

Minnesota Coalition for Targeted Home Visiting

Conversation with Dan Haggard, New Mexico CYFD -3/21/16

Reported by Cindy Toppin – Questions from Coalition Members

- 1. Are you still continuing with the home visiting standards or is there a move away from them? Have outcomes improved since you have started this process?**

Standards are still in place and will be continued. What makes NM unique is the statewide data collection across programs. Programs certainly can choose models if they like.

Yes, outcomes have improved.

He believes anytime standards and curriculum exist programs improve because people know what they should be doing.

- 2. Do programs still only have to meet only two indicators?**

No, he doesn't think this was ever true. There is a focus on prenatal although not necessarily first-born.

- 3. Have programs ever been defunded?**

Yes, for not meeting standards, for not being able to retain staff or families. Grants are now for four years. They continue to get new money every year from the legislature.

- 4. Was the University involved in developing the standards?**

Yes, they are always at the table. They did the literature review, developed the logic model and outcomes. CYFD doesn't have the staff or expertise to do on their own.

University currently does the evaluation and training.

- 5. How much staff do you have to oversee home visiting.**

They had 1 FTE for state money, and 1 FTE for federal money. Now they have 3-4 FTE and a manager. But remember they outsource some pieces to the University.

- 6. Are your standards considered "promising practice" by HRSA?**

The home grown curriculum "First Born" is considered a promising practice. Rand is doing research to determine evidence based status. Evidence based programs became evidence based programs by implementing best practices in a community, and then a research study is done. Often it is difficult to replicate in a diverse community. He feels like their program and RFP process has helped with equity goals.

- 7. How does the state ensure that programs meet fidelity to the standards?**

Programs have to report quarterly to program managers.

There are also site visits and quarterly director meetings. It is often obvious from the lack of data or from the issues raised at the calls when a program has issues.

The state has a relationship based focus that starts from the premise that programs are doing the best they can. It is not a "gotcha" approach.

The reflective practice approach and training approach comes out of the School of Medicine and they are skilled at how to consult remotely in NM.

8. Future issues

- a. Want to implement level 2 which is different from MN's targeted home visiting but is more of an infant mental health approach working specifically with children who have been abused.
- b. Want to decentralize and have more of a regional approach.
- c. They continue to get more money from legislature. Be authentic. Say we expected x and we got y, but we are changing the program to see if z works. Make the evaluation useful to programs as a CQI tool.
- d. They are looking at a QRIS system that works across all Early Childhood programs, including Part B and C, and Title 1.
- e. Dan is retiring next month. His replacement will be named soon. He has given us his personal contact info for future use.