

Policy recommendations from the J. Paul Taylor Task Force

I. Statement

A state policy for early childhood mental health and child abuse prevention reflects New Mexico's commitment to:

Meeting children's emotional, developmental, cultural and spiritual needs within the context of that child's family and community.

Creating and maintaining caring, nurturing, responsive environments that promote children's full physical and emotional health and protect them from abuse, neglect, and inappropriate disapproval and punishment

Respecting the diverse and unique heritages of all children and families

Working towards an early childhood mental health service delivery system that identifies environmental risks, prevents trauma, and repairs its effects based on the recognition that traumatic experiences shape the development of a child's brain in ways that predispose children to learning problems, mental and physical illness, aggressive behaviors, teen pregnancy, substance abuse and compromises that child's ability to break out of the cycle of poverty

Developing an early childhood mental health system that is trauma-informed, with policies, practices and programs that acknowledge unique vulnerabilities and needs, and AVOIDS stigmatizing labels and pathologizing of young children, in order to maintain a focus on creating nurturing environments that foster the development of healthy resilient children

Having continuous oversight to create equal and timely access to services and opportunities for at risk children and families, regardless of where they live or their economic status

Promoting evidence-based and promising practices by assisting programs to use research based principles, and sharing data for the purpose of program evaluation and the planning of future strategies.

Developing and maintaining a strong workforce of early childhood professionals across the full continuum of services for at-risk families including primary prevention, identification, early intervention, support and treatment, outreach, services in children's homes and within communities.

II. Essential Elements

- 1. Early identification of Risk Factors through improved and regular Early Periodic Screening Diagnosis and Treatment (EPSDT) screenings and incorporation of Adverse Childhood Experiences (ACE) questions**
 - Managed Care Organization (MCO) and Medicaid contracts with the State must include coverage for medical and behavioral health screenings as part of well-child visits to identify environmental risks
 - MCO and Medicaid contracts must maximize the use of the EPSDT with ACE incorporation to improve health and development outcomes for young children

- NM shall establish a pediatric medical necessity standard in compliance with Federal EPSDT law, including behavioral health prevention services
 - MCO Health Risk Assessments (HRA) shall uniformly incorporate ACE questions
 - NM shall utilize best-practices identified nationally for the use of ACE questions to identify at-risk children and adapt practices according to the needs of NM families
 - EPSDT screening questions shall be standardized and uniformly applied
- 2. Trauma-Informed System of Care that is driven by a public health approach to wellness**
- Creating a responsive infrastructure of support to provide quality services for at-risk children while partnering with primary and behavioral health to identify at-risk children and families
 - NM shall build workforce capacity for trauma-informed care that includes training, technical assistance and support, and monitoring
 - A trauma-informed continuum of services shall be available to identified at-risk children
 - Emotional and behavioral needs of vulnerable infants, toddlers, and preschoolers are best met through coordinated services that focus on the child's full environment of relationships, including parents, extended family members, community, home visitors, providers of early care and education, and/or mental health professionals
 - NM shall establish billing codes and a payment reimbursement structure to promote wraparound services, intensive wraparound services, and targeted services for families where children are identified at-risk
 - DOH Family Infant Toddler Program (FIT) shall fund services to children identified environmentally at-risk at the same level as it does services to children with a developmental delay or disability
 - The Maternal, Infant, and Early Childhood Home Visiting Program of the Affordable Care Act requires states to give *priority* to providing services to identified "high-risk" children and families, including families with histories of child abuse or neglect and families that have been involved with the child protection system. New Mexico's policy shall comply with the Federal law.
- 3. Severe Emotional Disturbance (SED) diagnosis shall not be required for at-risk infants, toddlers and young children to access needed services**
- NM shall promote cost-effective wrap around service delivery systems that do not require SED diagnosis (that may result in the risk that a label will stigmatize a child through high school and beyond) as a prerequisite to service. As an alternative, NM shall use the SAMHSA eligibility criteria "Diagnostic Impression of Imminent Risk"
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- 4. State Financing Strategies that support an early childhood continuum of care for at-risk children and families**
- Creating a permanent financial infrastructure with State child serving agencies to guarantee comprehensive prevention and treatment funds for children ages 0 through 5 and their families requiring that all allocations for early childhood services have 10% of funding set aside dedicated to high quality, trauma-informed services for at-risk infants, toddlers and young children and their families.

- Fund prevention efforts for lower-risk families when abuse was investigated but unsubstantiated, to provide for home visitation, case management, parenting education, and additional social services
- NM shall have funding strategies that are flexible and allow for blending of funds to support a system for infants, toddlers, and young children through age 5
- Restructuring the fee-for-service system to allow providers to bill for secondary prevention/early intervention wrap around efforts with families and children. Eliminate the requirement for SED diagnosis for young children and infants.

5. Data Collection Collaboration among state agencies and continuous quality improvement

- The NM Children's Cabinet shall designate or create an entity to coordinate, align and analyze early childhood data collection, and ensure that any state contract includes a data accountability component.
- NM shall utilize a unique child identifier to link all public health databases in order to reduce silos and link child specific data including ability to follow a child until adulthood across state systems, improve coordination and referrals, and evaluate program effectiveness through the use of shared aggregate data
- Assure access to data for researchers monitoring childhood and youth outcomes, for promising programs seeking to become evidence-based and for program administrators working on replication and sustainability of service models