Welcome

Home Visiting Program for Underserved Families
(for Administrators)

November 7, 2011

We will begin promptly at 1:00pm EDT

Event Host
Molly Meinbresse, MPH
National Health Care for the Homeless Council, Inc.

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Home Visiting Program for Underserved Families
(for Administrators)

November 7, 2011
Soledad Martinez LISW, IMH-E ® IV
Early Childhood Program Manager
Children, Youth and Families Department
Santa Fe, New Mexico
Overview

- Explain the developmental process undertaken in New Mexico to establish a Home Visiting Program

- Describe decisions by policymakers that impacted implementation of program

- Share how New Mexico continues to build on basic infant mental health practices and service delivery models
EARLY CHILDHOOD SERVICES
NEW MEXICO HOME VISITING

www.cyfd.org
Home Visiting Program

Mission

- Home visitors partner with families to promote child development and confident parenting by supporting the relationship among the family, home visitor, and the community.

Vision

- New Mexico families are supported to raise children who are resilient and loved for generations to come.
Finding a “Good” Home

Where the program is housed must match the program:

- Goals
- Mission
- Vision

It is important that people in leadership positions understand infant mental health principles.
1. Universal or targeted

2. Funding agency must think through how contractors will be reimbursed
   - Hourly per home visit
   - Discreet amount per family (line item)
     - Accountability for dosage
**Program Vision:** New Mexico families are supported to raise children who are healthy, happy and successful.

**Program Goals:** 1) Pregnant women who live in the selected high-risk communities and participate in the home visiting program during their pregnancies experience improved birth outcomes; and 2) Families who live in the selected high-risk communities and participate in the home visiting program provide environments that support their infants and young children age birth to 5 to develop optimally so that they are prepared for school success.

**New Mexico** provides a coordinated continuum of high quality, community-driven culturally and linguistically appropriate home visiting services that promotes maternal, infant, and early childhood health, safety, development, and strong parent-child relationships. Regardless of the model implemented by the community program, the following are part of all New Mexico Home Visiting Programs:

- **Core Quality Components** (Inputs/Resources):
  - Culturally, linguistically & professionally competent Home Visitors
  - Reflective Supervision
  - Data management & support
  - Data-informed continuous quality improvement
  - Implementing agencies inform State-level programmatic decision making
  - Community outreach & cross-agency coordination
  - Adequate, sustained funding

- **Core Service Components** (Outputs/Activities):
  - Prenatal, post-partum and ongoing home visits*
  - Parenting education to include developmental guidance and interaction support to support school readiness
  - Screening (health, safety, development)
  - Identification of community resources & referral supports

*A home may include schools or even jails, wherever the parent and child can be seen together, based on the specific needs of each particular family.
**Goal 1:**
**Pregnant women experience improved birth outcomes.**

**Objectives (Activities)**
- Engage eligible women in home visiting services by the 28<sup>th</sup> week of pregnancy and maintain engagement in the service throughout the post-natal period.
- Support pregnant women to participate in all prenatal care appointments as appropriate to their stage of pregnancy/level of need.
- Provide information and support to increase the knowledge of pregnant women regarding health behaviors.
- Provide information and support to pregnant women and fathers-to-be/involved parenting partners to increase their knowledge of parenting practices related to newborns.
- Screen mothers for depressive symptoms and refer for medical or mental health follow up care as recommended by screening tool cut-off points.

**Short-Term Outcomes**
- Pregnant program participants increase their use of prenatal care.
- Babies born to program participants are healthier.
- More mothers experiencing depression receive treatment.

**Goal 2:**
**Families provide environments that support their infants and young children, age birth to 5, to develop optimally so that they are prepared for school success.**

**Objectives (Activities)**
- Engage eligible families in services early and maintain engagement throughout the prescribed period of program participation.
- Support parents to establish and maintain a primary care provider/medical home for their child(ren) and to follow preventive/well child care recommendations including immunization schedules.
- Engage at least one parent as an active partner in a regular process of screening the development of their child(ren) both as a means of early identification of potential delays and as a way to increase parents’ knowledge of expected milestones and the developmental progress of their child(ren).
- Screen for presence of domestic violence and develop safety plans when indicated.
- Provide parents with developmental guidance to support language, pre-literacy and development in all areas; support nurturing parent-child interactions.
- Identify and support parents’ use of formal and informal social and community supports/resources.
- Provide information and support to parents to increase their knowledge and implementation of safe parenting practices.

**Short-Term Outcomes**
- Children’s health and safety issues and possible developmental delays are identified and addressed earlier.
- Parents are more nurturing of their child(ren)’s development.
- Families are more connected to health care and needed social supports.
- More children demonstrate developmental abilities that are appropriate for their age.
- Parents implement safer parenting practices.

**Long-Term Outcomes**
- Babies are born healthy.
- Children are nurtured by their parents & caregivers.
- Children are physically & mentally healthy & ready for school.
- Children & families are safe.
- Families are connected to formal & informal supports in their communities.
Evaluation

1. Set aside dollars for evaluation
2. Know what you will evaluate
3. Create a workable logic model
4. Decide on tools that will assist in the evaluation
5. Set up a database that will gather the necessary data to inform the evaluation
Program Components
Screening Tools

- Edinburg Post Partum Depression
- WAST-Short (Screening for Partner Violence)
- Ages and Stages Questionnaire
- Ages and Stages Social Emotional
- Knowledge of Infant Development
- Social Support Index
- New Mexico Medical Assistance Developmental Guidance
Reflective Supervision

Reflective supervision as part of the contract:

- Articles
- Groups
- Database
- Retention
- Administrative staff
- Relationship/community
Professional Development

- Thoughtful approach to professional development using face-to-face and online methods
- Prioritize trainings
- Identify goals
- Build professional sophistication over time
- Promote infant mental health endorsement (New Mexico Association for Infant Mental Health Endorsement for *Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health*)
- Understand programs developmental stage
Communication Structures

- Site visit reviews
- Ask the manager
- Quarterly meetings
- Quarterly reports
- Availability and accessibility of program manager
Clear Scope of Work

- **Target Population**
  - Age
  - Prenatal
  - Universal/at risk

- **Specific work**
  - Prenatal
  - Infants
  - Toddler
Curriculum

- Evidence-based
- Documentation of use
- Supplemental curriculum
Program ownership

Revised with provider input
Program Site Visit

- Approach the site visit as technical assistance
- Assess the programs developmental status
- Have all staff connected to home visiting as part of the entrance and exit meeting
- Share all findings with all the staff (unless personnel issues included)
- Address manager capacity to manage all aspects of the program
Location of Home Visiting Programs in New Mexico
Infant Mental Health Teams
(Tulane Model)
Outcomes

- Reduce length of time infant is in foster care
- Reduce maltreatment recidivism rates of infants involved with Infant Team
- Improve psychological/developmental care to infants and toddlers
- Improve quality of information provided to courts regarding infants/toddlers, biological parents, relatives and foster parents as it pertains to welfare of infant
- Assist foster parents in management of maltreated infants/toddlers
Measures

- Diagnostic Classification: Zero to Three R (DC:0-3)
- Developmental Assessment tools including the Bayley Scales of Infant Development, 3rd Edition
- Crowell: Adult Attachment Assessment
- Social and emotional assessment tools including:
  - Infant-Toddler Social-Emotional Assessment (ITSEA)
  - Functional Emotional Assessment Scale (FEAS)
  - Parent-Infant Relationship Global Assessment Scale PIR-GAS (DC:0-3)
Measures (continued)

- Life Skills Progression Instrument
- Working Model of the Child Interview
- Parenting Stress Index
- Other trauma assessments as necessary
- Substance abuse assessment for parents
- Circle of Security Interview
Database Management
Home Visiting Database Users

- All home visiting use the Children, Youth and Families Department (CYFD) database
  - State funded
  - Federally funded

- Users include
  - CYFD program manager
  - CYFD data analyst
  - Home Visiting Program coordinators
  - Home Visiting Program home visitors
Data Management Work Flow

- Register Family/Client(s)
- Document Progress (Screens)
- Develop Service Plan and Document Outcomes With Family
- Document Service Referrals and Outcomes
- Record Services Provided

Document Non-Client Staff Activities

Program Staff
Data Recording, Reviewing & Reporting Process

- Program enters data into dataset
- Analyst reviews dataset
- Analyst supports programs to correct data as needed
- Analyst sends scrubbed datasets to data warehouse
- Analyst makes scrubbed datasets
- Analyst prepares aggregate reports to the State
Access and Purpose – Individual Program Dataset

The individual program dataset contains live data that are strictly for the program use and for compliance monitoring conducted by Soledad Martinez, Home Visiting Program Manager.

- Each program has secure tunnel to its own dataset on one of the three servers to enter and utilize data as appropriate.
- Each user has his/her login and password to the server and to the dataset to enter and utilize data as appropriate.
Access and Purpose (continued)

- At CYFD, Soledad Martinez has access to program’s dataset to monitor program activity.

- At University of New Mexico, the data analysts have access to the program dataset to:
  1. Download/upload state student ID
  2. Review data and provide feedback to programs on data integrity,
  3. Provide support to program individuals in data entry and management,
  4. Export data to CYFD data warehouse

- At SymServe, Gary Kammeraad, database developer, has access to the program dataset only by invitation of the program individuals through Webex online support to provide technical assistance as needed.
Resources

Early Childhood Services
Office of Child Development
Home Visiting

www.cyfd.org

Mette Pedersen
Division Director
Early Childhood & Specialized Personnel Development
Center for Development & Disability University of New Mexico
Albuquerque, NM

mpedersen@salud.unm.edu
Resources (continued)

Eleana Shair
Program Coordinator
New Mexico Home Visiting Database
eshair@unm.edu

Deborah Harris, LISW, IMH-E® (IV)
Infant Mental Health Mentor
Early Childhood Mental Health Consultation and Training
Santa Fe, NM
debharris@newmexico.com
Questions & Answers

Soledad Martinez LISW, IMH-E ® IV
Early Childhood Program Manager
Children, Youth and Families Department
Santa Fe, New Mexico
soledadp.martinez@state.nm.us
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