcomes, including reducing preterm births
b. Promote positive parenting practices
c. Build healthy parent and child relationships
d. Enhance children’s social-emotional and language development
e. Support children’s cognitive and physical development
f. Improve the health of eligible families
g. Provide resources and supports that may help to reduce child maltreatment and injury
h. Increase children’s readiness to succeed in school

i. Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families

Home Visiting – Prevention and Promotion

New Mexico's home visiting system is a prevention and promotion program for families who are expecting or have children through the age of five (5) and/or kindergarten entry; these services are universal, free, and offered on a voluntary basis to families. Home visiting provides services that address the needs of children and their families served. Promoting safe, nurturing relationships between children and their caregivers, through the implementation of strategies that prevent adverse childhood experiences and promote well-being.

Home visiting optimizes the health, development, education, and well-being of babies, toddlers, and preschoolers through a family-driven, equitable, community-based system of high-quality prenatal and early childhood programs and services. The birth of a new child can be a joyous occasion, but it may also be a very stressful change for the family. Research has demonstrated that poverty results in an inability to meet basic needs and has been associated with serious adverse outcomes, including child neglect and abuse. When stress is chronic, as it is in situations of abuse, neglect, or extreme poverty, scientists have termed it "toxic" because its harmful influence on the developing brain is so significant.

Home visiting was designed to support parents of children from prenatal through the age of five (5) and/or kindergarten entry and is a universal program for all families. It provides support to assist them in dealing with the demands and stress of parenting while addressing the improvement of the quality of the parent-child relationship and, if needed, changing parent-child interaction patterns while being careful not to create stigma or humiliation during participation. In addition, home visiting programs provide services to families referred or identified at entry or during participation in the program, in general, to be at-risk or who need a higher level of intervention. This also includes targeting communities at-risk due to infant mortality, premature birth, low-birth-weight infants, and other at-risk indicators: prenatal; maternal; newborn, child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment.

Home visiting is one of New Mexico's front-line strategies for improving the well-being of prenatal mothers, infants of pregnant women, babies, and children up to the age of five and their families. Home visiting supports the most vulnerable population in the community, understanding that when young children face many challenges, their ability to thrive is compromised. For example, research has demonstrated that the mother's stress during pregnancy can alter the baby's brain development. Strong maternal care is key to good emotional, social, and cognitive development and can help to overcome prenatal stress's adverse effects. In addition, New Mexico children and families face many diverse and related risk factors. These include homelessness, domestic violence, and prolonged neonatal and infant intensive care stays, to name a few.

Studies have found that, compared to other children, homeless children have lower birth weights and experience higher levels of childhood illness, including asthma, ear infections, and gastrointestinal problems. In addition, mothers experiencing homelessness have high rates of depression, severe traumatization history, and post-traumatic stress disorder. These issues may affect a mother's ability to effectively bond with her child and parent. Families in which parents struggle with domestic

violence, mental health disorders, or substance use disorders in addition to homelessness may be in particular need of support.

Home visiting services are designed to address those complex factors with strong collaboration and coordination with community agencies. However, home visiting programs in isolation are not effective in improving child or family outcomes. The Department's aim is to create a more cohesive, equitable, and effective early childhood system in New Mexico, coordinating a continuum of programs from prenatal to five—and ensuring that families in every corner of the state can access the services they need.

NEW MEXICO HOME VISITING PROGRAM FRAMEWORK

Framework

New Mexico's theoretical framework is founded on six research-based long-term outcomes identified in the home visiting logic model:

1. Babies are born healthy
2. Children are nurtured by their parents and caregivers
3. Children are physically and mentally healthy
4. Children are ready for school
5. Children and families are safe
6. Families are connected to formal and informal supports in their communities

Vision

New Mexico families are supported to raise children who are healthy, happy, and successful.

Goals

1. Pregnant women experience improved prenatal health & babies experience improved birth outcomes; and
2. Parents are available, responsive, attuned, and appropriate with their infants and young children up to the age of five or kindergarten entry, supporting optimal social-emotional and cognitive development; and
3. Infants and young children through the age of five (5) experience optimal social-emotional and cognitive development to prepare for school success.

Principles

The New Mexico home visiting system implements the program as a strategy for delivering services to families with children, prenatal through the age of five (5) and/or kindergarten entry; services include informational, educational, developmental, referral, and other supports. In addition, home visiting staff provide services to promote caregiver competence and successful early childhood development by optimizing the relationships between parents and children in their home environment.

Home visiting services are delivered in the "real world" of participating families. This focus offers the potential for a better assessment and understanding of a family's day-to-day realities. This understanding is critical for home visitors to build relationships, establish goals, and support wellness across multiple domains (e.g., physical health, developmentalcompetence, social and emotional well-being) for infants, young children, and their primary caregivers and families.

Meeting the needs of the community

ECECD Home Visiting Bureau recognizes the benefits of implementing research and evidence-based models and curriculum to meet the needs of the communities:

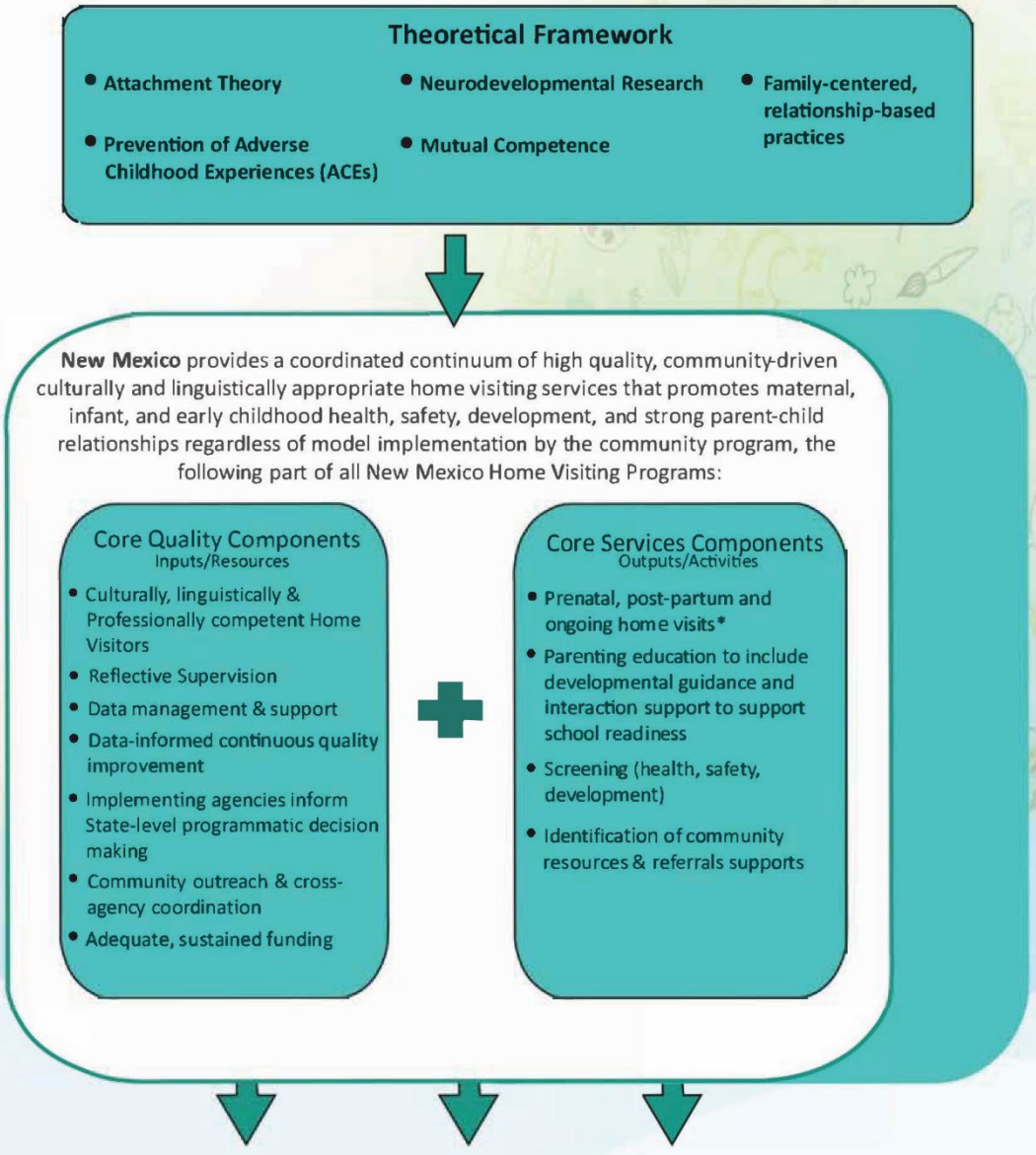
- ECECD supports Home Visiting programs to choose from diverse models/curriculums and approaches to meet the needs of the communities and has expanded opportunities for other national models to offer their services along with existing models within the state.
- The intention is to expand the spectrum of models to meet the growing needs of families with prevention and promotion strategies. In addition, we seek to support at-risk families whose unique circumstances would benefit from models that are more targeted and that can provide appropriate supports as applicable.
- Models are developed with a different focus for a specific population and various reasons (What is Home Visiting Evidence of Effectiveness?). For example, some focus on prenatal and/or post-natal maternal-child health, and others focus on children's school readiness.
- Data reveals that all children in New Mexico are at-risk for a myriad of adversities (before birth to school entry). Existing national, evidence-based models vary in addressing all these risks from before birth to kindergarten entry. The ability to supplement with other materials is crucial because no single evidence-based model is sufficient.
- New Mexico has a rich diversity in its communities. Therefore, the New Mexico home visiting system must allow communities to establish community-specific home visiting programs responsive to their community's unique cultural and linguistic heritage while consistently adhering to the program standards.

NEW MEXICO
Early Childhood
Education & Care Department

New Mexico Home Visiting Program Logic Model

Program Vision: New Mexico families are supported to raise children who are happy, healthy and successful.

Program Goals: **1.** Pregnant women experience improved prenatal health & babies experience improved birth outcomes; **2.** Parents are available, responsive, attuned, and appropriate with their infants and young children, supporting optimal social-emotional and cognitive development; **3.** Infants and young children to age 5 experience optimal social-emotional and cognitive development so that they are prepared for school success.



Short-Term Outcomes

Women are healthier throughout their pregnancies and babies experience improved birth outcomes.

- Increased use of prenatal care
- Increased number of babies born ≥ 37 weeks gestation.

Mothers who experience postpartum depression (PPD) receive appropriate treatment.

- Mothers with possible symptoms of PPD are identified.
- Mothers who screen positive for PPD demonstrate knowledge of how to access services to help them with this condition.

Parents have the knowledge and skills needed to nurture their child's development so that each child is ready for school.

- Parents demonstrate knowledge of their children's developmental abilities and emerging skills and stages.
- Parents routinely spend time interacting in a nurturing and positive manner with their children.
- Parents demonstrate knowledge of which developmental milestones their children have achieved.

Parents provide appropriate health and safety monitoring, supervision and practices according to the developmental needs/stages of their children.

- Parents demonstrate awareness of health, nutritional, and physical safety needs appropriate for child's age and stage of development.

Health and safety issues and possible developmental delays are identified early.

- Parents demonstrate knowledge of how to access community resources available to them to help address identified areas of need (including domestic violence, substance abuse, physical, dental and mental health needs and developmental services).

Families are more connected to health care and needed social supports.

- Parents demonstrate knowledge of how to access needed services available to them in the community.
- Parents demonstrate knowledge of how reliable, safe, and appropriate friends, family members, and neighbors can provide their families with support when they need it.

Long-Term Outcomes

Babies are born healthy

Children are nurtured by parents & caregivers

Children are physically & mentally healthy

Children are ready for school

Children and families are safe

Families are connected to formal & informal supports in their communities

THE NEW MEXICO HOME VISITING PROGRAM STANDARDS

PURPOSE

The **New Mexico Home Visiting Program Standards** were developed to articulate specific expectations regarding how a home visitation should be implemented in the State of New Mexico. The New Mexico Home Visiting Program Standards set a common framework for service delivery and support, and to build a strong foundation for accountability across all home visiting programs.

The program standards provide a common understanding of how home visiting services must be delivered to achieve positive, measurable outcomes for children and their families. The standards are grounded in research from The Center on the Developing Child at Harvard University that tells us, "Understanding how the experiences infants, toddlers, and pregnant women have, can affect lifelong outcomes—combined with knowledge about the core capabilities adults need to thrive as parents and in the workplace—provides a strong foundation upon which policymakers, service providers, and civic leaders can design a shared and more effective agenda." https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/.

New Mexico's Home Visiting Program Standards are based on research and best practices. The standards establish a high level of quality service delivery while being realistic and responsive to the diversity of each community served.

The Home Visiting Program Standards are non-negotiable for programs administering home visiting under the umbrella of ECECD. They include adherence and fidelity to diverse program models and curriculums, while also meeting state and federal guidelines including the NM Home Visiting Accountability Act.

Overview

New Mexico home visiting program standards are organized by nine overarching areas addressing:

1. Program participation
2. Culturally sensitive and relevant practices
3. Relationship-based practices
4. Family goal setting
5. Curriculum and program implementation
6. Program management systems
7. Staffing and supervision
8. Community engagement
9. Data management

IMPLEMENTATION STANDARDS

HV Standard 1 – Program Participation

This standard determines the target population, prioritization, recruitment requirements, and periodicity, duration, and intensity for Home Visiting Services.

1.1 Eligibility

1.1.a The program has written protocols that guide program recruitment, selection and admission criteria, length of stay, and the discharge process. Home visiting staff provide services to promote caregiver competence and successful early childhood development by optimizing the relationships between parents and children in their home environment. Home visiting services are universal, free, and open to any interested family who wishes to participate and are age eligible from prenatal through the age of five (5) and/or kindergarten entry.

1.1.b Referrals may come from a variety of sources to include Child Care, WIC, Medical Provider Organizations (MCOs), self-referrals, etc. Referrals may also come from external intervention providers such as Child Protective Services, Comprehensive Addiction and Recovery Act (CARA), Juvenile Justice Services, Infant Mental Health Practitioners, Early Intervention, or other agencies/partners, etc. because of special considerations (such as incarceration, drug abuse, etc.). These families often require ongoing coordination with the referring agency.

1.1.c Assessment: current family cases that are considered high-risk, based on routine screenings/assessments may require additional support. Program Supervisors will provide support and may seek additional support from their Manager/Monitor. Caseloads may need to be addressed to support the home visitor.

1.1.d Critical Family Incident: if a critical incident occurs, a family who did not previously demonstrate risk factors on routine screenings/assessments may be provided with an increased frequency in visits and additional resources as needed. The home visitor will inform their Supervisor, their ECECD Manager/Monitor and any other agency involved, who, with caregiver consent, may meet to discuss aligned services and support.

1.1.e The program's written eligibility criteria include families and children prenatal through the age five (5)/or kindergarten entry as defined by model and funding source.

1.1.f The program's policy must address implementing a two-generation approach that includes internal protocols when serving all age eligible children in a family that qualify for home visiting services, for example, by adjusting caseload size as discussed in standard 6.8.b.

1.1.g The program's protocols require consultation with ECECD Home Visiting Manager-Monitors for children/families involved with Protective Services, Juvenile Justice Services, or other special considerations.

1.1.h Manager/Monitors must be notified immediately when a suspected case of child abuse or neglect has been reported to be followed with the CYFD Case Number when that information is made available.

1.1.i The program's eligibility protocols define services as prevention and promotion programs (as determined in these standards). Services are always provided at no cost to each family and are voluntary.

1.1.j The program has a defined, written procedure to determine selection criteria and waiting list systems for situations when the demand for services exceeds service capacity. Waiting list information must be submitted to ECECD.

1.1.k The program maintains:

a) Documentation of the number of families not accepted for home visiting services

b) The reasons why this determination was made

c) Referrals made to other service programs.

1.2 Recruitment

1.2.a The program has an ongoing written recruitment plan that ensures the early identification of pregnant people and families who may benefit from home visiting services. The recruitment plan must be updated and submitted at a minimum every quarter or as requested by the assigned program manager, utilizing the template provided by ECECD.

1.2.b Program Recruitment plans may not single out "high risk" families; all New Mexico families will be considered for home visiting.

1.2.c As appropriate, the recruitment plan will include presentations, coordination, and ongoing meetings with Protective Services, Juvenile Justice, Family Infant Toddler (FIT) Program, Drug Court, Child Care Providers, Hospitals, Law Enforcement, etc.

1.2.d Per the signed Scope of Work, programs must maintain a minimum of serving 80% of funded families each month with the goal of serving at full capacity (100%). The program's written eligibility criteria include families and children prenatal through age of five (5) and/or kindergarten entry as defined by model and funding source.

1.2.e All age-eligible children in a family qualify for home visiting services and must be entered into the database to ensure accurate data is being collected. Exceptions must be approved by the program's Manager/Monitor.

1.2.f Ensure a cumulative of at least 90 minutes of interactive visits with families (video, phone, and face-to-face) over the month and/or adherence to model/curriculum fidelity.

1.3 Program Participation

1.3.a The program procedures ensure services are flexible and designed to meet the needs of each family within their community, and in part based on the results of the required screening procedures, which are administered according to a defined periodicity

schedule, which considers model requirements.

1.3.b The program procedures and practices ensure that a continuum of services is provided to families based on family preferences, needs, strengths, and risk factors.

1.3.c If the program implements an evidence-based model or promising approach, program procedures and practices ensure that it adheres to its responsibility to maintain model fidelity within the context of the ECECD New Mexico home visiting program standards.

1.3.d The program procedures and practices ensure that each home visitor's time is spent in direct contact (face-to-face) with families in their home, via telehealth or phone calls. The justification for providing services in alternate locations or using approved alternate platforms must be documented.

1.3.e The program procedures and practices ensure that contact time with families is at least 90 minutes per month, cumulatively to count as a completed home visit.

1.3.f Direct services with families will include face-to-face meetings, telehealth meetings, and telephone calls.

1.3.g Per the Scope of Work agreement, the provider shall engage with families with at least nine (9) group engagements/activities per year or per their curriculum model and document the engagement in the database in an effort to maintain longevity and family retention.

1.4 Disenrollment & Transition

1.4.a The program has written procedures for the disenrollment of families. Reasons for planned and unplanned disenrollment are documented.

1.4.b The program procedures and practices ensure that transition planning occurs with families and is documented within the first 30 days. Before and after program participation, planned disenrollment must include a documented transition plan. This includes notification to the referral source, partnering agencies, and follow-up.

1.4.c The timeline to replace a family that has transitioned out of the program shall not exceed thirty (30) days from the disenrollment date. Justification will be provided for extenuating circumstances.

1.4.d The program must consult with ECECD Home Visiting Program Manager-Monitors when special circumstances arise regarding family transition.

1.4.e The program shall create a transition plan that includes a warm hand-off for families that need to be transitioned to a new home visitor because of a reassignment, resignation, or termination. This transition plan must be part of the program's policies and procedures.

1.4.f Programs will coordinate incoming and outgoing transitions with local early childhood partner agencies, school districts, childcare centers, Family Infant Toddler (FIT) program, and other stakeholders to support families whose children are engaging in services or who are transitioning.

1.4.g The program has written policies and procedures in place that define a completion of services for families in alignment with the program's model curriculum or Scope of Work (SOW).

HV Standard 2 – Culturally Sensitive and Relevant Practices – including supports for Dual Language Learners

This standard specifies the service delivery practices necessary to work effectively with people from various languages, identities, circumstances, and ethnic, cultural, political, economic, and religious backgrounds. Culturally sensitive and relevant service delivery practices are implemented while considering the dynamics and structure of each family as they define themselves. In addition, practices must support enrolled children in acquiring both their family's and the larger community's language. These very young children are considered dual language learners (DLLs).

2.1.a When possible, home visitors should reflect on the community they serve culturally, linguistically, ethnically, etc.

2.1.b The program ensures that each home visitor is trained and supported to use culturally sensitive and linguistically appropriate practices to communicate effectively and demonstrate respect for the uniqueness of each family's culture.

2.1.c Programs must develop a policy and procedure for engaging in interpretation and translation services to support families.

2.*1.d* Program procedures and the materials used with families are relevant to the served population. Reasonable accommodations are made as necessary to support families' culture and circumstances.

2.1.e Program procedures and practices ensure that reflective supervision and/or reflective consultation are used to support cultural awareness and deliver culturally sensitive and relevant services by implementing Infant Mental Health practices.

2.1.f Programs will provide parents of children who are DLLs with research-based guidance about the benefits of bilingualism and the vital role of home language development. The information must be in a language they understand and must promote support and respect for the home language of each family and child participating in the home visiting program to foster their well-being.

HV Standard 3 – Relationship-based Practices:

This standard establishes the process, tools, and strategies to focus on parent-child bonding and healthy emotional attachment and work with all members of the family who want to participate.

3.1.a Program procedures and practices ensure that home visitors are trained and supported to view relationships as the focus of the work to support the child's and family's social-emotional needs.

3.1.b Home visitors utilize required screenings, tools, and selected curricula that focus on strengthening the parent/caregiver-child relationship using Infant Mental Health Principles.

3.1.c The program's annual and anonymous, parent satisfaction survey will contain a question to indicate if the family feels they have a positive relationship with their home visitor.

3.4.d Home visitors will receive regular ongoing reflective supervision. Sessions should include discussing the implementation of relationship-based practices (per Standard 7.5.a.).

HV Standard 4 – Family Goal setting

This standard determines tools and usage of state-approved screening processes, ongoing assessment and goal setting, referrals, follow-ups, and bridge to community resources.

4.1 Tools, Screenings and Curricula to Support Families

4.1.a The completion of the following screening tools is required, and staff must be trained to fidelity. In addition, staff must enter the screening results into the HV Data system and share the results with families and document the disposition of the referral in the database. Screening tools must be completed in their entirety to include the demographics and scoring pieces and follow the periodicity and/or model or curriculum requirements.

1. Edinburgh Postnatal Depression Scale (EPDS), which is administered to expectant parents or caregivers whose infant is 12 months or younger, or the Patient Health Questionnaire 9 (PHQ-9) (Not dependent on age and may be used with fathers, grandparents, foster parents, etc.).
2. Ages and Stages Questionnaire (ASQ-3)
3. Ages and Stages Questionnaire: Social /Emotional (ASQ-SE)
4. Interpersonal Violence Screening Tools: Relationship Assessment Tool (RAT) or /Hurt-Insult-Threaten-Scream (HITS)
5. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)/ Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) or other approved tool/screening as determined by ECECD
6. Maternal Adult and Child Health Questionnaires (MCH)
7. Any other tool as determined by ECECD

4.1.b Other identified curricula and training to support families

1. Mothers and Babies to support Maternal Depression
2. Facilitated Attunement Training
3. Circle of Security
4. Any other curricula as determined by ECECD

4.1.c Ensure that required screenings and assessments are completed within forty-five (45) days of enrollment to include the EPDS or PHQ-2/PHQ-9, ASQ-3, ASQ-SE, RAT/HITS, and PICCOLO/DANCE.

4.2 Goal Setting

Goals must be established with each family with the support of their assigned Home Visitor. These are family driven, individualized and clearly reflect what each family hopes to accomplish for their child and themselves by participating in home visiting services with at least one active family goal throughout the service period.

4.2.a Based on identified needs and the family goals, the home visitor shall schedule visits accordingly. This practice encourages home visitors and families to work together to understand how screening information can be used to inform service planning, establish goals for progress on family-identified priorities, and track that progress, adjusting service strategies as needed. Collaborative family goal setting is an important strategy to help parents build life skills. Plans must be reviewed and updated with the family every month by the home visitor and updated in the data system.

4.2.b Programs ensure that, at a minimum, the following elements are used when developing goals in partnership with the family:

i. Family input and family driven
ii. Supporting the parent-child relationship
iii. Results of screenings
iv. Community support
v. Transition planning
vi. Universal Safety Plans
vii. Plans for coordination and alignment of services with other partnering and referral agencies (CARA, Child Care, Public Schools, CPS, EI, JJS, etc.)
viii. When applicable, and with parental permission, home visitors may participate in the Early Intervention's Individualized Family Services Plan (IFSP) for development and implementation of goals for home visiting for children under the age of three (3) or the Individualized Education Plan for children who are three (3) or older.

4.2.c Family goals must be linked and identified as addressing one of the long-term outcomes:

i. Babies are born healthy
ii. Children are nurtured by their parents and caregivers
iii. Children are physically and mentally healthy
iv. Children are ready for school
v. Children and families are safe
vi. Families are connected to formal and informal supports in their community

4.2.d The provider will strive to provide home visiting services to families and as often as requested by the family, according to the Family Service Plan and family need. In addition, home visitors should attempt to provide services during non-traditional hours and may include telehealth if requested by the family.

4.3 Referrals

4.3.a All referrals require follow-up within 30 days and must be documented along with the disposition, within the Home Visiting database.

4.3.b Referrals related to risk scores on screening tools, or any referrals require a follow-up within five (5) business days. Referrals are required for the MCH, RAT/HITS, EPDS/PHQ-

2/9, and ASQ3 if a risk is identified.

4.3.c At-risk scores from screenings require 100 percent referrals and the disposition must be documented in the database.

4.4 Community Resources

4.4.a Programs collaborate with community resource agencies to assist in meeting goals and addressing the needs of families. Service coordination with community partners must ensure non-duplication and alignment in a seamless manner.

4.4.b As part of the quarterly reporting process, programs must provide a list of missing and non-accessible services in the community that has contributed to the unsuccessful completion of referrals.

i. Include a description of efforts being made within the community to access the needed community services.
ii. Specify barriers to accessing those services with recommendations for the state and the community.

4.5 Family satisfaction survey

4.5.a A yearly and anonymous family satisfaction survey must include at least one question related to how the family's home visitor and the home visiting program worked with the family to develop and/or achieve their goal.

HV Standard 5 – Curriculum and Program Implementation (Service Delivery Approach)

This standard defines the use of the different models that a home visiting program may adopt. These include a research-based curriculum, an evidence-based curriculum, a standards-based approach, or an identified promising approach.

5.1 Curriculum

Each program will select and adhere to an approved curriculum/model.

Figure 1 - New Mexico's Current Curriculum/Models

5.1.a Specialized program curriculums tailored to community needs must be submitted, reviewed, and approved by the ECECD Home Visiting Bureau prior to implementation.

5.1.b The selected curriculum model must support the following:

i. Prenatal visits
ii. Postpartum visits
iii. Visits with families and children from prenatal through age five (5) and/or kindergarten entry

5.2 Curriculum and model fidelity

5.2.a Each program will ensure that home visitors receive the appropriate training for the selected curriculum or model to ensure fidelity.

5.2.b Home visiting staff must complete training on identified curriculum within the first sixty (60) days of hire, unless otherwise specified by the curriculum/model fidelity. The ECECD Home Visiting Program Manager/Monitor must approve extensions for training beyond sixty (60) days.

5.2.c ECECD must be included as part of the model fidelity reporting requirements as defined by the model developer and recommendations from the model developer will be included in the ECECD monitoring/CQI process.

5.3 Intentional Home Visiting Practices

Home visitors are required to engage families in regularly scheduled home visits supported by the program's infrastructure, procedures, and practices in adherence to the fiscal year Scope of Work agreement.

5.3.a Program procedures and practices ensure the following components occur during regularly scheduled home visits and family engagement events:

i. Parent engagement
ii. Families are encouraged to participate in CQI processes to include feedback for Program improvements and are invited to participate in meetings, surveys, etc., more often than just once a year
iii. Support parent-child relationship and provide assistance to access healthcare
iv. Referral and follow-up to formal and informal community resources
v. Screenings for possible risk factors
vi. Address safety concerns and high-risk scores with families
vii. Provide developmental guidance
viii. Promote breastfeeding if appropriate
ix. Ensure well-child checks are up to date

5.3.b Home Visiting programs are expected to host nine (9) family engagement group activities in the fiscal year or more frequently if their program model requires. Programs will also use this time to inform families about program policies, services available, and will continue to support their child's development, if applicable or otherwise noted, in the Scope of Work.

i. Families are encouraged to be active participants in the CQI process to include their recommendations and feedback for program improvements.
ii. Family partner input is valued and helps lead to positive changes and may include anonymous surveys, participating in meetings, etc., more often than just once a year.

5.3.c Program procedures and practices ensure that universal safety planning is taking place. When a safety risk is identified or suspected, the program takes the following actions:

i. Assess immediate safety, refers to other community providers or Child Protective Services (CPS) as appropriate,
ii. Create and document a family safety plan,
iii. Those at risk of IPV/DV will need a safety plan to address those specific risks.
iv. Support linkages and collaboration with other needed services to minimize the risk
v. Follow-up on referrals made to community resources within ten (10) calendar days and adds the dispositions in the database.
vi. Ensure that New Mexico's mandatory reporting law is followed with appropriate reports made to the Children, Youth, and Families Statewide Central Intake's (SCI) child abuse hotline **(1-855-333-SAFE [7233] or #SAFE from a cell phone)**, or to law enforcement, or the appropriate tribal identity.

5.3.d For planned service completion or discontinuation, please see HV 1.4.

5.3.e For program evaluation, refer to 5.1.e, 6.10 and 6.11.

HV Standard 6 – Program Management Systems

This standard determines the systems that must be in place for planning, record keeping, reporting, communication, program-level self-assessment, ongoing monitoring, fiscal management, caseload size, and caseload size management.

6.1 Organizational Management

6.1.a Written policies must address human resource issues, such as staff hiring, pay, employee evaluation, absence from work, leave policies, professional development, termination, etc.

6.1.b Written policies must address travel to client homes for home visits, use of cell phones for contact with clients, and access to the internet and computers to use the required electronic web-based data management system.

6.1.c The program has written standards of conduct and an ethical code of conduct that the staff is trained and supported to follow. These will include boundaries for using personal devices for business purposes and social media to communicate/contact clients.

6.1.d The program has an organizational chart that defines the flow of responsibility within the agency and detailed job descriptions.

6.1.e Written policies are in place to ensure continuity of care for families if a home visitor discontinues their employment with the program.

6.2 Program Implementation

6.2.a The program must develop an implementation plan that identifies short and long-term goals for implementing quality services in the following areas:

i. Ongoing recruitment/retention
ii. Enrollment of children and families
iii. Service delivery area
iv. Caseloads (see 6.8)
v. Community collaboration

6.3 Recordkeeping – Client Records

6.3.a Program procedures and practices ensure that electronic client files and documentation of required management elements are maintained in the provided data management system.

6.3.b The program ensures that home visitors and other staff enter data accurately and on a timely basis, protecting the integrity and accuracy of the information.

6.3.c Program procedures and practices ensure that the program manager reviews electronic data regularly to identify missing, incomplete, or inaccurate data.

6.3.d Program procedures and practices ensure that errors, inconsistencies, or issues related to a lack of timely data entry are corrected.

6.3.e According to HIPAA (Health Insurance Portability and Accountability Act), programs must maintain families' information to meet the standards identified in the Act.

6.3.f Programs must ensure that family files include, at a minimum, the following information:

1. Cover: Confidentiality Page
2. Enrollment Information
3. Consent for Services
4. Family plans
5. Progress Notes
6. Screenings, Referrals, and Follow-Ups
7. Transitions and Closure
8. Special Circumstances

6.3.g In the event the agency or ECECD elects to terminate the contract to provide home visiting services, client records are to be kept for seven (7) years.

6.4 Consent

6.4.a Program policies, procedures, and practices ensure the confidentiality of client information in accordance with policies of the Health Information Portability and Accountability Act (HIPAA), including electronically protected health information (ePHI).

6.4.b Program procedures and practices ensure that consent is obtained from every client allowing for data about their home visiting experiences to be maintained in ECECD's client electronic file system. The consent form includes assurances that all data about the family used for reporting and/or evaluation purposes will be de-identified and aggregated and that no identifying data will ever be made public. In addition, the consent form informs the client that the review of records is limited to specific agency staff providing the home visiting services to the family, the ECECD Home Visiting Managers and Executive leadership, funders, and internal/external data management staff.

Program procedures and practices ensure that specific, informed consent is obtained before sharing any identified data with other service providers. Each informed consent form is used for a specified reason, with an identified provider, and is time limited. In addition, every attempt shall be made to provide this consent in the family's home language.

6.4.c Programs will ensure training is provided to all program staff on HIPAA and electronically Protected Health Information.

6.4.d A HIPAA Business Agreement will be in place between the program and the data management system.

6.5 Reporting

6.5.a Program procedures and practices ensure the submission of quarterly reports in the required format on the 15th of each quarter (January, April, July, October). Program procedures and practices ensure the submission of a final report, which is a retrospective of the year.

6.5.b Any inaccuracies, inconsistencies, or missing data revealed in the quarterly report will be addressed with an Action Plan [See Standard 6.12].

6.5.c Mandatory Reporting: All home visiting service providers and staff must report all suspected abuse, neglect, or exploitation of children to the Children, Youth, and Families Department (CYFD) Statewide Central Intake.

i. In the Statewide Central Intake report, the reporter must identify themselves as a home visiting service provider and whether the allegations involve a home visiting client or family.
ii. After the mandated reporter reports the incident to Statewide Central Intake, the service provider shall notify the alleged abuse and/or neglect to the assigned ECECD Program Manager/Monitor within twenty-four (24) hours of the report.
iii. Ensure that New Mexico's mandatory reporting law is followed with appropriate reports made to the Children, Youth, and Families Statewide Central Intake's (SCI) child abuse hotline **(1-855-333-SAFE [7233] or #SAFE from a cell phone),** or to law enforcement, or the appropriate tribal identity.

6.6 Communication

6.6.a Program procedures and processes are expected to specify how communication will take place and how updated information is shared, as appropriate, with:

i. The agency's governing body
ii. Program staff
iii. Parents/family members who are participating in the home visiting program
iv. ECECD Home Visiting Manager/Monitor

6.7 Fiscal Management

6.7.a A financial management system is in place that ensures accurate payroll, taxes, and records of income and expenditures.

6.7.b The agency/program has the policies, procedures, and practices needed to accurately:

i. Monitor expenditures against income; and
ii. Maintain steady cash flow across the 12-month contract period

6.7.c The agency/program ensures that monthly invoices are submitted on time.

6.7.d By the 15th of every month, the program must submit a monthly invoice to Falling Colors and upload backup documentation including the monthly expenditure reports, and the monthly Falling Colors Data Report into the Behavioral Health Collaborative Services Division (BHSD) system.

6.7.e Home Visitors and Administrators paid through home visiting funding must consistently report service delivery hours in the data system. This will generate a Falling Colors monthly data report, which is used to certify the monthly invoice.

6.8 Caseload Size

6.8.a An active caseload size per home visitor may vary from 15 – 28 depending on the intensity of need and frequency of visits or to meet curriculum and fidelity of the model or of the curriculum.

6.8.b Home visitors with many high-need families will have their caseloads adjusted and reduced accordingly. This will be determined on a case-by-case basis and with the approval of the ECECD Manager/Monitor. An updated staffing report must be submitted with the approved changes to a caseload.

6.9 Safety Assurance

Program procedures and practices establish safety protocols for home visiting staff, especially regarding non-traditional hours.

6.10 Continuous Quality Improvement (CQI) ONDA

6.10.a Home Visiting programs together with each individual home visiting program manager and their staff, ECECD Manager, UNM ECSC data consultants, and UNM CDD home visiting consultants meet quarterly for a structured process of data-informed goal setting, implementing supports for practice, and measuring results known as Continuous Quality Improvement (CQI).

6.10.b The process begins with monthly data review calls, where the program manager and their support team can look together at performance on key outcomes measures. They can determine whether data was accurately documented and then identify what the numbers tell about areas to focus on for improvement.

6.10.c The monthly reviews lead into quarterly quality improvement meetings, where programs set a data-informed goal for quarterly performance improvement, with the data consultation team ensuring that data, training, and other supports are in place for achieving that goal.

6.10.d Programs are also able to self-select Onda goals related to the qualitative side of the CQI process.

6.10.e If a program manager sees data showing low rates of family referral to services, for instance, they can identify immediately with the support team where CDD consultation or refresher training can provide support.

6.10.f The process continues through reflection on what led to improved results, so that best practice is understood and supported moving forward, at both the program and state systems levels. This coordination of support arms has helped programs to catch opportunities for improvement early, leading to improved outcomes.

6.10.g Family satisfaction surveys must be conducted annually and/or at the end ofservices. Results should contribute to the program's continuous quality improvement and must be kept on file. Annual surveys should be anonymous.

6.11 Ongoing Program Monitoring

The ECECD Home Visiting Team will conduct ongoing monitoring of the home visiting program. This monitoring will help the ECECD Home Visiting Team assess the program's operations and ensure that necessary steps are being taken to meet New Mexico's Home Visiting Program Standards, contractual requirements, the program's goals, objectives, and activities.

6.11.a Monitoring will take place through the following processes:

i. Data Review
ii. Quarterly Reports- Review of submitted reports and follow-up discussions.
iii. Site Visits- On-site meetings with the program manager may include interviews with home visiting staff and/or families and records review of client files, fiscal files, and/or employee files.
iv. Ongoing Communication- Regular phone calls, emails, and monthly standing meetings where contractual performance and compliance are reviewed.
v. Participate in monthly data audits, consultation, and monthly standing meetings with Manager/Monitors.
vi. Fiscal oversight includes initial Line Item Budget review and approval. Monthly invoice review, certification, and approval. Oversight of spend-down throughout the year and/or amendments and Budget Adjustment Requests.
vii. Programs will adhere to the invoicing process outlined in the Scope of Work (SOW) including deadlines, Falling Colors data report, Expenditure Report and supporting documentation.

6.12 Program Response to Findings of Non-Compliance and Program Deficiencies

ECECD Home Visiting team will ensure that appropriate interventions and corrective actions are implemented in a timely manner, when they are necessary.

i. Action Plans are created in collaboration with the Home Visiting Program Manager, ECECD Home Visiting Manager/Monitor, and ECECD Home Visiting Supervisor. Plans are used to assist the program in prioritizing high-need areas of contract non-compliance

and setting appropriate timelines for completing action items.

ii. Corrective Action Plans are put into place when programs have significant areas of non-compliance that require immediate attention (Corrective Action Plans may result in contract amendments).

6.13 Special Conditions

Program procedures and practices ensure that if the program is placed under "Special Conditions" (See Appendix F), all programmatic, fiscal, and/or administrative decisions will be reviewed and approved by the ECECD Home Visiting Bureau Chief or designee before action.

HV Standard 7 – Staffing and Supervision

This standard delineates the requirements for staff education level, experience, ongoing training, reflective practices, and professional development processes needed to fulfill their responsibilities.

7.1 Program Staff and Qualifications

7.1.a Program procedures and practices ensure that the program hires adequate qualified personnel to provide services to meet contractual obligations.

i. Ratios for Staffing: For every twenty (20) families funded, programs must have at minimum, one full-time home visitor and one .25 full-time employee (FTE) Program Manager to accurately meet the needs of the home visiting program.

ii. The program must have a program manager/director housed within the department/division, etc. as the home visitors. The Program Director must have at a minimum, a bachelor's degree with at least three (3) years of experience working with infants, toddlers, or expectant families.

7.1.b Program procedures and practices ensure that all staff, supervisors, and consultants working in the program receive criminal record clearances through ECECD/Early Childhood Services as required by regulation and prior to providing direct services. A background check must be conducted in accordance with 8.9.6 NMAC on all required individuals at least once every five years from the original date of eligibility, regardless of the date of hire or transfer of eligibility.

Any staff working with a child must comply with 8.9.6 NMAC et. seq. requiring background checks on any employee, staff, or volunteer with direct care responsibilities or potential unsupervised physical access to any child. Staff are not eligible to work directly and /or independently with families without a clear background check.

i. The staff must submit to ECECD Background Check Unit, fingerprint cards and the appropriate fee for such employees, volunteers, or staff required to have background checks.

ii. ECECD Background Check Unit will conduct nationwide, state, and abuse and neglect background checks on required staff or volunteers in accordance with 8.9.6 NMAC standards.

iii. An ECECD eligibility letter must be in the Vendor/Provider's personnel file prior to having any unsupervised direct contact or unsupervised potential access to any child. Clearances must be renewed every five years.

7.1.c Program procedures and practices ensure that the program is staffed by individuals who embrace the home visiting philosophy and have the capacity to perform the core ECECD home visiting service components.

7.1.d Program staffing procedures ensure the existence of a home visiting team who have knowledge of early childhood development and infant/early childhood mental health.

Programs must hire degreed professionals who meet the qualifications as specified in the New Mexico Home Visiting Standards as part of their home visiting team or non-degreed professionals that meet the following education path:

i. 50 percent of non-degreed personnel (or personnel in a non-related field degree program) must obtain the Infant Family Studies Certificate or the Community Health Worker Certificate (CHW) within two (2) years of hire.
ii. 100 percent of non-degreed personnel (or personnel in a non-related field degree program) must obtain the Infant Family Studies Certificate or Community Health Worker Certificate within three (3) years of hire.
iii. Ongoing professional development is required for staff who have completed their BA or MA degrees.
iv. Twelve (12) hours of Professional Development per calendar year is required for all staff. Certificates or other proof of completion must be kept in staff files for review.

7.2 Clinical Staff

Program staffing procedures ensure home visitors have access to at least one master's level or higher licensed mental health professional available for consultation when potential high-risk situations, crises, and/or other clinical issues or concerns arise.

7.3 Staff Training

Program managers ensure the appropriate program staff participates in opportunities to stay updated about any changes at state and federal levels impacting the New Mexico Home Visiting Program. These include, but are not limited to, quarterly meetings, annual conferences, and all communications.
Program procedures and practices ensure that home visiting program staff are trained to effectively implement the curriculum approach adopted and/or the program's evidence-based home visiting model or promising approach.

7.3.a The program maintains documentation that all home visiting staff are trained, at a

minimum, in the following topic areas:

i. Relationship-based Practice
ii. Reflective Practice
iii. Pregnancy and Early Parenthood
iv. Parent-Child Interaction
v. Infant/Child Growth and Development
vi. Community Resources (Domestic Violence, Substance Use Disorder, WIC, Housing, SSI, TANF, and other social supports available in the community)
vii. Use of all required screening tools
viii. Documentation/Data Entry
ix. Provisions and requirements of relevant Federal and State Laws, including mandated reporting of child abuse and neglect
x. HIPPA and Confidentiality
xi. ECECD and CYFD Organization and Practices (Juvenile Justice Services, Protective Services, Early Childhood Services, and Behavioral Health)
xii. Other Training as required by ECECD
xiii. Home Visitors must clearly understand program requirements and regulations for referring/partnering agencies.

7.4 Ongoing Professional Development

7.4.a Program policies, procedures, and practices support continued professional development, including access to relevant higher education courses and degree programs.

7.4.b Home Visitors, Program Managers and Supervisors are required to complete UNM CDD ECLN Home Visiting training as part of the onboarding process. Best practice supports experienced Program Managers and Supervisors to complete any updated training (UNM Moodles, or model/curriculum, for instance). They will add the certificates of completion to their personnel files.

7.4.c Program procedures and practices ensure that each home visiting staff member completes a professional development self-assessment to help identify their strengths and areas where additional training and support are needed and develop a plan accordingly. Individualized Professional Development Plans (IPDP) are submitted yearly or upon request to the Manager/Monitor.

7.4.d Home visiting programs will encourage and support ongoing professional development, including completing additional training and certifications to include Infant Mental Health endorsement through the New Mexico Association of Infant Mental Health (NMAIMH) and opportunities for higher education. Non-Degreed home visiting staff (Para-Professionals) must work toward completion of the following degree path:

i. 100 percent of non- degreed personnel (or personnel on non-related field degree programs must obtain the Infant Families Studies Certificate or Community Health Worker Certificate within three (3) years of hire.
ii. At least 50 percent of staff must obtain an associate degree within two (2) years.
iii. At least 25 percent of staff must obtain a bachelor's degree within four (4) years of hire with the home visiting program.

7.4.e The program manager must submit annual staffing reports to the ECECD Home Visiting Manager/Monitor indicating staff progress on meeting professional qualifications.

7.5 Supervision Requirements

Program procedures and practices ensure home visiting staff receives supervision from an experienced supervisor with knowledge in the following areas: pregnancy and prenatal issues, early childhood, and family development (including social and emotional development), reflective practice, and family-centered care.

i. Program practices and procedures ensure that supervisors support home visitors in integrating and implementing training information to help build skill and competence.

7.5.a Reflective Supervision

i. Program procedures and practices ensure that reflective supervision is provided individually at least twice (2) per month and enhanced through group sessions, as appropriate.

ii. Program procedures and practices ensure reflective supervision meetings are:
- consistently scheduled (a minimum of 2 hours/month); and
- they are conducted by a reflective supervisor/consultant trained and knowledgeable in infant/early childhood mental health utilizing reflective practice principles.

iii. Program managers must attend monthly program manager reflective supervision groups.

iv. Manager/Monitor approval is necessary if the program chooses to subcontract with an alternative reflective supervision consultant and must include the cost in their line-item budget.

7.5.b Field Supervision

i. Program procedures and practices ensure that supervisors accompany their home visitors on family visits (field supervision) a minimum of:
- one time per year for home visiting staff with one or more years of experience as a home visitor.
- twice a year for new home visitors with less than one year of experience, and
- as needed, in addition to the minimum requirements, completion of field supervision should be tracked and available for review during site visits or upon request.

7.5.c Administrative Supervision

i. Program procedures and practices ensure that administrative supervision is provided for all home visiting staff. This supervision includes quality assurance for services, adherence to all ECECD requirements, data, and

case audits

ii. In addition to the supervision requirements listed above, administrative supervisors or designated staff members must have experience with data management systems

iii. Program procedures and practices ensure that the program conducts regular and frequent reviews of program activities. At least 10 percent of the cases must be reviewed every month. 100 percent of the cases must be reviewed by the end of the year. The procedures and practices include effective use of the data management system tools for self-monitoring at the case and individual staff levels and at the program level (See Standard Area 9: Data Management).

iv. A monthly data audit will be completed to review home visitors' timely data upload and identify missing information for completion. Participants shall include the Program Manager, Data Manager (as appropriate), and assigned Manager/Monitor. Staff are invited to attend, time permitting, in order to understand the data system and its essential role in the process. Programs are encouraged to meet with their data manager more often if deemed necessary.

HV Standard 8 – Community Engagement

This standard specifies requirements for programs to partner with agencies and groups that may work with the same families to ensure collaboration and avoid duplication and to work with community partners to ensure each family's access to the necessary continuum of family support services.

8.1 Collaboration

8.1.a The program has a system for collaborating, making referrals, and tracking follow-up when families are referred to community services.

8.1.b The program documents efforts to collaborate with local agencies or programs that provide services to young children and families to enhance service accessibility.

8.1.c Programs document efforts to prevent duplication of services when more than one ECECD funded home visiting program provides services to the same community area(s). When more than one program is providing services to the same family, programs must collaborate in order to create a plan of action that allows the family to make an informed choice about which program to continue with.

8.2 Community Education

8.2.a The program documents participation in community education and development activities at the local and state levels to ensure awareness of home visiting services [See Standard 6.2].

8.2.b The program documents the provision of quarterly community presentations each year, designed to raise awareness of home visiting services and the importance of the early

years.

8.2.c Home Visiting programs shall utilize technology as a means to inform and educate the community about the services they provide including but not limited to a website, social media platforms, applications, etc.

8.2.d All promotional materials purchased with ECECD funding must include the ECECD logo.

8.3 Community Advisory Committees/Local Early Childhood Coalitions

The agency or program providing services documents regular participation with a community advisory committee, council, or coalition. The program must demonstrate knowledge of community resources and the protocol for accessing care. The program has clearly written protocols to follow for the referral process.

HV Standard 9 – Data Management

All ECECD Home Visiting contracted providers must use the New Mexico Home Visiting database. As required by the New Mexico Home Visiting Accountability Act, this is utilized for program accountability, including evaluation, continuous quality improvement, and compliance that may affect current and future funding.

9.1.a The funded agency ensures compliance with HIPAA requirements regarding electronic, verbal, and written information.

9.1.b Within forty-five (45) days of receiving a fully executed home visiting agreement, the program must be set up in the New Mexico ECECD Home Visiting database. It is the program's responsibility to work with the University of New Mexico Early Childhood Service Center Home Visiting database Services Team.

9.1.c The agency ensures that home visitors create a user profile, which includes entering professional development and education. This must be updated at least twice a year or more often as applicable.

9.1.d New staff must complete the training provided by ECECD in the use of the data management system within 30 days of hire and before service delivery begins. Data management includes data entry, monitoring, reporting, and analysis.

9.1.d All ECECD required data must be entered into the Home Visiting database within five (5) business days of an activity.

9.1.e Program staff are required to enter in the database all age-eligible children in a family that qualify for home visiting services to ensure accurate data is being collected.

9.1.f Program procedures and practices ensure that the program manager has a system for ongoing reviews related to service delivery data. These reviews are inclusive of, but not limited to preparation and follow-up related to the monthly data audit, during

administrative supervision and preparing monthly invoicing to identify and correct missing, incomplete, or inaccurate data, including an internal process for any follow up, including a timeline. This process must be tracked under administrative supervision hours.

9.1.g Program procedures and practices ensure that the program manager informs the UNM ECSC Home Visiting database team within twenty-four (24) hours when a home visitor leaves their employment with the program so that access to that home visitor's user account can be de-activated.

Appendix A

It may be helpful to consider the following **18 outcomes** when assisting families in selecting goals:

1. Supportive relationships present
2. Family is safe
3. Attainment of education/employment
4. Appropriate health/medical care is received
5. Immunization plan of the family is followed
6. Appropriate prenatal practices are in place
7. Subsequent pregnancy is planned and spaced
8. Emotional health is managed
9. Substance use is managed
10. Caregiver competence/confidence
11. Stable essentials are obtained
12. Positive relationships with children
13. Father is involved with the child
14. Child well-being/readiness supported
15. Breastfeeding is provided for the baby
16. Healthy nutrition provided for the child
17. Engaged in social/spiritual communities
18. Age-appropriate expectations are met

Appendix B

Documentation Requirements – Client Record

ECECD requires maintenance of electronic client files in the following areas:

A. Documentation at Intake/Admission (to be maintained in individual's files)

B. Documentation of Appropriate Family and Child Goals

C. Documentation of Screening Tools

D. Documentation of Client Progress through Home Visit Records

E. Documentation of Supervisory Chart Reviews

F. Documentation of Service Completion or Discontinuation

G. Documentation of Significant Events and Incident/Occurrence Reports.

Appendix C

Required Screenings and Assessment Tools and Frequency Schedule

All required screening tools must be completed at the periodicity specified by ECECD. Please visit the UNM CDD ECLN website – Home Visiting training to access the most up-to-date Periodicity Tool.

Appendix D

Progress Notes

Home visitors are required to complete a progress note for each visit. The progress note template is available on the UNM CDD ECLN website – Home Visitor Orientation https://cdd.health.unm.edu/ecln/new-home-visiting-standards-guidance-documents/.

Appendix E

Special Conditions

The ECECD Home Visiting Monitoring team may determine that a program requires in-depth oversight due to multiple findings that do not conform to the ECECD Home Visiting Program Standards. Consideration is given to both the number of non-complying items as well as the severity of one or more items. When this occurs, the program is placed under Special Conditions, meaning that all programmatic, fiscal, and/or administrative decisions must be reviewed and approved by the Project Manager or Designee before action.

Appendix F Home Visiting Glossary

Children's Protective Services	A state-wide system to prevent or treat the abuse and neglect of children within the New Mexico Children, Youth and Families Department.
Collaborate	Work willingly with other direct service providers, parents, community agencies, faculty, and other professionals to obtain, coordinate, and research services that effectively nurture infants and families.
Community Collaboration	Participation with other community entities to address the health and well-being of the community as a whole.
Community Priorities	Issues identified through community collaboration are paramount to positively affecting the health and well-being of the community.
Competency Guidelines	Describe specific areas of expertise, responsibilities, and behaviors required to become endorsed through the New Mexico Association of Infant Mental Health (NMAIMH). There are five categories of competency within the NMAIMH Endorsement®: • Infant Family Associate • Infant Family Specialist • Infant Mental Health Specialist • Infant Mental Health Mentor • Infant Family Reflective Supervisor Each level recognizes the educational experiences, specialized in-service training experiences, and work experiences appropriate for best service outcomes for infants, very young children, and families.

Consultation

An opportunity for professionals to meet regularly with an experienced infant mental health professional to examine thoughts and feelings in relation to working with infants, young children, and families.

Continuous Quality Improvement (CQI)

Home Visiting Programs collect and report on performance data quarterly to track their program's performance, identify areas for improvement, and ensure services are resulting in measurable improvement for families and communities.

Developmental Guidance

Offering individualized guidance to parents about their children's developmental requirements while focusing on the child's capacities and the primary caregiver.

Early Intervention

Services that begin prior to pregnancy, during pregnancy, or at any time during the first three years of the child's life.

Evidence-based

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.

Family

At least one parent, caregiver, guardian, or custodian of the infant or young child is involved in the home visiting program.

Family Centered	Looking at the family as a whole. The aim is to support/partner with the family in service of the infant or young child.
Family-Centered Practice	The professional's ability to focus on the child(ren) within the context of the family and to respect the family's strengths and needs as primary.
Home Visiting database	Management Information System is an electronic tracking system for clients and service delivery.
Human Services/Related Degree(s)	Include but are not limited to Social Work, Sociology, Counseling, Human Services, Criminology/ Criminal Justice, Public Administration, Educational Counseling, Education, Nursing and Health Education.
Infant Mental Health	An interdisciplinary field dedicated to promoting the social and emotional well-being of all infants, very young children, and families within the context of secure and nurturing relationships. Infant mental health services support the growth of healthy attachment relationships, reducing the risk of delays or disorders and enhancing enduring strengths.
Informal Networks	Informal networks refer to the parents' resources and access to family, friends, and neighbors who may assist them emotionally and financially with transportation and other areas of potential need.
Newborn Care	Care provided to the mother and infant, including medical, emotional, and psychological, aimed at maintaining and enhancing the health and well-being of the infant. A newborn is considered 0-4 weeks, and an infant is considered birth to 1 year of age.

NM Association for Infant Mental Health Endorsement Process	A process that supports the development and recognition of infant and family professionals within an organized system of culturally sensitive, and relationship-focused practice that promotes infant mental health.
Performance Measure	A quantitative or qualitative indicator is used to assess the outcome or result of a program/or service.
Prenatal Care	Prenatal care refers to care that is provided to the mother during pregnancy. This includes medical, emotional, and psychological care, aimed at maintaining and enhancing the health of the unborn child and the mother.
Reflective	A person's self-awareness that includes examining one's professional and personal thoughts and feelings in response to working within the infant and family field.
Reflective Practice	The ability to examine one's thoughts and feelings related to professional and personal responses within the infant and family field.
Relationship-based Practice	Values early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past and present, as significant to one's capacity to nurture and support others.
Related Field	An allied mental health or counseling field includes social work, guidance, counseling, mental health, psychology, family studies, marriage and family therapy, family sciences, rehabilitation counseling, counselor education, or social anthropology.

Relevant Experience	Significant and demonstrable experience in providing services to the target population.
Research-Based	A model or curriculum has some research demonstrating effectiveness but does not yet meet the standard of evidence-based.
Self-regulation	The ability to control and manage the effects of intense feelings. Many factors influence emotional regulation, including culture, temperament, and life experiences.
Service Collaboration	Participation with other community entities to benefit the health and well-being of children and families in the target population.
Standards-Based Approach	Standards-based approach in home visiting 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.