

1 SENATE BILL 68

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

3 INTRODUCED BY

4 Gerald Ortiz y Pino

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8 FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

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10 AN ACT

11 RELATING TO CHILD AND FAMILY WELFARE; DIRECTING THE CHILDREN,
12 YOUTH AND FAMILIES DEPARTMENT TO ESTABLISH A STATEWIDE EARLY
13 CHILDHOOD HOME VISITING PROGRAM FOR FAMILIES WITH CHILDREN
14 UNDER FIVE YEARS OF AGE; MAKING AN APPROPRIATION.

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16 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

17 SECTION 1. EARLY CHILDHOOD HOME VISITING PROGRAM--
18 REQUIREMENTS--REPORTING.--

19 A. The department shall establish a statewide early
20 childhood home visiting program for any eligible family that
21 requests home visiting services.

22 B. A home visiting program model established
23 pursuant to this section shall include periodic home visits to
24 improve the health, well-being and self-sufficiency of
25 families. A home visiting program model shall provide

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1 linguistically and culturally appropriate, face-to-face visits
2 by nurses, social workers and other early childhood and health
3 professionals or trained and supervised lay workers.

4 C. A home visiting program model established
5 pursuant to this section shall provide two or more of the
6 following services:

7 (1) working to improve maternal, infant or
8 child health outcomes, including reducing preterm births;

9 (2) promoting positive parenting practices;

10 (3) promoting healthy parent-child
11 relationships;

12 (4) enhancing a child's social-emotional
13 development;

14 (5) supporting a child's cognitive
15 development;

16 (6) improving the health of a family;

17 (7) promoting the family's economic self-
18 sufficiency;

19 (8) preventing child neglect, maltreatment and
20 injury;

21 (9) supporting a child's readiness and
22 capacity for success in school;

23 (10) working to improve a child's chances for
24 avoiding risky behaviors and crime;

25 (11) assisting a family in avoiding domestic

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1 violence; or

2 (12) coordinating and referring a family to
3 other community resources and supports.

4 D. The department shall establish the home visiting
5 program model to conform to one of the following models:

6 (1) an evidence-based program model that:

7 (a) is research-based and grounded in
8 relevant, empirically based knowledge;

9 (b) is linked to outcomes that are
10 associated with a national organization, institution of higher
11 education or national or state public health institute;

12 (c) has comprehensive home visitation
13 standards that ensure high-quality service delivery and
14 continuous quality improvement, that have demonstrated
15 significant, sustained positive outcomes, and that: 1) have
16 been evaluated using rigorous randomized controlled research
17 designs, and the evaluation results have been published in a
18 peer-reviewed journal; or 2) are based on quasi-experimental
19 research using two or more separate, comparable client samples;

20 (d) follows a program manual or design
21 that specifies the purpose, outcomes, duration and frequency of
22 service that constitute the model;

23 (e) employs well-trained and competent
24 staff and provides continual professional development relevant
25 to the home visiting program model being delivered;

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1 (f) demonstrates strong links to other
2 community-based services;

3 (g) operates within an entity that
4 ensures compliance with home visitation standards established
5 by law and by the entity; and

6 (h) operates with fidelity to the home
7 visiting program model; or

8 (2) a promising model that does not meet the
9 criteria of an evidenced-based model set forth in Paragraph (1)
10 of this subsection but that:

11 (a) demonstrates to the department
12 through reliable data or other evidence that the model is
13 effective in achieving positive outcomes for families;

14 (b) conforms to a home visiting program
15 model that has been in existence for at least three years;

16 (c) is grounded in relevant empirically
17 based knowledge;

18 (d) sets benchmarks for positive
19 outcomes;

20 (e) employs well-trained and competent
21 staff and provides continual professional development relevant
22 to the home visiting program model being delivered;

23 (f) demonstrates strong links to other
24 community-based services;

25 (g) operates within an entity that

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1 ensures compliance with home visitation standards established
2 by law and by the entity;

3 (h) operates with fidelity to the home
4 visiting program model;

5 (i) is either: 1) associated with a
6 national or state organization that has comprehensive program
7 standards that ensure high-quality service delivery and
8 continuous program model quality improvement; or 2) has
9 demonstrated through the model's outcomes that it has achieved
10 significant positive outcomes equivalent to published program
11 models that demonstrate significant and sustained results in a
12 peer-reviewed journal; and

13 (j) has its effectiveness evaluated by
14 the department every two years and for which the department
15 establishes a time line for the model's transition in status to
16 an evidence-based program as described in Paragraph (l) of this
17 subsection.

18 E. The home visiting program that the department
19 provides pursuant to this section shall not be a family, infant
20 and toddler program established pursuant to Section 28-18-1
21 NMSA 1978.

22 F. The department may adopt and promulgate rules to
23 establish and operate a home visiting program pursuant to the
24 provisions of this section.

25 G. The department shall collaborate with the public

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1 education department, the human services department, the
2 department of health and other publicly funded services to
3 ensure that the home visiting program it establishes pursuant
4 to this section meets the requirements of this section and does
5 not unnecessarily overlap with other programs and services.

6 H. By November 1, 2013, at least every two years by
7 November 1 thereafter and upon legislative request, the
8 department shall provide a written report to the legislative
9 health and human services committee and to the legislative
10 finance committee. The report shall include:

11 (1) the goals and achieved outcomes of the
12 home visiting program;

13 (2) data on:

14 (a) the cost per family served and the
15 number of families served;

16 (b) the demographics of the families
17 served; and

18 (c) the geographic distribution of the
19 families served;

20 (3) the number of evidence-based program
21 models and the percentage of overall funding for home visiting
22 that evidence-based program models represent;

23 (4) the number of promising program models and
24 the percentage of overall funding for home visiting that
25 promising program models represent; and

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1 (5) model descriptions and information on the
2 home visiting program's effectiveness, including model-specific
3 outcomes.

4 I. To fund the home visiting program, the
5 department shall seek sources of federal and other public and
6 private revenue in addition to state revenues.

7 J. As used in this section:

8 (1) "department" means the children, youth and
9 families department; and

10 (2) "eligible family" means:

11 (a) the natural, adoptive or foster
12 parents of a child under five years of age;

13 (b) the legal guardian of a child under
14 five years of age;

15 (c) a person acting as a parent of a
16 child under five years of age;

17 (d) a relative or stepparent with whom a
18 child under five years of age lives;

19 (e) a pregnant woman;

20 (f) the spouse or life partner of a
21 pregnant woman; or

22 (g) an expecting second parent.

23 SECTION 2. APPROPRIATION.--Eighty-one million dollars
24 (\$81,000,000) is appropriated from the general fund to the
25 children, youth and families department for expenditure in
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1 fiscal year 2014 to establish and operate an early childhood
2 home visiting program pursuant to the provisions of Section 1
3 of this act. Any unexpended or unencumbered balance remaining
4 at the end of fiscal year 2014 shall revert to the general
5 fund.