

1 HOUSE BILL 333

2 **51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013**

3 INTRODUCED BY

4 Larry A. Larrañaga

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10 AN ACT

11 RELATING TO HUMAN SERVICES; REQUIRING THE CHILDREN, YOUTH AND
12 FAMILIES DEPARTMENT TO ESTABLISH A HOME VISITING PROGRAM;
13 PROVIDING FOR RULEMAKING.

14
15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

16 SECTION 1. SHORT TITLE.--This act may be cited as the
17 "Home Visiting Accountability Act".

18 SECTION 2. DEFINITIONS.--As used in the Home Visiting
19 Accountability Act:

20 A. "culturally and linguistically appropriate"
21 means taking into consideration the culture, customs and
22 language of an eligible family's home;

23 B. "department" means the children, youth and
24 families department;

25 C. "eligible family" means a family that elects to

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1 receive home visiting and includes:

2 (1) a child, from birth until kindergarten
3 entry; or

4 (2) a pregnant woman, an expectant father, a
5 parent or a primary caregiver;

6 D. "home visiting" means a program strategy that:

7 (1) delivers a variety of informational,
8 educational, developmental, referral and other support services
9 for eligible families who are expecting or who have children
10 who have not yet entered kindergarten and that is designed to
11 promote child well-being and prevent adverse childhood
12 experiences;

13 (2) provides a comprehensive array of services
14 that promote parental competence and successful early childhood
15 health and development by building long-term relationships with
16 families and optimizing the relationships between parents and
17 children in their home environments; and

18 (3) does not include:

19 (a) provision of case management or a
20 one-time home visit or infrequent home visits, such as a home
21 visit for a newborn child or a child in preschool;

22 (b) home visiting that is provided as a
23 supplement to other services; or

24 (c) services delivered through an
25 individualized family service plan or an individualized

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1 education program under Part B or Part C of the federal
2 Individuals with Disabilities Education Act;

3 E. "home visiting program" means a program that:

4 (1) uses home visiting as a primary service
5 delivery strategy; and

6 (2) offers services on a voluntary basis to
7 pregnant women, expectant fathers and parents and primary
8 caregivers of children from birth to kindergarten entry;

9 F. "home visiting system" means the infrastructure
10 and programs that support and provide home visiting. A "home
11 visiting system":

12 (1) provides universal, voluntary access;

13 (2) provides a common framework for service
14 delivery and accountability across all home visiting programs;

15 (3) establishes a consistent statewide system
16 of home visiting; and

17 (4) allows for the collection, aggregation and
18 analysis of common data; and

19 G. "standards-based program" means a home visiting
20 program that:

21 (1) is research-based and grounded in
22 relevant, empirically based best practices and knowledge that:

23 (a) is linked to and measures the
24 following outcomes: 1) babies that are born healthy; 2)
25 children that are nurtured by their parents and caregivers; 3)

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1 children that are physically and mentally healthy; 4) children
2 that are ready for school; 5) children and families that are
3 safe; and 6) families that are connected to formal and informal
4 supports in their communities;

5 (b) has comprehensive home visiting
6 standards that ensure high-quality service delivery and
7 continuous quality improvement; and

8 (c) has demonstrated significant,
9 sustained positive outcomes;

10 (2) follows program standards that specify the
11 purpose, outcomes, duration and frequency of services that
12 constitute the program;

13 (3) follows a research-based curriculum or
14 combinations of research-based curricula, or follows the
15 curriculum of an evidence-based home visiting model or
16 promising approach that the home visiting program has adopted
17 pursuant to department rules defining "evidence-based model"
18 and "promising approach";

19 (4) employs well-trained and competent staff
20 and provides continual professional supervision and development
21 relevant to the specific program or model being delivered;

22 (5) demonstrates strong links to other
23 community-based services;

24 (6) operates within an organization that
25 ensures compliance with home visiting standards;

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1 (7) continually evaluates performance to
2 ensure fidelity to the program standards;

3 (8) collects data on program activities and
4 program outcomes; and

5 (9) is culturally and linguistically
6 appropriate.

7 SECTION 3. HOME VISITING PROGRAMS--ACCOUNTABILITY--
8 EXCLUSIONS--CONTRACTING--REPORTING.--

9 A. The department shall provide statewide home
10 visiting services using a standards-based program.

11 B. The department shall fund only standards-based
12 home visiting programs that include periodic home visits to
13 improve the health, well-being and self-sufficiency of eligible
14 families.

15 C. A home visiting program shall provide culturally
16 and linguistically appropriate, face-to-face visits by nurses,
17 social workers and other early childhood and health
18 professionals or by trained and supervised lay workers.

19 D. A home visiting program shall do two or more of
20 the following:

21 (1) improve prenatal, maternal, infant or
22 child health outcomes, including reducing preterm births;

23 (2) promote positive parenting practices;

24 (3) build healthy parent and child
25 relationships;

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1 (4) enhance children's social-emotional and
2 language development;

3 (5) support children's cognitive and physical
4 development;

5 (6) improve the health of eligible families;

6 (7) provide resources and supports that may
7 help to reduce child maltreatment and injury;

8 (8) increase children's readiness to succeed
9 in school; and

10 (9) improve coordination of referrals for, and
11 the provision of, other community resources and supports for
12 eligible families.

13 E. The department shall work with the early
14 learning advisory council and develop internal processes that
15 provide for a greater ability to collaborate with other state
16 agencies, local governments and private entities and share
17 relevant home visiting data and information. The processes may
18 include a uniform format for the collection of data relevant to
19 each home visiting program.

20 F. A state agency that authorizes funds through
21 payments, contracts or grants that are used for home visiting
22 programs shall include language regarding home visiting in its
23 funding agreement contract or grant that is consistent with the
24 provisions of the Home Visiting Accountability Act.

25 G. The department and the providers of home

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1 visiting services, in consultation with one or more experts in
2 home visiting program evaluation, shall:

3 (1) jointly develop an outcomes measurement
4 plan to monitor outcomes for children and families receiving
5 services through home visiting programs;

6 (2) develop indicators that measure each
7 objective established pursuant to Subsection D of this section;
8 and

9 (3) complete and submit the outcomes
10 measurement plan by November 1, 2013 to the legislature, the
11 governor and the early learning advisory council.

12 H. Beginning January 1, 2014 and annually
13 thereafter, the department shall produce an annual outcomes
14 report to the governor, the legislature and the early learning
15 advisory council.

16 I. The annual outcomes report shall include:

17 (1) the goals and achieved outcomes of the
18 home visiting system implemented pursuant to the Home Visiting
19 Accountability Act;

20 (2) data regarding:
21 (a) the cost per eligible family served;
22 (b) the number of eligible families
23 served;

24 (c) demographic data on eligible
25 families served;

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1 (d) the duration of participation by
2 eligible families in the program;

3 (e) the number and type of programs that
4 the department has funded;

5 (f) any increases in school readiness,
6 child development and literacy;

7 (g) decreases in child maltreatment or
8 child abuse;

9 (h) any reductions in risky parental
10 behavior;

11 (i) the percentage of children receiving
12 regular well-child exams, as recommended by the American
13 academy of pediatrics;

14 (j) the percentage of infants on
15 schedule to be fully immunized by age two;

16 (k) the number of children that received
17 the ages and stages questionnaire published by the Paul H.
18 Brookes publishing company, incorporated, and what percent
19 scored age appropriately in all developmental domains;

20 (l) the number of children identified
21 with potential developmental delay and, of those, how many
22 began services within two months of the screening; and

23 (m) the percentage of children receiving
24 home visiting services who are enrolled in high-quality
25 licensed child care programs; and

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(3) descriptions of the home visiting models
and model-specific outcomes.