

# Early Childhood Behavioral Health Initiatives

## Legislative Health and Human Services Committee

Elizabeth Groginsky, Cabinet Secretary

Dr. Janis Gonzales, Chief Health Officer

Nov. 1, 2022



NEW MEXICO

**Early Childhood**

Education & Care Department

# Agenda

- ECECD Five-Year Strategic Plan
- Behavioral Health Supports
  - Home Visiting
  - Infant Early Childhood Mental Health Consultation
  - Thriving Families Prevention Plan
  - Supporting Families with Substance Use Disorder
- Questions and Answers







# ECECD Vision and Mission

**Vision:** All New Mexico families and young children are thriving.

**Mission:** Optimize the health, development, education and wellbeing of babies, toddlers, and preschoolers through high-quality, community-based and family-driven early childhood programs and services.

# ECECD Five-Year Strategic Plan

## *Floreecer*

Spanish for **flourish**

Synonyms: grow · thrive · prosper · do well · develop

*1. (of a person, animal, or other living organism) grow or develop in a healthy or vigorous way, especially as the result of a particularly favorable environment.*



**ECECD 2022-27 Strategic Plan**

View at [nmeccd.org/reportsandplans](https://nmeccd.org/reportsandplans)



# Strategic Plan Goals

## Goal 1: School Readiness

ECECD will create and implement equitable, culturally responsive policies, programs, and services that will ensure all children have the skills and knowledge needed to enter kindergarten ready to succeed.

## GOAL 2: Family and Community Engagement

ECECD commits to effective, transparent, and trust-based engagement with New Mexico's diverse families and communities to increase family leadership and voice in decision making and program and service design.

## Goal 3: Government-To-Government

ECECD will expand and deepen government-to-government relationships and agreements with all Tribes, Pueblos, and Nations with a focus on consultation, culture, language, data sharing, and facility improvements to improve outcomes for Native American families and young children.



# Strategic Plan Goals *continued*

## Goal 4: Early Childhood Ecosystem Alignment

ECECD will foster coordination and collaboration within and among the early childhood, health, and child welfare sectors to create a holistic, family centered, culturally responsive, and integrated early childhood ecosystem that supports families, reduces child abuse and neglect, and improves school readiness.

## GOAL 5: Organizational Excellence

ECECD will have efficient and effective fiscal, human resource, and constituent service systems and information technology infrastructure to meet critical job functions and duties of the department and ensure high quality customer service for all New Mexicans.

## Goal 6: Actionable Data

ECECD will collect and share relevant, reliable, and actionable data to inform policy decisions, empower partners to improve, and enhance community understanding of the importance of the prenatal to age five period of development.

# Strategic Plan Impact

**By 2027, ECECD aims to impact families, children, communities, and early childhood professionals through our ambitious goals**

- **20,000** more families receive affordable high-quality early care and education, bringing the total number of children served to 47,000
- **5,000** additional children enrolled in high-quality NM PreK, bringing the total to 20,000 children
- **5,000** additional families engage in evidence-based home visiting, bringing the total to more than 12,000 families served
- **2,000** additional infants and toddlers will have access to high-quality, inclusive child care, bringing the total to 5,500
- **33** counties in New Mexico supported by an active and engaged local early childhood coalition
- **23** Tribes, Pueblos and Nations have improved early childhood facilities supported by a dedicated funding source and technical assistance
- **500** indigenous early childhood educators are supported in achieving higher credentials
- **80** percent of families and babies with Plans of Care will be supported
- **5** regional equity councils are established

# As we move forward over the next five years, these four pillars will guide and help focus the work of the Department



## Pillar 1: **Equity Focused**

Develop and implement internal and external policies, procedures, and programs that reflect the diverse needs of staff, facilities, and the families and young children we serve.



## Pillar 2: **Partner Engagement**

Engage partners, families, and the communities we serve throughout the policymaking and implementation process in meaningful ways that allow for authentic and actionable feedback.



## Pillar 3: **Early Childhood Program Supports**

Improve the quality of early childhood programs through the development and implementation of capacity building programs that support continuous improvement.



## Pillar 4: **Systems of Accountability**

Meaningful and transparent data is shared with stakeholders regularly, through the development and improvement of data collection and reporting mechanisms.



# ECECD Behavioral Health Supports

## Home Visiting Services

- Promoting strong caregiver-child attachment
- Screening and connecting
- Training and Professional Development

## Infant Early Childhood Mental Health (IECMH) Consultation

- Developing clinically trained, licensable IECMH consultants
- Supporting early childhood professionals through consultation

## Partnership and Collaboration

- Cross-agency work on prevention of abuse and neglect
- Addressing substance use disorder during pregnancy and postpartum
- Building connections between the early childhood and health care systems

# Home Visiting

"The role of caregivers and providers is critical in fostering good mental health, so we must support the needs of the adults who care for children, through both individual and systems level approaches."

-Dr. Lindsey Burghardt Chief Science Officer,  
Center on the Developing Child



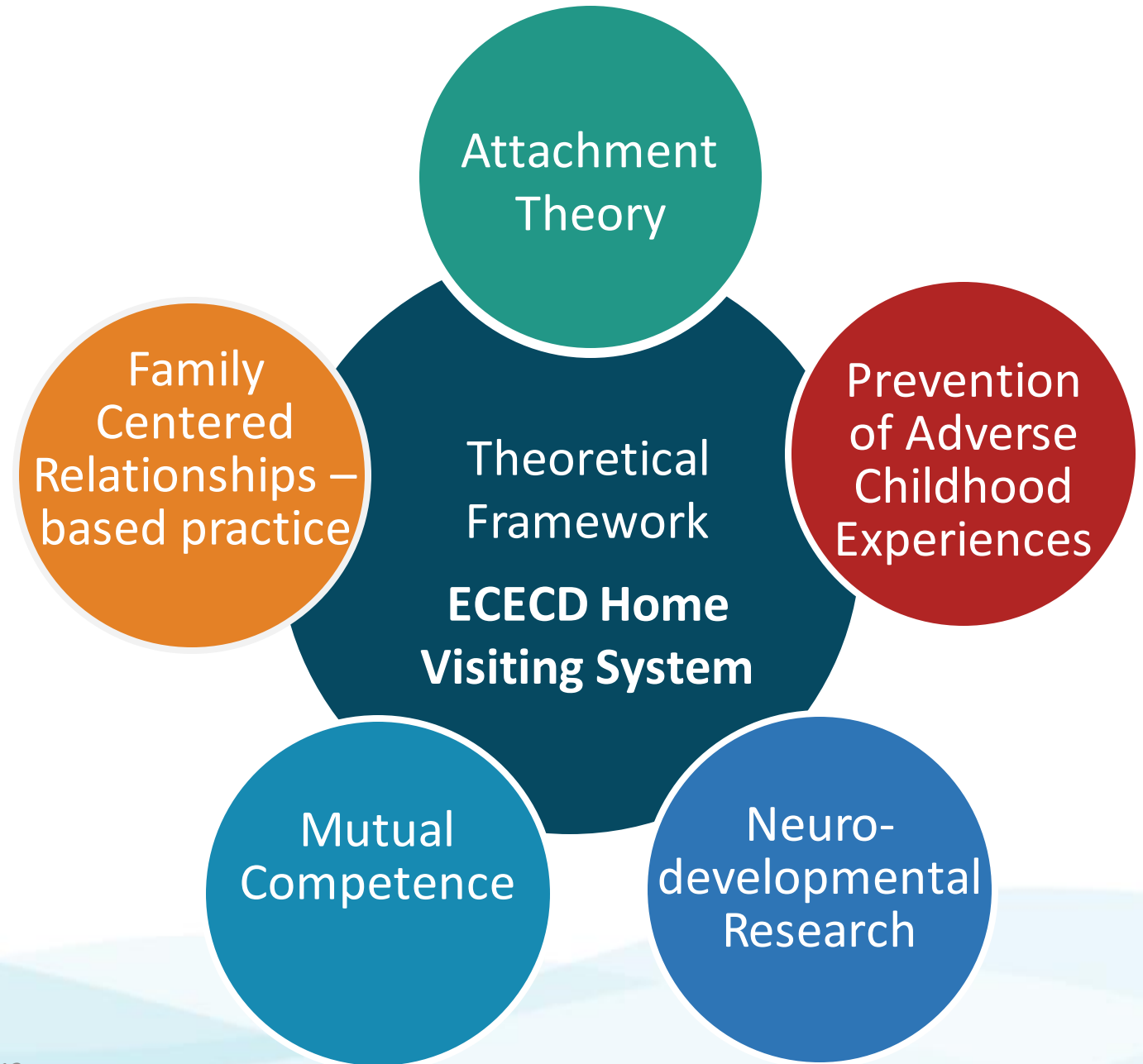
# Home Visiting Promotes Positive Behavioral Health

- Implementing Research-based Program Standards
- Providing Screenings, Referral, and Family Engagement
- Building Staff Capacity
  - Monthly Consultation services
  - Reflective Supervision
- Offering Professional Development
  - Facilitated Attuned Interactions (FAN)
  - Trauma Responsive Care Training
  - Infant Mental Health (IMH) Endorsement
  - Mothers and Babies – Evidenced-based Curriculum





# Home Visiting Supports Family Wellbeing



# Home Visiting - Required Screenings

## **Ages and Stages Questionnaire ASQ-3**

- Child Development (Communication, gross and fine motor skills, problem solving, and personal skills)
- Begins at two months and continues at regular intervals until 60 months

## **Ages and Stages Questionnaire (ASQ:SE-2)**

- Social and Emotional Development
- Begins at six months continues at regular intervals until 60 months

## **Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)**

- Encourages positive parenting interactions: affection, responsiveness, encouragement, and teaching
- Assesses positive parenting behaviors that predict good child outcomes
- Guides individualized positive parenting interventions with families
- Tracks positive parenting outcomes of a parenting support program

# **Multi-Generational Approach to Assess Risk and Connect Families to Resources**





# Relationship Assessment Tool (RAT)

## Gender-Neutral Tool

- Intimate Partner Violence

## Safety First

- Administer to parent on a one-on-one basis

## Referral

- Develop a Safety Plan
- Follow-up on a Monthly Basis

## Frequency of Use

- Complete within 45 days of enrollment and annually

# Edinburgh Postnatal Depression Scale (EPDS)

## 10 Item Screening Tool

- Efficient at identifying perinatal depression

## Frequency of Use

- Administer within 45 days of enrollment
- Prenatally: Administer again during the third trimester and at one month following birth

# Maternal-Child Health Form (MCH) Adult Caregiver

## Used to Better Understand Families

- Identify and discuss family goals

## Focus Areas

- Health insurance, education, employment, housing, demographics, substance use, prenatal and postpartum information

## Referral Guidance

- Complete within 45 days of enrollment and quarterly



# Home Visiting Outcomes FY21

## Healthy Births

**Received Prenatal Care** 98.6%  
**Received First Trimester Prenatal Care** 89.9%  
**Initiated Breastfeeding** 78%  
**Screened for Perinatal Depression** 88.6%  
**Referred to Depression Supports** 96% of those at risk  
**Engaged with Depression Supports** 49.5% of those referred

## Parental Nurturing

**Improved Parenting Skills** 2,418 parents  
**Improved Ability to Teach Children** 60 percent  
**Improved Ability to Encourage Children** 46.4 percent

## Child Physical and Mental Health

**Screened for Healthy Development** 91.4%  
**Referred for Early Intervention Supports** 92.4% of those at potential risk of delay  
**Engaged with Early Intervention Supports** 68.9% of those referred



# Home Visiting Outcomes FY21 *continued*

## School Readiness

**Screened for Social-Emotional Development**

87.9%

**Weekly Reading, Singing, or Storytelling**

95.7%

**Daily Reading, Singing, or Storytelling**

62.1%

## Connections to Community Supports

**Risk Factors Identified in Key Domains**

1,805 children or their caregivers

**Referred to Supports**

92.1% of those at risk

**Engaged with Support**

57.2% of those referred

## Safety of Families and Children

**Screened for Intimate Partner Violence**

83.2%

**Referred for Intimate Partner Violence Supports**

86.7% of those identified as at risk

**Engaged with Intimate Partner Violence Supports**

37.2% of those referred

**Family Safety Plan in Place**

60.7% of those identified as at risk

**Referral for Child Maltreatment or Abuse**

Less than 1 percent (0.62) of families in home visiting for six months or more

# Infant Early Childhood Mental Health Consultation (IECMHC)



# IECMHC Defined

- IECMHC is an evidence informed, multi-level mental health strategy that spans the care continuum from promotion to prevention to intervention
- The indirect practice pairs a mental health professional with other providers who care for or offer services to infants, young children, and their families
- The capacity-building relationship is aimed at increasing social and emotional awareness and knowledge and enhancing reflective confidence and competence in the adults who support young children







# How Does IECMH Consultation Work?

- Builds capacity and skills of the ECE Providers' which correlates to quality of relationship between child-teacher
- Promotes provider well-being and addresses stress that affects their work with children/families
- Shifts attitudes about challenging behavior and where it originates
- Through assessment and referral, serves triage/liaison function for early childhood system

# Evidence of Provider-Level Changes

## Enhanced Abilities

- Reflective Capacity
- Sensitivity
- Sense of Efficacy
- Classroom Management

## Improved Quality

- Teacher-Child Interactions
- Parent Interaction
- Staff interactions

## Improved Outcomes

- Reduced staff stress and turnover
- Improved Classroom Assessment Scoring System (CLASS) scores

# ECECD Infant Early Childhood Mental Health Consultation

## Theory of Change

### Participant Characteristics

### Engaging in IECMHC

### Direct effects

### Indirect Effects

Consultees': Education on what IECMH consultation is. Recognition of consultees role in the delivery of services strengthening the confidence and competence of child growth and development and strong grounding of NM IMH.

Understanding commitment and openness for consultation

Strengthening the consultees skills - teachers, HV, EI staff, administrators and supporting our improving parenting skills

Less children in distress, emotional regulation and problem solving and thriving babies and young children. Parallel process for improving relationships and enhancing parenting skills

Consultants': Understanding of child development, IMH and distress, consultative stance, strong grounding of NM IMH and openness of cultures defining spiritual health.

Understanding commitment and openness for consultation

Improving skills to conduct IECMH consultation, improving equitable supports and building stronger relationships

Children and family being more supported and welcome. Understanding of systems and communities, families and children. Parallel process for improving relationships

Reflective Supervision



# Partnerships and Collaborations



October 12, 2022  
Coalition Conference





# Thriving Families Prenatal to Three (PN-3) Prevention Plan

**Goal:** Coordinated systems across the Children's Cabinet to prevent and reduce child maltreatment in New Mexico and enhance family and child well-being

**Vision:** Children and families of New Mexico are secure, healthy, and have the resources to thrive in their development, education, and health

# Thriving Families Prevention Plan

## Prevention continuum

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Goal	Provide supports and education to prevent abuse and neglect before it ever occurs	Identify and help those at higher risk for abuse and neglect to prevent progression/escalation	Provide support to those with history of abuse/neglect to prevent further trauma and lessen impact
Population	General population and healthy individuals and families	Individuals/families with one or more risk factors for abuse or neglect	Individuals/families with identified abuse/neglect, multiple Adverse Early Childhood Experiences (ACEs), or incarceration

# Thriving Families Prevention Plan

## Objectives

### Economic Well-Being

**Objective:** Families will have access to basic resources that will allow them to thrive and become self-sustaining house-holds for the benefit of their children, family, and community.

**Focus:** Housing Security, Cliff Affects, Economic Security, Child Care Expansion

### Education

**Objective:** Families will have capacity building opportunities to advance equity through programs and policies and state staff will have the training needed to make informed decisions

**Focus:** State and Community Education (Trauma Responsive), Certifications for Structured Decision Making (SDM) Tools, Peer-to-Peer Learning, Job & Life Skill

# Thriving Families Prevention Plan Objectives

## Health

**Objective:** Children PN-3, families, and providers have access to health and safety resources, education, care coordination, case management and practitioners to be mentally, physically, spiritually, and emotionally well

**Focus:** Rural Access, CARA Expansion, Injury Prevention & Safe Sleep, Caregiver Behavioral Health Supports

## State Agency Collaboration

**Objective:** The Children's Cabinet will align state agencies to work towards a unified, coordinated, and community-based approach to services to better supports families and children

**Focus:** Co-location of State Programs, Thriving Families Agenda, Thriving Families Academy

## Family and Community

**Objective:** Through family and community engagement- develop family resource centers in counties to support wrap-around innovative, unique, and responsive solutions to ensure parents and children are thriving

**Focus:** Community Navigators, High-Risk Counties, Young Parents, Father Engagement, Home Visiting



# Supporting Families with Substance Use Disorder



# How ECECD is Supporting the Comprehensive Addiction and Recovery Act (CARA)

- Partnering with Children Youth and Families (CYFD) and Department of Health (DOH), the agency leads for CARA
- Hiring a CARA Navigator to better connect CARA families with early childhood services and supports
- Collaborating with these agencies and Medicaid Managed Care Organizations to support families, provide expertise and assist with training
- Requesting funding in FY24 to support the Family Success Lab data linkage project to understand what programs and services families are utilizing
- Developing a shared cross-agency CARA data system with CYFD and DOH to improve our prevention, intervention, and treatment approach with families that have Plans of Care

# Substance Use Disorder (SUD) Screening and Treatment

- Improving identification of substance use and connect families with home visiting, FIT, and other early childhood programs and supports
- Partnering with other agencies on Vital Strategies Opioid Use Disorder project and Harvard Kennedy School technical assistance project
- Ensuring trauma-informed training for home visitors and FIT providers
- Educating early childhood providers, families, and communities on substance use, Plans of Care and treatment resources



# *Stay Connected* with the New Mexico Early Childhood Education and Care Department

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