



New Mexico Annual Home Visiting Outcomes Report

Fiscal Year 2020



NEW MEXICO

Early Childhood

Education & Care Department

New Mexico Annual Home Visiting Outcomes Report Fiscal Year 2020

DECEMBER 31, 2020

Prepared by
the Cradle to Career Policy Institute at the University of New Mexico



CRADLE TO CAREER
POLICY INSTITUTE

for
the New Mexico Early Childhood Education and Care Department



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Early Childhood Education and Care

DR. JENNIFER DURAN-SALLEE
DEPUTY SECRETARY

Dec. 31, 2020

Dear Colleagues,

It is with great pleasure that I present the Early Childhood Education and Care Department's (ECECD) annual New Mexico Home Visiting Outcomes Report. As you know, this report is required in response to the Home Visiting Accountability Act of 2013. The report has been prepared in collaboration with the University of New Mexico's Cradle to Career Policy Institute.

By using a range of data points, ECECD uses a range of data to provide critical information about the scope, breadth and effectiveness of the home visiting system. As identified in the annual Home Visiting Outcomes Report, the measurable progress and outcome data match the home visiting program's established goals for the 5,746 families served during Fiscal Year 2020.

ECECD administers New Mexico's home visiting program which includes providing funding and oversight to 33 agencies that support state and federally funded home visiting programs. ECECD is committed to ensuring that New Mexico's families and young children have access to high-quality home visiting.

We are grateful to the state's home visiting programs for their creativity, leadership and service during the pandemic. In response to the NM public health orders, ECECD transitioned from in-person home visiting services to telehealth. Home visitors stayed connected with families and ensured that families did not experience a lapse in services. Despite the pandemic, home visiting enrolled 605 new families from March to June of 2020.

In Nov. 2020, launched the Early Childhood Home Visiting (ECHV) Medicaid Expansion Workgroup to help ECECD build on the success of the Centennial Pilot Program. The Workgroup will provide recommendations to ECECD on the necessary infrastructure to effectively support, grow, and sustain home visiting Medicaid funded programs.

Finally, I want to personally thank all of you for your ongoing support and advocacy in providing and investing our state's financial resources to improve the quality of life for all New Mexican families and young children.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Groginsky". The signature is fluid and cursive, with a large loop at the end.

Elizabeth Groginsky

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*Photos for this report were generously provided by Northwest New Mexico First Born and ENMRSH, Inc., and by the families they serve.

Executive Summary

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 supporting early prenatal care to promote a healthy birth, teaching positive parenting practices, screening for risks, and referring families to appropriate community supports. New Mexico's home visiting programs are designed to achieve six overarching goals:

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

Implementation

New Mexico has steadily expanded infrastructure supports for New Mexico's Home Visiting Program. The chart below documents trends in key implementation indicators over the past five years:

Key Implementation Measures	FY16	FY17	FY18	FY19	FY20	Change FY19 to FY20
Funding (State and Federal)	\$15.5M	\$17.5M	\$18.7M	\$20.2M	\$22.8M	\$2.6M 12.9%
Home Visiting Programs	30	30	33	33	33	—
Counties Served	28	30	32	31	31	—
Funded Openings	2,738	3,006	3,092	3,403	3,816	413 12.1%
Families Served	4,020	4,587	4,615	5,397	5,746	349 6.5%

Outcomes

In Fiscal Year 2020 (FY20) New Mexico Home Visiting data show improved outcome trends for most indicators tracked annually (see Appendix: Outcomes Measures Defined). This was true even as the COVID-19 public health emergency required the home visiting system to switch from in-person to virtual visits, beginning in March 2020.

Measures of healthy birth outcomes continue to be positive, indicating that mothers in home visiting access prenatal care more often and earlier than pregnant women statewide, and mothers participating in home visiting initiated breastfeeding at rates slightly above the statewide rate. Rates of women screened by home visitors and referred to services as needed for perinatal depression reached three-year highs, with 95 percent of eligible mothers screened and 89 percent of those whose screens indicated risk referred for supportive services (see pp. 14–15).



Home visitors work with parents and other caregivers to increase the strength of their nurturing interactions with babies and young children, with increasing numbers of parents demonstrating improvement in measures of teaching, encouraging, responding to and showing affection for their children (see p. 17).

Rates of screening and referral for potential risk of developmental delay also reached three-year highs this year, with 93 percent of eligible children screened using the ASQ-3 tool, and 84 percent of those whose scores indicate potential risk referred for early intervention services. A total of 57 percent of those referred engaged with services – also a three-year high rate (see p. 21). A new high of 91.3 percent of eligible children were also screened with the ASQ-SE, which indicates potential risk of social-emotional delay (see p. 23).

Measures related to family supports intended to help reduce child maltreatment and injury also improved. A three-year high of 87 percent of eligible caregivers were screened for risk of intimate partner violence, with 75 percent of those with an identified risk referred to supports. A total of 26 percent are recorded as having engaged with these support services, a slightly reduced percentage from last year. There has also been a continued reduction in the percentage of families with a substantiated abuse or neglect referral after receiving six months of home visiting services, with the percentage this year dropping below one percent (0.86 percent). Though this marks a new low, the percentage has never exceeded 2 percent in the three years it has been reported (see pp. 24-25).

Key Outcomes for Home Visiting Families:

Healthy Births

Received Prenatal Care	• 99.2 percent
Received First Trimester Prenatal Care	• 91.7 percent
Initiated Breastfeeding	• 89.5 percent
Screened for Perinatal Depression	• 94.7 percent
Referred to Depression Supports	• 89.3 percent of those at risk

Parental Nurturing

Improved Parenting Skills	• 2,196 parents (as measured by the PICCOLO tool)
Improved Ability to Teach Children	• 61.7 percent
Improved Ability to Encourage Children	• 47.6 percent

Child Physical and Mental Health

Screened for Healthy Development	• 93.4 percent (as measured by the ASQ-3 tool)
Referred for Early Intervention Supports	• 83.9 percent of those at potential risk of delay
Engaged with Early Intervention Supports	• 57.3 percent of those referred

School Readiness

Screened for Social-Emotional Development	• 91.3 percent (as measured by the ASQ-SE tool)
(see also PICCOLO and ASQ-3 Screening above)	

Safety of Families and Children

Screened for Domestic Violence	• 87.2 percent
Referred for Domestic Violence Supports	• 75.2 percent of those identified as at risk
Family Safety Plan in Place	• 60.3 percent of those identified as at risk
Referral for Child Maltreatment or Abuse	• 0.86 percent of families in home visiting for six months or more

Connections to Community Supports

Risk Factors Identified in Key Domains	• 1,903 children or their caregivers
Referred to Supports	• 83.6 percent of those at risk
Engaged with Supports	• 46.1 percent of those referred

FY20 Home Visiting System Highlights

A number of steps were taken in FY20 to strengthen New Mexico's home visiting system:

- In 2019, Gov. Lujan Grisham and the New Mexico Legislature created the **Early Childhood Education and Care Department**. The Department officially launched on July 1, 2020, under the leadership of Cabinet Secretary Elizabeth Groginsky. The Department's aim is to create a more cohesive, equitable, and effective early childhood system in New Mexico. That means coordinating a continuum of programs from prenatal to five – including the Home Visiting Program –and ensuring that families in every corner of the state can access the services they need (see Appendix: ECECD organizational chart).
- With the onset of the public health emergency in March 2020, ECECD approved and provided **supports for home visitors to continue providing visits, using telephone or video in place of face-to-face visits**. These supports included help modifying recruitment and retention plans, data system modifications for recording telehealth visits, and access to UNM Center for Development and Disability consultation supports for issues brought on by COVID-19. New families continued to be connected to home visiting, despite public health restrictions on face-to-face meetings, with 605 new families enrolled between March and July 2020.
- ECECD continued its focus on professional development of the home visiting workforce, offering **scholarships totaling \$50,000** to an average of 39 home visitors as well as evidence-based training from the Erikson Institute. In FY20, **19 programs received the Erikson Institute FAN (Facilitating Attuned Interactions) training** to strengthen the provider-parent relationship, which results in parents who are attuned to their children and ready to try new ways of relating to them.



Introduction

Home visiting is one of New Mexico's frontline strategies for improving the well-being of the state's babies and toddlers. Research shows that connecting pregnant women to prenatal health care and other supports improves the chances of a healthy pregnancy and childbirth, and that nurturing relationships with caregivers are crucial for our youngest children. To support families in these domains, New Mexico's home visiting system funds local organizations that support families in promoting prenatal care, strengthening their parenting, connecting with resources in their communities, and attaining the emotional and physical wellness needed to care for a new baby or toddler.

In 2020, this strategy became even more essential, as the COVID-19 pandemic exacerbated inequities in financial stability, food security, social isolation, and access to systems of care and education for children. For families with new babies and young children, home visitors became lifelines that linked them to human connection, material items like food and books for children, and feelings of normalcy and routine.

The ECECD Annual New Mexico Home Visiting Outcomes Report presents aggregate data for all home visiting programs administered by the state in FY20. The report fulfills the requirements of the Home Visiting Accountability Act, which was enacted in 2013 and mandates detailed annual reporting to the Legislature about home visiting processes and outcomes.

The data in the report reflects the results of both face-to-face and virtual home visits. Included throughout the report are stories from programs about how they have adapted their service models in the face of the pandemic, and the flexibility they have shown in ensuring that a service premised on face-to-face interactions has continued successfully.



New Mexico's Home Visiting System

New Mexico's home visiting program is designed to promote child well-being and prevent traumatic or detrimental childhood experiences. Home visiting services are:

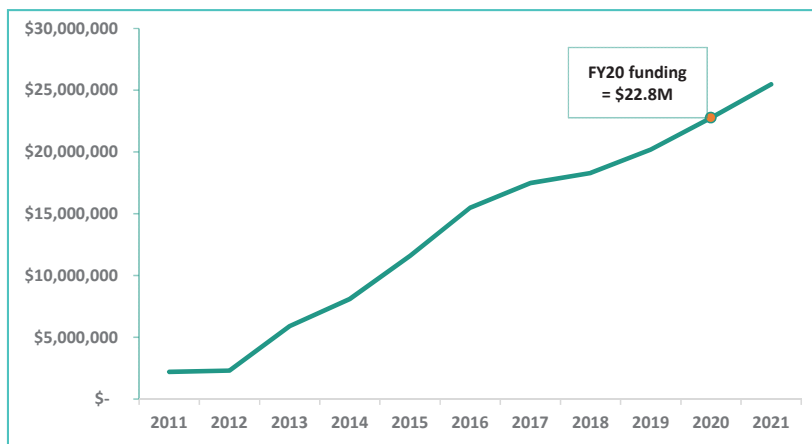
- Available to all expectant parents and families with children birth to age 5
- Voluntary and free of cost
- Based on research and evidence
- Offered through 33 programs around the state
- Tailored to cultural and linguistic needs of communities and families

Since 2017, New Mexico has offered both universal (Level I) home visiting focused on prevention and promotion, and more specialized (Level II) services that offer targeted interventions for families under high stress or with more acute needs.

Level II services also target Early Childhood Investment Zones and communities at-risk due to: infant mortality, premature birth, low-birth-weight infants and other indicators of at-risk prenatal, maternal, newborn or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment.

New Mexico's Investment in Home Visiting

New Mexico has demonstrated an ongoing commitment to home visiting, increasing state funding significantly since the pilot project funding of \$500,000 in FY06. New Mexico has also received federal grants through the Health Resources and Services Administration as part of the Maternal, Infant and Early Childhood Home Visiting program. In FY20, cumulative funding across state and federal streams was \$22.78 million and in Fiscal Year 2021, funding increased to \$25.48 million.



NEW MEXICO'S INVESTMENT IN HOME VISITING

Information on the New Mexico Home Visiting program is available at <https://www.nmcecd.org/home-visiting/>



The cost of building a comprehensive Home Visiting Program includes both direct services and infrastructure to support home visiting professionals, such as consultation and professional development, program monitoring, and data system management.

DIRECT SERVICES

Direct services are provided through contracts with agencies who are reimbursed according to a differentiated scale:

- Level 1 Basic prevention and promotion home visiting services
 Base rate of \$3,500 annually per funded opening
- Level II Targeted intervention services for families identified at higher risk
 Base rate of \$4,500 annually per funded opening
- Level II-S Targeted intervention services for specialized populations (e.g., families experiencing homelessness or substance misuse)
 Base rate of \$6,000 annually per funded opening

Programs may apply to receive an additional \$500 per opening for special circumstance costs such as travel to reach families living in more rural areas of the state and for providing services to high numbers of children with disabilities.

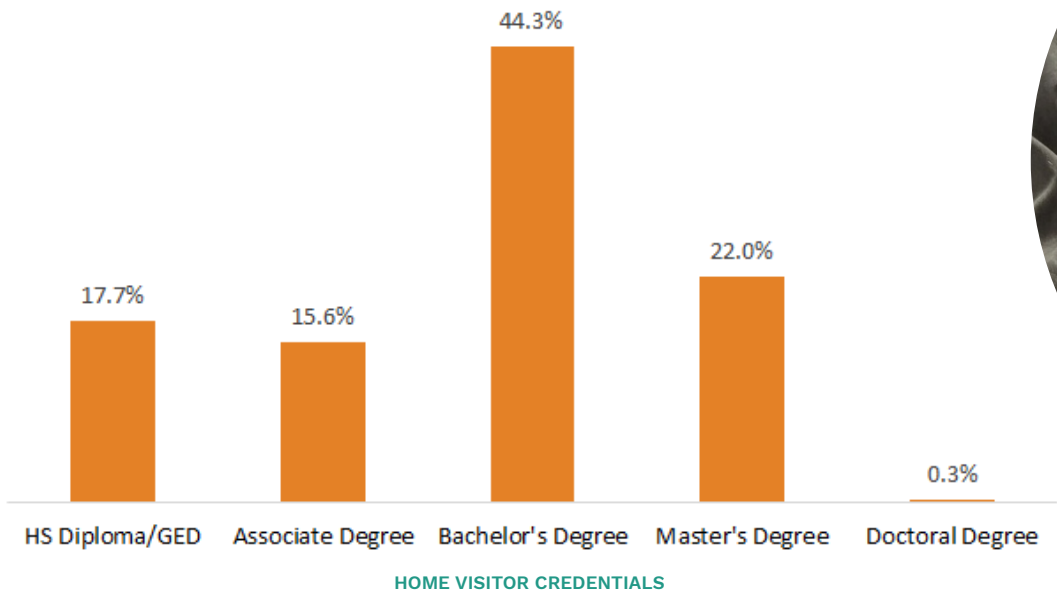
Federal funds support contracts based on actual costs, with funding rates determined by the home visiting model being implemented by individual programs. In FY20, federal funds supported Nurse-Family Partnership and Parents as Teachers models.

In FY20, ECECD funded 3,816 year-round family openings, which served a total of 5,746 families and 5,799 children. This funding supported 2,838 Level I and 978 Level II openings, including 250 specialized service openings for families and infants in Neonatal Intensive Care Unit (NICU) stays. This is an addition of 607 Level II targeted service openings since the advent of the Level II program in 2017, or an increase of 164 percent.

Programs funded: 33
Counties served: 31
Funded openings: 3,816

Level I: 2,838
Level II: 978

- 327 home visitors provided services in FY20
- 66.7 percent of home visitors have a bachelor’s degree or higher



SUPPORTS FOR HOME VISITING PROFESSIONALS

Home visiting programs are staffed with a combination of degreed and non-degreed professionals who have knowledge of early childhood development, child health, and early childhood mental health principles and practices, and strong relationship-building skills. In FY20, two thirds of home visitors had a bachelor's degree or higher. Higher degrees are required for home visitors providing Level II services, and all programs must have access to a master's-level, licensed mental health professional for consultation.

ECECD provided \$50,000 in scholarship funding to support home visitors in pursuing degrees in infant-family, early childhood, or related fields. Scholarships were awarded to 37 home visitors in Summer 2019, 38 in Fall 2019, and 43 in Spring 2020. Some visitors were enrolled for more than one semester. Regular, ongoing professional development is required for all New Mexico home visitors as well, through orientation, training, technical assistance and reflective supervision provided through UNM Center for Development and Disability (UNM CDD). In FY20, ECECD contracted with UNM CDD to provide:

- 302 foundational trainings
- 1,368 hours of consultation
- 1,074 training and development consultation visits
- 330 supervisor reflective supervision groups
- 24 Level II reflective case consultations with a total of 545 home visiting staff participants

This year 19 programs also received specialized training from the Erikson Institute in its evidence-based **Facilitating Attuned Interactions (FAN) approach**. FAN offers home visitors tools to strengthen the provider-parent relationship, helping parents attune to their children and try new ways of relating to them.

Regular ongoing data consultation is provided for all New Mexico program managers and home visitors, through required monthly data reviews, technical assistance, and training provided through UNM Early Childhood Services Center (UNM ECSC) Database Services. In FY20, ECECD contracted with UNM ECSC to provide:

- 1,789 individual data support requests
- 360 monthly data review sessions
- 92 new user training sessions
- 266 reports training sessions
- 50 refresher trainings on the data system

Programs Lean on Formal and Informal Supports

For a field that is fundamentally about human relationships, home visiting can be pretty isolating. To help alleviate that isolation, ECECD offers a variety of contracted supports for programs to foster connections and networks. These include training, reflective supervision, case consultation, technical assistance and data support. In addition, home visiting programs attend quarterly meetings convened by ECECD that include networking and relationship building. Programs also turn to each other more informally for support. For example, home visiting managers from New Mexico's northern counties have met four times per year for several years, facilitated by their shared home visiting consultant. When COVID-19 hit New Mexico, the group began piloting a small community of practice using the Facilitating Attuned Interaction (FAN) professional development framework. The framework, developed by the Erikson Institute, emphasizes relationships and communication in which all parties engage in mindful reflection and regulation, read the cues of others, and respond with empathy. The New Mexico-based First Born model of home visiting has also recently partnered formally with the Erikson Institute to incorporate the FAN into the model and to train all First Born home visitors. Taos First Steps manager Jaci Imberger, who is a FAN trainer and facilitates the northern community of practice, said the framework's emphasis on human connection has been indispensable this year. "The FAN really helps us be able to navigate ourselves so we can show up in an authentic way without judgment and not tell people what to do, but be with them and hear their struggles," Imberger said. "It helps them exercise that reflective muscle that really helps them see what their baby's seeing, which is everything."

Home Visiting Program Models

New Mexico supports various home visiting models and curricula to ensure programs can meet the diverse needs of families and local communities. The different models support complementary eligibility criteria to maximize the reach of home visiting and the number of families who can participate. While some models like Nurse-Family Partnership have restrictive eligibility criteria, others have broader criteria and programs serving the same communities can refer to one another accordingly. This helps ensure home visiting remains universally available to families in need of supports.

Two of these models are currently federally designated as evidence-based models, Nurse-Family Partnership and Parents as Teachers.



Partners for A Healthy Baby / Nurturing Parenting	prenatal-age 3	for all pregnant women or primary caregivers and children, following research-based curriculum
Parents as Teachers	prenatal-age 5	for all pregnant women or primary caregivers and children, using evidence-based model
Nurse-Family Partnership	prenatal (prior to 28 weeks)-age 2	for first-time mothers enrolled prior to 28th week of pregnancy who meet income eligibility; evidence- based model is delivered by nurse home visitor
First Born	prenatal-age 3	for first-time pregnant women or families enrolled before child reaches 2 months of age.

Models granted this designation are eligible for additional federal funding streams and can be reimbursed by Medicaid. The state also supports First Born, a New Mexico homegrown model that has demonstrated improved child outcomes in a randomized control trial and the model developers are actively pursuing evidence-based status. Other programs have adopted the widely used Partners for a Healthy Baby or Nurturing Parenting curricula, which follow New Mexico’s research-based Home Visiting Program Standards.

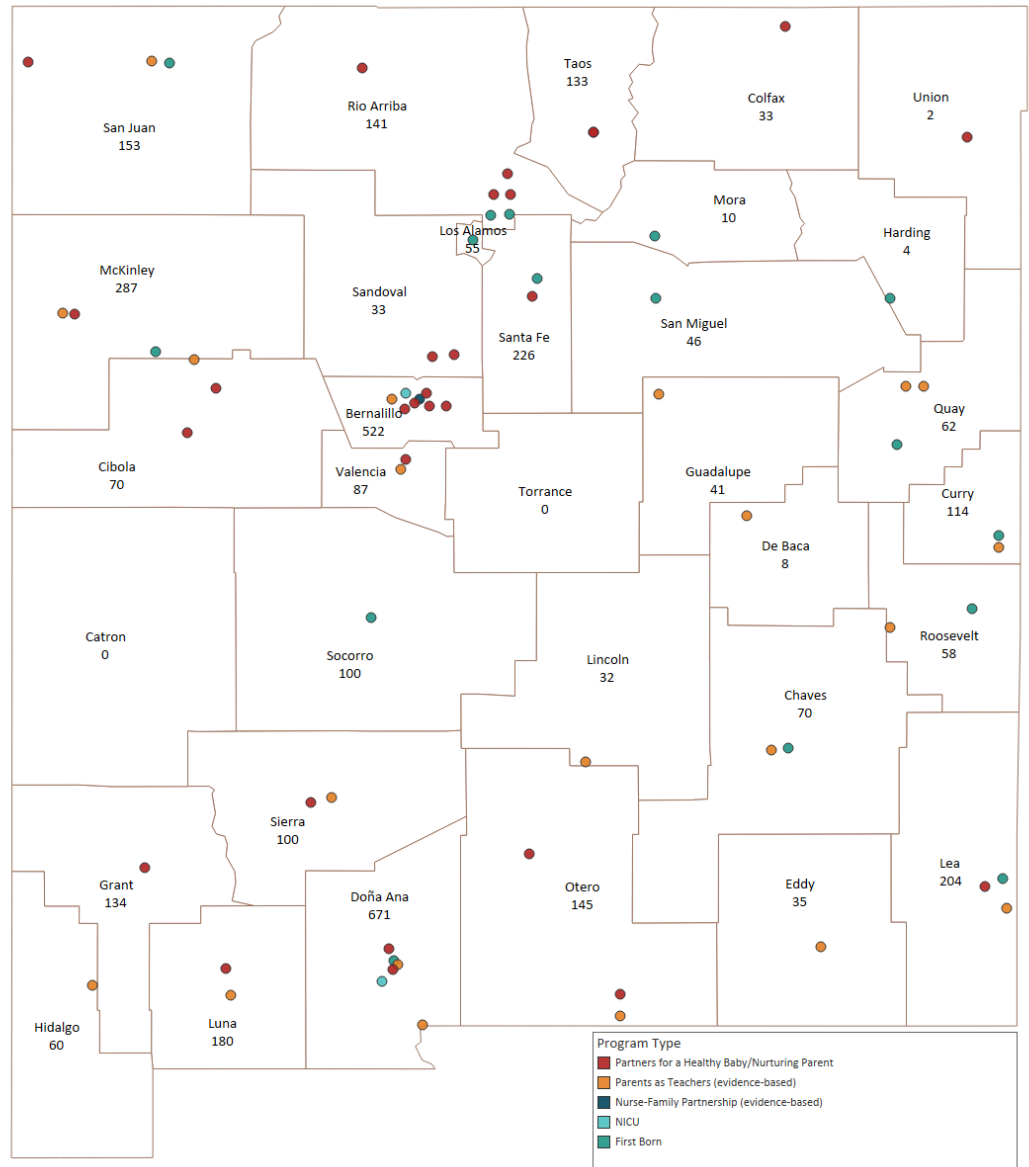




Program Map FY20

State and state-administered funding supported a total of 3,816 annual family openings statewide in FY20.

Additional home visiting options are available to families in the state through programs that are funded privately, tribally and federally. A statewide collaborative that coordinates home visiting efforts across these funding sources has identified an additional 2,722 openings in FY20 offered through non-state funding sources, for a total of 6,538 openings statewide (see Appendix: New Mexico Home Visiting Collaborative Statewide Map, FY20).



MAP OF PROGRAM TYPES



State Administered Home Visiting Programs FY20

	Total Families Funded	Level			Counties Served
		I	II	II-S	
Partners for a Healthy Baby and/or Nurturing Parenting					
Appletree	70	60	10		Sierra (70)
Aprendamos Intervention Team	110	80	30		Doña Ana (105), Otero (5)
Avenues for Early Childhood Services	85	70	10	5	McKinley (85)
Ben Archer Health Center	315	195	90	30	Doña Ana (140), Luna (65), Otero (110)
Colfax County	30	30			Colfax (28), Union (2)
F.A.C.E.S. First LTD	20	20			San Juan (20)
Gila Regional Hospital	134	72	52	10	Grant (134)
Guidance Center of Lea County	112	67	45		Lea (112)
La Vida Felicidad	69	39	30		Cibola (32), Valencia (37)
Las Cumbres Community Services	83	35	34	14	Rio Arriba (27), Santa Fe (56)
Peanut Butter & Jelly Family Services	84	50	20	14	Bernalillo (69), Sandoval (15)
Southwest Pueblo Consultants	64	40	20	4	Bernalillo (26), Cibola (8) Rio Arriba (12), Sandoval (18)
Taos Health Services - Holy Cross Hospital	140	140			Colfax (5), Rio Arriba (2) Taos (133)
University of New Mexico Hospital - Young Children’s Health Center	50	20	15	15	Bernalillo (50)
Western Heights Learning Center	35	35			Bernalillo (35)
Youth Development Inc.	32	32			Bernalillo (12), Rio Arriba (20)
SUBTOTAL FUNDED	1433	985	356	92	
Parents as Teachers (PAT)					
Community Action Agency of Southern New Mexico*	170	170			Doña Ana (90, 50), Otero (20, 10)
ENMRSH*	176	141	35		Curry (70, 5), DeBaca (8) Guadalupe (41) Roosevelt (27, 5), Quay (20)
Gallup-McKinley County Schools*	120	120			McKinley (120)
Luna County*	175	175			Hidalgo (60), Luna (115)
Presbyterian Medical Services	205	180	25		Chaves (30), Cibola (30) Eddy (35), Lea (30) Quay (30), San Juan (50)
Region IX Educational Co-op	32	32			Lincoln (32)
Tresco, Inc.	151	151			Dona Aña (121), Sierra (30)
University of New Mexico - CDD HSC*	130	130			Bernalillo (80), Valencia (50)
SUBTOTAL FUNDED	1159	1099	60		
Nurse-Family Partnership (NFP)					
University of New Mexico - CDD HSC*	125				Bernalillo (125)
SUBTOTAL FUNDED	125				
Neonatal Intensive Care Unit (NICU)					
Regents of the University of New Mexico CDD (NICU)	250		250		Bernalillo (125), Doña Ana (125)
SUBTOTAL FUNDED	250		250		
First Born					
First Born Los Alamos	55	55			Los Alamos (55)
Kiwanis Club - Las Vegas	60	60			Harding (4), Mora (10), San Miguel (46)
MECA	219	59	80	80	Chaves (40), Curry (39) Doña Ana (40), Lea (62) Roosevelt (26), Quay (12)
NWNM First Born Program	165	130	35		McKinley (82), San Juan (83)
Presbyterian Healthcare Services - Espanola Hospital (Services ended April 2020)	40	40			Rio Arriba (40)
Presbyterian Healthcare Services - Socorro General Hospital	100	75	20	5	Socorro (100)
United Way of Santa Fe County	210	210			Santa Fe (170), Rio Arriba (40)
SUBTOTAL FUNDED	849	629	135	85	
TOTAL FAMILIES FUNDED	3816	2294	801	177	

*Indicates programs receiving MIECHV funding, with funded slots **bolded** next to county names.

For Some, Virtual Visits are a Step Forward

Before COVID-19 ever came to New Mexico, the staff at Northwest New Mexico First Born were thinking about how their program could better use technology. It began with some new staff, including Executive Director Mary Gaul.

“We all happen to be millennials, and that may impact the way we think about technology,” Gaul said.

In key ways, the program is an ideal candidate for virtual visits. Many of the parents they serve are young themselves, and comfortable with technology. Virtual visits also reduce time spent driving to visits, in a predominantly tribal area where many homes are remote and roads may be treacherous. Gaul estimates that normally, her home visitors spend 45 minutes or more each way driving to visit families.

And although internet connectivity has been a challenge for many families during the pandemic, Gaul said the young parents her program serves are more likely than others to have internet access.

“We found that within our families about 25 percent had difficulties accessing internet, but that is actually pretty good compared to a lot of the other home visiting programs,” Gaul said. “I think it’s generational. Some of the younger parents are more keen to use phones than other parents.”

Even with these factors, Gaul acknowledged that virtual visits aren’t quite the same. Screening tools present challenges, as these require observations of parent-child interactions, or of children’s physical and verbal development. But families are adapting. One mother discovered that a child seeing themselves on the screen was showing off self-consciously, so she pretended to hang up and then left the call open. This allowed the home visitor to see the child acting more naturally. In other cases, virtual visits may allow families to speak more openly about sensitive issues like domestic violence, because they can go for a walk or get into a private place to talk with their home visitor.

Prior to the pandemic, Gaul’s program received outside funding to pilot virtual visits using a phone app developed specifically for her program. Her hope with the pilot was never to replace home visiting fully with virtual visits, as it is being done now. But they hope to demonstrate that virtual visits can be an effective part of the home visiting experience, especially on tribal lands where it can be difficult to build the trust needed to be welcomed into families’ homes.

“Even though all of our home visitors’ demographics match those that they’re serving, it’s still hard to enter into people’s homes right away,” Gaul said. “We kind of feel like we’re leveraged, both being on the Rez in a very rural, tribal demographic with younger parents, that this was going to be good for us. And we figured, if we can make virtual visits work, and we can get an app up and running in the most rural, tribal community in the state of New Mexico, it certainly can work anywhere else.”



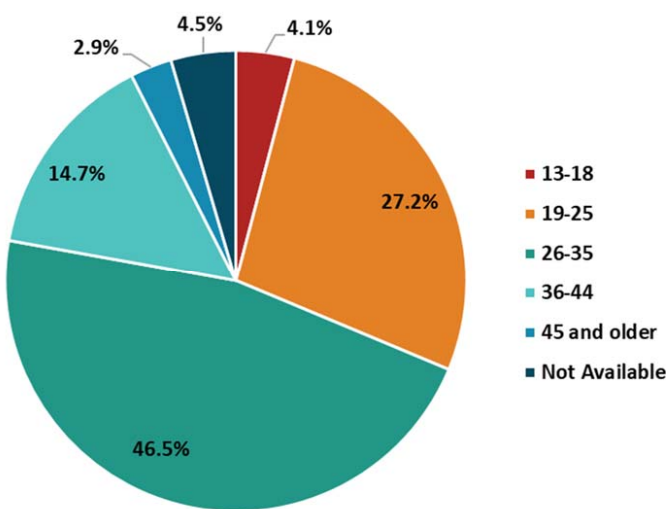
Home Visiting Participants in FY20

Family Demographics

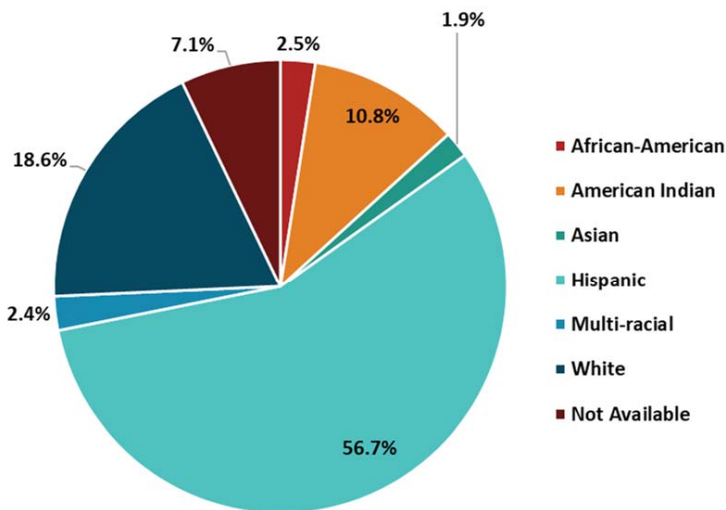
A total of 5,746 families received at least one home visit during FY20—nearly 7 percent more than in FY19. In these families, a total of 5,799 children were served, with 2,203 (38.3 percent) of the families served prenatally. Approximately half of families were newly enrolled in FY20, and half were longer-term participants.

5,746 families served

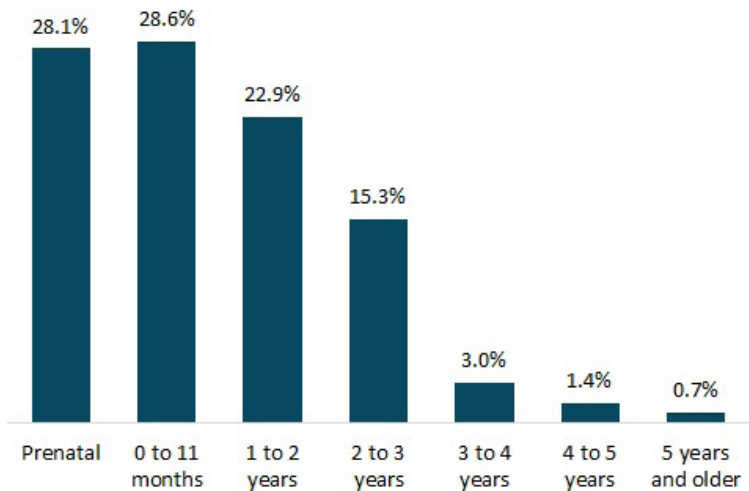
5,799 children served



CAREGIVERS BY AGE



CLIENTS BY RACE/ETHNICITY



AGE OF CHILDREN SERVED



Of clients who reported race/ethnicity, 56.7 percent were Hispanic, 18.6 percent were white, 10.8 percent were Native American, 2.5 percent were African-American, and 1.9 percent were Asian. Home visitors served families speaking 24 home languages, with 16.9 percent speaking Spanish, 1.5 percent Indigenous languages, and 2.6 percent other languages.

379 teen mothers and 53 teen fathers were served in FY20

The median age of primary caregivers was 29.9. Teens represented nearly 7 percent of mothers enrolled (a total of 432 teen parents), a smaller percentage than in FY19 when 7.8 percent (468) of mothers were teens.

Slightly more than 80 percent of all primary caregivers had not yet attained a bachelor's degree. Three-quarters were caregivers of a single child, and 2,203 families were enrolled prenatally (38.3 percent of the 5,746). Nearly 95 percent of children served are age three or younger.

Family Participation

Overall, families served this FY have been enrolled for longer than those served in FY19, with 25.6 percent enrolled for more than one year (compared to 21.1 percent in FY19) and 18 percent enrolled for more than two years (compared to 15.2 percent in FY19). Six percent exited in the first two months of receiving services, down from nearly ten percent who exited services early last year.

Families received an average of eight home visits

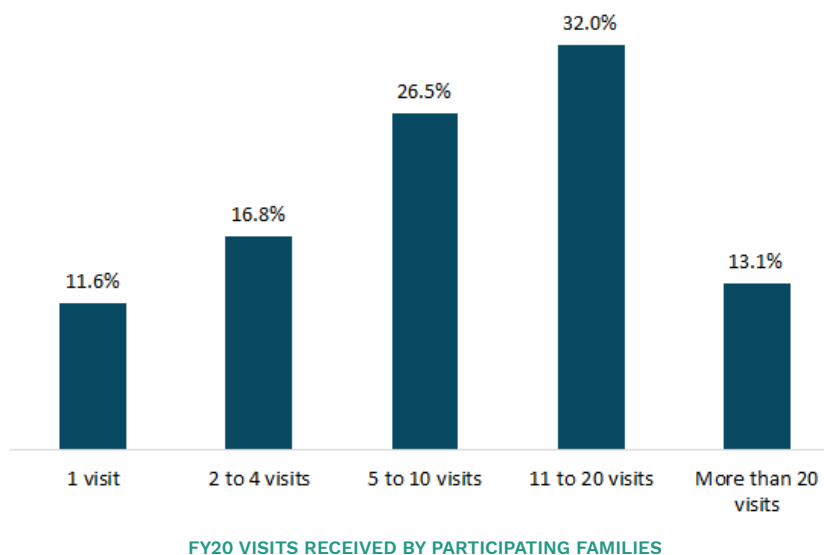
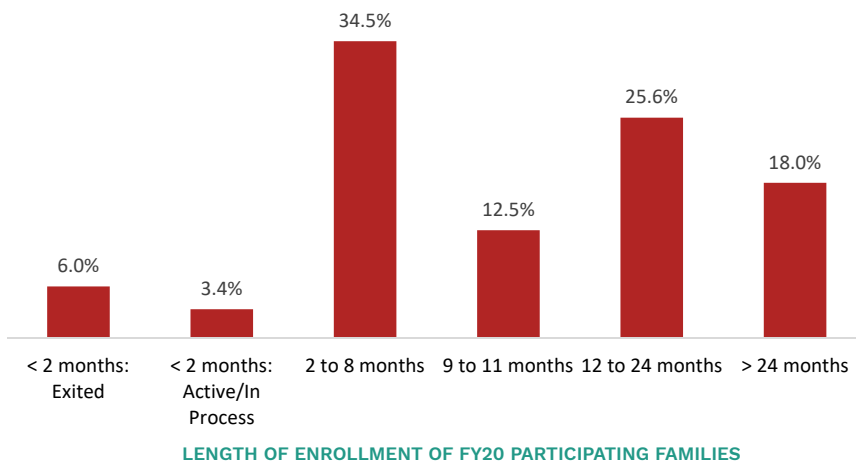
605 new families enrolled during the COVID-19 public health crisis March-June 2020

during the FY. During this FY period, 32 percent of families received up to 20 visits,

and another 13.1 percent received more than 20. Over their total enrollment period, however, 42.3 percent of FY20 families have received more than 20 visits, and another 18.4 percent have received more than 40 visits.

With the onset of the public health emergency in March 2020, home visitors — with ECECD approval and supports — pivoted to provide visits by telephone or video. New families continued to be connected to home visiting, despite public health restrictions on face-to-face meetings. From March through July 2020, 605 new families enrolled in home visiting, receiving an average of 3.6 visits.

Of the 61,396 home visits made in FY20, 18,164 were telehealth visits, made to 3,657 families. Nearly 75 percent (13,565) of these telehealth visits were of similar duration to in-person visits, lasting for 45 minutes or longer.



Finding New Pathways to Recruit Families

ENMRSH Inc., in Eastern New Mexico, often relies on face-to-face outreach to recruit families, in addition to referrals from Managed Care Organizations and other partners. But this year, director Lula Brown said they have been upping their social media presence, working to continuously communicate that they are still open and accepting new families. They have also used social media to host virtual read-alouds, to create a sense of shared community.

Though recruitment methods have changed, core principles remain, of identifying families' individual needs and trying to meet them. As Brown noted, "It was really just trying to find the balance of what does support look like for each individual family, and how are we going to really, really think outside of the box to support the families."

Home Visiting Outcomes for FY20

Goal 1: Babies are Born Healthy

New Mexico's Home Visiting Accountability Act mandates measurement of improved prenatal, maternal, infant or child health outcomes, including reducing preterm births. Home visitors bring a wealth of research-supported strategies to families to promote optimal health during pregnancy and after a baby's birth (Institute of Medicine, 2013; Ip et al., 2007; Center on the Developing Child, 2010). When further need or risk in these areas is identified, home visitors make appropriate referrals to supportive services.

OUTCOME MEASURES

To examine the impact of home visiting on this goal, we look at these research-based measures:

- 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, the self-report of pregnant people who received home visiting shows them accessing **prenatal care** more often and earlier than women statewide. Of a total of 1,001 mothers enrolled prenatally with a birth in FY20, data on use of prenatal care was collected on 865, or 86.4 percent. Of those with data available, 99.2 percent (858) reported receiving prenatal care, with 98.6 percent (846) of these receiving it before the third trimester of pregnancy. This compares to 96.1 percent of pregnant people statewide accessing prenatal care and 88.3 percent statewide receiving it before the third trimester (NM DOH, Birth Data, 2017-19).

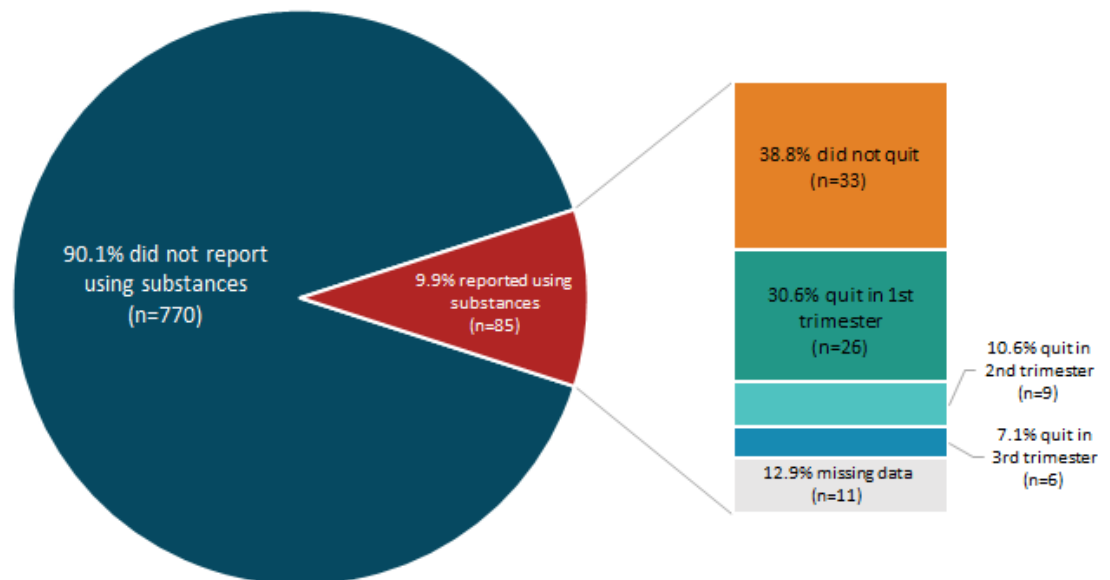
Care in the important first trimester of pregnancy was accessed by 91.7 percent (793) of those reporting data. This is much higher than the 64.6 percent of pregnant people statewide reporting first trimester prenatal care (New Mexico Department of Health, Birth Data, 2017-19). If the 13.6 percent (136) of prenatally enrolled mothers whose data is unreported are included in this comparison, the rate of

first trimester access for mothers in home visiting is 79.2 percent, which still exceeds the statewide rate.

Of all mothers who enrolled prenatally and gave birth in FY20, about 90.1 percent reported no **substance use** while pregnant; data were unavailable for roughly 15 percent (146), as data is self-reported and supplied where applicable. Of the 9.9 percent (85) who reported use of illegal substances, 48.2 percent (41) discontinued use by the end of pregnancy, with 30.6 percent (26) reporting discontinued use by the end of the first trimester.

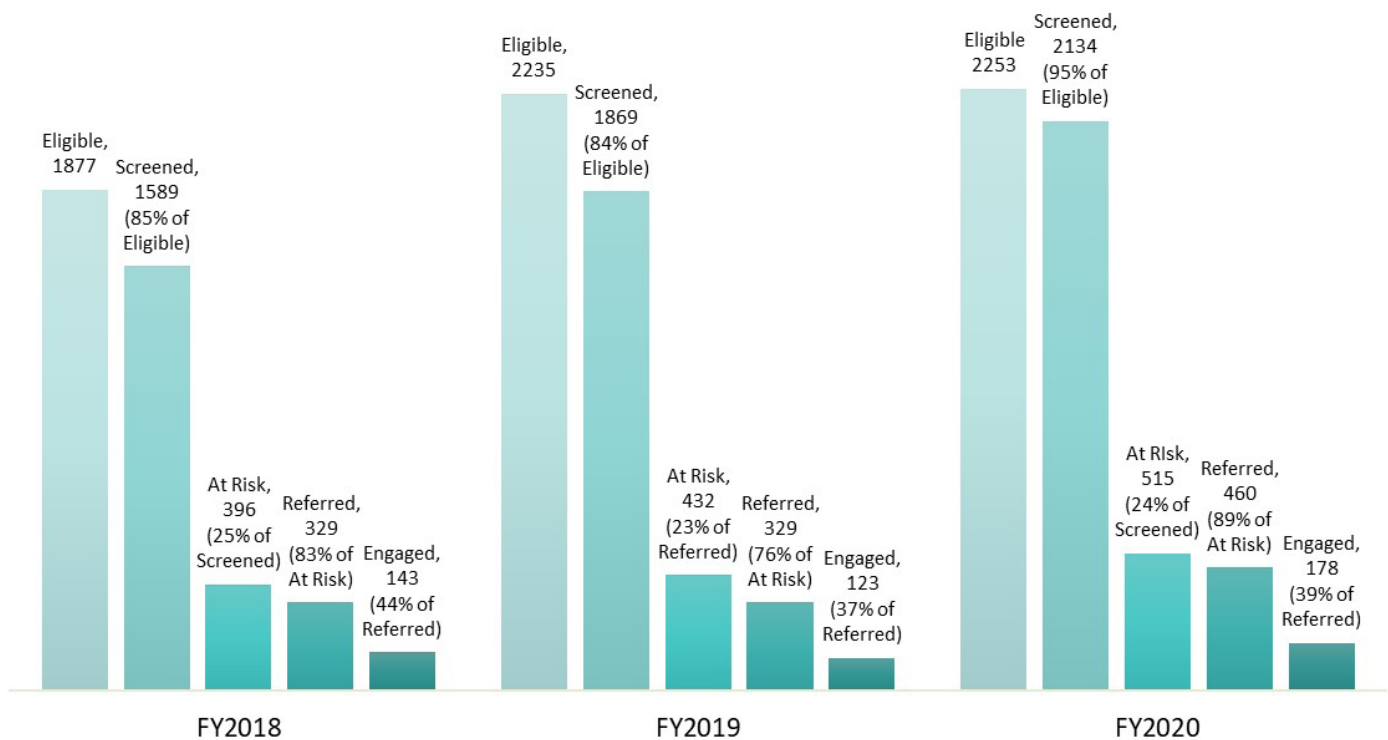
99.2% of prenatally enrolled mothers with a birth in FY20 and data on prenatal care usage reported receiving prenatal care.

91.7% of mothers giving birth in FY20 reported accessing prenatal care in the first trimester compared to 64.6% of mothers statewide (NMDOH, 2017-19).



SUBSTANCE USE DURING PREGNANCY

MATERNAL HEALTH OUTCOME DATA



POSTPARTUM DEPRESSION SCREENING AND SERVICE CONNECTION, FY18-20

Rates of screening, referral and engagement of clients in supports for **postpartum depression** all improved in FY20. This year, 94.7 percent (2,134) of 2,253 eligible mothers had been screened for postpartum depression using the Edinburgh Postnatal Depression Scale. This represents an increase from FY19, when 84 percent were screened. Of the 24.1 percent (515) of mothers identified as having symptoms of postpartum depression (“at risk”), 89.3 percent (460) were referred for services where available, an increase from 76 percent in FY19. 38.7 percent (178) referrals resulted in client engagement in supports, up slightly from last year’s 37 percent.

INFANT AND CHILD HEALTH OUTCOME DATA

Of the mothers enrolled in home visiting who gave birth during the reporting period and reported on **breastfeeding initiation**, 89.5 percent (734) initiated breastfeeding, which is slightly above the statewide rate of 88.8 percent (New Mexico Department of Health, PRAMS 2018). However, data were not reported for 18.1 percent (181) of mothers who entered home visiting prenatally and gave birth in FY20.

89.5% of prenatally enrolled mothers with a birth in FY20 and data on breastfeeding initiation reported initiating breastfeeding.



Parent-reported data on whether their infants and young children have received recommended **immunizations** is missing for nearly 23 percent of clients enrolled in state-funded home visiting. Of the 4,429 families reporting, however, 93 percent report that their children are up to date with recommended immunizations. 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 ECECD facilitate administrative matching of home visiting participants to the statewide immunization database

93% of parents with data on their children's immunization reported their children immunized on schedule.

Data to be Developed: Administrative matching of home visiting participants to the statewide immunization database

Taos Adapts to the Pandemic

When Robyn Chavez first heard about home visiting, she thought there must be some sort of catch.

“When my sister told me about it, it sounded too good to be true – a free program that helps you with all your parenting needs and puts you in touch with resources,” she said.

Now, though, Chavez is a true believer. She entered the First Steps home visiting program in Taos when she was pregnant with her first daughter, who will soon turn three and graduate from the program. In the meantime, she had a second daughter. Both her children love Carla, their home visitor, and look forward to seeing her each week. That feeling has continued into the pandemic, even as home visits turned into video calls.

“For the older one especially, she doesn’t get to see a lot of people, so even just seeing the home visitor’s face on the computer is the highlight of her day,” Chavez said.

Jaci Imberger, director of the Taos First Steps program, said the program had to find new footing after its visitors started working from home in mid-March. “The thread that was still really common is that people needed support,” Imberger said. “Several families said, ‘I really like continuing home visiting because it helps me to feel normal.’”

Home visitors have had to adapt as well, alongside the families they serve.

“There’s been a lot of wear and tear on the home visitors, because we all had a lot of Zoom fatigue, and we still do, in intermittent ways,” Imberger said. “There’s all these different stressors that they’re supporting their families in, and also experiencing. Reflective supervision has become even more critical.”

For Robyn Chavez, home visiting has given her a set of parenting tools that are even more helpful now, for families cooped up together. Carla introduced her to Circle of Security, a curriculum focused on reading children’s cues and meeting their emotional needs. Chavez said the curriculum routinely informs the way she responds to her children. “I pretty much see it every day,” she said. “I picture the circle in my mind. Sometimes they’re trying to tell me something and I don’t understand, but I understand that their cue is that they need something from me.”



Goal 2: Children are Nurtured by their Parents and Caregivers

The Home Visiting Accountability Act calls for measurement of how well New Mexico's home visiting system has promoted positive parenting practices and supported the building of healthy parent and child relationships. New Mexico home visitors are trained in 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. 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 MEASURES

The primary indicator used to measure healthy parenting practices is:

- Caregiver progress in practicing positive parent-child interactions

New Mexico home visiting uses one of two validated observational tools to guide practice and measure home visiting impact on parental capacity. Most programs use the Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), designed for home visitors to measure healthy parenting practices and relationships (Roggman et al., 2013a, 2013b). 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. One state-supported home visiting program model, Nurse-Family Partnership, uses an alternative observational tool, called the Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE); data on the 118 families screened with the DANCE are not reported here. DANCE and PICCOLO data will be standardized to allow for inclusion of both in next year's report.

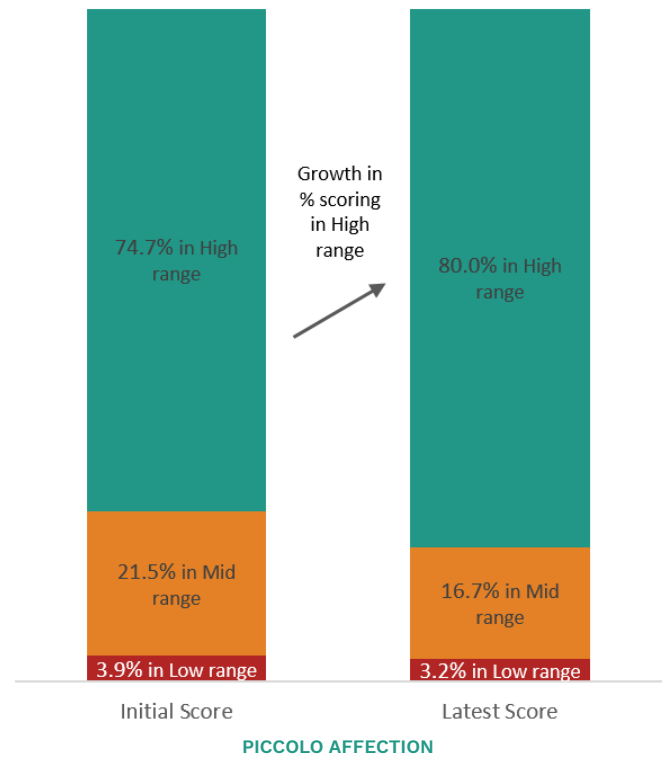
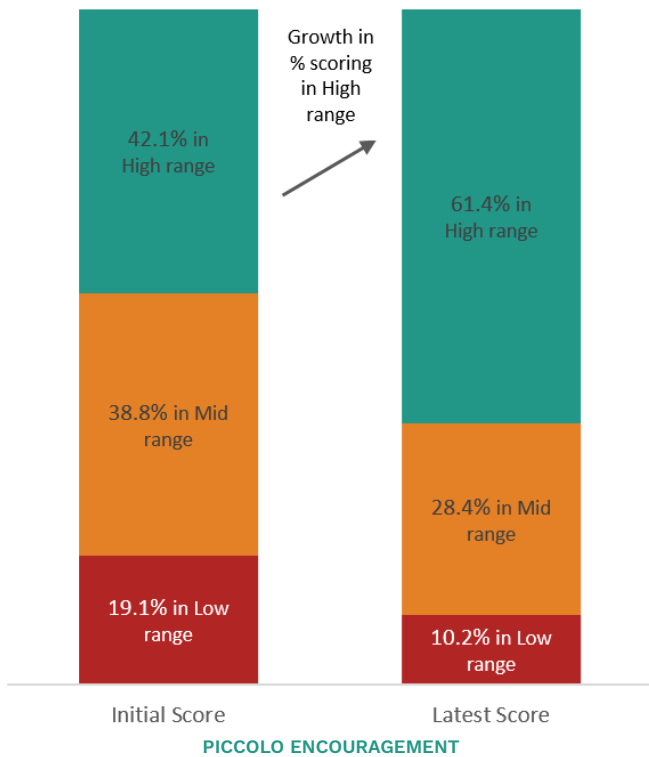
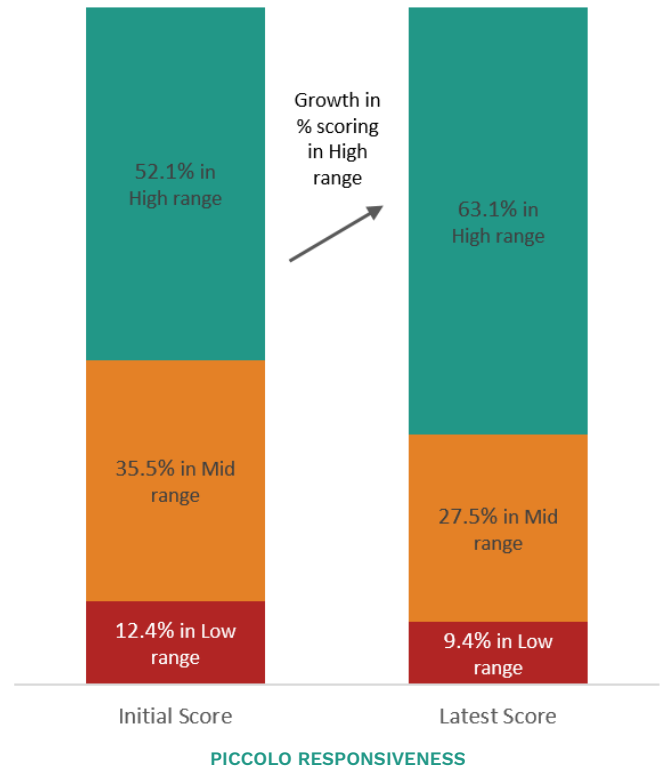
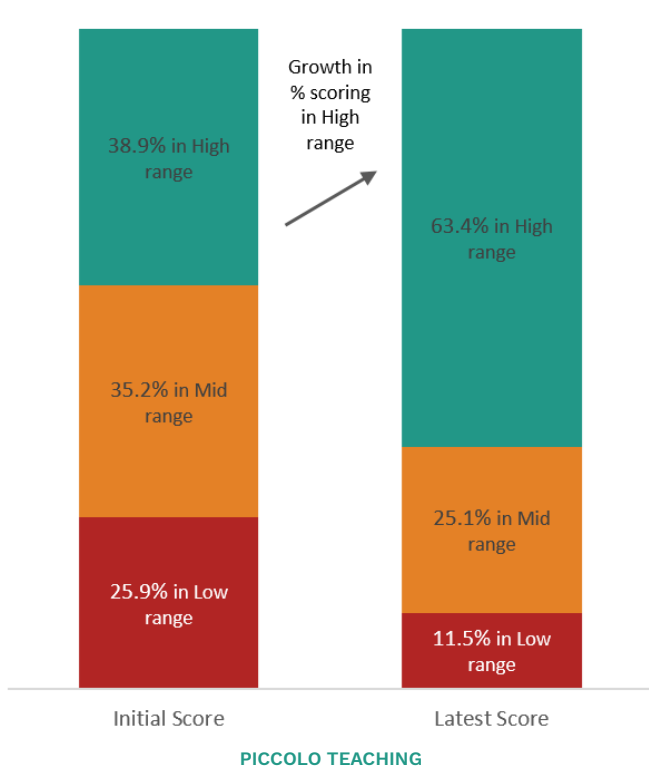
PARENTING CAPACITY OUTCOME DATA

Initial observations of **parenting behavior** using the PICCOLO 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 FY20, parents of 2,196 children — significantly more than FY19's 1,446, reflecting targeted efforts by ECECD and program managers — had completed both an initial and a follow-up screen.

Observational 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 FY20 and the latest subsequent PICCOLO score. In addition:

- 1,355 children (61.7 percent) experienced parental improvement in teaching. This tends to be the domain where parents initially score lowest, so there is most room for improvement.
- 1,045 children (47.6 percent) experienced parental improvement in encouragement.
- 766 children (34.9 percent) experienced parental improvement in responsiveness.
- 547 children (24.9 percent) experienced parental improvement in affection.

IMPROVEMENTS IN PARENTING BEHAVIOR (PICCOLO SCORES)



Lengthening and Deepening Telehealth Visits

When the home visiting system first shifted to telehealth in the spring, the notion of staying on an extended video call was overwhelming for many parents. The newness and uncertainty of the pandemic, combined with different norms of social interactions over the phone, meant that the length of home visits initially dropped. But then, it crept back up.

Since March, 75 percent of telehealth visits have lasted 45 minutes or longer

“We shifted from starting out with smaller conversations into longer conversations, and then those conversations grew, until now sometimes we’re having to cut them off at an hour and 15 minutes or an hour and a half because they’re so willing to talk to us on the phone,” said Cynthia Polk, home visiting program manager for ENMRSH, Inc. Now, data show that since March, 75 percent of visits conducted virtually statewide have lasted 45 minutes or longer.

In some cases, Polk said the virtual format can lead to unexpected breakthroughs. She described a PICCOLO observation she conducted over the phone (audio only) with a mother who has always been uncomfortable being recorded for the PICCOLO – a strengths-based tool for assessing parental capacity. The observation is traditionally done by recording and scoring an interaction between caregiver and children. But this time, without video, the mother was able to shine, while Polk listened on speakerphone.

“She bought a paint set and did painting with this baby, and the PICCOLO was amazing,” said Polk, who could hear the mother talking to her son with phrases like, “Let’s wash the paintbrush; what color do you want next?” Although there were areas Polk couldn’t score without being able to see them, she heard higher quality interactions than she had seen in person in the past. It also prompted the mother to say she would do more crafts with her son, since she noticed she talked to him more than usual when they were painting.



Goal 3: Children are Physically and Mentally Healthy

New Mexico's Home Visiting Accountability Act mandates measurement of how home visiting supports children's cognitive and physical development. Early childhood cognitive and physical development is influenced by a host of individual, family, and systemic factors. Home visitors discuss a wide range of these development-related issues with caregivers, such as nutrition, the importance of well-child visits, monitoring for developmental milestones and social-emotional development. 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.

OUTCOME MEASURES

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

- Percentage of young children receiving their last well-child visit as recommended by the American Academy of Pediatrics (AAP)
- 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

Home visitors work with families to understand the importance of preventive pediatric health care visits and to complete the AAP recommended schedule of well-child visits, which include pediatric checks at 3-5 days after birth, and by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, and 4 years of age (American Academy of Pediatrics, 2020, https://www.aap.org/en-us/Documents/periodicity_schedule.pdf).

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). 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, 2020). Timely screening ensures that children identified with possible delays are referred in a timely manner to professional early intervention services (Guevara et al. 2012) that can help lessen the effects of delay or disability.

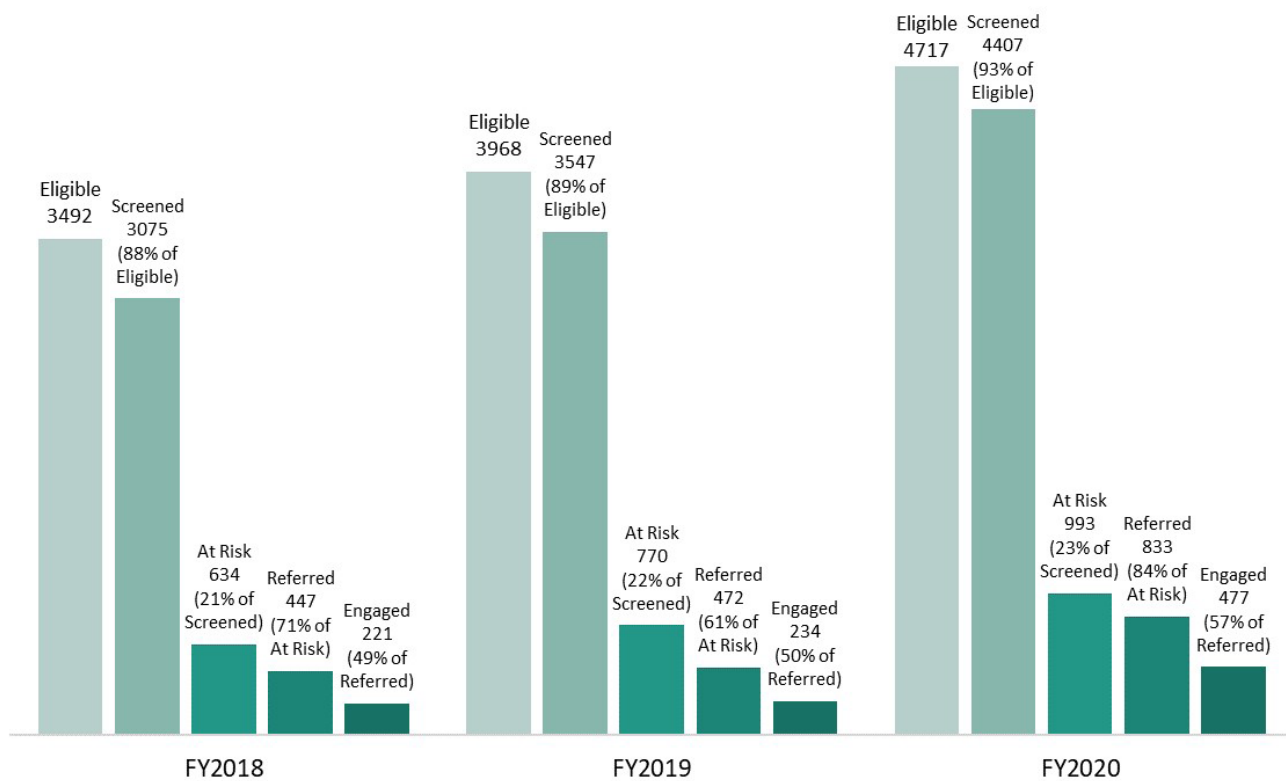
PHYSICAL HEALTH OUTCOME DATA

In 2018, the state began training programs in a reporting protocol to provide data on the percentage of young children in home visiting who are up to date on the pediatric **well-child visit** schedule recommended by the AAP. Data were recorded for nearly 70 percent of children in home visiting in FY20, which suggests that robust data for reporting will be available in FY21.

67.6% of child clients with 1+ home visit in FY20 received a pediatric well-child visit.



SOCIAL-EMOTIONAL HEALTH OUTCOME DATA



CHILDREN SCREENED FOR POTENTIAL DELAY IN DEVELOPMENT (ASQ-3) AND CONNECTED TO EARLY INTERVENTION SERVICES

Rates of home visitor screening of children for potential **developmental delays** increased this year, as did rates of children referred to and engaged in early intervention services. In FY20, 4,717 children were old enough (4 months of age) to receive the first ASQ-3 screen, and had been in home visiting for at least five home visits. Children already receiving early intervention services do not receive the screen.

Of these children, 93.4 percent (4,407) had received at least one ASQ-3 screen, which increased from 89.4 percent last year. Approximately 23 percent, or 993 were identified by the screen as having characteristics of a delay in development, and therefore in the category of “identified for referral (at risk).”

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 FY20, of the 993 children identified for referral through the ASQ-3, 83.9 percent (833) were referred to FIT early intervention services. This represents an increased rate of referral to FIT, from 61.3 percent in FY19. Of those referred, 57.3 percent (477) engaged in early intervention services – also an increase from last year’s 49.6 percent.

Goal 4: Children are Ready for School

The Home Visiting Accountability Act requires annual reporting on measures of increased child readiness to succeed in school, including enhanced social-emotional and language development. School readiness involves the child's pre-reading, math, and language skills at school entry, as well as the child's social-emotional development (Shonkoff & Phillips, 2000; High, 2008; Duncan et al., 2007). 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 language ability (Iruka et al., 2018).

Home visitors screen for and build family capacity to support these social-emotional developmental skills, and provide appropriate referrals where additional professional support is indicated.

OUTCOME MEASURES

The measures used to examine the impact of home visiting services on infants and young children's readiness for learning and school include PICCOLO and ASQ-3 results reported under Goals 2 and 3, as well as:

- Percentage of children screened on schedule for potential delay in social-emotional development with the ASQ-SE screening tool
- Number of days in which a caregiver reads, tells stories or sings to an infant or child in a typical week

Moments Together Campaign

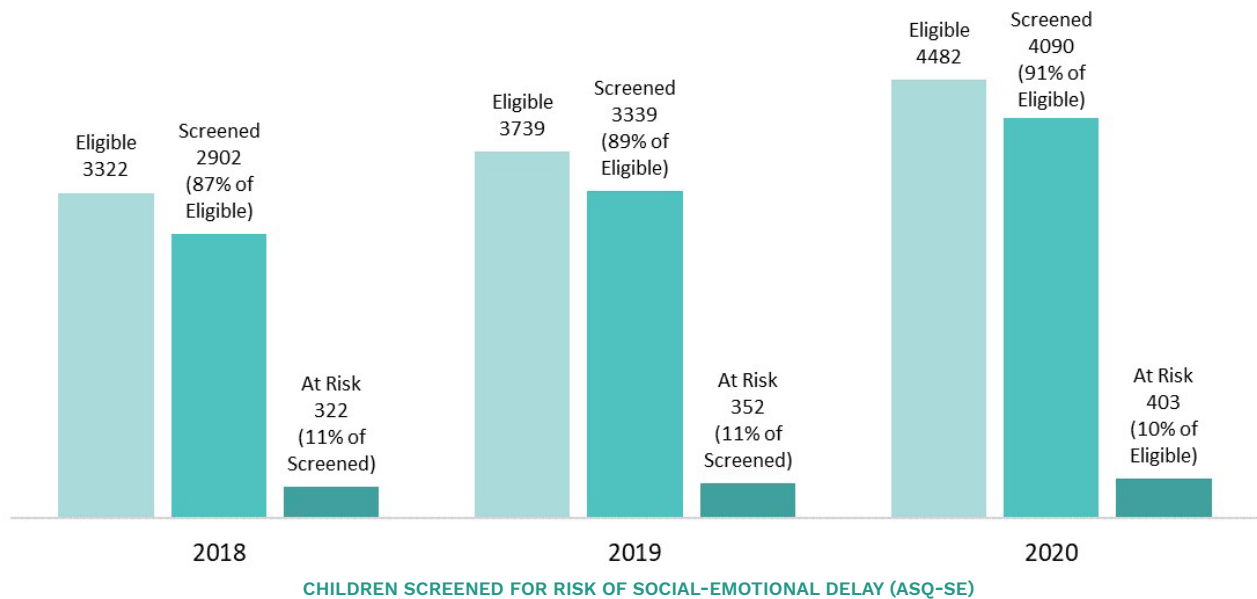
In August, ECECD launched Moments Together, a media campaign that gives parents tips for using the everyday moments of play, snuggle, talk and singing to support their child's development in their crucial early years. This campaign was funded through New Mexico's federal Preschool Development Grant Birth to Five, grant number 90TP0081-01-00.

<https://momentsnm.org/>

"Babies are always learning, and you already have what it takes to teach them."



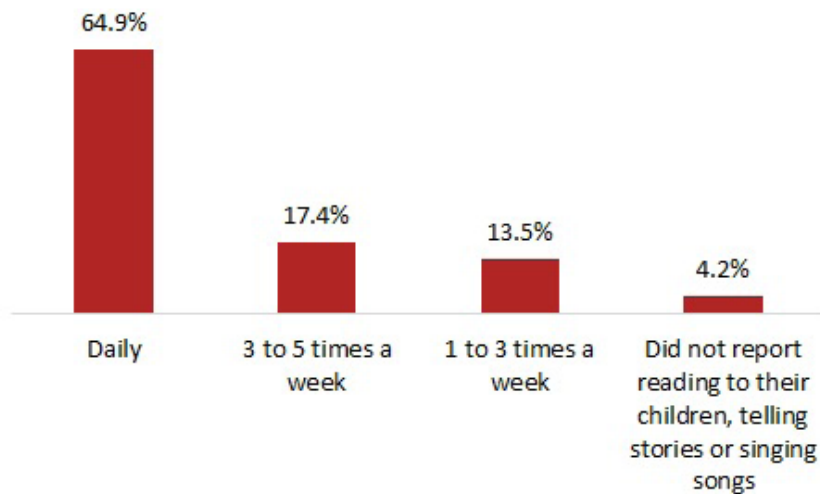
EARLY SCHOOL READINESS OUTCOME DATA



Data to be Developed: Track referrals and engagement with appropriate agencies for services as a result of ASQ-SE screenings

The ASQ-Social-Emotional questionnaire was administered to 4,090 (91.3 percent) of 4,482 eligible children. Of these, 403 (9.9 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 difficulties in children's **social and emotional** development.

In FY18, the state 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 80 percent of FY20 families:



NUMBER OF DAYS IN WHICH A CAREGIVER READS, TELLS STORIES OR SINGS TO AN INFANT OR CHILD IN A TYPICAL WEEK

Goal 5: Children and Families are Safe

New Mexico's Home Visiting Accountability Act calls for measurement of how programs have provided resources and supports that may help to reduce child maltreatment and injury. 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 poor performance in school and in relationships with others (Perry, 2008). While caregivers who experienced child maltreatment themselves are more likely to perpetrate child maltreatment, they are significantly less likely to do so when they have a better relationship with their intimate partner, more satisfaction with parenthood, and better attachment with their children (Thornberry et al., 2013). Experts have noted that family safety is likely to be especially threatened during the public health emergency, as families spend more time inside together, are cut off from their typical support networks, and cope with anxiety due to financial concerns or other uncertainties brought on by the pandemic (Abramson, 2020).

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). Specifically, New Mexico home visiting uses the Circle of Security approach, which research has shown to improve caregiver self-efficacy, secure child attachment, and quality of caregiving (Yaholkoski et al., 2016). Home visiting programs use screening tools to assess risk and support protective factors for child maltreatment, such as secure attachment, family stability, access to health care and social services, and social connectedness. Where risk factors are present,

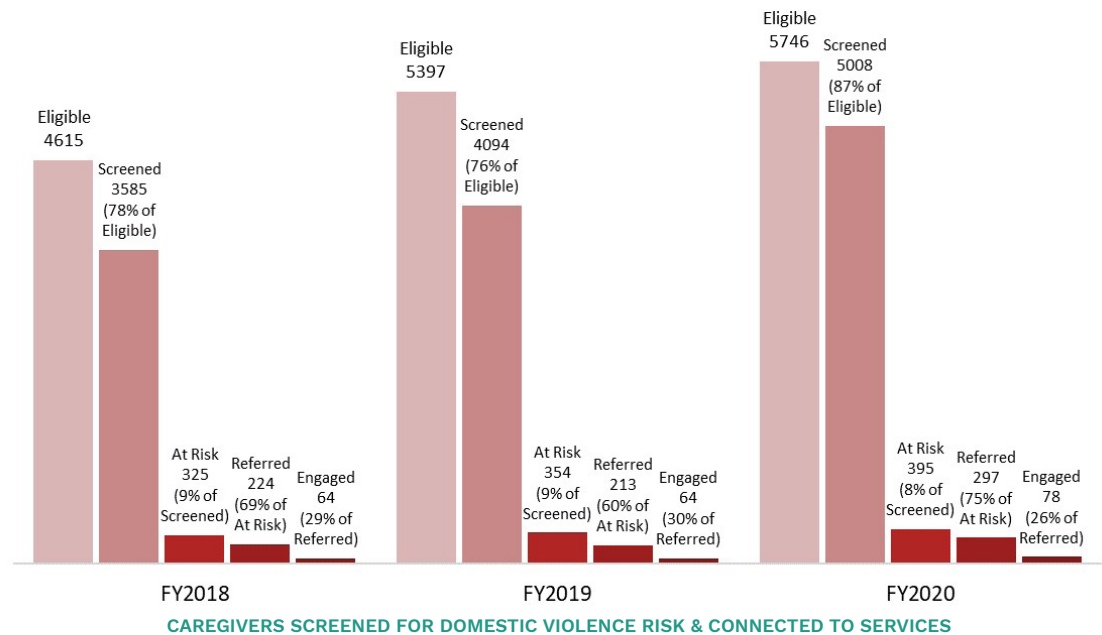
home visitors use their knowledge of each family to establish intervention plans, including safety plans for families who may be at risk for family violence. Home visitors also discuss up-to-date practices for reducing risk of COVID-19 infection, unintentional injury issues (e.g., potential poisoning 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 are mandated reporters and must complete a report to Statewide Central Intake (Child Protective Services).

OUTCOME MEASURES

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

- Identified as at risk of domestic violence
- 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

FAMILY SAFETY OUTCOME DATA



Among FY20 active families, 5,008 had been screened for potential risk of **intimate partner violence**, using either the Relationship Assessment Tool (RAT) or Hurt, Insult, Threaten or Scream (HITS) Tool for Intimate Partner Violence Screening. This represents 87.2 percent of eligible family caregivers screened, a three-year high.

When screened, 395 (7.9 percent) scored as potentially at risk. Of those at risk, 75.2 percent (297) were referred to available behavioral health services. This represents an improvement trend in referrals made, from 60.2 percent in FY19. The percentage of families who engaged in services as a result of the referral was 26.3 percent (78), similar to last year's 30 percent.

Of the 395 families who scored as at risk on an intimate partner violence screen, 60.3 percent (238) are recorded as having a **safety plan** in place. This is another improvement from FY19, when 42.9 percent had 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.

60.3%

of parents who scored as at risk on an intimate partner violence screen reported having a safety plan in place.

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** have steadily been increasing, now at 73.6 percent (3,468), up from 65.4 percent in FY18 and 73.1 percent in FY19. However, data show that discussion of safety

in the home took place in only 1 out of 5 of the telehealth visits that took place during the March-June public health emergency. It will be important to ensure that home visitors find ways to review safety with caregivers when they're unable to be physically present in the home environment.

73.6%

of families with 5+ home visits discussed home safety and injury prevention with their home visitors.

In 2018, the state began reporting on substantiated cases of maltreatment experienced by children after entry into home visiting programs. This data allows for examination of the relationship between home visiting services and **prevention of maltreatment** of children.

Of those families receiving home visiting services for six months or longer in FY20, 0.86 percent had one or more protective service-substantiated abuse or neglect referrals during their participation period. This continues a trend in reduced substantiated referrals after enrollment in home visiting, from 1.12 percent in FY19 and 1.94 percent in FY18.

<1%

of families enrolled in home visiting for 6 months or longer had abuse or neglect referrals.



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

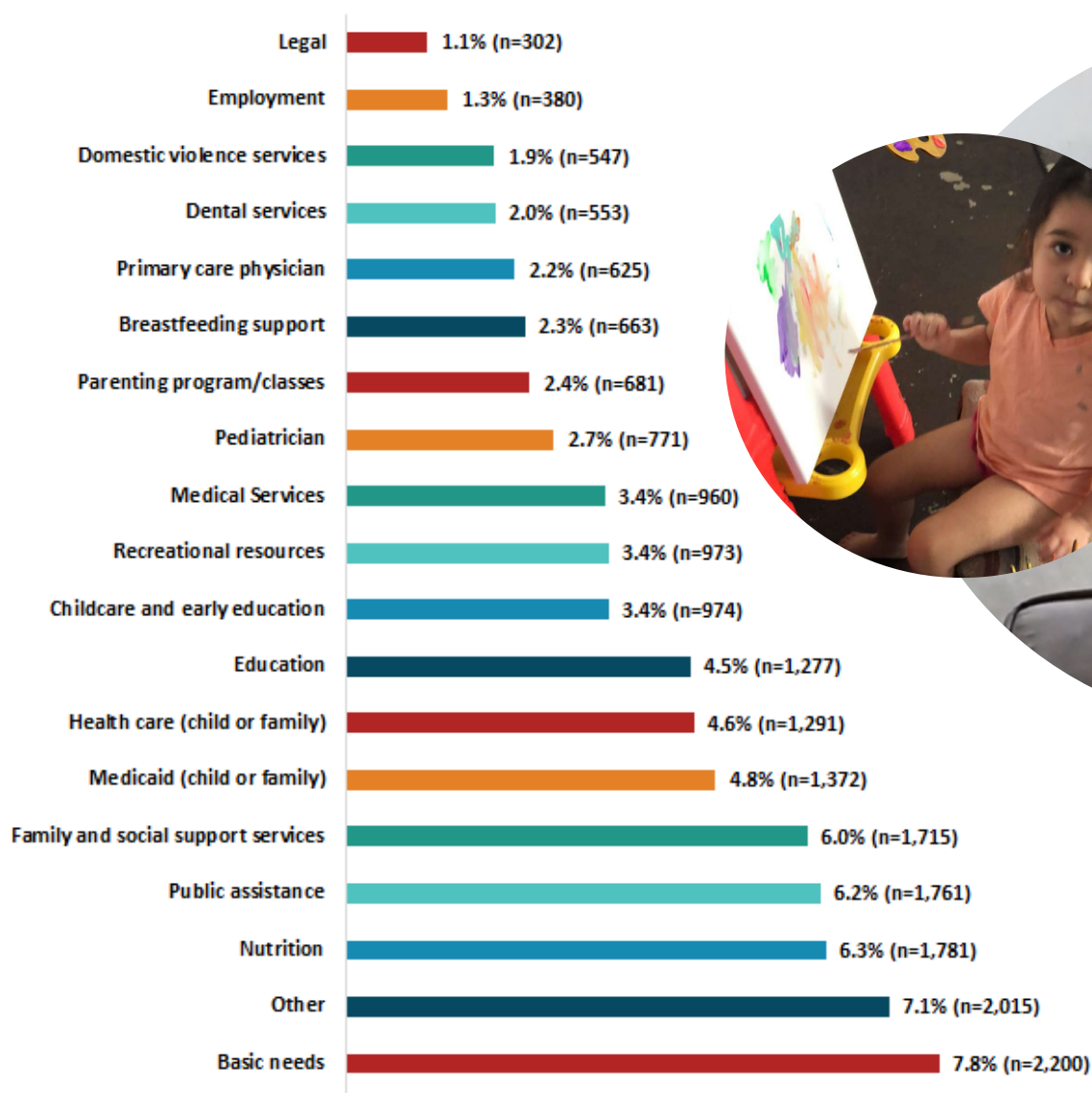
The Home Visiting Accountability Act requires measurement of the improved coordination of referrals for, and the provision of, other community resources and supports for families. Connecting families to social support services is part of the goal-setting and planning process with each family, which is 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.

OUTCOME MEASURES

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)

FAMILY SUPPORTS OUTCOME DATA



FAMILY REFERRALS, BY SERVICE TYPE



Families enrolled in FY20 have been referred to a total of 28,443 **family support services** during their time in home visiting services to date. About half (46 percent) of these families received one or more referrals during FY20, with a total of 7,016 recorded for this year alone. As in past years, most referrals have been to behavioral health services (11 percent), early intervention (Family Infant and Toddler, or FIT) services (9.9 percent), basic needs (7.8 percent) and nutrition supports (6.3 percent).

SERVICE REFERRAL AND FAMILY ENGAGEMENT TRENDS, 2018-2020



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



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 successfully. Data show that overall rates of referral are at three-year highs, reflecting a concerted effort by program managers and home visitors to improve efforts to identify where families could benefit from connection to key supportive services. Levels of family engagement with these referrals have largely remained steady, with family engagement in early intervention services markedly increased in FY20.

Next Steps

New Mexico's Home Visiting Program transitioned to the state's new Early Childhood Education and Care Department in July 2020. As it looks to expand quality home visiting and to further integrate it into the state's continuum of early childhood services, ECECD has identified several next steps:

Data and Accountability

As the Early Childhood Integrated Data System (ECIDS) becomes operative, ECECD will be able to measure child outcomes mandated in the Home Visiting Accountability Act but not yet reported:

- Outcome data from the Public Education Department's **Kindergarten Observation Tool (KOT)** matched to participants in home visiting to report on home visiting's impact on school readiness;
- Enrollment in subsidized quality **child care and NM PreK** programs by children during and after home visiting participation to better understand home visiting's impact on connection to other quality early childhood education programs.

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

- Separately tracking and reporting outcomes for families receiving **NICU** home visiting;
- Separately tracking and reporting outcomes for families receiving **Level II and Level II-S** services;
- Monitoring **breastfeeding duration**, as well as initiation;
- Tracking **referral steps** taken as a result of social-emotional (ASQ-SE) screening.

Home Visiting Program Building

The ECECD will deepen integration of home visiting into the state's continuum of early childhood education and care services by:

- Support for the Early Childhood Home Visiting (ECHV) Work Group, a public-private partnership launched in November 2020 to compose a comprehensive **plan to expand Medicaid funded home visiting services** in New Mexico. The group will: 1) provide recommendations and a roadmap for expansion of the home visiting pilot, focusing on enhancing support for qualifying providers to prepare to bill Medicaid for services and sustain operations; 2) drive alignment of home visiting with Medicaid Managed Care Organizations (MCOs) state contract goals as part of Centennial 2.0; and 3) develop strategy recommendations to enhance key operational synergies across qualifying home visiting programs.
- Completion of a **Home Visiting Cost Study**, funded through the Pritzker Foundation and led by Growing Up New Mexico. The fiscal modeling project will begin in January 2021 to collect data from a full range of New Mexico providers on the true costs of program operation. ECECD will use the study to understand the costs of maintaining a multi-model program approach that addresses varying levels of family need.



- Exploring the capacity of state and local resource and referral efforts to meet the current needs of families and support full enrollment of all home visiting programs. It will be important to understand how best the state's centralized NewMexicoKids **Resource and Referral** system can be strengthened and leveraged to ensure reach across communities in New Mexico.
- Continued planning to have **Families FIRST nurses trained in the evidence-based home visiting Nurse-Family Partnership (NFP) model**. This will allow nurses providing targeted case management to Medicaid-eligible pregnant women and children to enhance their practice and service delivery in order to transform community outcomes.
- Continued administration of the **SafeSleep program** as a strategy to reduce risk of Sudden Infant Death Syndrome (SIDS). Families are provided safe sleep education and materials, such as an optional SafeSleep portable cradle.

NICU Home Visiting During COVID-19

Under normal circumstances, having a new baby cared for in the Neonatal Intensive Care Unit (NICU) is a challenging and potentially traumatizing experience for families.

For families experiencing NICU stays during the COVID-19 pandemic, those challenges have been heightened by tighter hospital restrictions on visiting babies and other anxieties.

Against this backdrop, New Mexico's NICU home visiting program has transitioned to telehealth and has continued supporting families experiencing NICU stays. The HATCH Program, which stands for Helping All To Come Home, provides short-term home visiting for about three months after discharge from the NICU, at which point some families transition to longer-term home visiting programs.

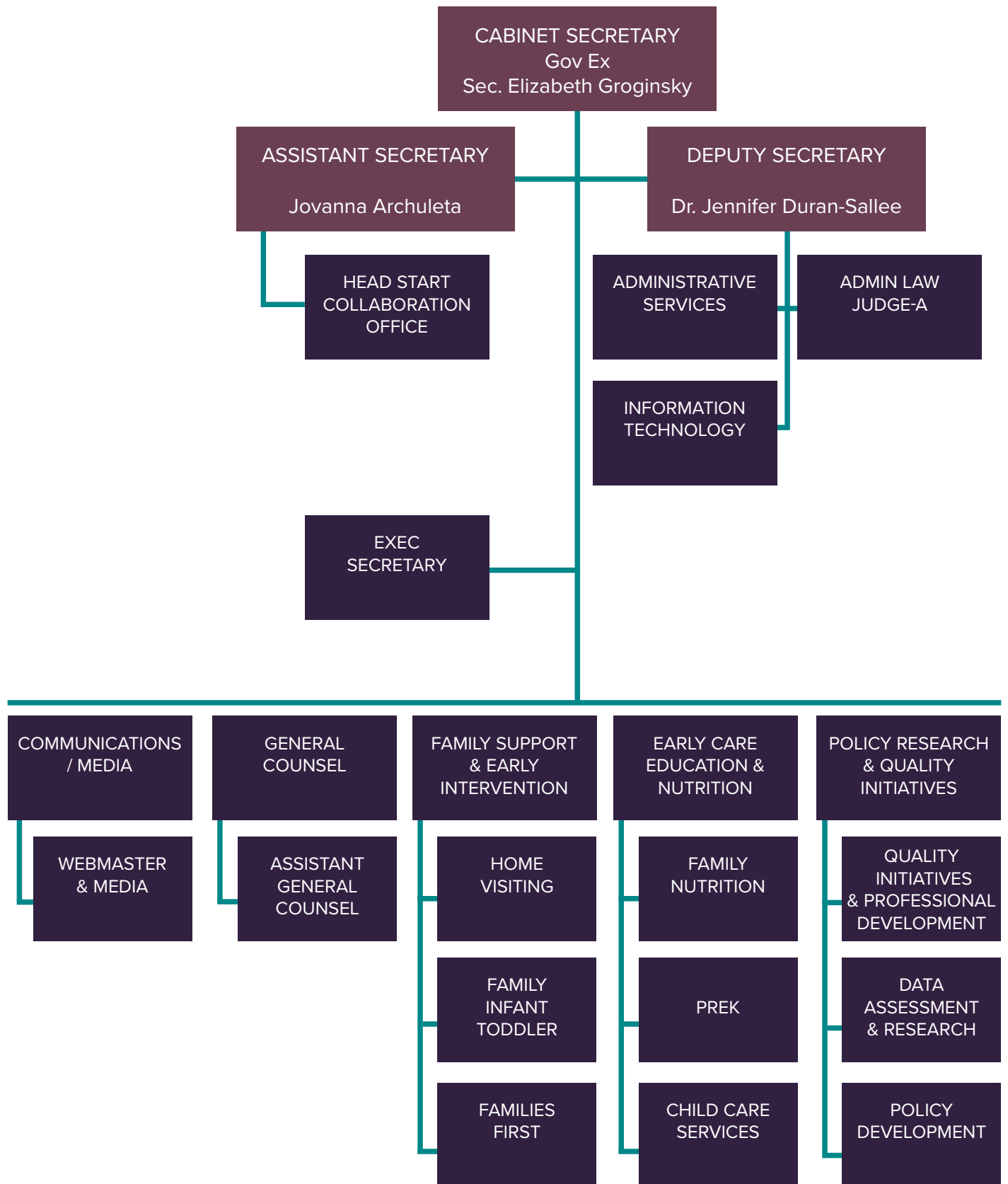
In some respects, the pandemic has slowed the HATCH Program's expansion. The program began serving families at University of New Mexico Hospital (UNMH) in 2018 and has been working to expand to the state's other NICUs in Albuquerque and Las Cruces. Over the summer, clinical manager Karen Longenecker worked on strengthening partnerships in Las Cruces, including hiring a home visitor who is based there. Then in October, COVID-19 cases began surging, stretching hospitals thin and limiting their capacity to work on new initiatives and processes. Even at UNMH, where HATCH's presence is strongest, home visitors are no longer allowed to come into the NICU, relying instead on NICU nurses to make referrals.

Despite these challenges, the work has continued. HATCH home visitors have been trained in Facilitating Attuned Interactions (FAN), a framework for enhancing communication and relationships, and the program has also provided FAN training to UNMH's NICU nurses. In addition, HATCH home visitors have trained in a relationship-building tool called Neonatal Behavioral Observations, and in infant massage. Infant massage, it turns out, can be translated to the digital world.

"What we learned, is people still really, really want infant massage, even if it's over Zoom," Longenecker said. "We can adjust the camera to be able to demonstrate types of infant massage techniques on a doll, and then the parents can kind of mirror that and practice that with their baby, which has actually been very effective."



APPENDIX 1: ECECD Organizational Chart

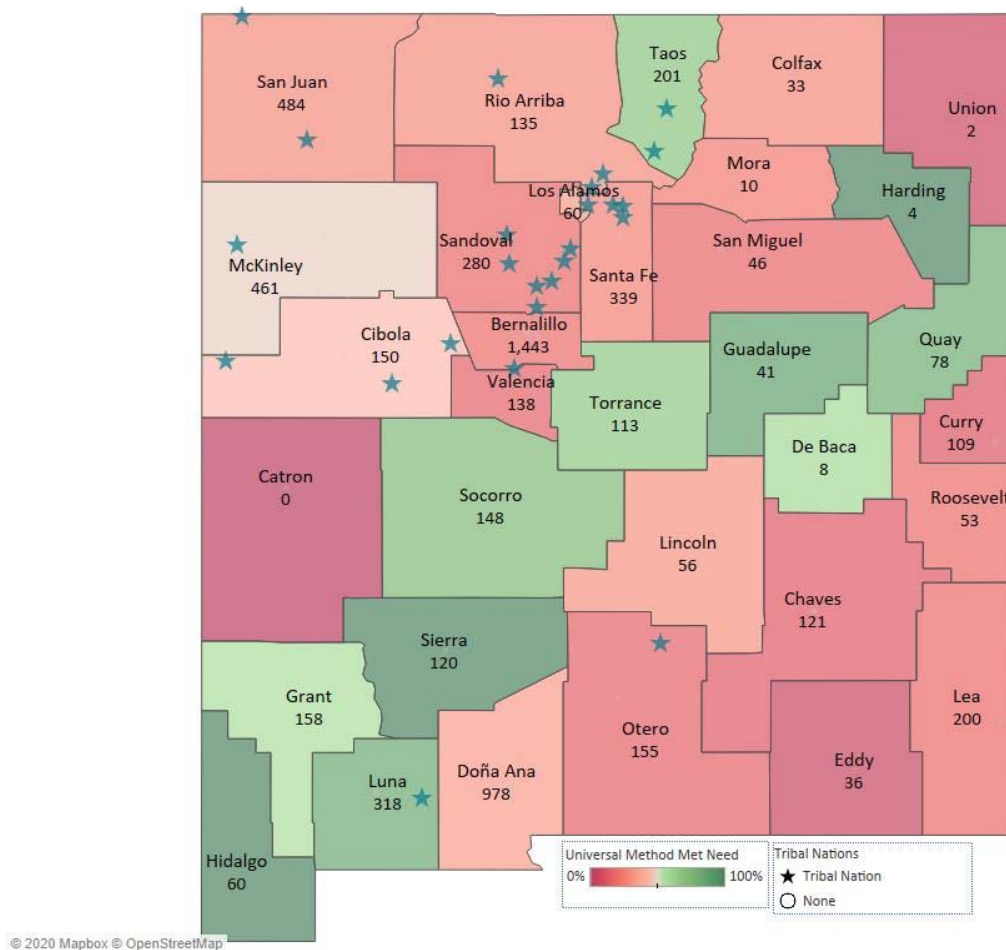


APPENDIX 2: New Mexico Home Visiting Collaborative Statewide Map, FY20

In addition to home visiting programs funded and administered by the state, New Mexico 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 ECECD, 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 have shared multiple years of data to map a comprehensive view of expanding home visiting capacity in New Mexico. These data show that in FY20 a total of 6,538 year-round home visiting openings were available to families across the state, across funding streams.

STATEWIDE HOME VISITING CAPACITY, FY20 —6,538 FAMILY SLOTS



SOURCE: DATA PROVIDED BY THE NEW MEXICO HOME VISITING COLLABORATIVE, SUPPORTED BY THE LANL FOUNDATION (WWW.LANLFOUNDATION.ORG).
DATA VISUALIZATIONS CREATED BY THE UNIVERSITY OF NEW MEXICO CRADLE TO CAREER POLICY INSTITUTE (CCPI.UNM.EDU)

Map shows total federal, state and privately funded home visiting slots by county, as of 12/16/19.

Map colors indicate progress toward meeting estimated need for home visiting, with red showing least estimated need met and green showing most. Estimates of need are based on a method used in New Mexico’s Preschool Development Grant Birth-Five Early Childhood Needs Assessment that counts 80 percent of annual live births and 40 percent of previous year births.

APPENDIX 3: Outcome Measures Defined

Data for nearly all program and outcome measures are collected by home visitors and reported to the state Home Visiting Database, maintained and managed for ECECD by the UNM Early Childhood Services Center (ECSC) since 2008. The data analyzed for this report are de-identified, family-level data provided by ECSC in October 2020. Detailed definitions of measures are offered below.

Measure	Measurement Tool	Operational Definition
Number and type of programs funded	Early Childhood Education and Care Department (ECECD) program contracts	All home visiting programs that were both contracted and reported data in the reporting period
Number of families funded (openings)	ECECD program contracts	As reported by ECECD
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
Goal 1: Babies are Born Healthy		
Percentage of mothers enrolled prenatally who receive prenatal care	Federal Maternal Child Health (MCH) form; item asks "Did you receive prenatal care? If Yes, when did you start with prenatal care?"	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 "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?"	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 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, "Did you begin breastfeeding your baby?"	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
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?"	Numerator: Of below, number who have reported a child as being immunized Denominator: Number of families served in the reporting period with data on child immunizations
Goal 2: Children are Nurtured by their Parents and Caregivers		
Percentage of children whose parents show progress in practicing positive parent-child interactions as measured by the PICCOLO	PICCOLO	Numerator: Of below, number of children whose parents show positive difference between initial and most recent score, by domain Denominator: Number of children with at least 2 PICCOLO screenings
Goal 3: Children are Physically and Mentally Healthy		
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	In development

Measure	Measurement Tool	Operational Definition
Percentage of children screened for potential delay in development with the ASQ-3 screening tool who are screened on schedule	Ages & Stages Questionnaire-3	Numerator: Of below, number who received at least one ASQ-3 screen 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
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	Numerator: Of below, number who scored below ASQ-3 cutoff 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
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	Numerator: Of below, number who were referred to early intervention services 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
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	Numerator: Of below, number who engaged in early intervention services during reporting period 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
Goal 4: Children are Ready for School		
Percentage of children screened for potential social-emotional difficulties with the ASQ-SE screening tool who are screened on schedule	Ages & Stages Questionnaire-Social-Emotional	Numerator: Of below, number who received at least one ASQ-SE screen Denominator: Number of children who reached 6 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
Percentage of children screened for potential social-emotional difficulties with the ASQ-3 screening tool who are identified with scores below cutoff	Ages & Stages Questionnaire-Social-Emotional	Numerator: Of below, number who scored below ASQ-SE cutoff Denominator: Number of children who reached 6 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-SE screen
Percentage of caregivers who reported that during a typical week s/he read, told stories, and/or sang songs with their child	Home Visiting Database Activity Records	Numerator: Of below, number of caregivers reporting frequency of reading to children Denominator: Number of caregivers served in the reporting period with data on frequency of reading to children
Percentage of children entering kindergarten at or above grade level on state school readiness assessments	None available	Data Development Recommended
Goal 5: Children and Families are Safe		
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 served during the reporting period who ever got screened with RAT or other validated tool
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 served during the reporting period who were screened with RAT or other validated tool and identified as at risk

Measure	Measurement Tool	Operational Definition
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
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 Denominator: Number of families receiving more than 5 cumulative home visits
Number of substantiated cases of maltreatment suffered by children after entry into program	ECECD & CYFD	As reported to ECECD by CYFD
Goal 6: Families are Connected to Formal and Informal Supports in their Communities		
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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