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Program Narrative

A. Inventory of Information and Data

In addition to the needs assessments conducted through HRSA funded projects, Project LAUNCH, the NM Head Start Collaboration Office, Title V, and Title II, the following data sources are available. Tribal data are interspersed throughout this listing:

- *Premature and Low Birth Weight Infants, Infant Mortality, Including Death Due to Neglect*-NM Pregnancy Risk Assessment Monitoring System (PRAMS), WIC records, NM Bureau of Vital Records and Health Statistics (NMVRHS), CYFD/Child Protective Services, and Office of the Medical Investigator;
- *Poverty and Unemployment*-US Census Bureau, US Bureau of Labor, NM Human Services Department (monthly TANF, SNAP statistics), Kids Count, and the NM Children's Cabinet;
- *Crime*-NM Department of Public Safety Uniform Crime Reports, NIJ Bureau of Justice Statistics, NM Sentencing Commission, Association of Counties (NM jail risk management);
- *Domestic Violence*-State and local police reports, NM Coalition Against Domestic Violence, Attorney General Special Domestic Violence Unit, NM Interpersonal Violence Data Registry and Repository, and CDC site for adverse childhood events;
- *Substance Abuse*-Behavioral Health Collaborative database, local behavioral health collaborative needs assessments, Behavioral Health Division data, Department of Workforce Solutions data, Unemployment Compensation Claims data, NM Epidemiology and Response Division, and the Health Policy Commission;
- *Child Health and Education*-NM Public Education Department assessment and accountability records, Children's Cabinet Budget and Report Card, and Results-Based Accountability Children's Cabinet Performance Measures;
- *Child Maltreatment*-State and local police reports, Administrative Office of the Courts data of child abuse prosecutions by county, Vital Records, CYFD Child Protective Services records of investigations, DOH Office of Injury Prevention data of non-fatal injuries among children age 14 and younger, and the National Survey of Child Health.

Data regarding the quality and capacity of existing early childhood home visitation programs as well as the gaps in services and the extent through which the programs or initiatives are meeting the needs of eligible families are available through:

- Number and type of individuals and families receiving state-funded home visitation services. CYFD home visiting outcomes and data collection system maps home visiting activities to outcomes measurement by county and provider, Head Start data, early intervention (IDEA Part C), and Family Infant Toddler data.
- UNM Health Sciences Center (HSC) home visitation feasibility study.
- Review of service population and outcomes data entered into CYFD Home Visiting Outcomes and Data Collection system, including extent of family gain on validated assessment instruments. The Bernalillo County Off-Reservation Native American Health Commission addressing over 40,000 urban Indians in central New Mexico.

New Mexico is committed to a results focus and using data to make determinations that directly affect outcomes in our high-need, high-risk communities. New Mexico's capacity for providing substance abuse treatment and counseling services to individuals and families in need of treatment or services is described as follows:

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New Mexico has a unique funding structure for statewide behavioral health services. The NM Behavioral Health Purchasing Collaborative is composed of 17 state agencies that are mandated to provide behavioral health services in communities throughout New Mexico. The Purchasing Collaborative contracts with a Statewide Entity (SE) for the management of the NM behavioral health system. Capacity mapping data is obtainable through the SE.

New Mexico has been awarded a SAMHSA Project LAUNCH grant to build networks of community services and supports in conjunction with an early childhood systems of care grant. Community-Based Child Abuse Prevention (Title II) funds are used to leverage local support to develop and strengthen provider networks.

B. Gaps in the Currently Available Information:

Although programmatic information is available, there is little information regarding the quality and capacity of home visiting programs in the state that is based on common criteria.

C. Capacity to Locate, Gather and Assemble Information and Data Required for Assessment

Specific to the needs assessment, a team and resources have been committed to locate, gather and assemble the data that is required. The team is chaired by the Deputy Director of the DOH Public Health Division that houses the Maternal, Child Health Bureau (Title V, Project LAUNCH and ECCS.) The home visiting assessment team consists of representatives from CYFD, DOH, HSD, community home visiting providers and representatives from tribal entities.

The University of New Mexico Health Sciences Center conducted a needs assessment and capacity analysis of home visiting services with a grant from the W.K. Kellogg Foundation. The recently completed study will provide direction and guidance for the home visiting assessment.

D. Barriers to and Opportunities for Coordinating the Needs Assessment

New Mexico is a rural frontier state with a patchwork of data sources that feed into each other but lack integration. We are, however, in a unique position to coordinate the needs assessment: *New Mexico Children's Cabinet* - Governor Richardson created the Children's Cabinet by Executive Order in 2003. Now in statute, it is chaired by Lieutenant Governor Diane Denish.

The Children's Cabinet consists of Cabinet Secretaries representing 13 state agencies charged with ensuring that state government at every level is meeting the health, education and growth needs of New Mexico's children. The Children's Cabinet publishes an annual children's budget and report card, which tracks indicators in five outcome areas (healthy, educated, safe, supported, and involved) and analyzes state and federal spending on programs serving children and youth administered by, or through, the State. Represented on the Children's Cabinet are the personnel and departments responsible for the needs assessments required by the MCH Block Grant, the Head Start Act, and CAPTA, who will be charged with assessment coordination.

Early Childhood Coordinator - Funded by the ECCS grant and multiple state agencies, an Early Childhood Coordinator position was created to coordinate early childhood programs and initiatives across departments. The Early Childhood Coordinator is the liaison to the Children's Cabinet through an Early Childhood Management and Oversight group, comprised of health and human services deputy cabinet secretaries that meet regularly regarding children's issues and are responsible for the respective required needs assessments.

E. New Mexico's Approach to Conducting the Assessment of Needs and Available Resources

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- a. *How data and information will be collected:*
The data and information will be collected by the cross-agency assessment team and will use the data inventory summarized in section A.
- b. *Stakeholders and partners who would collaborate to gather and assemble information:*
The Early Childhood Coordinator, the Early Childhood Management and Oversight group and the Home Visitation Task Force represents community and legislative stakeholders who collaborate with the cross-agency assessment team to compile information. The Indian Affairs Department (IAD) plays a vital role as a partner that represents the interests of the numerous tribes and Native Americans in New Mexico. The UNM HSC represents health partners.
Effective and Efficient Collaboration:
New Mexico commits to aligning our efforts to the requirements and guidelines specified by HRSA and ACF and to facilitating collaboration that is transparent, sustainable and inclusive.
- c. *Process used to ensure coordination with other state and community needs assessments:*
Coordination is ensured through the Children's Cabinet oversight via the state Early Childhood Coordinator and the review of data by the larger group of stakeholders on the Home Visitation Task Force. Statewide coordination of the HRSA funded projects, ECCS, Project LAUNCH and Early Learning Advisory Council will align with federal requirements and assessment specifications for each project.
- d. *Eligible applicant sign off assurance*
All required parties, namely the directors of the NM Title V Agency DOH, the Title II CAPTA Agency CYFD, the Behavioral Health Purchasing Collaborative as the single state agency for substance abuse services, and the NM Head Start State Collaboration Office at CYFD are part of the Executive Committee of the Children's Cabinet that meets regularly regarding children's issues and are responsible for the respective required needs assessments. The attached letters of support and concurrence are viewed as their formal commitment to enhance the continuum of systems that promote quality, comprehensive lifelong services.

F. Anticipated Need for Technical Assistance

Most importantly, New Mexico does not seek to establish another programmatic "silo". Rather, New Mexico seeks to continue, integrate, and expand its home visitation system through the continued development of a site specific, culturally competent, diverse program model (comprised of evidence-based models as well as emerging models) that has the capacity to demonstrate significant improvement as evidenced by pre-determined outcomes that align with the state's home visiting program outcomes, the established benchmarks detailed in the Patient Protection and Affordable Care Act, and the goals of the Children's Cabinet. We anticipate a need for technical assistance to establish and/or maintain model fidelity while at the same time integrating New Mexico's home visitation system outcomes. Technical support may be required to design an enhanced database to rigorously track results and measure achievement of established outcomes. We also anticipate a need for technical assistance regarding fiscal leveraging and sustaining quality programs throughout the state.

G. Intention to Apply to Deliver Evidence-based Early Childhood Home Visiting Services

New Mexico intends to apply for a grant that would enable us to deliver evidence-based early childhood home visiting services, as described in section 511 (c) and in accordance with forthcoming HHS guidance.

- a. New Mexico has submitted the following information as required:

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i. The Children Youth and Families Department has been designated to administer the funds and serve as the state’s lead home visitation entity. CYFD has experience in administering early childhood home visiting programs and working across systems and in partnership with diverse stakeholders to plan, implement, and sustain programs for children and families. Please see the attached letter from the Governor designating CYFD as the lead entity and referencing capacity.

ii. The process to be used in identification of the populations to be served on the basis of the full needs assessment includes the review of existing assessments and will be derived from the data source inventory included in the application. The identification of populations that are high risk and high need based on data and the assessment are priority populations for home visiting services. The process will include communication and coordination with WIC offices, OB/GYN and pediatric practices, hospitals, substance abuse programs, detention facilities, child care centers, schools, probation/parole offices, and the child welfare system.

iii. The process for selection of effective models to be implemented to meet identified needs involves a collaborative effort across agencies with direction from the Early Childhood Coordinator, Home Visiting Task Force and the Early Childhood Management and Oversight group. The process will identify models that are in alignment with HRSA guidance and the Affordable Care Act and will address “at risk communities.” The needs assessment will assist in prioritizing which at risk communities and populations are in need of services. Our aim is to build a diversified outcomes-based home visitation system consisting of multiple evidence-based models as well as emerging models in order to offer site specific home visitation programs that are reflective of the cultures and capacities of communities, including tribal communities. Through a competitive Request For Proposals (RFP) process, programs will be funded based on established outcomes*:

Babies are born healthy (improvement in maternal and newborn health)

Children are physically and mentally healthy (school readiness)

Children are safe (prevention of child maltreatment, injuries and abuse, reduced crime and domestic violence)

Children are nurtured by parents and caregivers (school readiness and achievement)

Family is connected to informal and formal community supports (family economic self-sufficiency, coordination with community support services, reduction of ER visits.)

*An additional outcome relative to families being supported respectful of their values, language and culture will be developed.

iv. New Mexico assures:

- 1) priority given to serving low-income families and eligible families in at risk communities, in adherence with the completed statewide needs assessment,
- 2) we will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used to verify that the program is implemented and services are delivered according to the model’s specifications,
- 3) we will establish procedures to ensure that the participation of each eligible family is voluntary and that services are provided to an eligible family in accordance with the individual assessment for that family,
- 4) we will submit annual reports to the Secretary regarding the program and activities carried out by the program, and

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- 5) we will participate in and cooperate with data and information collection necessary for the evaluation required under section 511(g)(2) and other research and evaluation activities carried out under section 511(h)(3).
- 6) New Mexico does not have one of the 17 ACF funded projects.
- v. New Mexico commits to a service delivery model or models that will be consistent with the completed statewide needs assessment and will serve the populations identified by the needs assessment.
- vi. The service delivery model or models will be consistent with the evidence-based criteria established pursuant to section 511(d)(3)(A) of the Act and forthcoming HHS guidance.
- vii. New Mexico commits to using a process that identifies quantifiable measurable benchmarks established to demonstrate the program contributes to improvements in the areas specified under section 511(d)(1)(A) of the Act and assures timely reporting on these benchmarks in the third and fifth years of the program.
- viii. New Mexico depends on partnerships with local entities, including counties, municipalities, cities, community health councils and private foundations for funding the system of home visiting for young children and families. We currently fund 16 home visiting programs in 22 counties and affect over 1,300 families.

Staffing Plan and Personnel Requirements

One FTE Home Visiting Program Manager (within the CYFD Office of Child Development - Early Childhood Services Division) will be employed to manage the New Mexico Maternal, Infant, and Early Childhood Home Visiting Program in fulfillment of the primary purpose of the Program: 1) align and coordinate the home visiting system to strengthen and improve maternal child health programs, 2) work across departments and with local communities to improve the coordination of services for at risk communities, and 3) identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. This individual will be required to be at the Master's level with a degree in Early Childhood Education, Family Studies, Social Work or related field and have experience in the management of programs for young children and their families. This individual will participate in systems-building initiatives (e.g. Early Learning Advisory Council) and work collaboratively with offices responsible for Title V, Title II, Project LAUNCH, ECCS, and Head Start Collaboration funds. The person in this position will be a counterpart of the current Program Manager for state-funded home visiting programs. Both of these individuals will work as a team and be directly supervised by the Office of Child Development Bureau Chief. An important responsibility of this individual will be to work with her counterpart to establish an aligned home visitation system of all home visiting programs in the state, regardless of funding source. These efforts will include the establishment of a statewide home visiting certification and quality improvement process to ensure that program/quality standards are met and as the foundation of a quality improvement system. This individual will be responsible for the development of the RFP for direct services and establish, manage, and monitor all direct services as well as professional service contracts. This person will be responsible for professional development, ensure model fidelity and support emerging models as well as be responsible for reports, accountability, data collection, and analysis.

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Budget for Years 1, 2, and (first quarter of) 3
Total Allocation - \$951,952

	Description - YEAR 1 (SFY11)	Basis	Calculation	Sub-totals	Total
Personnel	Home Visiting Program Manager	\$47,481.00	1FTE	\$47,481.00	\$47,481.00
Benefits		\$15,638.00		\$15,638.00	\$15,638.00
Travel				\$4,000.00	\$4,000.00
Equipment				\$0.00	\$0.00
Supplies				\$1,000.00	\$1,000.00
Contractual					\$354,971.00
	Data Collection & Analysis	\$50,000.00		\$50,000.00	
	Home Visiting - Direct Services	\$304,971.00		\$304,971.00	
Other				\$0.00	\$0.00
Indirect				\$0.00	\$0.00
Total				\$423,090.00	\$423,090.00

	Description - YEAR 2 (SFY12)	Basis	Calculation	Sub-totals	Total
Personnel	Home Visiting Program Manager	\$48,431.00	1FTE	\$48,431.00	\$48,431.00
Benefits		\$15,951.00		\$15,951.00	\$15,951.00
Travel				\$4,000.00	\$4,000.00
Equipment				\$0.00	\$0.00
Supplies		\$1,000.00		\$1,000.00	\$1,000.00
Contractual					\$350,708.00
	Data Collection & Analysis	\$50,000.00		\$50,000.00	
	Home Visiting - Direct Services	\$300,708.00		\$300,708.00	
Other				\$0.00	\$0.00
Indirect				\$0.00	\$0.00
Total				\$420,090.00	\$420,090.00

	Description - YEAR 3 (1st Qtr of SFY13)	Basis	Calculation	Sub-totals	Total
Personnel	Home Visiting Program Manager	\$12,108.00	0.25	\$12,108.00	\$12,108.00
Benefits		\$4,068.00	0.25	\$4,068.00	\$4,068.00
Travel				\$1,000.00	\$4,000.00
Equipment				\$0.00	\$0.00
Supplies				\$250.00	\$1,000.00
Contractual					\$87,596.00
	Data Collection & Analysis	\$12,500.00	0.25	\$12,500.00	
	Home Visiting - Direct Services	\$75,846.00	0.25	\$75,846.00	
Other				\$0.00	\$0.00
Indirect				\$0.00	\$0.00
Total				\$105,772.00	\$108,772.00

Budget Justification

Personnel – One FTE Home Visiting Program Manager, Vacant. Although it is not anticipated that there will be cost-of-living increases for state employees in the foreseeable future, 2% increases have been figured for personnel and benefit costs in the budget for years two and three.

Benefits – FICA, retirement, insurance, and retiree health care for the Home Visiting Program Consultant paid for through these funds.

Travel - These funds are for the Home Visiting Program Manager to travel within the state (at the state rate of 44 cents per mile and \$85 per diem) to attend meetings and to visit/monitor programs. Funds are also included for travel to national/regional conferences/meetings related to these funds.

Supplies – Office and other supplies necessary for the fulfillment of grant responsibilities.

Contractual Services –

Data Collection and Analysis – Modify and extend data collection activities being conducted with all state-funded home visiting programs. Analyze data for reporting as well as to determine accomplishment of outcomes and on-going continuous quality improvement efforts.

Home Visiting Direct Services - Allocated based upon a Request for Proposals. It is expected that these funds will support approximately 100 families at \$3,000 per family (the current formula used to fund state-funded home visiting programs). Fewer families may be served depending upon the model being implemented.