

## J. Paul Taylor Early Childhood Task Force

# Executive Summary

This report from the J. Paul Taylor Early Childhood Task Force responds to the requirements set forth by House Memorial 75. The following recommendations are made to create the preliminary essential framework of an infant and early childhood mental health system and child abuse prevention plan that is collaborative, comprehensive,

strength-based, child and family focused, evidence based, outcome driven, emphasizes effective and cost effective prevention and early intervention over less effective and more costly later treatment, and generates ongoing accurate data to drive quality improvement and inform state funding decisions.

**The Task Force recommends that its existence be extended by the 2014 Legislature to work cooperatively with state agencies, the Early Learning Advisory Council, Prevent Child Abuse New Mexico, the New Mexico Children's Trust Fund, and other statewide advocates to implement the early childhood mental health and child abuse prevention strategic plan and to develop the details needed to execute the plan. The J. Paul Taylor Task Force requests that it serve to oversee its implementation, identify areas unfunded that will require reallocating existing dollars or securing new funds for recommendation to the 2015 legislature.**

Through the dedicated participation by numerous stakeholders, the following summary of year 1 recommendations is provided to the New Mexico Legislature, the Executive and relevant state departments, and to the Early Learning Advisory Council (ELAC):

### 1) Establish Community and State Networks:

- **Establish and fund community health councils, and require early childhood subcommittees** for planning, collaboration, annual needs assessments and gap analyses, training, collecting and sharing data, resource sharing, implementation of promising and evidence-based practice, and implementation of public health-based campaigns to improve understanding of the importance of preventing child maltreatment. Active early childhood community-based networks ensure that consumers and providers know about, and can work to strengthen resources available for children and families.

### 2) Identify At-risk Children and Families:

- **Promote widespread screening** of soon-to-be parents, parents of newborns, infants and young children for evidence of adverse childhood experiences (ACEs), post-partum depression, and other indicators of risk, in order to identify unserved and underserved populations for whom early intervention and services are needed.
- **With input from the health community, develop training in the use of the ACE screening tool and referral process, including online training,** for primary health clinic staff, community health workers, behavioral health clinic staff, substance

**“New Mexico’s children are in a state of crisis that demands bold systemic reform.”**

New Mexico’s Race to the Top Early Learning Challenge Fund application, Phase II

abuse/addiction services, OB/GYN practices, domestic violence and homeless shelters, and home visiting programs.

- **Include the ACE screening with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) form allowing for Medicaid reimbursement.** Children found to be at risk via ACE screening will be given the full EPSDT screening to identify child/family strengths and needed services for parents and caregivers.
- 3) **Increase linkages between primary and behavioral health** for early identification of at-risk infants and young children and prompt provision of supportive services.
- **Create referral protocols with Managed Care Organizations (MCOs) and primary health providers to connect at-risk families to appropriate community services and their children to early childhood services.**
  - **Modify all state service contracts serving at-risk children to require that Child Protective Services (CPS) referrals be a priority for service.**
  - **Assess needed policy changes to provide centralized access for children and families**
  - **Forge a strong partnership with Medicaid Managed Care (MCOs).**
- 4) **Support comprehensive workforce training** among health professionals, community health workers, social service agency staff and community and family advocates including use of screening tools, understanding and recognition of complex trauma and the effects of toxic stress in infants and children's lives and environments, knowledge of community resources, and referral and collaboration skills.
- **Create via legislative Memorial a task force to create a trauma informed child welfare system and best practices in trauma informed care** and to connect with other states that have successfully implemented trauma informed care within their behavioral health service system. The goal is to increase comprehensive training in supportive practices that promote well being, mental health and psychological resilience of parents and caregivers.
  - **Add trauma training to promotora, community health worker classes and training.**
  - Request that the New Mexico Boards of Medicine and Nursing begin to require 1 to 3 hours of **continuing medical education (CME) credits targeting** understanding, recognizing, managing, and referring **complex developmental trauma.**
  - **Maintain support for advanced training in infant mental health (IMH) and support attainment of IMH endorsement for early childhood professionals.**
  - Until there are far greater numbers of endorsed professionals in every county, **de-link the current state requirement of infant mental health endorsement from the availability of state general funds to community-based agencies.**

- 5) **Substantially increase the availability of high quality, outcomes-based mental health services to children and their families identified as needing these services:**
  - **Increase the use of county indigent funds and mil levy monies to replicate the Pathways model and/or other health navigation systems.**
  - **Modify existing practice to prioritize home visitation services for at-risk families.**
  - **Reinstate value added services as a requirement in serving children and families in Centennial Care. Allow for flexible family-based funding for sustainable service delivery.**
  - **Reinstate FIT funding for environmentally at-risk children to the same level as children at risk for developmental delay.**
  
- 6) **Promote New Mexico programs to become evidence based and promising programs that meet standards for best practice.**
  - **State departments shall provide assistance and data to New Mexico community programs to move promising programs toward evidence-based, including collaboration with New Mexico colleges and universities.**
  - **State agencies will develop protocols that assure access to data for researchers monitoring early childhood outcomes, for promising programs seeking to become evidence-based, and for program administrators working on replication and sustainability of service models.**
  
- 7) **Collect and make widely available critical data and support rigorous evaluation of programs:**
  - **The state shall establish a standard set of early childhood outcome indicators, including a required core of statewide priority outcomes, consistent with the Home Visitation Accountability Act, to guide community collaboration and community-based agency program evaluation.**
  - **State agencies shall create a coordinated and aligned data system for early childhood data. The data system shall provide access to aggregated data for researchers, program designers, and community collaborators.**
  
- 8) **Decrease child abuse and neglect:**
  - **Develop a bold child abuse prevention plan including the full implementation of a prevention-informed early childhood system and statewide prevention campaign.**
  - **Modify state contracts with service providers of early childhood services to require performance measures in child abuse prevention, including prioritization of CPS referrals.**
  - **Improve family access to community, educational and medical programs by aligning state systems and establishing a centralized intake and referral system for at-risk families.**

- **Child Protective Services (CPS) within CYFD should establish a policy and process for referral to a community-based program of every unsubstantiated investigation with greater than 2 ACE factors.**
- The taskforce supports ongoing efforts to establish a **center of excellence in child maltreatment at the University of New Mexico Children's Hospital**. This initiative has been identified by the UNM Health Sciences Center as a priority for the 2014 legislative session. The program will include clinical service to children at risk for, or experiencing maltreatment, education, and the capacity to identify and align effective strategies and programs that contribute to existing knowledge on prevention, screening, identification and treatment of child abuse and neglect. The program is poised to become a state leader in educating professionals from many disciplines about the prevention and recognition of child maltreatment. The program will also become a central data acquisition site for assessment of numerous risk factors for child maltreatment.