



**1. What is Early Childhood Home Visiting?**

- The term “home visiting” generally refers to an evidence-based strategy in which a professional or paraprofessional renders a service in a community or private home setting. Home visiting also refers to the variety of programs that employ home visitors as a central component of a comprehensive service plan. However, the Centennial Home Visiting Program will provide services primarily in a home setting.
- Early childhood home-visiting programs may be focused on young children, children with special health care needs, parents of young children, or the relationship between children and parents, and they can use a two-generational strategy to simultaneously address parental and family social and economic challenges.

**2. What is the process used by the U.S. Department of Health and Human Services (HHS) to designate early childhood home visiting models as “evidence-based”?**

The U.S. HHS launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age 5). To carry out the HomVEE review, each year Mathematica Policy Research (Mathematica) conducts a thorough search of the research literature on home visiting. Mathematica also issues a call for studies to identify additional research, reviews the literature, assesses the quality of research studies, and evaluates the strength of evidence for specific home visiting models. The models that met HHS criteria for evidence of effectiveness can be accessed through their website at:

[https://homvee.acf.hhs.gov/effectiveness?model=&hhs=1&sort\\_by=title&sort\\_order=ASC&page=0](https://homvee.acf.hhs.gov/effectiveness?model=&hhs=1&sort_by=title&sort_order=ASC&page=0).

**3. What are the goals of the New Mexico Centennial Home Visiting (CHV) Program?**

- To improve maternal and child health,
- To promote child development and school readiness,
- To encourage positive parenting, and
- To connect families to the formal and informal support in their communities.

**4. Who are eligible for and how are members enrolled in the CHV Program?**

- Pregnant members of the Centennial Care 2.0 Managed Care Organizations (CC 2.0 MCOs);
- Are in Medicaid Category of Eligibility (COE) that includes pregnancy benefits;
- Reside in one of the counties with CHV Medicaid providers (currently include Bernalillo County, Curry County, Roosevelt County, and Taos County); and
- Are determined by the CC 2.0 MCOs-contracted CHV agencies to be eligible for one of the two home visiting programs designated by the U.S. HHS to be evidence-based models:
  - **Nurse Family Partnership (NFP):** has a specific eligibility threshold for first-time pregnant women or
  - **Parents as Teachers (PAT).**

Medicaid beneficiaries who are not eligible or not able to enroll for the CHV Program might still be qualified to receive similar services offered by the Early Childhood Education & Care Department (ECECD). The agencies providing CHV services will accept referrals from different sources, including from the CC 2.0 MCOs, and assist families with the enrollment process.



**5. What do Home Visitors do for pregnant members and their children?**

The CHV Program services are divided into three phases:

**(1) Prenatal Home Visits:** The nurse or paraprofessional home visitors will provide the following services to expectant mothers during their pregnancy:

- Monitoring for high blood pressure or other complications of pregnancy (NFP only);
- Diet and nutritional education;
- Stress management;
- Sexually Transmitted Diseases (STD) prevention education;
- Tobacco use screening and cessation education;
- Alcohol use and other substance misuse screening and counseling;
- Depression screening; and
- Domestic and intimate partner violence screening and education.

**(2) Postpartum Home Visits:** The following services will be provided to mothers during their sixty (60) days after delivery:

- Diet and nutritional education;
- Stress management;
- STD prevention education;
- Tobacco use screening and cessation education;
- Alcohol use and other substance misuse screening and counseling;
- Depression screening;
- Domestic and intimate partner violence screening and education;
- Breastfeeding support and education (NFP nurses may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service);
- Guidance and education about well woman visits to obtain recommended preventive services;
- Nursing assessment of the postpartum mother and infant (NFP only);
- Maternal-infant safety assessment and education e.g., safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention;
- Counseling regarding postpartum recovery, family planning, newborn needs;
- Assistance for the family in establishing a primary source of care and a primary care provider (i.e. ensure that the mother/ infant has a postpartum/newborn visit scheduled);
- Parenting skills and confidence building.

**(3) Infant Home Visits:** The nurse or paraprofessional home visitors will provide the following services to newborn infants born to CHV Project beneficiaries until the child reaches two (2) years of age for NFP and five (5) years of age or kindergarten entry for PAT:

- Breastfeeding support and education (NFP may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service);
- Child developmental screening at major developmental milestones from birth to age two (2) for NFP, according to model standard practice and age five (5)/kindergarten entry for PAT; and
- Parenting skills and confidence building.



**6. What is the capacity of the CHV Program?**

To maintain fidelity of program delivery, there are standards to which the agencies must adhere, including maximum caseload of each home visitor.

- In Bernalillo County, the University of New Mexico Center for Development and Disability (UNM CDD) currently serves 50 – 60 families with their NFP team through Medicaid reimbursements. In 2021, NFP will serve an additional 25 families in Bernalillo and Valencia Counties, as they are currently training a new nurse to deliver services. Their PAT team serves 40 – 50 families through Medicaid reimbursements in Bernalillo County. In total, UNM CDD will serve 115 – 135 families with Medicaid reimbursements. They will continue to evaluate the provider capacity and expand the program accordingly.
- For both Curry County and Roosevelt County combined, ENMRSH, Inc. can serve approximately 20 families with a PAT team.
- For Taos County, Taos Pueblo can serve approximately 20 families with a PAT team.

The program will expand dependent upon available Medicaid budget and provider capacity.

**7. What is the cost of the CHV Program?**

- **NFP:** The current Medicaid reimbursement rate is \$314.94 per visit for up to 64 total visits per family. With this reimbursement rate, it can cost the state and federal governments up to \$20,156.16 per family receiving NFP HV services.
- **PAT:** The current Medicaid reimbursement rate is \$244.02 per visit for up to 98 visits per family. With this reimbursement rate, it can cost the state and federal governments up to \$23,913.96 per family receiving PAT HV services.

\* There are approximately 6,600 pregnant women enrolled in the Centennial Care Managed Care Organizations.

**8. PAT Model Outcomes\*:**

**UNM Center for Development and Disability (UNM CDD)**

In State Fiscal Year (SFY) 2020, UNM CDD served in Bernalillo County sixty-two (62) families receiving PAT HV services: fifty (50) newly enrolled and twelve (12) were continuing.

Of the sixty-two (62) families with 62 participating adults and 43 children:

- 4 were teen mothers and 22 were pregnant women who were 30 years and older.
- 39 Hispanic, 9 Caucasian, 4 African American, 2 Asian, 1 American Indian/Alaska Native adults, and 7 unknown/declined to self-identify.
- 54 adults and 40 children were Medicaid members.
- 12 adults never married and 0 were separated/divorce/widowed.
- 9 adults did not graduate from high school (HS) and 7 had HS diploma or GED.
- 24 children spoke English at home, 11 spoke Spanish, 8 unknown.

**Maternal/Caregiver Health Outcome Data:**

- 46 of the primary care takers were screened for depression. Among the 16 adults who were referred after the screening, 7 engaged in referral.
- 45 received intimate partner violence (IPV) screening; 2 at-risk; and none who had IPV referrals enrolled in services.

**Infant and Child Health Outcome Data:**

- Among the 61 pregnant women, 36 children *were born* during this time-period, 2 preterm births.
- 16 out of 43 children *served* had breastfeeding initiated.
- 1 child with developmental risk score; 1 child engaged in Early Intervention services.



**ENMRSH, Inc.**

In State Fiscal Year (SFY) 2020, ENMRSH served in Curry and Roosevelt Counties, 26 families receiving PAT HV services: 17 were newly enrolled and 9 were continuing.

Of the 26 families with 26 participating adults and 24 children:

- 3 were teen mothers and 6 were pregnant women who were 30 years and older.
- 15 adults were Hispanic and 10 were Caucasian, and 1 was multi-racial.
- 26 adults and 30 children were Medicaid members.
- 10 adults never married and 0 were separated/divorce/widowed.
- 4 adults did not graduate from high school (HS) and 3 had HS diploma or GED.
- 23 children spoke English at home and 3 spoke Spanish.

**Maternal/Caregiver Health Outcome Data:**

- 26 of the primary care takers were screened for depression. The 1 adult who was referred after the screening, 1 completed their referral.
- 4 received tobacco cessation referrals.
- 26 received IPV screening; 2 at-risk; and none referred IPV referrals enrolled in services.

**Infant and Child Health Outcome Data:**

- Among the 26 pregnant women, 25 had birth data available; 2 preterm births.
- 25 of 25 children had breastfeeding initiated
- 2 children with developmental risk score; 0 children engaged in Early Intervention Services.

**9. NFP Model Outcomes\*:**

**UNM Center for Development and Disability (UNM CDD)**

In SFY2020, UNM CDD served 64 families with pregnant women with NFP HV services: 47 were newly enrolled and 17 were continuing.

Of the 64 families:

- 21 were teen mothers (< 20 years of age) and 12 mothers were 30 years and older.
- 41 pregnant women were Hispanic, 2 were American Indian/Native Alaskan, 16 were Caucasian, and five were multi-racial.
- 58 pregnant women and 43 index children were Medicaid members.
- 43 were English-speaking household and three were Spanish-speaking household.
- 29 pregnant women never married and one was separated.
- 16 pregnant women did not graduate from high school (HS) and 20 pregnant women had HS diploma or GED.

**Maternal Health Outcome Data:**

- 55 were screened for postpartum depression. Among the 9 adults who were referred after the screening, 3 completed their referral.
- 1 received a tobacco cessation referral.
- 51 received IPV screening; and 1 woman who was referred did not complete the IPV referrals

**Infant and Child Health Outcome Data:**

- There were 9 preterm births.
- 45 children were breast fed.
- One child who received developmental referral completed the referral.

\* Data from the University of New Mexico Early Childhood Services Center