

System Highlights

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- CYFD was a sponsoring partner of New Mexico's first Home Visiting Summit, which took place in August and featured high-profile speakers, bringing together home visitors across the state. The summit was a project of the New Mexico Home Visiting Collaborative, a group convened to improve coordination, reach, and effectiveness of services to benefit New Mexico's families and children. (p. 32)
- The New Mexico Home Visiting SafeSleep program was launched as a strategy to reduce risk of infant death. Participating families receive education and SafeSleep materials, as well as an optional SafeSleep portable cradle. CYFD is offering training on the Home Visiting SafeSleep program to Child Protective Services staff and foster families as well. (p. 31)

**State of New Mexico
CHILDREN, YOUTH and FAMILIES DEPARTMENT**

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



MONIQUE JACOBSON
CABINET SECRETARY

December 10, 2018

Dear Friends of New Mexico's Children and Families,

It is with pleasure that I present to you the sixth annual New Mexico Home Visiting Outcomes Report. This report has been prepared for the Children, Youth and Families Department (CYFD) in collaboration with the University of New Mexico's Cradle to Career Policy Institute.

This report is in response to the Home Visiting Accountability Act of 2013. The Act established a framework for ensuring quality and consistency in home visiting programs across New Mexico. By using a wide range of data points, CYFD is able to effectively review and support the continuous quality improvement of the home visiting system while keeping policy makers, participants and stakeholders accurately informed of the effectiveness of our home visiting program.

As identified in the sixth annual New Mexico Home Visiting Program Report, these measurable progress and outcome data match the home visiting program's established goals for over 4,600 families served during FY18. CYFD continues to place emphasis on the outcomes and indicators that work best to continually improve the Home Visiting service delivery system with solid, data-driven practices.

Currently, CYFD provides oversight and support to the thirty-three state and federally funded Home Visiting Programs in New Mexico to ensure the highest quality of services to support our New Mexico families.

Building upon our solid Home Visiting foundations, CYFD has established Home Visiting Level II programs and added the SleepSafe component to Home Visiting. With the Level II higher level of service to families who are at an increased risk for adverse childhood experiences, by ensuring services for babies and families involved in the Neonatal Intensive Care Unit Hospitals and through the promotion of safe sleep practices, we are confident that our Home Visiting program will continue to support our most vulnerable population, resulting in positive outcomes for our communities.

I want to personally thank you for the support you provide to our New Mexico's children and families by pulling resources together to improve the quality of lives for our children.

Sincerely,

Monique Jacobson, Cabinet Secretary
Children, Youth and Families Department

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FY18 Home Visiting Overview

Background

Strong, stable families are the first and most important foundation for children’s well-being and success. Home visitors support families in laying that foundation by promoting positive parenting practices, screening for risks, and referring families to appropriate community supports. The services provided by home visiting programs are expected to be research-based, grounded in best practices and linked to six overarching goals: Babies are born healthy, children are nurtured by their parents and caregivers, children are physically and mentally healthy, children are ready for school, children and families are safe, and families are connected to formal and informal supports in their communities.

In recognition of home visiting’s importance, the New Mexico Legislature passed, and the Governor signed, the Home Visiting Accountability Act in 2013. This act defines home visiting, affirms its place in New Mexico’s early childhood care and education system, and requires an annual report to include data on key home visiting outcomes specified in the Act. This report, prepared for CYFD by the University of New Mexico Cradle to Career Policy Institute, fulfills that requirement.

Implementation

Since the 2013 passage of the Act, CYFD has expanded infrastructure supports for New Mexico’s Home Visiting System. The chart below documents trends in key implementation indicators over the past five years.

- In FY18, CYFD received \$18.7 million in state and federal funding to support the Home Visiting System, which is a 6.9 percent increase over FY17. The FY19 home visiting budget is \$20.2 million, including state and federal funds.
- In FY18, CYFD used its funding to support 33 programs in all but one of New Mexico’s 33 counties.
- CYFD funded 3,092 openings in FY18, which is a 2.9 percent increase over FY17. These openings served 4,615 families, as each opening may serve multiple families in one fiscal year. Funding for FY18 included higher rates for targeted home visiting to serve families with greater needs and underserved rural communities.

Key Implementation Measures	FY14	FY15	FY16	FY17	FY18	Change from FY17 to FY18
Funding (State and Federal)	\$8.1 million	\$12 million	\$15.5 million	\$17.5 million	\$18.7 million	\$1.2 million (6.9%)
Home Visiting Programs	24	26	30	30	33	3
Counties Served	26	27	28	30	32	2
Funded Openings	1,919	2,286	2,738	3,006	3,092	86 (2.9%)
Families Served	2,224	2,891	4,020	4,587	4,615	28 (<1%)

Outcomes

This year’s report includes, for the first time, baseline data on families’ activities supporting children’s early literacy skills (p. 24). Data for FY18 also show continued positive data on healthy births, indicating that mothers in home visiting access prenatal care earlier and more often than mothers statewide. Mothers receiving home visiting also initiate breastfeeding at slightly above the statewide rate.

Other outcomes, related to screening families and referring them to services related to child development, perinatal depression, and family safety risk, show some decrease in FY18. These outcomes are summarized and discussed on the following page.

FY18 Home Visiting Annual Outcomes Report

Key Outcome	FY18
Healthy Births (p. 15)	<ul style="list-style-type: none"> Pregnant women in home visiting consistently report that they access prenatal care more often and earlier than women statewide. Rates of caregiver screening and engagement with services for perinatal depression were somewhat decreased in FY18. Of eligible mothers, 85% were screened in the perinatal period for risk of depression. Of those found to be at risk, 83% were referred to appropriate services, of whom 44% are known to have engaged with services, down from 66% in FY17.
Parent and Caregiver Nurturing of Children (p. 19)	<ul style="list-style-type: none"> 1,278 children and their caregivers were observed at least twice using the PICCOLO tool for measuring nurturing parental behaviors. Scores improved across domains, with improvement ranging from 29% to 61%, and with the greatest improvement in caregiver teaching ability.
Children's Physical and Mental Health (p. 21)	<ul style="list-style-type: none"> 88% of eligible children were screened for potential risk of developmental delay using the ASQ-3. Of those identified for referral, 71% were referred for services, down from 88% last year. About 49% of those referred engaged with services, also lower than in past years.
School Readiness (p. 23)	<ul style="list-style-type: none"> 87% of eligible children were screened with the ASQ-SE for social-emotional delays. Eleven percent of those children were identified as at-risk, and home visitors worked with those families to address identified challenges.
Safety of Families and Children (p. 25)	<ul style="list-style-type: none"> 78% of families were screened for potential risk of domestic violence using the RAT or HITS. Of the 9% identified as at risk, 69% were referred for services — down from 77% last year. Twenty-nine percent of those referred engaged in services. 40% of those identified as at risk had a safety plan in place. Of 1,828 families receiving six months or more of home visiting services in FY18, 1.94% were identified as having a substantiated maltreatment or abuse referral.
Connections to Community Supports (p. 27)	<p>Based on screening tools for child development (ASQ-3), perinatal depression (EPDS), and domestic violence (RAT/HITS):</p> <ul style="list-style-type: none"> Home visiting identified 1,355 instances of children or their caregivers being at risk, a small increase from FY17's 1,328 instances. In 73% (n=1000) of those instances, clients were referred for services and 43% of those referred engaged with services. Rates of screening, referral, and engagement have generally decreased in FY18.

Discussion

In some areas, particularly those focused on healthy births, New Mexico's home visiting system data continue to show families being successfully supported. Mothers in home visiting report accessing prenatal care more often and earlier than mothers statewide, report initiating breastfeeding at slightly above the overall state rate, and of the small number of mothers enrolled prenatally who acknowledged prenatal substance use, a higher percentage quit using before the third trimester.

However, FY18 data show some decline in rates of screening for maternal depression and in referrals for child developmental delays and intimate partner violence. Across primary screens, of those who were identified as at risk, significantly fewer were referred to services. Engagement with referrals was also lower this year for families referred to services for depression and child developmental delay. These decreases point to challenges faced by the system during the 2018 fiscal year and areas in need of improvement. One area for improvement focus may be the recruitment, retention and support of the home visiting workforce. Analysis of available data on workforce retention and turnover will be important to understanding where to target support efforts.

FY18 also saw declines in data completeness across a number of fields. In particular, birth outcomes are missing for about one third of women served prenatally, immunization data are missing for nearly half of children served, and income data were not collected for 63% of home visiting families (up from 35% in FY17). Supports for screening and referral compliance, as well as integrity of data entry, will be key areas for focus and investment in the coming year.

FY18 Home Visiting System Improvements

CYFD has taken a variety of steps in response to previous Annual Home Visiting Outcomes Reports, and has strengthened the Home Visiting System in several ways in FY18:

- For the first time, this year's report includes data on how frequently families report reading to their children (p. 24).
- Level II Home Visiting for families with more complex needs has expanded, and has begun offering a Neonatal Intensive Care Unit (NICU) home visiting program designed to support healthy parent-infant relationships during the early years of the infant's life, both within the NICU and post-discharge (p. 14).
- CYFD was a sponsoring partner of New Mexico's first Home Visiting Summit, which took place in August and featured high-profile speakers, bringing together home visitors across the state. The summit was a project of the New Mexico Home Visiting Collaborative, a group convened to improve coordination, reach, and effectiveness of services to benefit New Mexico's families and children (p. 32).
- The New Mexico Home Visiting SafeSleep program was launched as a strategy to reduce risk of infant death. Families introduced to home visiting through hospitals receive materials on safe sleep, as well as an optional SafeSleep portable cradle. CYFD is offering training on the Home Visiting SafeSleep program to Child Protective Services staff and foster families as well (p. 31).

Next Steps

The data in this sixth Annual Home Visiting Outcomes Report show a mature Home Visiting System, but one which requires increased attention to fidelity to the New Mexico Home Visiting Standards. State lawmakers have shown a consistent willingness to increase funding to home visiting and expand the system, and FY18 was a challenging year for programs seeking to expend those funds. Increased attention to recruitment and retention of home visiting families, and of a robust home visiting workforce, will be essential for stable expansion of the Home Visiting System. Toward that end, CYFD continues to implement several system enhancements in FY19 (see Next Steps, pp. 29-31). These include:

- A new "Am I Eligible?" interactive web tool to offer families a simple first step in applying for services including home visiting, child care assistance, NM PreK, Head Start, FIT early intervention and others
- New Specialized Level II (II-S) home visiting services for families experiencing particular stresses, such as prolonged infant stays in Pediatric Intensive Care Units (PICU), homelessness, or domestic violence
- A project with the New Mexico Human Services Department to pilot Medicaid-funded home visiting in three counties
- Scholarships dedicated to the professional development of the home visiting workforce
- Two new major professional development opportunities for home visiting staff to increase their skills and promote retention of families, through training in: 1) Facilitating Attuned Interactions (FAN), a research-based approach to building better relationships with parents, and 2) SafeCare, an evidence-based home visiting model
- Inclusion of home visiting programs in the state's FOCUS tiered quality improvement system
- Onsite consultation services for home visiting programs, focused on implementation of the New Mexico Home Visiting Program Standards, now offered through the state's comprehensive early learning consultation system
- Specialized Licensed Clinician support for Level II programs statewide to help home visitors address the critical needs of families.

**FY18
Expanded
Level II
Targeted
Home Visiting**

CYFD's home visiting program is designed to promote child well-being and prevent adverse childhood experiences.

In spring 2017, CYFD began piloting a higher level of services (Level II) that offer supports to families under high stress, which build upon the foundation of promotion and prevention supports (Level I).

Eligibility for Level II services is based on referrals from Child Protective Services, Juvenile Justice Services or Infant Mental Health Services. Families may also be identified for Level II based on risk assessments used in Level I or through the experience of a critical family incident. In FY18, 557 openings were funded for Level II services, including 250 for families and infants in Neonatal Intensive Care Units (NICU) stays.

The Context of Home Visiting in New Mexico

New Mexico has focused substantial attention in recent years on promoting policies and programs that support early childhood development. In 2011, The Early Childhood Care and Education Act (NMSA 1978, Section 32A-23A-1) was passed by the Legislature and signed by Governor Martinez. The bill's purpose was to establish a comprehensive early childhood care and education system through an aligned continuum of state and private programs, including home visiting, early intervention, child care, Early Head Start, Head Start, early childhood special education, family support, and pre-kindergarten, and to maintain or establish the infrastructure necessary to support program quality.

Then in 2013, the Legislature passed the New Mexico Home Visiting Accountability Act. The Act defines the Home Visiting System, establishes a common framework for service delivery and accountability across all programs, and outlines expectations for annual outcomes reporting. The Accountability Act codified a system that has existed in some form since 1989, and has become increasingly unified under the leadership of CYFD. In 2009, CYFD was designated the state's lead agency for a coordinated statewide Home Visiting System.

Rather than adopt a single model of home visiting, CYFD led a process to review current home visiting research and best practices. This research was used to establish program standards that provide a common framework and accountability across all programs. This has allowed the New Mexico Home Visiting System to promote home visiting programs that are responsive to their communities' unique cultural and linguistic heritage, and to respond to the myriad needs of New Mexico's children beyond the restrictions of some nationally recognized home visiting models.

New Mexico's standards-based Home Visiting System is flexible enough to allow each home visiting program to respond to specific community needs, but also provides a unified understanding of what home visiting is and what expectations are for ensuring high-quality service delivery. These concepts are enshrined in the Home Visiting Accountability Act, which defines "Home Visiting" for New Mexico in these terms:

<i>Why:</i>	To <u>promote</u> child well-being and <u>prevent</u> adverse childhood experiences
<i>What:</i>	"Home visiting" is a program strategy that delivers a variety of informational, educational, developmental, referral and other support services
<i>For Whom:</i>	Families who are expecting or who have children who have not yet entered kindergarten
<i>By Whom:</i>	Well-trained and competent staff, including nurses, social workers and other early childhood and health professionals, or trained and supervised lay workers
<i>How:</i>	By promoting parental competence and successful early childhood health and development by building long-term relationships with families and optimizing the relationships between parents and children

Professional Development & Training

CYFD provides home visitors with foundational and curriculum training, as well as ongoing professional development through regional workshops. These workshops provide information and hands-on practice focused on content areas identified by the field, with community and state resources included where available. FY18 workshop topics were:

- Developmental screenings (ASQ-SE2 & ASQ-3)
- Continuous Quality Improvement
- Trauma-Informed Practice

New in FY19: Scholarships

CYFD has made available \$50,000 in scholarship support for home visitors pursuing degrees in infant-family, early childhood, or related fields.

What Do Home Visitors Do?

Home visiting aims to help New Mexico’s parents and caregivers reach their full potential as parents. New babies can be challenging, and parents may feel overwhelmed and unsure of themselves. Parents and caregivers can rely on home visitors as a source of emotional support and information about child development. A home visitor might counsel a first-time mother who is concerned about her baby’s eating habits, for example, or give her tips on how to safely bathe a newborn. Most of all, home visiting is based on relationships – strengthening the relationship between caregiver and child, through the relationship between the home visitor and the caregiver. The guiding philosophy of New Mexico’s Home Visiting System is that every facet of young children’s success – physical, social, cognitive, or otherwise – is grounded in their relationships with primary caregivers.

Within this framework of relationships and trust, home visitors provide support and information, with an emphasis on preventing adverse experiences for children and families. Home visitors administer screenings that allow them to check for early signs of developmental delay in children, depression in mothers, abuse within the family, and other risk factors. When these screenings show families have challenges that are beyond the scope of prevention, home visitors refer families to support services in their communities and follow up on these referrals. With the addition of Level II home visiting services that began during FY17, home visitors in some programs can also directly provide intensive services for families with more complex needs, such as mental health support or in-depth assistance connecting them with services like Social Security or Medicaid.

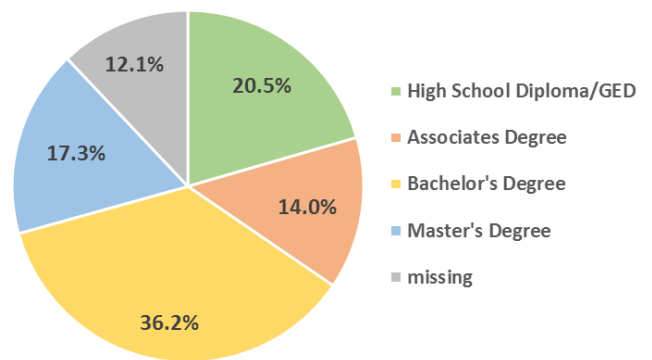
Home visitors also provide families with information, support, and advice. This part of the service is uniquely tailored to families and their goals, and can include everything from breastfeeding support to information on car seat safety and safe sleep practices. Families work with home visitors to set goals for their home visiting experience; these goals help to define the focus of services and to determine the frequency of visits needed to meet the family’s needs.

New Mexico’s Home Visiting Workforce

A total of 307 home visitors provided services in FY18. Programs may be staffed with a combination of degreed and non-degreed professionals who have knowledge of the prenatal period, infant/toddler safety and health, early childhood development, early childhood mental health principles and practices, knowledge of community resources, and strong relationship-building skills.

Ongoing professional development is required for New Mexico’s home visitors. Home visitors who do not meet the educational requirements for the state’s program must obtain a certificate in Infant Family Studies or a related field within three years of hire and show progress toward an associate or bachelor’s degree. Home visitors for the Level II pilot program must hold a relevant bachelor’s degree. Programs must also have access to a master’s-level, licensed mental health professional for consultation when high-risk situations or concerns arise. In addition, home visitors and program staff are supported to obtain an Infant Mental Health endorsement.

Highest Credential of Home Visitors



Total = 307 home visitors employed by all programs during FY18

New Mexico's Investments In Home Visiting

New Mexico's leaders have demonstrated an ongoing commitment to home visiting, increasing state funding significantly since pilot project funding of \$500,000 in FY06. New Mexico has also received federal grants through the Health Resources & Services Administration as part of the Maternal, Infant and Early Childhood Home Visiting program. In FY18, cumulative funding across state and federal streams reached \$18.7 million and the current fiscal year, FY19, saw funding increase to \$20.2 million.

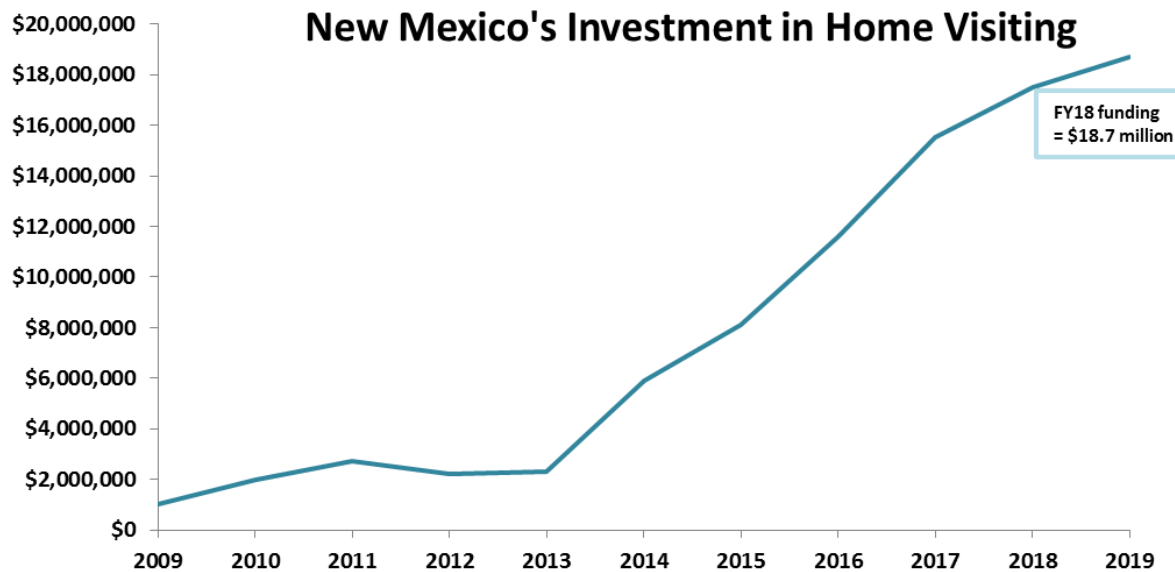
Openings Versus Families

CYFD funds a given number of openings per program, but each opening does not necessarily represent one family.

For example, a family may participate in home visiting for six months and exit the program. A second family would then occupy that same funded opening for the remaining six months.

CYFD funded 3,092 openings in FY18, which resulted in 4,615 families receiving services throughout the year.

A higher reimbursement rate is provided for families with higher needs.



Source: LFC Post-Session Reviews

Home Visiting Costs and State Expenditures

The cost of building a comprehensive Home Visiting System includes both direct services and infrastructure development. Infrastructure costs include data system development and management, professional development, and other administrative costs.

- In FY18, CYFD funded 3,092 openings with \$10.1 million in state general funds, \$5 million in TANF transfer funds, and \$5.1 million in federal funds.
- After conducting a detailed study of the variable costs of providing home visiting services in the state, CYFD has instituted a differentiated reimbursement scale for contracted providers:
 - Level I prevention and promotion home visiting services are contracted at a base rate of \$3,500 per opening. Programs may apply to receive an additional \$500 per opening ("Base Rate Plus") for documented special circumstance costs, such as travel to reach more rural families, service to high numbers of children with disabilities, or hiring of staff with specialized language skills.
 - Level II targeted intervention services are reimbursed at a higher base rate of \$4,500 per opening, to support the higher cost of providing more intensive services. Level II providers may also apply for the supplemental \$500 "Base Rate Plus."
 - Federal funds support contracts based on actual costs. Funding rates vary per program, based on the home visiting model being implemented.

State-Funded Home Visiting Programs FY18

Home Visiting Program	Level I & I Plus Families Funded	Counties Served
Apple Tree Educational Center	50	Sierra
Aprendamos Intervention Team <i>Parents as Teachers</i> *	60	Doña Ana
Avenues for Early Childhood Services	50	McKinley
Ben Archer Health Center	180	Doña Ana, Luna, Otero
Colfax County Commission	30	Colfax, Union
ENMRSH, Inc.	65	Curry, Roosevelt, DeBaca, Quay, Guadalupe
Gadsden Independent School District <i>Parents as Teachers</i> *	100	Doña Ana
Gallup McKinley County Schools <i>Parents as Teachers</i> *	120	McKinley
Gila Regional Medical Center Beginning Years <i>First Born</i>	80	Grant
Guidance Center of Lea Co.	67	Lea
Kiwanis Club of Las Vegas Community <i>First Born</i> of Northern NM	60	San Miguel, Mora, Harding
La Vida Felicidad	51	Valencia, Cibola
Las Cumbres Community Services, Inc.	44	Santa Fe, Rio Arriba
Los Alamos County <i>First Born</i>	50	Los Alamos
Luna County <i>Parents as Teachers</i> *	155	Luna, Hidalgo
Milagro Counseling Service Apple A Day	45	Guadalupe
Northwest New Mexico <i>First Born</i>	120	San Juan, McKinley
PB&J Family Services	60	Bernalillo, Sandoval
Presbyterian Española Hospital Rio Arriba <i>First Born</i>	40	Rio Arriba
Presbyterian Healthcare Services (Socorro General Hospital <i>First Born</i>)	85	Socorro
Presbyterian Medical Services <i>Parents as Teachers</i>	180	Chaves, Cibola, Eddy, Lea, Quay, San Juan
Region IX Educational Cooperative <i>Parents as Teachers</i> *	32	Lincoln
Southwest Pueblo Consultants and Counseling	30	Cibola, Sandoval, Rio Arriba, Bernalillo
Taos Health Systems, Inc. (Taos First Steps)	150	Taos, Colfax, Rio Arriba
Torrance County <i>Parents as Teachers</i>	31	Torrance, Santa Fe, Bernalillo
Tresco, Inc.	115	Doña Ana, Sierra
United Way of Santa Fe County <i>First Born</i>	140	Santa Fe
UNM CDD Nurse-Family Partnership*	125	Bernalillo
UNM CDD <i>Parents as Teachers</i> *	120	Bernalillo, Valencia
UNMHSC Young Children's Health Center	33	Bernalillo
Western Heights Learning Center	35	Bernalillo
Youth Development, Inc.	32	Bernalillo, Rio Arriba
Sub Total	2,535	
	Level II Families Funded	Counties Served
Regents of the University of New Mexico CDD (NICU)	250	Bernalillo, Doña Ana
Region IX Educational Cooperative	307	McKinley (Avenues); Otero, Luna & Doña Ana (Ben Archer); Los Alamos (First Born); Grant (Gila Regional Medical); Lea (Guidance Center); Rio Arriba & Santa Fe (Las Cumbres); San Juan & McKinley (NWNM First Born); Bernalillo & Sandoval (PB&J); Socorro (Presbyterian Health-Socorro Hospital); Lea, Eddy, Chaves & Cibola (Presbyterian Medical Services); Rio Arriba, Bernalillo & Cibola (SW Pueblo Consultants); Bernalillo (UNM Hospital-Young Children's Health Center)
Sub Total	557	
TOTAL	3,092	

**Program received federal funding during FY18

Openings Funded through Private, Tribal and Direct Federal Sources

New Mexico has many additional home visiting programs funded privately, tribally, and federally. These programs have been convened by the LANL Foundation to form a New Mexico Home Visiting Collaborative in order to coordinate home visiting efforts statewide. The Collaborative identified more than 1,850 additional FY18 openings offered through non-state funding, for a total of 4,955 openings statewide. For an updated map of total statewide slots for FY19, see p. 32.

Children Birth to Age 3 in New Mexico

There are an estimated 75,820 children birth to age 3 in New Mexico. U.S. Census 2017 Pop. Est.

Babies Born to NM Teens

In 2017, 1,889 babies were born to teen (age 15-19) mothers. Though teen birth rates in New Mexico are declining, they remain among the highest in the nation.

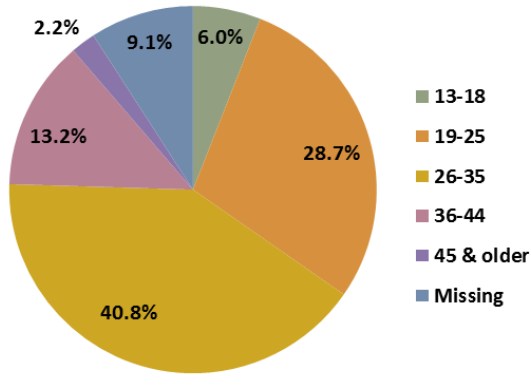
New Mexico Birth Certificates Database, Department of Health

In FY18, state-funded home visiting programs served 523 teen parents. This is a 32% increase over last year, even as the system overall has stayed about the same size or contracted slightly.

Home Visiting Participants in FY18

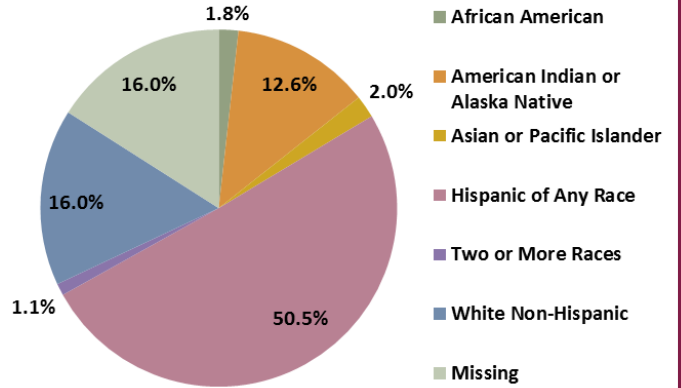
Demographics of Home Visiting Participants in FY18

Caregivers by Age*



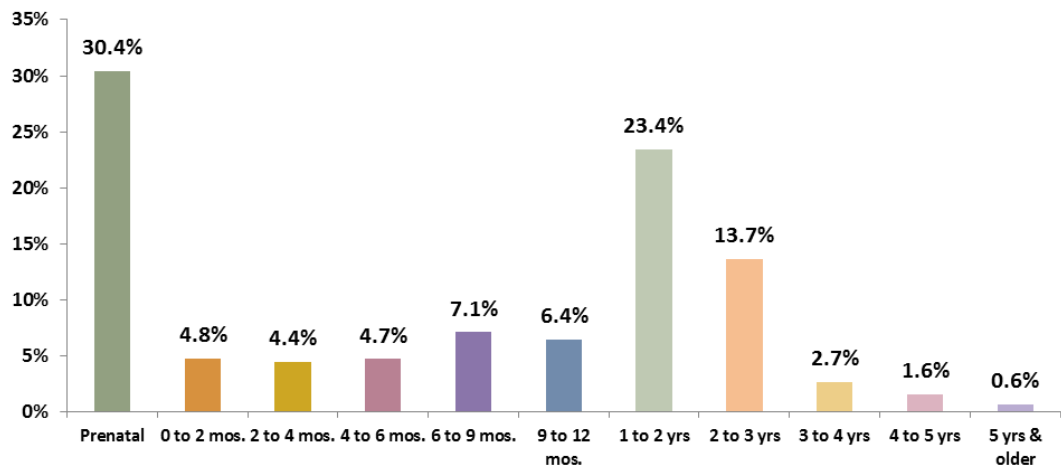
*Total is 4,592 caregivers in families with 1 or more home visits in FY18. Mean age is 29 years.

All Clients Served by Race/Ethnicity*



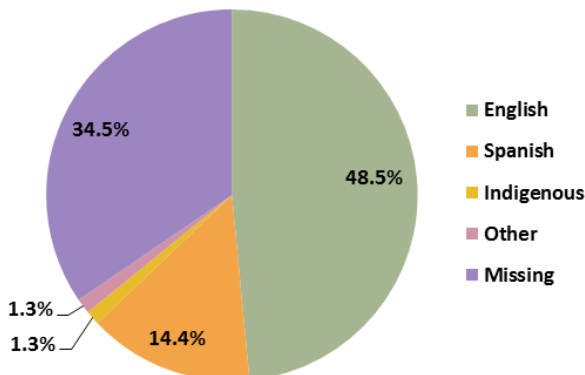
*Total is 11,094, and reflects all household members in the 4,615 families with 1 or more home visits in FY18.

Age of All Children Served in FY18* (n=4,553), at start of FY18



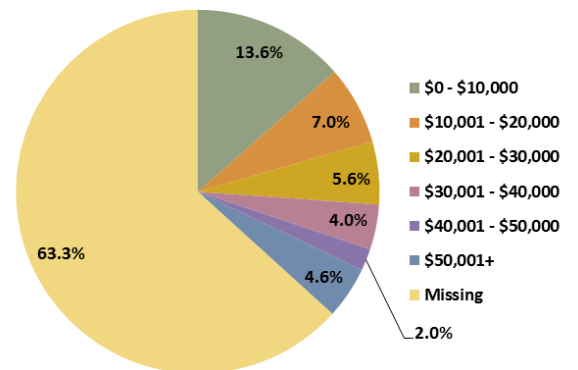
*Data is available on 4,553 of the 4,613 children served, with data missing or inaccurate on 60 child clients.

Language Spoken, All Clients*



*Primary home language was available for 65.5% of the 11,094 individuals (children and caregivers) with 1 or more home visits in FY18.

Families Served by Annual Income*



*Annual income is collected on a voluntary basis and was collected for 36.7% of the 4,615 active families with 1 or more home visits in FY18.

Parent/Caregiver Highest Level of Education

Of the 2,658 caregivers with data recorded:

4.4% were currently enrolled in high school

19.6% had less than a high school degree

28.3% had a high school diploma or GED

2.2% had technical training or other schooling

29.2% had some college but less than a bachelor's degree

16.3% had a bachelor's degree or higher

Visits Over Time

Data in this report reflect only home visits that took place in FY18. Many families began receiving services in previous years.

Of the 4,615 families active in FY18, 2,512 (54%) were enrolled for the first time.

Including visits before FY18, 44% of active families (n=2,029) have received a cumulative total of 20 or more home visits, and 1,012 (22%) have received 40 or more visits.

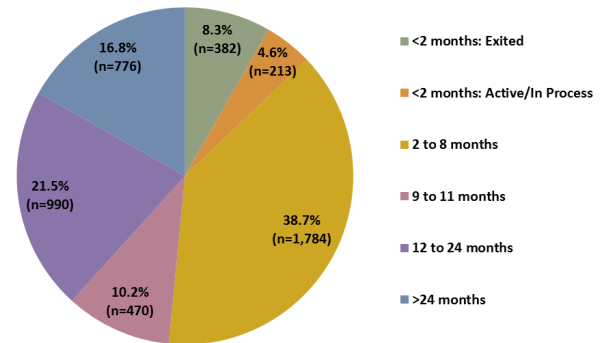
Home Visiting Participants, FY18

Duration of Family Participation

Because home visiting models are designed to engage families for varying lengths of time, it is difficult to compare participation durations across families. The goal of all programs, however, is to retain participants until family goals are achieved and/or the home visiting curriculum is completed.

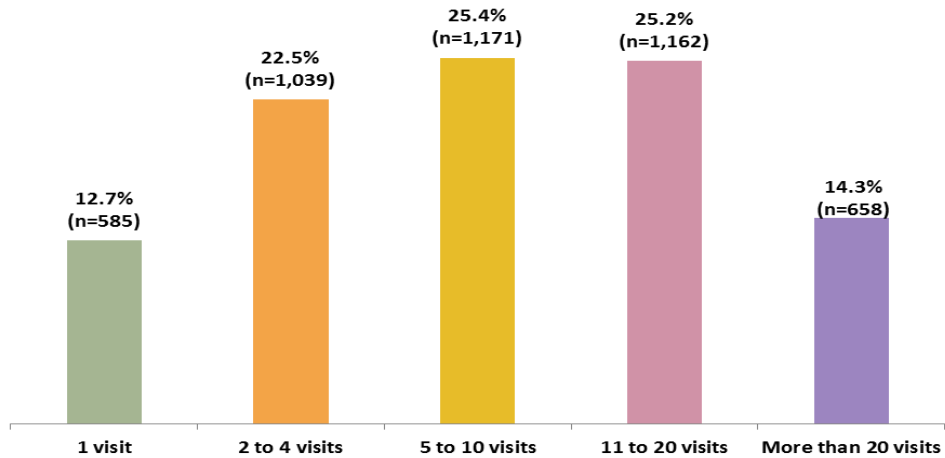
Ideal frequency and duration of services is determined jointly by the home visitor and the family, according to the family's needs, preferences, and cultural context, and according to CYFD's guidelines for screening protocols and curricula completion. The results of screenings are used as a key element for planning services, including frequency of home visits.

Total Duration of Family Participation, from Initial Date of Enrollment, in Months (n=4,615)

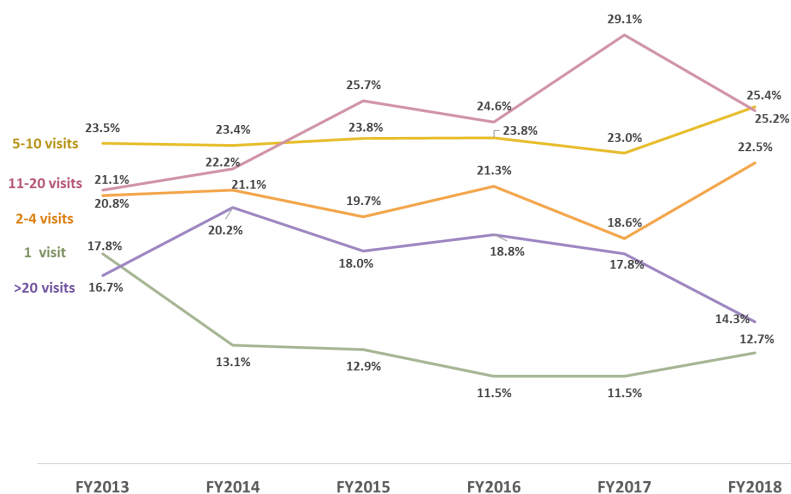


How Many Fiscal Year Visits Have Families Received?

Number of FY18 Visits Received by Participating Families (n=4,615)



Annual Number of Visits Received by Participating Families, FY13-FY18



The Home Visiting Accountability Act Specifies Program Goals and Outcomes to be Reported Annually

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	(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
Children are nurtured by their parents and caregivers	2) Promote positive parenting practices 3) Build healthy parent and child relationships	
Children are physically and mentally healthy	1b) Improve infant or child health outcomes 5) Support children’s cognitive and physical development	(2)l. Number of children identified with potential developmental delay and, of those, how many began services within two months of screening
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 (2)k. Number of children that received an Ages & Stages questionnaire and what percent scored age appropriately in all developmental domains
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

New in FY18: NICU Home Visiting

When beginning a relationship with a new family, Jennifer Barol opens with a standard question: “What does help look like to you?”

The answers vary widely, from help navigating complex systems, referrals and follow-up with other agencies, tips for baby massage, or help with household chores.

Jennifer is a home visitor for a new state program focused on supporting families with children who were cared for in the Neonatal Intensive Care Unit (NICU). The program, called Project HATCH (Helping All To Come Home), is in its first year, and Jennifer said the program’s newness gives her some latitude to personalize, make adjustments, and discover what families need.

“It’s not easy to engage families while they’re in the NICU,” she said. “They’re still in that place where they can’t think of anything outside the NICU.” She said sometimes when she reaches out to families by text message, they don’t respond to her until they are home from the hospital and taking stock of life after their NICU stay.

To Tracey and Nick, the offer of help was intriguing. Their son Avery was born prematurely and spent 18 days in the NICU. Avery is their first child, and he has torticollis, which means his neck is bent slightly to the side.

Tracey said they almost declined the help. They were already connected with early intervention services, and she was unsure what home visiting would entail, whether they really needed it, and whether they wanted someone else coming out to their home at this challenging time. Avery was still on oxygen when he came home, and the time in the NICU had been all-consuming.

But they decided to try it, and Tracey said she’s glad they did.

Jennifer came up to their Bernalillo home for five or six visits, and provided a little bit of everything, Tracey said. She taught them baby massage techniques, which gave them a new strategy for bonding with Avery. She also checked in with Tracey about whether she was experiencing post-partum depression, and helped them navigate early intervention (EI). Although they were referred to EI before leaving the NICU, they found there was a waiting list for a physical therapist, which is what Avery most needed. Jennifer helped refer them to a different EI agency, which contracts with a therapist who could see them right away. Tracey and Nick said it wouldn’t have happened without Jennifer.

“She really went above and beyond,” Nick said. “I know she has lots of people she helps, but it felt like we were the only ones.”

Avery is now four months old, and Jennifer no longer visits, having helped the family with their goals for the transition home. For other families, she continues visiting for longer, and her help may take other forms. For Melody, who also has a 4-month old son, Jennifer’s support is often in the form of concrete help. While they talk, Jennifer helps her with dishes, sorting baby clothes, and unpacking boxes – her son was born early, shortly after she and her partner moved to a new house.

Jennifer said time spent doing chores contributes to a trusting relationship. “Everything I do has a therapeutic component,” she said. “It’s all about checking in; when we’re doing chores we’re still touching base.”

Jennifer said they have talked about stressors in Melody’s life, about the baby’s developing brain, and resources available to the family. Melody notes that Jennifer referred them to EI, helped her gather the documents she needed to receive Women Infants and Children services, and pointed her to a less crowded Social Security office when wait times at the main office became a barrier.

Melody described Jennifer as a “godsend,” and said she was happy to find a program designed to support mothers and motherhood.

“Once upon a time when we had tribes, mothers were taken care of,” she said. “I’m glad to see there are programs to support moms – there’s just not enough of it.”

CYFD Home Visiting Database

Data for nearly all program and outcome measures are collected in the CYFD Home Visiting Database, maintained and managed for CYFD by the UNM Early Childhood Services Center (ECSC) since 2008. In addition to its use for external accountability, the database is used by program managers, who are trained to use data internally for program improvement.

The data analyzed for this report are de-identified, family-level data provided by ECSC in November and December 2018.

Home Visiting Outcomes for FY18

Goal 1: Babies are Born Healthy

SB365 Outcome 1: Improve prenatal, maternal, infant or child health outcomes, including reducing preterm births

Background: What the Research Says

Maternal and infant health are critical foundations for family well-being, and a number of strategies are known to contribute to infant and child health, including: Encouraging the use of prenatal care, discontinuing substance abuse during pregnancy, increasing rates of childhood immunizations, increasing rates of pediatric well-child visits, initiation of breastfeeding, and preventing and treating maternal depression (Institute of Medicine, 2013; Ip et al., 2007; Center on the Developing Child, 2010). These strategies are all goals of home visiting, and home visiting has been linked, in certain models and locations, to improvements on nearly all of these domains (e.g., Easterbrooks et al., 2016; Sadler et al., 2013; Johnston et al., 2006; Williams et al., 2014).

Seventeen home visiting models have been identified as having positive outcomes for maternal health (Administration for Children and Families, 2018), and the health and well-being of mothers is directly connected to healthy babies. Maternal depression has been linked to child health, with children of mothers with untreated depression demonstrating behavioral problems, cognitive or developmental delays, and impaired attachment. Treatment of a mother's depression can improve not only her own functioning and quality of life, but can improve her child's symptoms as well (Pilowsky et al., 2008). Given the importance of a mother's mental health on her baby's well-being, the American Academy of Pediatrics recommends that pediatricians screen mothers for postpartum depression at baby's one-, two-, four- and six-month well-child visits (American Academy of Pediatrics, 2016; Earls, 2010).

How Home Visiting Addresses this Goal

Research shows that quality home visiting programs improve birth outcomes and facilitate a more efficient use of the health care system (Lee et al., 2009). And when home visitors frequently discuss the benefits of breastfeeding, mothers are more likely to initiate it and to breastfeed for longer (McGinnis et al., 2018). Home visitors screen mothers regularly for perinatal depression and health care access and usage. Home visitors work with families to address adequate use of prenatal, postpartum, and well-child medical care, reported prenatal substance abuse, postpartum depression, and initiation of breastfeeding. When a need or risk in these areas is identified, home visitors make appropriate referrals.

Outcome Measurement

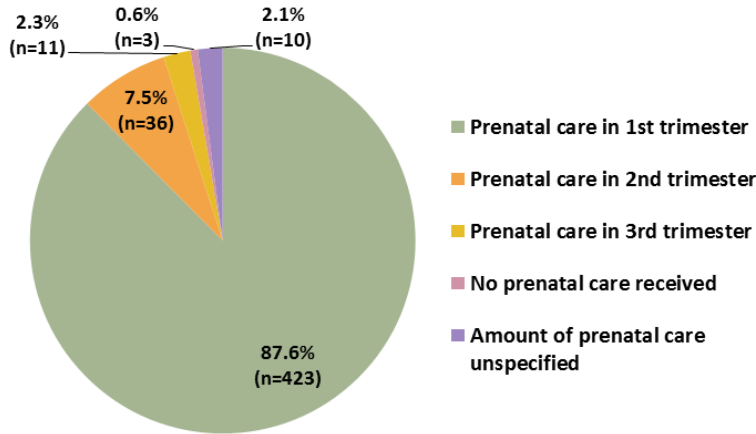
The measures used here to examine the impact of home visiting are:

- Connection to prenatal care
- Discontinuation of substance use during pregnancy
- Rates of screening for postpartum depression and referral to appropriate services
- Initiation of breastfeeding
- Rates of immunization by age 2

Prenatal Outcome Data

As in previous years, pregnant women who received home visiting reported accessing prenatal care more often and earlier than women statewide. A total of 715 children were born to mothers enrolled in home visiting services prenatally by the end of FY18. Of these, 483 answered a relevant Maternal Child Health question about their engagement in prenatal care. All but three (99 percent) reported receiving prenatal care, and 95 percent reported receiving prenatal care before the third trimester of pregnancy.

Mothers Enrolled Prenatally who Reported Accessing Prenatal Care in FY18 (n=483)*



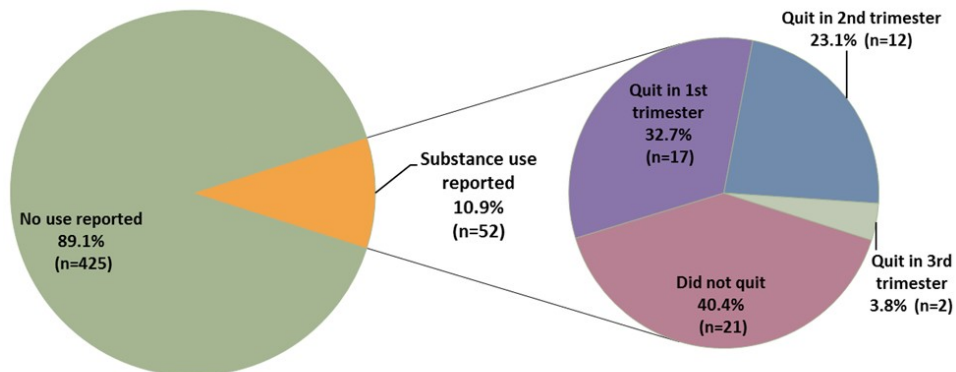
*699 women who entered prenatally had a Maternal Child Health form recorded, with 483 respondents to a question that asks when prenatal care began. Answers are missing for 216 women (30.9%).

Comparison of First Trimester Care, Home Visiting Mothers and Mothers Statewide

New Mexico has the lowest U.S. percentage of births in which the mother began prenatal care before the third trimester (2018 Health of Women and Children Report). Mothers in New Mexico home visiting access first trimester care at substantially higher rates than pregnant women statewide. In FY18, 87.6 percent of mothers in home visiting began prenatal care in their first trimester, compared to an average of 64.4 percent of women statewide (2015-2017 New Mexico Department of Health). Rates of care before the third trimester are also higher for women in home visiting (95 percent) than for pregnant women statewide (90.1 percent, 2018 Health of Women and Children Report).

Mothers Reporting Substance Use and Discontinued Use During Pregnancy*

Nearly ninety percent of mothers enrolled prenatally and giving birth in FY18 reported no substance abuse while pregnant. Of the 10.9 percent who reported use of illegal substances, 59.6 percent discontinued use by the end of pregnancy, with 32 percent reporting discontinued use by the end of the first trimester.



*Total=477 of 699 mothers who entered prenatally and gave birth in FY18 were screened with the Maternal Child Health form and answered relevant items on substance abuse. Data is missing for 31.8% (n=222).

Data Sources: Screens Used

Child Development
Ages & Stages Questionnaire-3 (ASQ-3)
Ages & Stages Questionnaire Social-Emotional (ASQ-SE)

Caregiver Depression
Edinburgh Postnatal Depression Scale (EPDS)

Nurturing Parenting
PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) and DANCE (Dyadic Assessment of Naturalistic Caregiver-child Experiences)

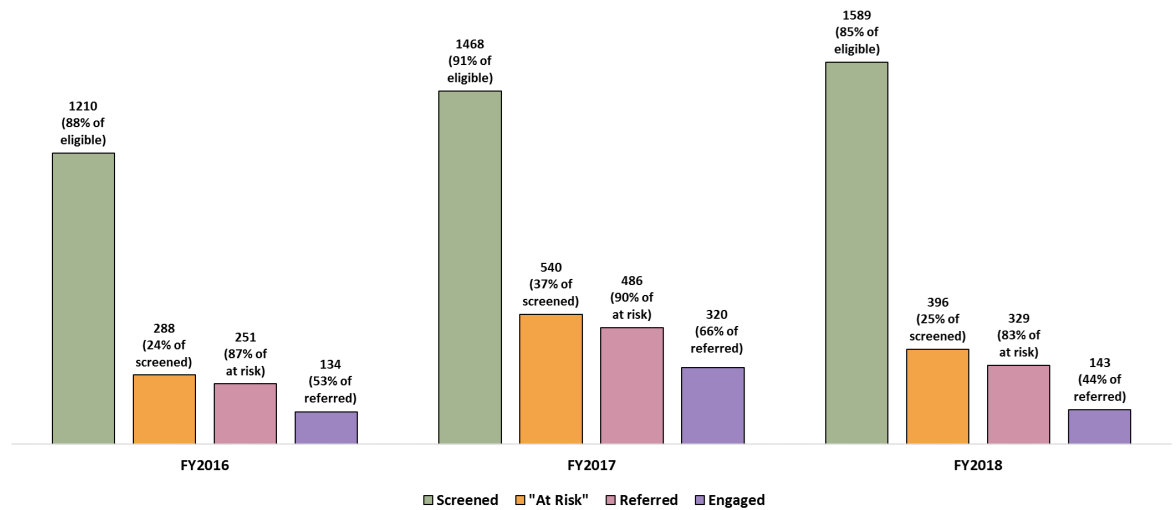
Domestic Violence
Relationship Assessment Tool (RAT) and Hurts, Insult, Threaten, Scream (HITS)

Family Background
Maternal-Child Health Form (MCH)

Maternal Health Outcome Data

In FY18, 1,589 (84.7 percent) of 1,877 eligible mothers* were screened for postpartum depression using the Edinburgh Postnatal Depression Scale. This represents a decrease from the 91 percent of eligible caregivers screened in FY17. Of the 396 (24.9 percent) who were identified as having symptoms of postpartum depression (“at risk”), 329 (83.1 percent) were referred for services, where available. Of the women referred, 143 (43.5 percent) are recorded as having engaged referral supports, down considerably from 66 percent in FY17.

Postpartum Mothers Screened for Depression and Connected to Available Services*

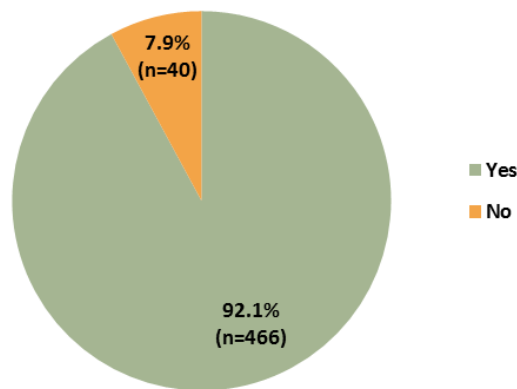


*Eligible were 1,877 caregivers who were enrolled with a child six months old or younger during the reporting period.

Infant and Child Health Outcome Data

Of the mothers enrolled in home visiting who gave birth during the reporting period, 92.1 percent initiated breastfeeding, which is slightly above the statewide rate (89.4 percent in 2017, New Mexico Department of Health). Data were not reported for 28 percent of mothers who entered home visiting prenatally.

Mothers who Reported Initiating Breastfeeding**

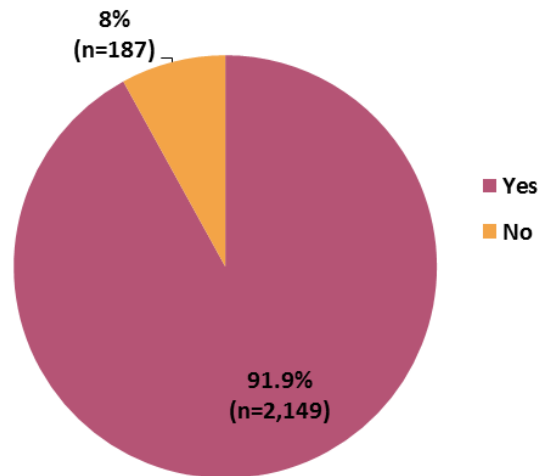


** Total = 506 mothers who entered prenatally and gave birth this reporting period. Data was missing for 193 or 28%.

Infant and Child Health Outcome Data

While immunization data on nearly half (49.4 percent) of families in home visiting was unreported, rates of immunization for those reporting match the statewide rate of 91.9% of children receiving recommended immunizations. (New Mexico Department of Health Immunization Program, 2014).

Children Immunized on Schedule (Only 50% of Parents Reporting)



[†]Total = 2,336 caregivers who were screened with relevant portions of the Maternal Child Health Form. Data is missing on 49.4% (n=2,279) of home visiting clients.

Data Development

Parent self-report on whether their infants and young children have received recommended immunizations is missing for nearly half of clients enrolled in CYFD home visiting. In order to better understand the immunization status of children receiving home visiting services and home visiting efficacy in connecting families to important preventive care, it is recommended that CYFD facilitate:

- **Administrative matching of home visiting participants to the statewide immunization database**

In FY18, CYFD began training programs in a reporting protocol to provide data on the following indicator required by the Home Visiting Accountability Act:

- **The percentage of babies and children receiving the last well-child visit as recommended for their age by the *American Academy of Pediatrics (AAP)*.**

To date, data on well-child visits has been recorded on 36.9% (or 1,700 of 4,613) child clients. It will be important for future outcomes reporting that CYFD determine how best to measure and report adherence to the AAP recommended schedule of visits.

Goal 2: Children are Nurtured by their Parents and Caregivers

SB365 Outcome 2: Promote positive parenting practices

SB365 Outcome 3: Build healthy parent and child relationships

Background: What the Research Says

The first few months and years of a child's life are critical for cognitive, social, and emotional development, which build the foundation for future success and well-being. Nurturing, responsive relationships between a child and a small group of consistent caregivers foster attachments, support brain and language development, and promote social and emotional development (Shonkoff & Phillips, 2000; National Scientific Council on the Developing Child, 2007; Center on the Developing Child, 2010; Institute of Medicine and National Research Council, 2015). But when parents lack the skills or resources to meet their babies' needs, the results may have long-lasting impact. Research indicates many of our costliest social problems such as poor infant and maternal health, child abuse and neglect, school failure, and crime are rooted in this early period (Pew Center on the States, 2011; Heckman & Masterov, 2007).

Home visiting has been shown to improve mothers' positive parenting behavior, across different locations and across 26 different home visiting models (Administration for Children and Families, 2018). These effects include improvements in parental sensitivity, parental teaching behaviors, parent knowledge of childrearing practices and development, decreased punitive discipline, and improvements in positive, engaged parenting practices (e.g., Yarger, 2015; Chazan-Cohen et al., 2013; Love et al., 2001; LeCroy & Krysik, 2011; Chang et al., 2016). These measurable parental behaviors are strong predictors of healthy child development, which is itself difficult to measure in the earliest stages of a child's life (Daro, Klein and Burkhardt, 2015). By supporting caregivers in their capacity to provide responsive, nurturing and developmentally appropriate care, home visiting helps to foster the conditions young children need for safe and supportive early learning and optimal development (Hebbeler & Gerlach-Downie, 2002).

How Home Visiting Addresses this Goal

New Mexico home visitors are trained in various strategies to support positive interactions between caregivers and their infants through play, by fostering regular feeding routines, and by educating caregivers about how to read their infants' cues and respond appropriately. New Mexico home visiting programs use the *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)* observational tool (Roggmann et al., 2013a, 2013b), designed for home visiting programs to measure healthy parenting practices and relationships. Based on the results, home visitors help families implement specific strategies to foster daily nurturing parenting behaviors that are known to support children's early development. Home visiting's strength-based approach helps parents to value the interactions they have with their child and validates their important role in their child's development. Home visitors are also trained to recognize potential signs that a young child's social and emotional development are at risk or that a parent suffers from depression. When these risks are identified, home visitors connect families with appropriate community services.

Outcome Measurement

The primary indicator used here to measure healthy parenting practices is:

- Caregiver progress in practicing positive parent-child interactions, as measured by the PICCOLO observational tool

New Mexico is in its fifth year of using the PICCOLO to guide practice, as well as measure and report parental capacity outcomes. The national home visiting field has recently recommended that all states implement the PICCOLO or another validated observational measurement tool to best capture home visiting impact on parental capacity, which is a known predictor of healthy child development. (Daro, Klein and Burkhardt, 2017) One state-supported home visiting program model, Nurse-Family Partnership, uses an alternative observational tool, called the DANCE (Dyadic Assessment of Naturalistic Caregiver-Child Experiences); data are not reported here.

Outcome Data

Initial PICCOLO screens can be completed once children are at least four months old, and follow-up screens are given after six months of parenting curriculum and activities have been delivered. These follow-up screens measure the development of new strengths in parenting behaviors over time. In FY18, parents of 1,278 children had completed both an initial and a follow-up screen.

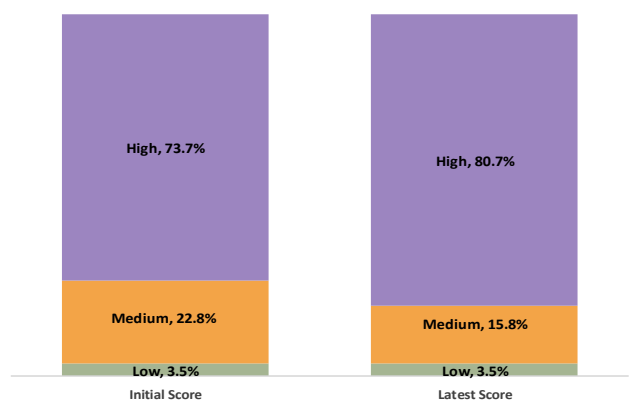
Screens are scored in “low,” “medium,” or “high” categories, with scores in the “low” range signaling areas of opportunity for growth in healthy parenting practices. The four research-based domains of parenting behavior are: teaching, affection, encouragement, and responsiveness. The following data charts present average percentage change over time by domain between a first PICCOLO administered in FY18 and the latest subsequent PICCOLO score. In addition:

- 777 children (60.8%) experienced parental improvement in teaching. This tends to be the domain where parents initially score lowest, so there is most room for improvement.
- 596 children (46.6%) experienced parental improvement in encouragement.
- 470 children (36.8%) experienced parental improvement in responsiveness.
- 365 children (28.6%) experienced parental improvement in affection.

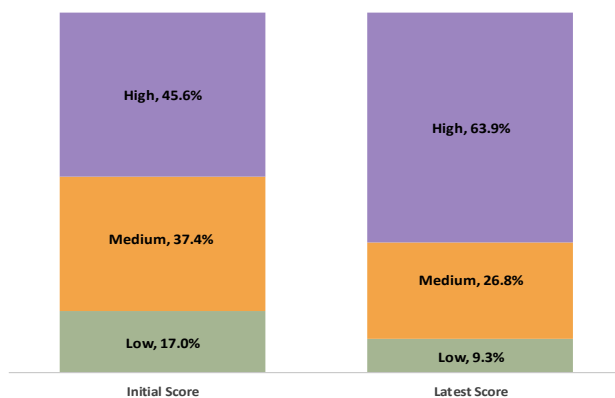
**PICCOLO Changes Over Time:
Teaching Domain**



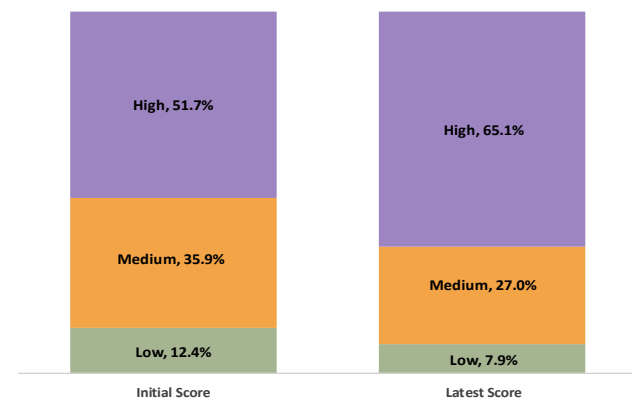
**PICCOLO Changes Over Time:
Affection Domain**



**PICCOLO Changes Over Time:
Encouragement Domain**



**PICCOLO Changes Over Time:
Responsiveness Domain**



Goal 3: Children are Physically and Mentally Healthy

SB365 Outcome 1: Improve prenatal, maternal, infant or child health outcomes, including reducing preterm births

SB365 Outcome 5: Support children's cognitive and physical development

Ages & Stages Questionnaire-3

The ASQ-3 is a screening tool that helps parents provide information about the developmental status of their infant or young child across five developmental areas:

- Communication
- Gross Motor
- Fine Motor
- Problem Solving
- Personal-Social

The screening tool comes in versions to measure development at 21 different ages, from 2 months to 5 years old.

Completing the questionnaire takes about 15 minutes, and involves parents observing the behavior of their children.

When a child's ASQ-3 score is below the cut-off and indicates that further assessment is necessary, an appropriate referral is made to the New Mexico Family-Infant Toddler (FIT) early intervention program.

Background: What the Research Says

Early childhood development is influenced by a host of individual, family, and systemic factors. One key way home visiting can support the physical and mental health of children is to ensure they are appropriately screened for developmental delays and disabilities. Developmental disabilities were reported in about one in six children ages 3-17 in the United States in 2006-2008 (Boyle et al. 2011), while one in four children from infancy to age five are at moderate or high risk for developmental, behavioral, or social delay (Child Trends Data Bank, 2013). Children are also three times as likely to be at high risk for developmental delays if they do not have a parent with at least a high school education, compared to those whose parents have education beyond high school (Child Trends, 2013).

By conducting developmental screening with a standardized tool such as the Ages and Stages Questionnaire 3 (ASQ-3), children are more likely to be identified with delays and referred in a timely manner to appropriate early intervention services (Guevara et al. 2012). The American Academy of Pediatrics recommends all children receive developmental screenings at 9 months, 18 months and 30 months of age and autism screenings at 18 and 24 months of age to ensure the early detection of developmental concerns (American Academy of Pediatrics, 2016). This early identification should result in connections to appropriate services for children and families, and some studies have found home visiting can be successful in referring families into early intervention services and supporting them in engaging with those services (Schwarz et al., 2012).

How Home Visiting Addresses this Goal

Home visitors discuss issues with mothers and families such as the nutritional needs of babies and mothers, the importance of well-child visits, and behavioral health needs. They teach parents strategies to monitor their child's growth, and home visitors are prepared to discuss feeding and any developmental or behavioral concerns. When concerns regarding the child's growth or health are noted, home visitors will make referrals to appropriate providers. To track and monitor developmental milestones and social-emotional development, home visitors use the Ages & Stages Questionnaire, Third Edition (ASQ-3) and the Ages & Stages Questionnaire-Social-Emotional (ASQ-SE).

Outcome Measurement

The data used to measure the impact of home visiting services on children's physical and mental health examine:

- Percentage of children screened on schedule for potential delay in development with the ASQ-3 or ASQ-SE screening tool
- Percentage of children screened as at risk of delay who are referred to and engage with appropriate services

Measures for other health-related outcomes, such as rates of up-to-date immunizations, initiation of breastfeeding, and data recommendations related to well-child pediatric visits, can be found under Goal 1, Babies Are Born Healthy.

Outcome Data

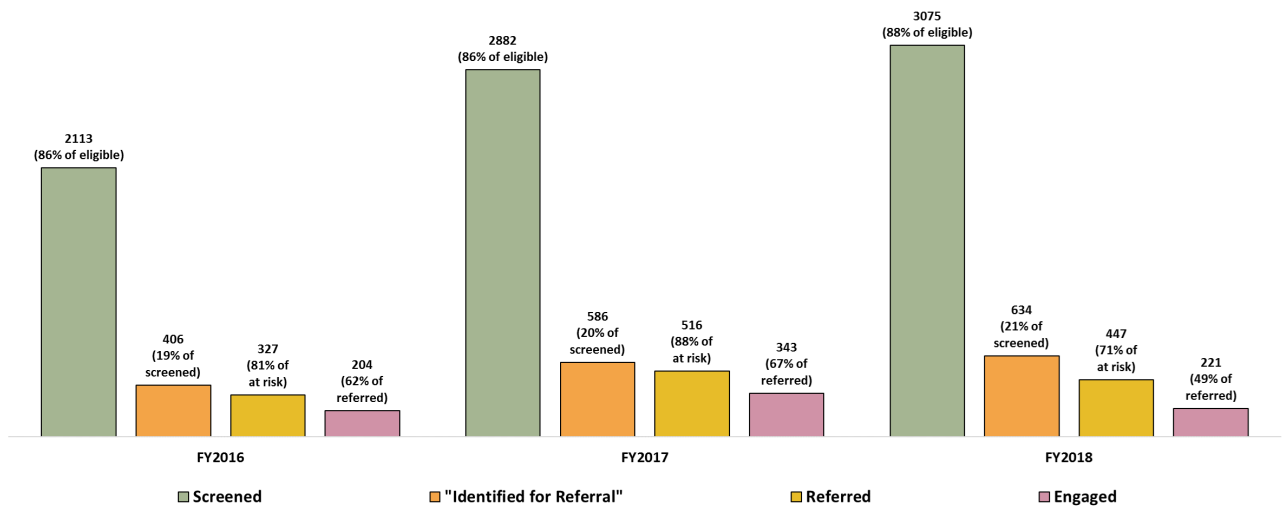
In FY18, 3,492 children were old enough (4 months of age) to receive the first ASQ-3 screen required by the CYFD Home Visiting System, and had been in home visiting for at least five home visits. Children already receiving early intervention services were not expected to receive the screen.

Of these 3,492 children, 3,075 (88.1 percent) had received at least one ASQ-3 screen. Roughly 21 percent, or 634, were identified by the screen as having characteristics of a delay in development, and therefore in the category of “identified for referral.”

Home visitors communicate the results of the ASQ-3 to the child’s caregivers and suggest resources for follow-up or further assessment as needed. When a screen indicates a possible delay in development, home visitors should refer families to early intervention programs through the NM Family, Infant, Toddler (FIT) program, supply parents with developmentally appropriate activities, and rescreen at the next age interval or sooner, if warranted.

In FY18, of the 634 children identified for referral through the ASQ-3, 447 children (70.5 percent) were referred to FIT early intervention services. Of those referred, 49.4 percent (221) engaged in early intervention services.

Eligible Children* (n=3,492) Screened On Schedule for Potential Delay in Development with the ASQ-3, and Connected to Early Intervention Services



*Total of 3,492 eligible children represents the children who were at least 4 months old as of May 1, 2018, who also had received at least 5 home visits, and who were not already enrolled in early intervention services.

Goal 4: Children are Ready for School

SB365 Outcome 4: Enhance children's social-emotional and language development

SB365 Outcome 8: Increase children's readiness to succeed in school

Background: What the Research Says

Becoming ready for school is an ongoing process that begins in infancy and continues in the context of children's relationships with caring adults. These relationships set the stage for all that will follow in a child's life, including success in school (Brazelton, 2013). School readiness involves the child's reading, math, and language skills at school entry, and the child's social-emotional development (Shonkoff & Phillips, 2000; High, 2008; Duncan et al., 2007). Just as nurturing relationships provide the foundation for school readiness, research also indicates that adverse experiences such as poverty and child maltreatment disrupt development of the biological structures children need for learning and well-being. Protective factors such as those promoted by home visiting help set children on a path toward developmental readiness for school (Center on the Developing Child, 2016).

What a child hears also has dramatic consequences for what a child learns. Children who hear fewer words have vocabularies that are half the size of their peers by age three (Hart & Risley, 2003), with studies concluding that these differences continue to relate to academic success at age nine (Gilkerson & Richards, 2009). In addition to promoting language development, talking to children promotes brain development more broadly. Every time a parent or caregiver has a positive, engaging verbal interaction with a child – whether it is talking, singing, or reading – neural connections of all kinds are strengthened within the child's rapidly growing brain (Fernald et al., 2013). By fostering homes in which such interactions regularly take place, home visiting has been found to boost children's receptive language ability (Iruka et al., 2018). Such effects can be long-lasting, as home environments that include literacy activities, high-quality engagement between mothers and children, and availability of learning materials are linked to improved academic skills in fifth grade (Tamis-LeMonda et al., 2017).

Beyond cognitive skills, strong social-emotional skills have been shown to ease the transition to kindergarten and support future school success. Self-control, respect for others, interest in classroom materials, skills in listening and attending, and the ability to initiate and persist on small tasks are all expectations of a school-age child; these skills all spring from social-emotional competence (Parlakian, 2003). Home visiting has been shown to support many of these aspects of school readiness, with 21 different home visiting models showing some favorable outcomes for child development and school readiness (Administration for Children and Families, 2018).

How Home Visiting Addresses this Goal

New Mexico home visiting programs aim to help children meet age-appropriate milestones that prepare them to eventually succeed in school. Home visitors engage parents in activities designed to improve child functioning across developmental areas, educating parents about child development and strategies to enhance school readiness (such as literacy activities), and promoting positive parent-child interactions. Home visitors are also able to link interested families to other quality early childhood care and education experiences.

Home visitors facilitate children's social-emotional development by helping them understand their own feelings, others' feelings, and turn-taking. Using the PICCOLO, home visitors observe and provide feedback, when needed, on caregiver affection, encouragement, responsiveness, and teaching in caregiver-child interactions. These skills are all associated with later school readiness. Home visitors also provide appropriate referrals based on results of standardized developmental screening tools (ASQ-3 and ASQ-SE).

Outcome Measurement

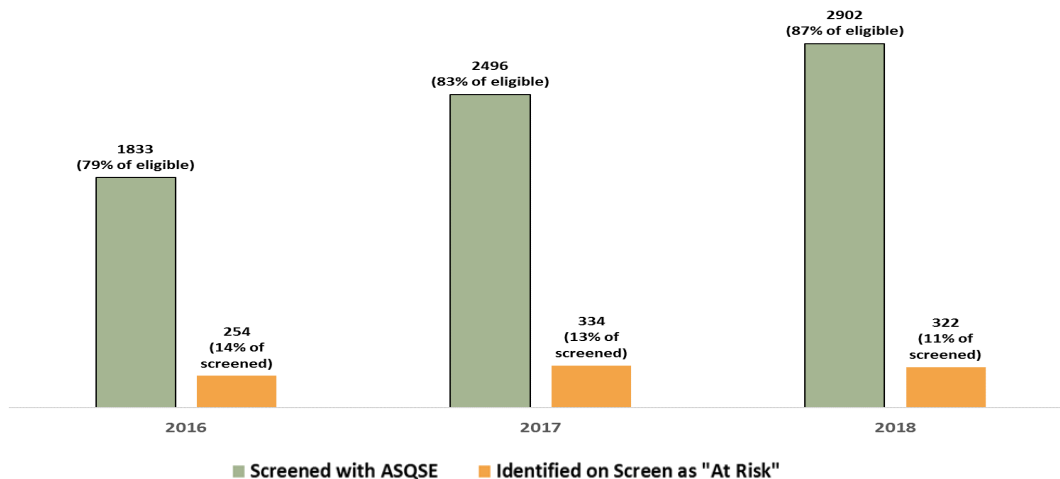
The measures used here to examine the impact of home visiting services on infants and young children’s readiness for learning and school are:

- Percentage of children screened on schedule for potential delay in development with the ASQ-3 and ASQ-SE screening tools
- Percentage of children screened as at risk of delay, and those who are referred successfully to available services
- Caregiver progress in practicing positive parent-child interactions, as measured by the PICCOLO tool

Outcome Data

In addition to ASQ-3 and PICCOLO outcomes reported on pages 20 and 22, the ASQ-Social-Emotional questionnaire was administered to 2,902 (87.4 percent) of 3,322 eligible* children. Of these, 322 (11.1 percent), scored below cut-off. Such scores on the ASQ-SE help guide home visitors’ work with families in the preventive interactions designed to address children’s social and emotional difficulties.

Eligible* Children Screened and Identified as at Risk of Social-Emotional Delay on the ASQ-SE Screen



**Total of 3,322 eligible children represents the children who were at least 6 months old as of May 1, 2018 who also had received at least 5 home visits, and who were not already enrolled in early intervention services.*

New Indicator in FY18: Early Literacy Support at Home

In FY18, CYFD began training programs to report on the number of days in which a caregiver reads, tells stories or sings to an infant or child in a typical week, a measure for better understanding home visiting success in promoting development of language and early literacy. Data has been reported for nearly half (2,255 of 4,615) of FY18 families. Of these, 58.8% percent (1,327) report reading to their children daily, another 18.8 percent (423) report reading three to five times per week, 17.6 percent (398) read one to three times per week, and 4.7 percent (107) report that they do not read, tell stories, or sing with their child. This data will be a useful baseline from which CYFD can set outcome targets to be measured in future reporting years.

Data Development

The Home Visiting Accountability Act requires that the Home Visiting System report on “Any increases in school readiness, child development and literacy.” It is recommended that:

- CYFD track the **percentage of children receiving home visiting services who enter kindergarten at or above grade level on the Kindergarten Observation Tool statewide assessment**
- CYFD **begin tracking referrals to and engagement with appropriate agencies for services as a result of ASQ-SE screenings.**

Goal 5: Children and Families are Safe

SB365 Outcome 6: Improve the health of eligible families

SB365 Outcome 7: Provide resources and supports that may help to reduce child maltreatment and injury

Background: What the Research Says

Young children who experience developmental trauma, such as exposure to domestic violence, abuse, and neglect, are significantly impacted in their brain development. These children are at higher risk for nearly every psychiatric disorder, as well as for poor performance in school and in relationships with others (Perry, 2008). In addition, caregivers who experienced child maltreatment themselves are more likely to perpetrate child maltreatment. However, caregivers who experienced maltreatment are significantly less likely to perpetrate maltreatment when they have a better relationship with their intimate partner, more satisfaction with parenthood, and better attachment with their children (Thornberry et al., 2013). Other factors that protect children from maltreatment include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (Horton, 2003; Thomas et al., 2003; Ridings et al., 2016).

Research has shown that programs targeting parent-child relationships can help protect children from maltreatment and related risk factors (Chen & Chan, 2016) and even help heal damage from harm that has already occurred (Ludy-Dobson & Perry, 2010). Home visitors help prevent child maltreatment by being positive role models for parents, connecting families to community resources, and providing information about child development and appropriate discipline (Howard & Brooks-Gunn, 2009). There is also some evidence that home visiting is linked to reduced intimate partner violence (Jacobs et al., 2016), significantly reduced unintentional injuries to children (Kendrick et al., 2008), and can lead to parents reducing safety hazards in the home (Rostad et al., 2017). In addition, home visiting can indirectly reduce child maltreatment by supporting mothers in pregnancy planning and economic self-sufficiency, which create an environment where maltreatment is less likely (Eckenrode et al., 2017).

In a review of research examining reductions in child maltreatment for families enrolled in home visiting programs, nine models have been linked to such reductions (Administration for Children and Families, 2018). Among programs with an evidence base for reduction of child maltreatment, common key program components included providing participants with problem-solving strategies, and with information on home cleanliness, accident prevention, first aid and social support (Kaye et al., 2018).

How Home Visiting Addresses this Goal

Home visiting programs use screening tools to assess risk and protective factors for child maltreatment. Protective factors include secure attachment, family stability, access to health care and social services, and social connectedness. Conversely, risk factors include exposure to domestic violence and developmental and emotional challenges. Home visitors use their knowledge of each family to establish intervention plans, including safety plans for families who may be at risk for family violence. Home visitors also discuss unintentional injury issues (e.g., potential poisoning, pet safety, and water safety) and positive parenting strategies with caregivers to prevent abuse and neglect. If home visitors identify safety concerns or suspect abuse or neglect, they must complete a report to Statewide Central Intake (Child Protective Services).

Outcome Measurement

The indicators used to measure home visiting's impact on safety are the percentage of participating families:

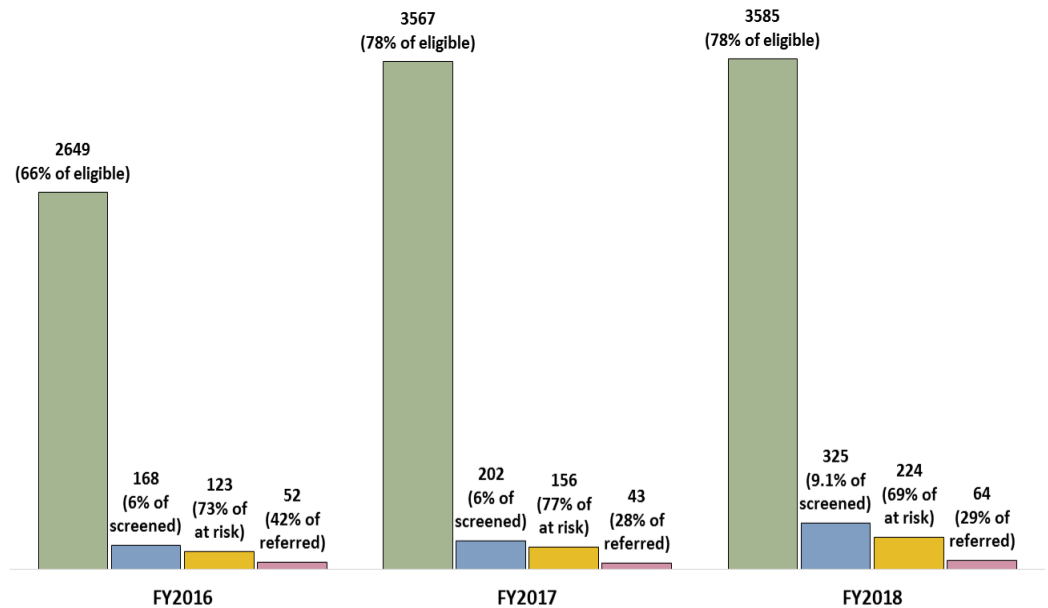
- Identified as at risk of domestic violence on the Relationship Assessment Tool (RAT)
- Identified as at risk of domestic violence who have a safety plan in place
- Identified as at risk of domestic violence who are referred to and receive support services
- Engaged in discussion of unintentional injury prevention
- Recorded as having one or more protective services substantiated abuse and/or neglect referrals

Outcome Data

Of FY18's 4,615 active families, 3,585 (77.7 percent) were screened for potential risk of intimate partner violence with the Relationship Assessment Tool (RAT) or other validated tool.

When screened, 325 (9.1 percent) scored as potentially at risk. Of those at risk, 68.9 percent (224) were referred to available behavioral health services, and 64 (28.6 percent) of those referred are known to have engaged in services. This shows a slight downward trend in referrals from last year's 77 percent.

Caregivers Screened for Domestic Violence Risk & Connected to Services

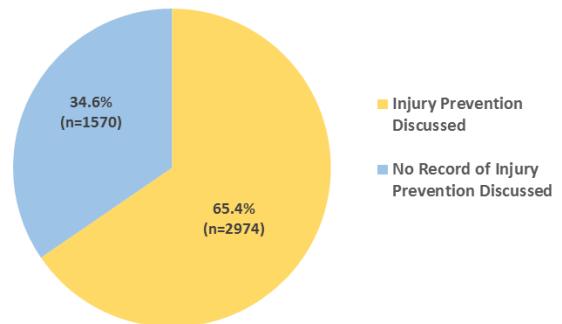


Families At Risk of Domestic Violence Who Have a Safety Plan in Place

Of the 325 families who scored as “at risk” on an intimate partner violence screen, 48.6 percent (158) are recorded as having a safety plan in place. Continued training for home visitors in use of the RAT and HITS screening tools and protocols for responding to “at risk” scores will need to be continued priorities. It will be important that training and monitoring continue to focus on ensuring that appropriate safety plans and referrals to community services are in place for all families screened as at risk of potential domestic violence.

Families Engaged in Discussion of Injury Prevention*

Home visitors’ discussions with parents about safety in the home are important to preventing unintentional child injury. Recorded rates of discussion of home injury prevention were higher than in prior years — 65.4 percent, up from 38.8 percent in FY16 and 33.9 percent in FY17.



*Total=4,544 families with five or more home visits in FY18.

Reported and Substantiated Child Maltreatment Cases

In 2018, CYFD completed its first full year reporting the number of substantiated cases of maltreatment experienced by children after entry into home visiting programs. This data is an important baseline for ongoing examination of the relationship between home visiting services and maltreatment of children.

CYFD reports that of those families receiving FY18 home visiting services for six months or longer, just under 2 percent (1.94%) had one or more protective service substantiated abuse or neglect referrals.

Goal 6: Families are Connected to Formal and Informal Supports in their Communities

SB365 Outcome 9: Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families

Background: What the Research Says

Connecting families to community supports is essential for fostering safe and healthy children. In addition to tangible supports like nutrition or housing, supportive social networks also contribute significantly to improved mental health for mothers and experiences for children (Balaji et al., 2007). New Mexico's communities offer services to help families thrive, but those who need them most may not know these supports exist or how to access them. Home visiting can help close those gaps for families. Studies of home visiting programs in various states have found that families who received home visiting services were connected to more community supports than families in a control group, were more frequently enrolled in financial supports like Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program than other eligible families, and were more likely to access high-quality child care (Dodge et al., 2014; Green et al., 2017). In one study, teen mothers who received home visiting scored higher on measures of social connectedness, which was related to higher levels of functioning both as parents and in terms of their other life goals (Raskin et al., 2017).

A recent review has found that seven evidence-based home visiting models are associated with improved referrals and community linkages (Administration for Children and Families, 2018). Research shows families value referrals as a useful part of home visiting (Paris & Dubus, 2005), and are more engaged with home visiting when visitors have the knowledge to make appropriate referrals (Wagner et al., 2000). Multiple researchers have also identified cohesive networks among home visiting programs and the services they refer families to as an important best practice in successful home visiting (e.g., Golden et al., 2011; Dodge & Goodman, 2012).

How Home Visiting Addresses this Goal

Home visiting programs place a high priority on screening families for potential risks and linking them to community resources and supports that can help address identified needs. Connecting families to social support services is part of CYFD's goal-setting and planning process with each family, which is informed by screening tools and questionnaires to identify risks. Appropriate referrals, and follow-ups on those referrals within a month, should occur regularly. Home visitors make referrals to various services and agencies, including primary care providers, behavioral health services, early intervention programs, domestic violence services, and child protective services. Home visitors also use a screening tool called the Social Support Index to assess whether families are experiencing isolation, and use that information to connect families to community supports as needed.

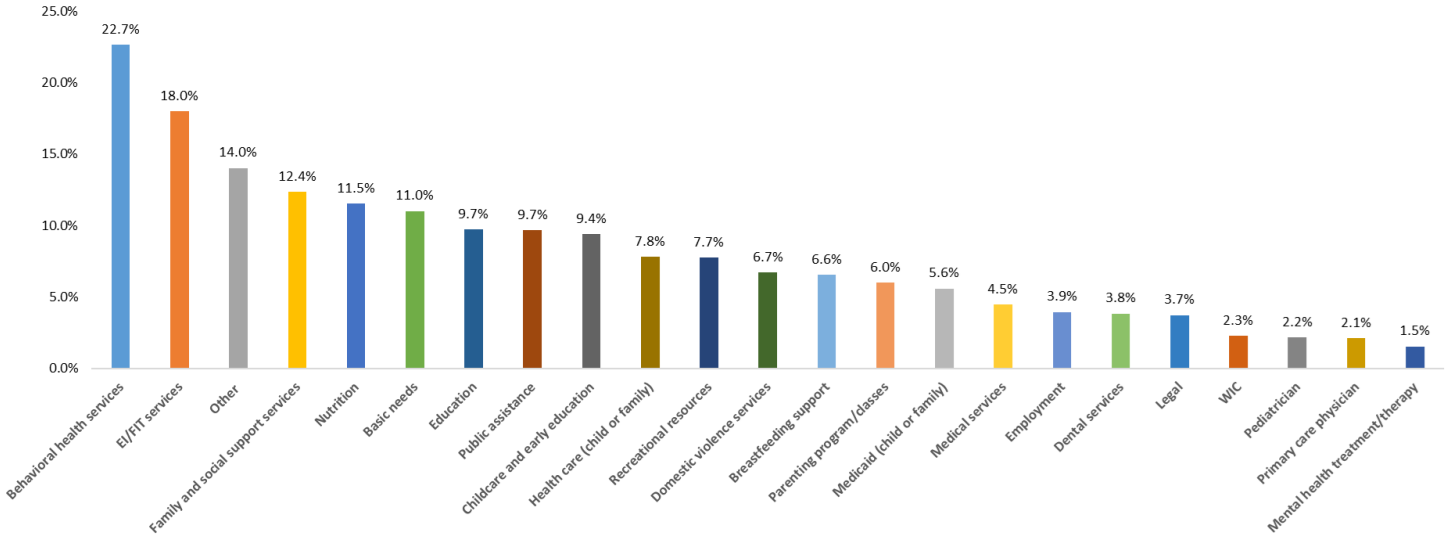
Home visiting can also help identify gaps in available services, and can inform community-level change to address "resource deserts," such as rural communities where resources are not readily available. Home visiting programs often belong to networks of service providers who can help identify these gaps and, in some cases, can be partners in cultivating needed services. Moreover, if home visiting programs are situated within a broader community of providers, they can build relationships between programs that make referrals more seamless for families.

Outcome Measurement

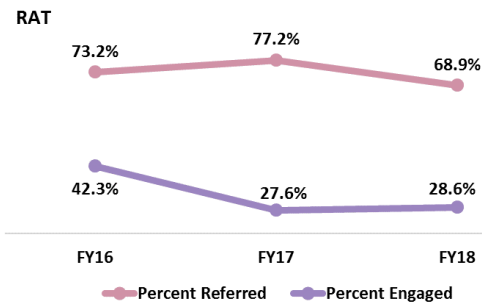
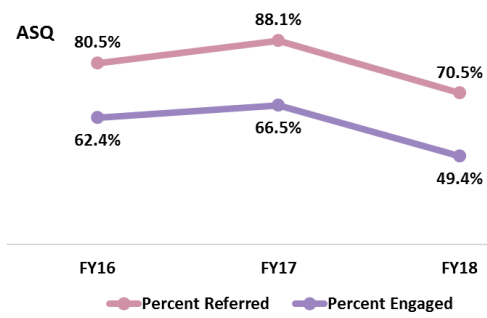
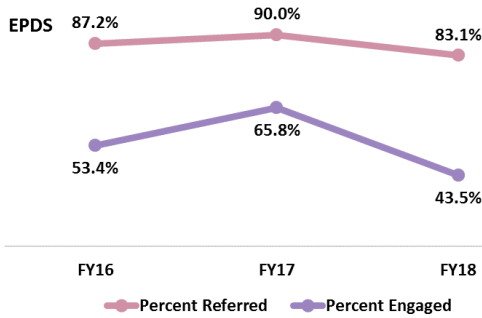
The indicators used to measure home visiting's effectiveness in connecting families to formal and informal community supports are the percentage of:

- Families referred to support services in their community, by type (all referrals)
- Families with identified need who receive referral to available community supports (maternal depression, developmental delay, family violence)
- Referred families who engaged in services (maternal depression, developmental delay, family violence)

Percent of Served Families in FY18 (n=4,615) Receiving 1+ Referral, by Service



Service Referrals and Family Engagement, Enrolled Families, FY16-FY18



* See Appendix 2 for explanation of how eligibility was determined for EPDS (depression), ASQ-3 (developmental delay), and RAT (domestic violence) screens and referrals.

Outcome Data

The graphs above show change over time in the percentage of families or children referred to appropriate services after screening scores indicated possible presence of depression (EPDS), developmental delay (ASQ-3) or intimate partner violence (RAT or HITS), as well as the percentage of clients receiving referrals who engage with them. Areas flagged by screen scores can sometimes be addressed by home visitors, so not all subscale scores require immediate referral to intervention services. There are also communities with inadequate access to needed services, where referrals cannot be made. Data show that overall rates of referral and engagement have largely declined or plateaued across the Home Visiting System.

Data Development

- The Home Visiting Accountability Act requires annual reporting on “**Percentage of children receiving home visiting services who are enrolled in high-quality, licensed child care.**” CYFD should ensure that reporting generated through the Early Childhood Integrated Data System (ECIDS) includes this accountability measure.

CYFD Next Steps

CYFD has identified next steps to continue improvement and expansion of New Mexico's Home Visiting System, through: 1) Data and Accountability, 2) Supports for Program Improvement, and 3) Home Visiting System building.

Data and Accountability

CYFD will work with programs to increase the relevance of key accountability measures, by:

- Expanding depression screening to all primary caregivers
- Monitoring duration, as well as initiation, of breastfeeding
- Tracking referral steps taken as a result of social-emotional (ASQ-SE) screening.

CYFD will also define appropriate outcome targets for newly implemented data reporting on:

- Family engagement with early literacy efforts
- Families' regular use of well-child visits, per the recommendations of the American Academy of Pediatrics.

For FY19, CYFD will implement cross-agency data sharing efforts required to measure specific child outcomes mandated in the Act:

- Continued matches of home visiting participant data to Child Protective Services data (begun in FY18) to better understand the impact of home visiting on prevention of child maltreatment and/or abuse
- Matches of Public Education Department kindergarten readiness (Kindergarten Observation Tool) data to participants in home visiting and an appropriate statewide comparison group to enable reporting on home visiting's impact on school readiness
- Tracking enrollment in subsidized quality child care and NM PreK programs by children during and after home visiting participation, through the state's anticipated new Early Childhood Integrated Data System (ECIDS)
- Administrative matching of home visiting participants to the statewide immunization database to increase reliability of immunization data reporting.

CYFD will also ensure that appropriate data is collected and used to identify families who will most benefit from new Level II targeted intervention, Neonatal Intensive Care Unit (NICU), and Specialized Home Visiting services and to measure the effectiveness of services in meeting family and child needs.

Supports for Program Improvement

CYFD has for several years supported program improvement through an administrative team of home visiting manager-monitors charged with ensuring that steps are taken to meet state standards, contractual requirements, and quality improvement goals. Manager-monitors work with programs on recruitment and retention strategies to ensure that the state accountability goal of at least 80 percent enrollment of contracted slots is regularly met, and to monitor quality of services.

Continued on page 30

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- CYFD will continue recruiting , hiring and training qualified Home Visiting Manager-monitors and cross-train support staff to ensure program support during unavoidable staff turnover.
- CYFD-ECS team will work with programs to support and address barriers to successful family recruitment and retention that may have led to under-enrollment of contracted slots in FY18.
- Manager-monitors will work with programs to restore and improve rates of depression, intimate partner violence, and child development screening, referral and client engagement with services.
- CYFD-ECS and consultation teams will continue to work with programs to document where community resources are missing or inaccessible to families and strategize how best to support resource development and effective family access.
- CYFD-ECS will re-design the home visiting professional development system for training and consultation to better equip home visitors in the implementation of the Home Visiting Program Standards including key screens and connect clients with support services.

Home Visiting System Building

CYFD continues its pilot Level II targeted intervention home visiting services, aimed at meeting family needs that are more acute than can be addressed by basic prevention and promotion (Level I) home visiting services. The Level advisory team will identify appropriate curriculum and professional development supports for Level 2 providers.

- Level II targeted intervention services include Neonatal Intensive Care Unit (NICU) home visiting services, designed to support parent-infant needs and healthy parent-infant relationships both within the NICU and post-discharge. National studies have demonstrated that newborns discharged from intensive care are at an elevated risk for child maltreatment, with preterm infants at even higher risk. More than 200 UNM Hospital NICU nurses and medical staff have received targeted training to lay the foundation for the services, and families are now being served by home visitors with specialized background and training. The program has expanded to Albuquerque’s Presbyterian Hospital and further expansion to Lovelace Medical Center is underway.
- In FY19, CYFD will offer Specialized Level II (IIS) home visiting services for families experiencing particular stresses, such as prolonged infant stays in Pediatric Intensive Care Units (PICU), homelessness, or domestic violence.
- Level II programs statewide will have access to Specialized Licensed Clinician support.

CYFD will continue efforts to deepen integration of its Home Visiting System into the state’s broad continuum of early childhood care and education services for children and families:

- The New Mexico CYFD and Human Services Department will launch the Centennial Home Visiting Pilot to Medicaid-eligible pregnant women and mothers in Central and Eastern New Mexico in January 2019. The UNM Center for Development and Disability’s *Nurse-Family Partnership* and *Parents As Teachers* programs will offer services in Bernalillo County, and ENMRSH *Parents As Teachers* will serve families in Roosevelt and Curry counties. The two state administering agencies will work together to ensure Medicaid-funded home visiting services are fully aligned with the New Mexico Home Visiting Standards.

Continued from page 30

- The New Mexico Home Visiting SafeSleep program, a new program of the Home Visiting System, provides education to families and early care system professionals on best practices for infant safe sleep, as a strategy to reduce risk of infant death. Families introduced to home visiting services through hospitals and neonatal units receive materials on safe sleep, as well as an optional consumer product-certified SafeSleep portable cradle. CYFD makes materials and cradles available for direct distribution by home visiting programs, and is offering training on the Home Visiting SafeSleep program to Child Protective Services staff and foster families as well. From March through June 2018, CYFD delivered approximately 980 cradles with SafeSleep education to expectant families and families with children under six months of age.
- A new “Am I Eligible?” interactive web tool has been added to the state’s PullTogether.org family services site to offer families a simple first step in applying for services including home visiting, child care assistance, NM PreK, Head Start, FIT early intervention and others. Users who provide short survey responses are guided to services for which they may be eligible, with options to apply for services or request more information from NewMexicoKids Resource & Referral.
- CYFD has allocated \$50,000 from its FY18 state general fund appropriation to support home visitors in furthering their educations through CYFD Early Childhood Comprehensive System scholarships. Home visitors will be able to use these scholarships to pursue higher education degrees in infant-family, early childhood or related fields. CYFD is exploring other sources of educational support for home visiting professionals specializing in fields such as social work or infant mental health.
- Onsite consultation services for home visiting programs, focused on implementation of the New Mexico Home Visiting Program Standards, is now offered through the state’s comprehensive early learning consultation system.
- Two new major professional development opportunities will be offered for home visiting staff to increase their skills and promote retention of families, through training in: 1) Facilitating Attuned Interactions (FAN), a research-based approach to building better relationships with parents, and 2) SafeCare, an evidence-based home visiting model.
- CYFD continues to work towards integration of home visiting programs into FOCUS, the state’s quality rating and improvement system for early childhood programs. CYFD is collaborating with federal partners to identify quality improvement components relevant to home visiting practice, and will launch a FOCUS home visiting initiative after those components are incorporated.
- CYFD continues partnership with the statewide New Mexico Home Visiting Collaborative (sponsored by the LANL Foundation) which aims to connect home visiting programs across state, federal, tribal and private funding streams. The collaborative offers an opportunity for all home visiting providers to share professional development, program improvement strategies, and data on families served across the state (see p. 33 map of comprehensive home visiting services in the state). CYFD co-sponsored the first annual New Mexico Home Visiting Summit in 2018 as a strategy to advance the home visiting profession in the state, with plans for the 2019 Summit currently underway.

APPENDIX I:

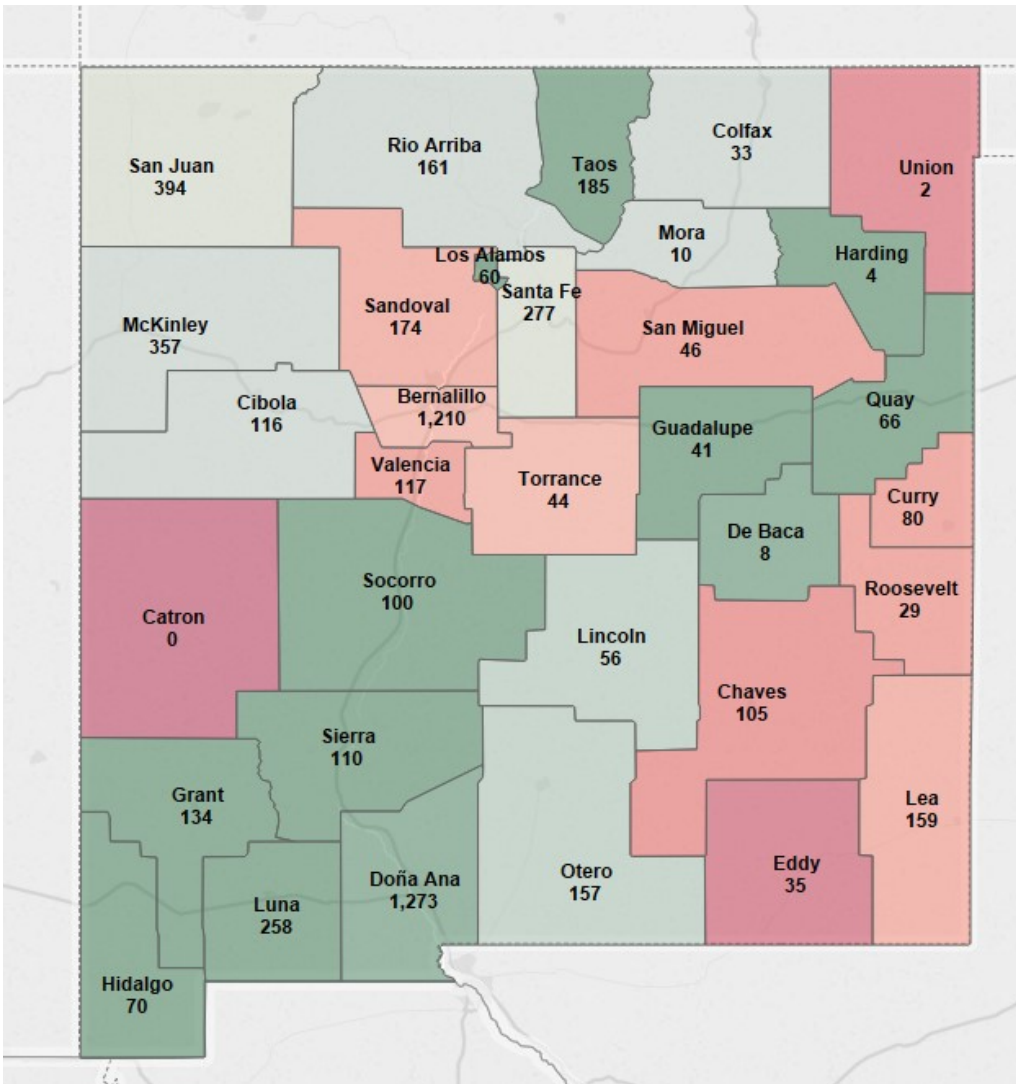
New Mexico Home Visiting Collaborative Statewide Map

In addition to home visiting programs funded and administered by the state, New Mexico also has a considerable number of privately funded home visiting programs, tribally funded programs, and programs supported with direct federal funding. These include programs funded through federal agencies, such as Early Head Start, the Maternal and Child Health Bureau, and the tribal MIECHV (Maternal and Infant Early Childhood Home Visiting) program. Private funders include CHI St. Joseph Children and the W.K. Kellogg Foundation.

These programs, together with CYFD, have formed a New Mexico Home Visiting Collaborative, first convened by the LANL Foundation in February 2016, to “provide a forum for statewide communication and collaboration, inclusive of private and public agencies, for the purposes of alignment and advocacy for home visiting.” Partners are in their second year of sharing data to map a more comprehensive view of home visiting capacity in New Mexico. These data show that in FY19 a total of 5,871 funded home visiting slots are available to families across the state.

STATEWIDE HOME VISITING CAPACITY, FY19 —5,871 family slots

Map shows total Federal, State and Privately funded home visiting slots by county, as of 10/31/18



Map colors indicate progress toward meeting estimated need for home visiting, with red showing least estimated need met and green showing most. Estimates are based on calculations used in the New Mexico Legislative Finance Committee’s Jan. 2015 Early Childhood Services Accountability Report Card.

The New Mexico Home Visiting Collaborative interactive web-based map is available at ccpi.unm.edu (under “Data Visualization” tab), and is updated regularly.

The interactive map shows funded home visiting slots by county, by program, and by funding source, and shows percentage of estimated need met by county.

Source: Data provided by the New Mexico Home Visiting Collaborative, supported by the LANL Foundation (www.lanlffoundation.org/). Data visualizations created by the University of New Mexico Cradle to Career Policy Institute (ccpi.unm.edu).

APPENDIX 2: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Number and type of programs funded	Children, Youth and Families Department (CYFD)	All home visiting programs who were both contracted and reported data in the reporting period
Number of families funded (openings)	CYFD	As reported by CYFD
Number of families served	Home Visiting Database	All families receiving one or more home visits in the reporting period
Demographics of families served	Home Visiting Database	Reported on all clients in families with at least one home visit in the reporting period
Duration of participation by families	Home Visiting Database	Time in months between most recent enrollment and most recent service date
Home visitors by highest credential earned	Home Visiting Database	Database entry
Percentage of mothers enrolled prenatally who receive prenatal care	Federal Maternal Child Health (MCH) form; item asks <i>"Did you receive prenatal care? If Y, when did you start with prenatal care?"</i>	Numerator: Number of below who reported receiving prenatal care Denominator: Number of mothers enrolled prenatally who gave birth during reporting period and who answered relevant item on the Federal MCH
Percentage of mothers enrolled prenatally who discontinue reported substance use by end of pregnancy	Federal Maternal Child Health form; item asks <i>"During pregnancy, did you drink any alcohol, smoke cigarettes, or use any recreational/illegal drugs? If you used substances during pregnancy, when did you quit?"</i>	Numerator: Number of below who report discontinued substance use by end of pregnancy Denominator: Number of mothers enrolled prenatally who gave birth during reporting period and who self-reported substance use on Federal MCH
Percentage of postpartum mothers screened for postpartum depression	Edinburgh Postpartum Depression Scale	Numerator: Number of below screened for depressive symptoms using the EPDS during the reporting period Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period
Percentage of postpartum mothers identified at risk for postpartum depression who are referred for services	Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records	Numerator: Number of below referred for behavioral health services Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period who were screened as at risk on the EPDS
Percentage of postpartum mothers identified at risk for postpartum depression who receive services	Edinburgh Postpartum Depression Scale & Home Visiting Database Referral Records	Numerator: Number of below recorded as engaged in behavioral health services Denominator: Number of maternal caregivers enrolled with a child age 6 months or younger in reporting period screened as at risk on EPDS who were referred for behavioral health services
Percentage of mothers who initiate breastfeeding	Federal Maternal Child Health form; item asks, <i>"Did you begin breastfeeding your baby?"</i>	Numerator: Number of below who reported initiation of breastfeeding Denominator: Number of mothers enrolled prenatally who gave birth during the reporting period and answered breastfeeding question on the Federal MCH

APPENDIX 2: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Percentage of babies and children receiving the well-child visits recommended for their age by the AAP	Federal Maternal Child Health Form; item asks parents to mark which well-child visits child has attended and date of those visits	<p>Numerator: Of below, number with data on well-child visits</p> <p>Denominator: Number of children with at least one home visit in the reporting period</p>
Percentage of infants on schedule to be fully immunized by age 2	Federal Maternal Child Health Form; item asks, "Has your child had all recommended shots? "	<p>Numerator: Of below, number of children who are reported to be on schedule</p> <p>Denominator: Number of children with at least one home visit with data on immunizations</p>
Percentage of children whose parents show progress in practicing positive parent-child interactions as measured by the PICCOLO	PICCOLO	<p>Numerator: Of below, number of children whose parents show positive difference between initial and most recent score, by domain</p> <p>Denominator: Number of children with at least 2 PICCOLO screenings</p>
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are screened on schedule	Ages & Stages Questionnaire-3	<p>Numerator: Of below, number who received at least one ASQ-3 screen</p> <p>Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, and received at least 5 home visits</p>
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified with scores below cutoff	Ages & Stages Questionnaire-3	<p>Numerator: Of below, number who scored below ASQ-3 cutoff</p> <p>Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits and were screened with at least one ASQ-3 screen during the reporting period</p>
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and referred for further assessment or services	Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records	<p>Numerator: Of below, number who were referred to early intervention services</p> <p>Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, and scored below cutoff on at least one ASQ-3 screen</p>
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are identified and receive further assessment or services	Ages & Stages Questionnaire-3 & Home Visiting Database Referral Records	<p>Numerator: Of below, number who engaged in early intervention services during reporting period</p> <p>Denominator: Number of children who reached 4 months in age before the last 2 months of the FY, were not enrolled in early intervention programs, received at least 5 home visits, scored below cutoff on at least one ASQ-3 screen and were referred for behavioral health services</p>

APPENDIX 2: Outcome Measures Defined

Measure	Measurement Tool	Operational Definition
Percentage of children entering kindergarten at or above grade level on state school readiness assessments	None available	Data Development Recommended
Percentage of families identified at risk of domestic violence	Relationship Assessment Tool or other validated tool	Numerator: Of below, number identified at risk of domestic violence Denominator: Number of families screened with RAT or other validated tool during reporting period
Percentage of families identified at risk of domestic violence who receive support services	Relationship Assessment Tool (or other validated tool) and Home Visiting Database Referral Records	Numerator: Of below, number who received domestic violence support referral and obtained services Denominator: Number of families screened with RAT or other validated tool and identified as at risk during reporting period
Percentage of families at risk for domestic violence who have a safety plan in place	Relationship Assessment Tool (or other validated tool) and Home Visiting Database Referral Records	Numerator: Of below, number who had a safety plan completed in reporting period Denominator: Number of families screened with RAT or other validated tool and identified as at risk during reporting period
Percentage of families engaged in discussion of injury prevention	Home Visiting Database Activity Records	Numerator: Of below, number of families who received information or training on injury prevention during reporting period Denominator: Number of families receiving more than 5 cumulative home visits
Number of substantiated cases of maltreatment suffered by children after entry into program	CYFD	As reported by CYFD
Number of families identified for referral to support services available in their community, by type	ASQ-3, RAT and EPDS	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of families identified who receive referral to available community supports, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of families referred who are actively engaged in referral services, by type	Home Visiting Database Activity Records	See operational definition for ASQ-3, RAT (or other validated tool), and EPDS screens and referrals, above
Number of children receiving home visiting services who are enrolled in a high-quality licensed child care program	None	Data Development Recommended

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