Early Childhood Home Visiting in New Mexico

What is Early Childhood Home Visiting (ECHV)?

➤ A voluntary service that is free to participants and is intended to promote healthy parent/child relationships and improve child outcomes

➤ A program that pairs trained professionals/paraprofessionals with pregnant people, parents or other caregivers of children ages 0-5

➤ A service that provides ongoing education and support to enrolled participants in their own home or setting of their choice

➤ A program that provides strengths-based support to caregivers that helps lay the foundation for healthy, safe, stable and nurturing families

Why Early Childhood Home Visiting?

➤ ECHV has a strong evidence base that varies by program.

➤ The benefits of ECHV have been documented in eight areas: (1) maternal health; (2) child health; (3) positive parenting practices; (4) child development and school readiness; (5) reductions in child maltreatment; (6) family economic self-sufficiency; (7) linkages and referrals to community resources and supports; and, (8) reductions in juvenile delinquency, family violence, and crime.[1]

➤ Additional information on the evidence for home visiting can be found at https://homvee.acf.hhs.gov.

Return on investment

The costs for evidence-based ECHV programs range from about $720 to nearly $10,200 per family.[2] Studies of the cost effectiveness of evidence-based ECHV programs[3] show a return on investment of **$1.80 to $5.70 for every dollar spent** through:

➤ Lowered medical costs related to improved pregnancy outcomes

➤ Lowered costs for public health and social welfare programs related to teen pregnancy

➤ Reduced emergency visits related to childhood unintentional injuries

➤ Lowered costs to child welfare system related to child maltreatment

➤ Reduced special education costs as a result of early identification of developmental delays

➤ Increased lifetime earnings related to high school graduation, college attendance, and higher employment

➤ Other cost savings related to reduced criminal activity, reduced smoking and substance abuse, and decreased reliance on the social welfare system

What is the Bernalillo County Home Visiting Work Group (BCHVWG)?

Founded in 2010, the BCHVWG is a model collaboration of over 40 organizations with a purpose of improving home visiting services to families through coordination, education, professional development and problem-solving regarding the early childhood home visiting system.

Successes of the BCHVWG include:

➤ Collaborative development of a common referral form

➤ Better coordination across all ECHV programs and early childhood services

➤ Implementation of professional development opportunities

➤ Participation in a research project to increase healthcare provider referrals to home visiting programs

[1]Sama-Miller, E., Akers, L., Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., & Del Grosso, P. (2018). *Home Visiting Evidence of Effectiveness Review: Executive Summary.* Washington, D.C.: U.S. Department of Health and Human Services.

[2]Cannon, J.S., Kilburn, M.R., Karoly, L.A., Mattox, T., Nuchow, A. N., Buenaventura, M. (2017). *Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs.* The RAND Corporation

[3]Karoly, L.A., Kilburn, M.R., & Cannon, J.S. (2005). *Early Childhood Interventions: Proven Results, Future Promise.* The RAND Corporation.

Challenges to improving the Early Childhood Home Visiting system in New Mexico

➤ Maintaining a comprehensive Centralized Intake System where individuals trained in early childhood and knowledgeable about the home visiting programs available in NM work with parents to identify the program that is the best fit for them and connect them to that program

➤ Operationalizing the envisioned Early Childhood Integrated Data System where state agencies can easily share information and where evaluators, researchers, and others involved in improving early childhood systems can access de-identified data at the individual level in order to study what works and provide recommendations for improving the system

What is a Model Early Childhood Home Visiting Centralized Intake System?

According to a review of eight states with centralized intake systems for early childhood home visiting[3] several benefits, tasks, and elements of success were identified:

Benefits of a centralized intake system:

➤ Provides a one-stop entry point for screening and referring families to home visiting programs and other services
➤ Supports recruitment, enrollment, retention, and family engagement in home visiting programs
➤ Improves systems integration across child well-being delivery systems, including health, mental health, early education and child welfare

Tasks of a centralized intake system:

➤ Community outreach and recruitment, including participation in community events, development of relationships with referral sources and home visiting programs, and dissemination of ECHV marketing materials
➤ Screening and assessment to understand the needs of the family and appropriate services for them
➤ Determination of fit using an algorithm or decision tree collaboratively developed by home visiting providers that is regularly updated by participating partners
➤ Referral to services, including facilitation of communication between families and service providers to assist with connection and enrollment

Elements of a successful centralized intake system:

➤ *Time* – to build relationships among programs so the system is collaboratively defined, developed, and supported
➤ *Consensus* – on the appropriate referral algorithm or decision tree to support unbiased decision-making
➤ *Training* – for the centralized intake staff so they can make informed and suitable referrals
➤ *Data systems and data sharing agreements* – to support the centralized intake system while also protecting privacy and security
➤ *Funding* – to ensure sustainability of the system over time

[3]Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center (MIECHV TACC) (2014). *MEICHV Issue Brief on Centralized Intake Systems.* U.S. Department of Health and Human Services, Health Resources and Services Administration.

Model New Mexico
Early Childhood Home Visiting Centralized Intake System

Components of a model NM Early Childhood Home Visiting centralized intake system include:

A centralized intake and referral process that:

- Has designated staff
- Is unbiased regarding home visiting service providers
- Utilizes a collaboratively-developed referral algorithm or decision tree for home visiting referrals
- Has access to translation services
- Receives and distributes home visiting referrals electronically
- Has a quick turnaround period from receipt of referral to program match
- Receives routine capacity and program updates from home visiting programs
- Provides follow-up to referral sources regarding the status of referrals
- Has an integrated database for ease of referrals to other social supports (e.g., housing, food)
- Has data sharing agreements that allow provision of de-identified referral, utilization, and system capacity data (e.g., to NM Children, Youth & Families Department, NM Early Childhood Education and Care Department, NM Legislative Finance Committee, NM Department of Health, NM Public Education Department)
- Is sustainably funded

Diverse centralized intake staff that:

- Are well-trained in —
    - Individual home visiting programs and their eligibility criteria
    - The intake process, use of the centralized intake referral algorithm or decision tree, and techniques to foster positive client/referrer interactions
    - Early childhood development
- Have relationships with home visiting programs
- Participate in the BCHVWG and statewide Early Childhood Home Visiting meetings
- Conduct outreach to referral sources (birthing hospitals, prenatal/pediatric healthcare providers, WIC clinics, etc.)

Flow Chart:
New Mexico Centralized Intake for Early Childhood Home Visiting

Referral sources: identify potential home visiting client

Government and community organizations | Hospitals, clinics, and healthcare providers | **Self referrals** | Shelters and transitional housing | Schools, and learning centers

Referral source completes referral form with client signature and contact information; faxes or emails form to Centralized Intake

New Mexico Centralized Intake (CI)

Does CI Referral Specialist (RS) have enough information to make referral?

Yes ← → **No**

RS contacts referral source or client for more information

RS uses client information and decision algorithm to determine program eligibility*

Client is eligible for only one program or only one program is available in client's service area

Client is eligible for multiple programs in client's service area

RS works with client to determine best fit among eligible programs, with consideration for available slots/waiting lists

Client identifies preferred ECHV program from eligible program options

Client has no preference among eligible programs; RS refers client to next eligible ECHV program on rotation list

RS faxes or emails ECHV referral to ECHV program within 3 business days

ECHV program contacts referred client within 5 business days of receipt of referral

*Eligibility varies by ECHV program, and may include:

- Gestational age
- Child's age
- First time parent
- Race/ethnicity
- Income
- Home address

Is client still interested in ECHV services?

Yes → Client enrolls in ECHV program

No

ECHV program or RS notifies referral source of referral outcome within 45 days