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SENATE BILL

51ST LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2014

INTRODUCED BY

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO CHILD WELFARE; AMENDING SECTIONS OF THE HOME
VISITING ACCOUNTABILITY ACT TO PROVIDE FOR CASE MANAGEMENT
SERVICES AND PRIORITIZATION OF SERVICES FOR CHILDREN AND
FAMILIES AT RISK.

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

SECTION 1. Section 32A-23B-2 NMSA 1978 (being Laws 2013,
Chapter 118, Section 2) is amended to read:

"32A-23B-2. DEFINITIONS.--As used in the Home Visiting
Accountability Act:

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

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

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1 C. "eligible family" means a family that elects to
2 receive home visiting and includes:

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

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

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

8 (1) delivers a variety of informational,
9 educational, developmental, referral and other support
10 services:

11 (a) for eligible families [~~who~~] that are
12 expecting or [~~who~~] that have children who have not yet entered
13 kindergarten; and [~~that~~]

14 (b) is designed to promote child
15 well-being and prevent adverse childhood experiences;

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

21 (3) does not include:

22 (a) provision of [~~case management or~~] a
23 one-time home visit or infrequent home visits, such as a home
24 visit for a newborn child or a child in preschool;

25 (b) home visiting that is provided as a

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1 supplement to other services; or

2 (c) services delivered through an
3 individualized family service plan or an individualized
4 education program under Part B or Part C of the federal
5 Individuals with Disabilities Education Act;

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

7 (1) uses home visiting as a primary service
8 delivery strategy; and

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

12 F. "home visiting system" means the infrastructure
13 and programs that support and provide home visiting. A "home
14 visiting system":

15 (1) provides universal, voluntary access;

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

18 (3) establishes a consistent statewide system
19 of home visiting; and

20 (4) allows for the collection, aggregation and
21 analysis of common data; and

22 G. "standards-based program" means a home visiting
23 program that:

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

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1 (a) is linked to and measures the
2 following outcomes: 1) babies that are born healthy; 2)
3 children that are nurtured by their parents and caregivers; 3)
4 children that are physically and mentally healthy; 4) children
5 that are ready for school; 5) children and families that are
6 safe; and 6) families that are connected to formal and informal
7 supports in their communities;

8 (b) has comprehensive home visiting
9 standards that ensure high-quality service delivery and
10 continuous quality improvement; and

11 (c) has demonstrated significant,
12 sustained positive outcomes;

13 (2) follows program standards that specify the
14 purpose, outcomes, duration and frequency of services that
15 constitute the program;

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

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

25 (5) demonstrates strong links to other

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1 community-based services;

2 (6) operates within an organization that
3 ensures compliance with home visiting standards;

4 (7) continually evaluates performance to
5 ensure fidelity to the program standards;

6 (8) collects data on program activities and
7 program outcomes; and

8 (9) is culturally and linguistically
9 appropriate."

10 SECTION 2. Section 32A-23B-3 NMSA 1978 (being Laws 2013,
11 Chapter 118, Section 3) is amended to read:

12 "32A-23B-3. HOME VISITING PROGRAMS--ACCOUNTABILITY--
13 EXCLUSIONS--CONTRACTING--REPORTING.--

14 A. The department shall provide statewide home
15 visiting services using a standards-based program. The
16 department shall adopt and promulgate rules by which the
17 standards-based home visiting program shall operate.

18 B. The department shall fund only standards-based
19 home visiting programs that include periodic home visits to
20 improve the health, well-being and self-sufficiency of eligible
21 families.

22 C. A home visiting program shall provide culturally
23 and linguistically appropriate, face-to-face visits by nurses,
24 social workers and other early childhood and health
25 professionals or by trained and supervised lay workers.

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1 D. A home visiting program shall do two or more of
2 the following:

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

5 (2) promote positive parenting practices;

6 (3) build healthy parent and child
7 relationships;

8 (4) enhance children's social-emotional and
9 language development;

10 (5) support children's cognitive and physical
11 development;

12 (6) improve the health of eligible families;

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

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

17 (9) improve coordination of referrals for, and
18 the provision of, other community resources and supports for
19 eligible families.

20 E. The department shall work with the early
21 learning advisory council and develop internal processes that
22 provide for a greater ability to collaborate with other state
23 agencies, local governments and private entities and share
24 relevant home visiting data and information. The processes may
25 include a uniform format for the collection of data relevant to

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1 each home visiting program.

2 F. When the department authorizes funds through
3 payments, contracts or grants that are used for home visiting
4 programs, it shall include language regarding home visiting in
5 its funding agreement contract or grant that is consistent with
6 the provisions of the Home Visiting Accountability Act.

7 G. The department and the providers of home
8 visiting services, in consultation with one or more experts in
9 home visiting program evaluation, shall:

10 (1) jointly develop an outcomes measurement
11 plan to monitor outcomes for children and families receiving
12 services through home visiting programs;

13 (2) develop indicators that measure each
14 objective established pursuant to Subsection D of this section;
15 and

16 (3) complete and submit the outcomes
17 measurement plan by November 1, 2013 to the legislature, the
18 governor and the early learning advisory council.

19 H. Beginning January 1, 2014 and annually
20 thereafter, the department shall produce an annual outcomes
21 report to the governor, the legislature and the early learning
22 advisory council.

23 I. The annual outcomes report shall include:

24 (1) the goals and achieved outcomes of the
25 home visiting system implemented pursuant to the Home Visiting

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1 Accountability Act; and

2 (2) data regarding:

3 (a) the cost per eligible family served;

4 (b) the number of eligible families
5 served;

6 (c) demographic data on eligible
7 families served;

8 (d) the duration of participation by
9 eligible families in the program;

10 (e) the number and type of programs that
11 the department has funded;

12 (f) any increases in school readiness,
13 child development and literacy;

14 (g) decreases in child maltreatment or
15 child abuse;

16 (h) any reductions in risky parental
17 behavior;

18 (i) the percentage of children receiving
19 regular well-child exams, as recommended by the American
20 academy of pediatrics;

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

23 (k) the number of children that received
24 an ages and stages questionnaire and what percent scored age
25 appropriately in all developmental domains;

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1 (1) the number of children identified
2 with potential developmental delay and, of those, how many
3 began services within two months of the screening; and

4 (m) the percentage of children receiving
5 home visiting services who are enrolled in high-quality
6 licensed child care programs.

7 J. The department shall prioritize for receipt of
8 services pursuant to the Home Visiting Accountability Act those
9 children and families that it deems to be at risk for adverse
10 outcomes. For the purposes of this section, "at risk for
11 adverse outcomes" means having experienced at least two adverse
12 childhood events that the department has identified by rule,
13 including:

- 14 (1) emotional abuse or neglect;
- 15 (2) physical abuse or neglect;
- 16 (3) sexual abuse;
- 17 (4) substance abuse in the household;
- 18 (5) mental illness of a household member;
- 19 (6) violence against a child's mother or
20 stepmother;
- 21 (7) incarceration of a household member;
- 22 (8) loss of contact with a child's parent;
- 23 (9) homelessness;
- 24 (10) persistent poverty; or
- 25 (11) a child parent without adequate social

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