# IMPROVING DEVELOPMENTAL CARE FOR YOUNG CHILDREN AND THEIR FAMILIES IN NEW MEXICO:

# WHERE ARE WE NOW?
# WHAT SHOULD WE DO NEXT?

Early Childhood Comprehensive Systems – Act Early State Team

Updated Report May 2017

Learn the Signs. Act Early.

# Early Childhood Comprehensive Systems – Act Early State Team

**Early Childhood Comprehensive Systems (ECCS)**, originally funded by the federal Maternal & Child Health Bureau, are partnerships between interrelated and interdependent agencies/organizations representing physical and mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to age eight. ECCS has been an active committee or advisory council in New Mexico since 2003, headquartered in the Department of Health-Family Health Bureau.

**Learn the Signs - Act Early** is a Centers for Disease Control & Prevention (CDC) program that aims to improve early identification of children with autism and other developmental disabilities so children and families can get the needed services and support. The program is made up of three components: health education campaign, the Act Early initiative, and research and evaluation. The Act Early grant in New Mexico is coordinated by the UNM Center for Development and Disability.

*New Mexico ECCS and Act Early State Teams joined together in Summer 2016*

## Contents

# INTRODUCTION

- This report is an update of the 2006 report "Improving Developmental Care for Young Children and their Families in New Mexico" prepared by the Early Childhood Action Network. https://nmhealth.org/about/phd/fhb/mch/publications/
- This update reflects the work of the combined Early Childhood Comprehensive Systems (ECCS)-Act Early State Team members, contributing knowledge and vision through work groups formed to compile a useful revised edition.
- The combined State Team engages participants from a wide variety of health, education, and social service agencies working to improve child and family well-being through health care as well as early education.
- While educating top leadership is essential, **the State Team is also committed to providing information, data, and tools to the dedicated staff who carry out their agency policies and practices day-to-day**. Hopefully, this revision will be useful to practitioners as they work within their agencies and organizations—and as they reach across silos and collaborate with staff in other agencies.

"Too often our health care and early learning systems operate in silos, missing key opportunities to maximize both the health and early learning outcomes of children. Coordination and alignment between health systems and early learning systems have the potential to help ensure that each child's needs are identified, referrals to needed services are made and completed, services are not duplicated, and the messages that families hear are clear, aligned, and consistently reinforced to ensure that children and their families thrive."

US Department of Health-Human Services and US Department of Education: Policy Statement to support the Alignment of Health and Early Learning Systems, 2016
https://www2.ed.gov/about/inits/ed/earlylearning/files/health-early-learning-statement.pdf

# SYSTEM ALIGNMENT AND DATA

# WHERE ARE WE NOW?

**Data we have now:**

- National Survey of Child Health from which NM data can be extracted
- Department of Health (DOH) data
    - Pregnancy Risk Assessment and Monitoring System (PRAMS)
    - Immunization
    - Newborn Genetic and Hearing Screening
    - Women, Infant, Children (WIC) nutrition program
    - Families FIRST perinatal case management
    - Children's Medical Services (CMS)
    - Family Infant Toddler (FIT) Part C Early Intervention
- Human Services Department (HSD) data
    - Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) billing
- Children, Youth & Families Department (CYFD) data
    - Child Care Licensing and Child Care Assistance/subsidy
    - Home Visiting
    - Child Protective Services

**What we know:**

- Birth rates and records
- CYFD Home Visiting data in Annual Report to Legislature
- Statewide Home Visiting mapping/gap analysis (c/o Los Alamos National Laboratory Foundation)
- Medicaid enrollment
- Head Start & Early Head Start enrollment and NM PreK enrollment
- Most providers use electronic medical records, but system interface is a problem

**What is on the horizon:**

- Early Childhood Integrated Data System (ECIDS): new data system with unique identifier to allow tracking experiences/outcomes across programs, is being developed via federal Race to the Top funding
- NM DOH Toddler Survey - supplement to PRAMS; will take a year from initial survey to collate data
- Human Services Department (HSD) is in the process of developing a new Medicaid Management Information Systems (MMIS) with a targeted implementation date of FY18
- Health Information Exchange system, administered by NM Health Information Collaborative (NMHIC)
- NM Appleseed, with partners including UNM Bureau of Business and Economic Research, is proposing a unified data system for high risk children and families
- Legislative Finance Committee (LFC) is working on mapping behavioral health utilization in the state

# SYSTEM ALIGNMENT AND DATA

# RECOMMENDATIONS: WHAT SHOULD WE DO NEXT?

1. **Agreements between state departments need to be created/updated allowing for the sharing of data that comply with federal confidentiality regulations.**

2. **Templates for data sharing agreements need to be created/updated so that data can be shared with researchers and others working to improve policies and systems that benefit our state's children and families.**

3. **Health data needs to be included in the Early Childhood Integrated Data System (ECIDS) constructed via the Race to the Top Early Learning Challenge Grant to NM so that trends in usage of early childhood services can be tracked from birth.**

4. **Entities holding health data need to work with management of the ECIDS to develop data transfer and usage agreements.**

5. **Health data that should be included in the Early Childhood Integrated Data System includes**:
   - Birth data (location, weight, early or full-term, age of mother, self-reported ethnicity, etc.)
   - Newborn genetic and hearing screening results
   - Immunizations
   - Developmental screenings c/o medical practices and early childhood programs
   - Family participation in social/economic services including Women, Infants & Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Medicaid, Children's Health Insurance Program (CHIP)

6. **Increase ECCS-Act Early collaboration with the New Mexico Alliance of Health Councils (NMAHC) to magnify our efforts in System Alignment and Data, especially with feedback and priority setting at the county/tribal/ regional level.**

# PUBLIC AWARENESS AND RESOURCE & REFERRAL

# WHERE ARE WE NOW?

**Resource and Referral (R&R)**

- **Goal**: Continue work to connect all resource & referral systems with buy-in that a coordinated system works better for providers, children and families seeking the information.

  Ultimately improving access to resources and services which will impact outcomes for children and families.

**Resource and Referral** Key Points:

- Coordinating the several Resource and Referral (R&R) systems in NM is key to developing access to services and resources.
- Existing systems are working on alignment and coordination. These include:
  - **Information Network with Baby Net** at UNM Center for Development and Disability (CDD), established with federal disability funds to provide information and resources to persons/families about disabilities
  - **SHARE New Mexico**, a comprehensive initiative to keep service providers in the know about resources, with a web-based statewide resource directory
  - **UNM NewMexicoKids Resource and Referral**, originally established via contract with CYFD for Child Care R&R, now expanded via CYFD PullTogether to connect families with home visiting and other needed services
  - **United Way 211 R&R helplines** operating in most UW regions, enhanced by Federal Communications Commission relay policies

**Resource and Referral** Key Points:

- There is currently a strong partnership between the NewMexicoKids Resource and Referral line and BabyNet. These two entities support a 'no wrong door' approach and are working on strengthening connections with other information and referral entities in the state to ensure that families are connected with the services they need by the R&R entities that are knowledgeable in those areas.
- A comprehensive and aggressive statewide outreach strategy began in May of 2016 through the PullTogether campaign. NewMexicoKids R&R answers the phone for PullTogether.
- Consumer information is given to families as part of family packets. This information is collected from across sectors and focuses on best practices and current research, and is meant to support the efforts across statewide agencies. The informational materials included in the packets are specific to the age(s) of the child(ren) and the family's stated needs.
- An inter-agency transfer process has been established and continues to be strengthened.
- NewMexicoKids R&R does not give advice about developmental questions but instead refers to BabyNet at the UNM CDD.
- Neither entity recommends or endorses any particular program or service, but instead supports the state approach of ensuring that families are informed and empowered to make their own decisions about 'best fit'.
- SHARE New Mexico is working with United Way 211 help lines to have access to its comprehensive online directory.

**Public Awareness**

- Connect to other state-wide efforts: Early Learning Advisory Council, J Paul Taylor Task Force.
- Build on work already completed, gather reports, feedback. Study past efforts to gather survey/focus group information about messaging: ECCS, Race to the Top.
- Find out who is gathering parent education information and how is it being shared.
- Help focus and strengthen CYFD's PullTogether efforts to raise awareness with families and practitioners.
- How to utilize social media, what is the cost/feasibility of texting?
- Texting programs can be useful tools i.e. Text4Baby, Vroom. Include along with all local efforts, incorporate in overall PullTogether effort. Access and incorporate NM technology and expertise in our work.
- Promote expansion of broadband as a health issue.

**Outcomes and Strategies**

Work towards outcomes:

1. Increase knowledge,
2. Engage with the community, and
3. Change behaviors of individuals, organizations, institutions, and social systems related to developmental care birth-five.

Utilize effective strategies:

Clarify the mission: To improve the health and well-being of all children 0-5 in NM through information and support of families, early childhood professionals, and decision-makers.

State our values:

- We care about how young children grow and develop, and want all children regardless of ethnicity, income, or social standing to grow healthy and strong.
- We value families and know it takes the whole community to ensure child well-being.

Clarify our Voice. Materials and messaging should:

- Reflect current research and best practices.
- Be easy to read and understand.
- Mirror the myriad voices of NM. Be inclusive of our diverse cultures, socio-economic statuses, family structures, genders, ages.

# PUBLIC AWARENESS AND R&R

# RECOMMENDATIONS: WHAT SHOULD WE DO NEXT?

1. **Develop an early childhood social marketing campaign aimed at the general public with common messaging, branding, and consistent look.**
2. **Develop parenting education and promotional materials aimed at families of young children**:
    - Identify current programs offering parenting education, including those programs listed in the Center for Development and Disability Information Network, New Mexico Kids Resource and Referral database, and the SHARE New Mexico Resource Directory.
    - Review current materials that are in use by multiple state agencies and programs to educate families with young children about child development. Work with families to choose the most effective materials that can be used by all state agencies. Tie the materials to the social marketing campaign.
3. **Develop a financing strategy that includes utilizing resources already dedicated to producing and disseminating materials. Align materials dissemination across sectors, implement a clearing house of updated materials.**
4. **Create a connected system of family information hubs in local communities.**
5. **Strengthen Resource and Referral services for families to facilitate their access to needed resources, and maximize coordination among existing R&R services. Work towards one clear call-in number and access point**.

# SCREENING AND MEDICAID

# WHERE ARE WE NOW?

**Focus:** Figuring out "Who does what kind of developmental screening and who gets paid for it, by whom?"

**Ongoing Research:**

- How can NM health professionals use the Survey of Well-being of Young Children (SWYC)™, a convenient tool that screens for developmental and emotional-behavioral status, and family context including substance abuse, parental depression, and domestic violence? www.theSWYC.org
- How can NM expand the Infant Mental Health Value-Added benefit offered by Blue Cross Blue Shield to other Centennial Care Managed Care Organizations (MCOs)?
- Clarification of NM CPT codes (current procedural terminology) for various behavioral screening activities, to inform service providers
- Review of non-physician ability to bill Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for screenings (Developmental Specialists, Social Workers, etc.)
- Why does the annual NM report to Medicaid (CMS 416, 2015) say this?
  "Number of children 0-3 screened who did not require further evaluation/treatment? 99.5%"

**CHALLENGES:**

- Medical providers need expanded guidance from NM HSD on screening of young children, especially Medicaid EPSDT.
- Early childhood settings vary greatly in conducting screening.
  New Mexico PreK, federal Head Start/Early Head Start, and New Mexico FOCUS star-rated child care programs at 3, 4, and 5-Star levels all include requirements that each child be screened soon after enrollment using evidence-based tools, but there is no formal recording or reporting of findings to a state entity for tracking or analysis.
- Training for practitioners on specific screening tools and referral processes is difficult to access.

**5 Essential Domains of Improving Developmental Care**

1. **Screening- with a recommended schedule, use of validated tools, training of professionals, AND reporting back to the state on these screenings.**
2. **A Referral System- with available directories of resources, a system of feedback with providers, AND reporting to the state when referrals are made.**
3. **Resources- including available and certified early intervention centers, and ongoing quality improvement.**
4. **A Data Collection System- centralized but including all entry points; production of annual reports.**
5. **Appropriate funding for these services.**

**Key Points:** Continuous and comprehensive health insurance

- Presumptive Eligibility (PE) for Medicaid can be determined by approved organizational personnel for 60-day short term coverage.
- Medicaid On-Site Application Assistance (MOSAA) allows a PE/MOSAA Determiner to provide an application, obtain information to determine eligibility, and conduct an eligibility interview, for final eligibility determination by Income Support Division.
  May result in 12 months Medicaid coverage for children, and coverage for pregnant women including 2 months post-partum care.
- Medicaid eligibility must be re-established annually.
  Families not "re-establishing" by due date causes gaps in coverage for many children.

**Key Points:** Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- NM Medicaid must comply with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirements (see www.Medicaid.gov).
- EPSDT goal: to ensure that children enrolled in Medicaid receive age-appropriate screening, preventive services, and treatment services that are medically necessary to correct or ameliorate any identified conditions – the right care to the right child at the right time in the right setting.
- Includes screening for physical, developmental, emotional, dental, hearing, and vision issues.
- If indicated, further diagnostic services must be provided. Referrals should be made without delay; follow-up should ensure the enrollee receives a complete diagnostic evaluation.
- Quality assurance procedures should ensure that comprehensive care is provided.
- Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

NM practitioners and social service providers need to be familiar with EPSDT requirements.

**CHALLENGES:**

Medicaid policies and payments to increase developmental screening

- New Mexico Medicaid has adopted the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule and guidelines for well-child examinations and developmental screenings (https://brightfutures.aap.org/Pages/default.aspx).
- AAP recommends developmental surveillance at every visit, and formal developmental screening at 9, 18, and 24 or 30 months, and ages 3, 4, and 5, with appropriate referrals as indicated.
- AAP requires use of standardized tools, but NM Medicaid does not provide guidance or training as to recommended standard tools to use.
- Currently in NM there is no formal recording or reporting of developmental screening results or referrals by medical providers to any state entity.

# SCREENING AND MEDICAID

# RECOMMENDATIONS: WHAT SHOULD WE DO NEXT?

1. **Increase developmental screening in health care settings.**
    - Require use of standardized developmental screening tools, and provide a recommended list.
    - Provide widespread training for medical practitioners in developmental and social-emotional screening and referral.
    - Construct, and require reporting to, a data management system that allows monitoring of developmental screening and referral activities.
2. **Increase developmental screening in all early childhood/child care settings.**
    - Provide widespread training for early childhood staff in appropriate developmental and social-emotional screening and referral.
    - Construct, and require reporting to, a data management system that allows monitoring of screening and referral activities.
    - Explore Medicaid reimbursement for screening in early childhood settings.
3. **Assure continuous and comprehensive health insurance to ensure all children have a medical home.**
    - Devote provider and community attention to reminding families of the need to re-establish eligibility annually to retain Medicaid coverage.
4. **Strengthen Medicaid policies and payment to increase developmental screening.**
    - Ensure medical practices follow the AAP Bright Futures guidelines for developmental screening.
    - Review Medicaid reporting (CMS 416) to ensure that children identified through EPSDT screening are referred and receive appropriate follow-up services.
    - Increase the Medicaid reimbursement rate for screenings.
    - Explore uses of Title V funds to support implementation of EPSDT. (https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment)

5. **Expand immunization cards to include reminders of when developmental screenings are due, record date performed and tool used, and note if a referral was made**.

6. **Add Adverse Childhood Experiences (ACEs) questions to the Medicaid Centennial Care Health Risk Assessment form, and ask "How are your children?"** (see J Paul Taylor Task Force Recommendations 2016 at http://www.sharenm.org/knowledgebase/showFile.php?file=bmNjczE4NDQ=)

**For a compendium of recommended standardized developmental screening tools, please visit:** https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf

# COMMUNITY-BASED SUPPORTS

# WHERE ARE WE NOW?

## Statewide Resources for Supporting Children:

### FOCUS on Children's Learning QRIS

- 5-Star Quality Rating Improvement System (QRIS) is jointly implemented by CYFD, Public Education Department (PED), and DOH for child care, PreK, public school early intervention classrooms, and Part C Family Infant Toddler (FIT).
- Quality improvement site-based consultants are provided.
- Developmental screening and referral are required for child care and PreK.

### Home Visiting

- On-site visits to homes of families with young children are offered weekly-monthly to provide parenting education and health/well-being information, including developmental screening and maternal depression screening, with referrals and follow-through.
- Home visiting programs are funded with state and federal funds by CYFD, Early Head Start, tribal entities, and by private foundations.

### Inclusion Consultants

Mobile consultants are available to child care programs to:

- Work with classroom teachers to help them handle disruptive behaviors and help children regain self-control.
- Provide trainings to staff about social-emotional behaviors in group settings.
- Funded by CYFD through the Training-Technical Assistance Programs (T-TAPs) and coordinated by UNM's Center for Development and Disability (CDD).

### School District Transition Teams

- The state established the Transition Teams to ensure compliance with federal Individuals with Disabilities Education Act (IDEA) requirement for effective coordination and communication between Part C (early intervention) and Part B (preschool special education). The teams ensure community collaboration meetings to facilitate transition of children among child care settings and Early Intervention services.
- Supported via DOH contract with UNM Center for Development and Disability.

**CYFD's Pyramid Partnership**

- Provides access to social-emotional well-being training/consultation in child care programs, using materials from the national Center for the Social-Emotional Foundations of Early Learning (CSEFEL).

**CYFD Early Childhood Investment Zones**

- Identified for highest risk factors to family and child well-being.
- Targeted for early childhood community coalition-building via federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) and federal Race to the Top (RTT) initiatives.
- Brings community leaders together to work on resolving major challenges.
- Sustainability is in question as federal funds are re-directed or dry up.

**CHALLENGES**:

- Data collection for screening children ages 0-5 is needed; many early childhood providers complete screenings, but there is no requirement to report findings, and no accessible data management system they can use.
- There is no data collection system for children not identified by FIT or Special Education.
- Sustainability: Race to the Top federal funding for FOCUS-Quality Rating Improvement System ends 2017; uncertain 'sustainability plan'.
- Families need more information about the importance of language development in the home.
- Services must be culturally competent and provided in family's home language (or with translation services).

**Other Ongoing Issues for Best Provision of Community-Based Supports**

- Need for "aligning existing information and referral systems in an online, shared, accessible, statewide, comprehensive, community-based resource directory".
  J Paul Taylor Task Force Recommendations Fall 2016
  http://www.sharenm.org/knowledgebase/showFile.php?file=bmNjczE4NDQ=
- Many resources such as the CDD Information Network are available but the very number of resource directories creates user difficulties.
- Need for advocacy in NM for use of, and expanded training in, DC 0-3R, the early childhood diagnostic tool developed by Zero to Three as a support to clinicians in diagnosing and treating mental health problems in the earliest years. (*Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised*)
  J Paul Taylor Task Force Recommendations Fall 2016
  http://www.sharenm.org/knowledgebase/showFile.php?file=bmNjczE4NDQ=
- Need for Ages and Stages Questionnaire (ASQ) developmental screening trainers. Formal training of trainers for 25 new trainers was completed in May of 2016.These practitioners are to train others, including medical as well as child care staff, to complete ASQ-3 and ASQ: Social-Emotional-2 and make referrals as needed. Funded by DOH, CYFD, and Brindle Foundation. Trainer listing:
  https://nmhealth.org/about/phd/fhb/mch/publications/

# COMMUNITY-BASED SUPPORTS

# RECOMMENDATIONS: WHAT SHOULD WE DO NEXT?

1. **Promote expansion of successful local level coordination work, including CYFD Investment Zones and early intervention Transition Teams.**
2. **Promote expansion of preventive social-emotional services to child care settings, including Inclusion Consultants and the Pyramid Partnership trainings.**
3. **Promote expansion of home visiting.**
4. **Advocate for funding to maintain important FOCUS Quality Rating Improvement System improvements and reach.**
5. **Develop data collection strategies to capture screenings and referrals for children 0-5.**
6. **Encourage the Family Infant Toddler program (FIT) to solicit and review feedback from early care providers about any instances in which the referral loop was not closed, especially in rural counties.**
7. **Advocate for use of the DC 0-3 R diagnostic approach for social-emotional issues in young children.**
8. **Disseminate information for families about the importance of language development in the home.**

# EARLY AND INDIVIDUALIZED INTERVENTION

# WHERE ARE WE NOW?

## Part C IDEA Family Infant Toddler Program

| Infants-Toddlers Served by DOH Part C Early Intervention Services | | | |
|---|---|---|---|
| | NM Population 0-3 (estimated)* | Total Served** | % Served |
| FY14-15 | 79,758 | 13,211 | 16.6% |
| FY15-16 | 82,098 | 14,074 | 17.1% |
| *NM IBIS: State birth cohort 2015 26,586, x3 for infants, ones and twos<br>**FIT report to ECCS | | | |

| | Total Served | Categorical Eligibility | Environmental At-Risk |
|---|---|---|---|
| FY15 | 13,211 | 9,642 | 3,569 |
| FY16 | 14,074 | 10,059 | 4,015 |

## Part B IDEA Public Education Department

| Children ages 3 through 5 Served by PED Part B Early Intervention Services | | | |
|---|---|---|---|
| | NM population 3-6 (estimate)* | Total Served** | % Served |
| FY14-15 | 79,620 | 4,285 | 5.4% |
| FY15-16 | 79,758 | 4,245 | 5.3% |
| *NM IBIS: State birth cohort 2014 26,540 x3 for 3s, 4,s and 5s<br>**NM Public Education Department Special Education Bureau, ED*Facts* Reporting System<br>http://ped.state.nm.us/ped/SEBdocuments/data/2015/SY1415_IDEA_Environment.pdf | | | |

Note: Difference in # served between Part C and Part B – Part C serves children identified as "environmental at-risk"; Part B does not.

**Family Infant Toddler (FIT) Services:** Part C Federal Individuals with Disabilities Education Act (IDEA)

- Statewide system of 34 contracted agencies reaching all counties
- Comprehensive developmental evaluations
- Comprehensive services for children
- A system of Child Find outreach action plans and materials
- Services are culturally, socially, linguistically sensitive
- Provided in natural environments including home, child care
- Families are coached to enrich daily activities to promote child's development
- Team approach for coordinated unified message across all areas of development
- New Mexico FIT program eligibility categories:
    - Developmental Delay of 25% or more in one area of development
    - Established Condition that has a high probability of causing a developmental delay such as vision or hearing loss, Down Syndrome, cerebral palsy, etc.
    - At-Risk due to medical or biological factors such as low birth weight or prematurity
    - At-Risk for Developmental Delays due to environmental conditions that could affect optimal child development

**Part B Early Intervention Services for ages 3-6:** Part B Federal Individuals with Disabilities Education Act (IDEA)

- School Districts provide services for eligible children after their 3rd birthday (to age 21).
- Family must be engaged in development and tracking of their child's Individual Education Plan.

**Child Find** services provide evaluation of young children ages 2.5 - 5. Children may be referred to Child Find by parents or medical or social service providers. Child Find providers are contacted via the Health Department, the local school district, or the UNM BabyNet at 800-552-8195 or http://www.cdd.unm.edu/infonet/tip-sheets.html.

**CHALLENGES:**

- Increasing costs
- Increasing demand
- Improving transdisciplinary services
- Increasing number of families with divergent cultural and linguistic needs
- Workforce training for practitioners so they better understand typical child development
    - Home Visiting, Child Care, Special Education
    - Occupational Therapy (OT), Physical Therapy (PT), language-communication, Social Work (SW)
- Ensuring statewide distribution of licensed specialists (OTs, PTs), and licensure / credentialing reciprocity

# EARLY AND INDIVIDUALIZED INTERVENTION

# RECOMMENDATIONS: WHAT SHOULD WE DO NEXT?

1. **Assure sufficient funding and capacity to meet the need for Part C early intervention and Part B specialized preschool services.**

    - As screening and referrals increase, so too will the demand on NM's early intervention service capacity, including demand for practitioners in specialized professional disciplines.
    - The cultural and linguistic complexity of NM's population requires well-trained and culturally responsive providers.
    - Develop recruitment and retention incentives for specialized professionals through loan forgiveness and advertising.

2. **Assess how children ages 3-6 are currently being served and develop recommendations for smooth transitions and continuity of care (Part C to Part B).**

3. **Fully fund translation services.**

4. **Strengthen efforts to coordinate services with other agencies.**

5. **Publicize BabyNet 1-800-552-8195 at Information Network (UNM CDD) for parents to call about child development concerns and/or to be connected with early intervention services.** http://www.cdd.unm.edu/infonet/tip-sheets.html.

# DEFINITIONS OF TERMS

**Developmental Care Services System Continuum:** Refers to early childhood services focused on optimizing healthy development of young children birth-5, and includes:

- **Promotion of Public Awareness of Child Development**

Increases awareness and promotes practices that educate parents, community members, and leaders and policy makers (state and local) about child development and ways of promoting learning and growth in the home and in community settings. Promotion and public awareness offers families and community members consistent and culturally relevant information about developmental expectations, helps families identify their children's developmental strengths as well as concerns, and supports families and service providers to access the resources needed to address developmental concerns.

- **Developmental Observation and Screening**

**Developmental Observation** (referred to as Developmental Surveillance by the American Academy of Pediatrics): A flexible, continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of early childhood services (health care, child care, home visitation, nutritional services, etc.). Components include eliciting and attending to parental concerns, providing anticipatory guidance to families, obtaining a relevant developmental history, making accurate and informative observations of children, and sharing opinions and concerns with other relevant professionals.

**Developmental Screening**: A systematic, brief developmental screening by trained personnel, using a validated screening instrument, conducted at regular intervals during the first five years of life starting at infancy. The goal is to detect physical, emotional, social, motor, cognitive, behavioral, and family conditions affecting the healthy development of the young child as early as possible.

High prevalence environmental risk conditions affecting development should be included in the screening, including post-partum depression, domestic violence, substance abuse, and other social and emotional concerns.

- **Early Intervention**:

Early intervention services are a critical part of the early childhood system for children birth – 5. Early intervention is defined as those services provided early enough to prevent or reduce the impact of a developmental delay or disability, and to assist families to receive the support and information they need to assist their children's highest level of development.

From *Improving Developmental Care for Young Children and Their Families in New Mexico 2006*

# OTHER PARTNERS WITH ECCS-ACT EARLY

- **Early Learning Advisory Council (ELAC)** was formed via Federal Legislation and the Early Childhood Care and Education Act passed by the New Mexico State Legislature in 2011. The Council leads the development or enhancement of a high-quality, aligned, comprehensive system of early childhood development and care, that ensures statewide coordination and collaboration among the wide range of early childhood programs within the state, including child care, home visiting, New Mexico PreK, federal Head Start/Early Head Start, federal Individuals with Disabilities Education Act (IDEA) programs for preschool, infants and families.

- **J Paul Taylor Early Childhood Task Force** was established by the Legislature in 2013 with goals "to improve collaboration among early childhood development stakeholders, to better identify children at risk of child abuse and neglect, to develop an early childhood mental health plan, and to improve the early childhood services system and promote evidence- and community-based early childhood programs throughout the state."

# EARLY CHILDHOOD COMPREHENSIVE SYSTEMS – ACT EARLY STATE TEAM LEADERSHIP AND WORKGROUPS

## State Team Leadership

- **Gloria Bonner**, Child Health Program Manager, ECCS Coordinator, Family Health Bureau, Department of Health
- **Nancy Lewis**, Act Early State Ambassador, UNM Center for Development and Disability
- **Jesse Leinfelder**, Improving Developmental Care Project Coordinator, Consultant, Policy Solutions
- **Janis Gonzales, MD**, Family Health Bureau Chief /Medical Director/Title V Director, Department of Health

## Improving Developmental Care Workgroups

### System Alignment and Data

Lead: Kim Straus, Brindle Foundation Program Officer

- Janis Gonzales, MD, DOH Family Health Bureau Chief
- Garry Kelley, DOH Epidemiologist
- Nancy Lewis, UNM CDD, Act Early Ambassador
- Dana Bell, UNM Center for Education Policy Research, Associate Director for Early Childhood, Sr. Policy Analyst
- Gloria Bonner, DOH Child Health Program Manager

### Public Awareness and R&R

Lead: Judy Baca de Arones, DOH, Northeast Heights Public Health, Health Promotions Specialist

- Rachel Mitchell, UNM Continuing Ed, NMKids Resource and Referral Manager
- Wendy Wintermute, SHARE New Mexico Program Manager
- Joe DeBonis, UNM Center for Development and Disability, Early Childhood Learning Network Manager
- Trisstin Maroney, CYFD Community Services Bureau, Contract Supervisor
- Jamie O'Malley, CYFD Office of Child Development, Early Care and Education Manager
- Phyllis Shingle, UNM Center for Development and Disability, Information Network, Education and Outreach Manager

## Screening and Medicaid

Lead: Lisa Rossignol, Parents Reaching Out and Family to Family Health Information Center, Healthcare Liaison

- Jackie Gonzales, HSD, EPSDT Manager
- Carole Conley, UNM Envision, Education and Outreach Manager
- Javier Aceves, MD, NM Pediatric Society
- Nicole Hopkins, Blue Cross/Blue Shield, Native American Liaison
- Barbara Rodriguez, UNM Professor & Chair, Speech & Hearing Sciences

## Community-Based Supports

Lead: Diane Dennedy-Frank, (retired) DOH Family Health Bureau, Health Educator

- Vonell Huitt, Consultant, VLH Resources
- Rosa Barraza, Director, Early Care and Learning Association
- Karen Lucero, Inspirations Director
- Susan Smith, NMAEYC Accreditation Specialist

## Early and Individualized Intervention

Lead: Jonetta Pacias, DOH Family Infant Toddler Program, Metro Regional Manager

- Jeannette Baca, YDI Head Start, Director of Mental Health Services
- Anna Marie Garcia, YDI Head Start, Disabilities Manager
- Kyshia Newsome, Kirtland AFB, Exceptional Family Member Program Director
- Karen Lucero, Inspirations Director

# EARLY CHILDHOOD COMPREHENSIVE SYSTEMS – ACT EARLY STATE TEAM

## Members 2016-2017

**Javier Aceves, MD**, NM Pediatric Society
**Judy Baca de Arones**, DOH, Health Promotions
**Jeannette Baca**, Youth Development, Inc
**Rosa Barraza**, Early Care & Learning Association
**Dana Bell**, Center for Education Policy Research
**Kirsten Bennett**, Envision NM
**Matthew Bernstein**, Pegasus Legal Services for Children
**Gloria Bonner**, DOH Family Health Bureau
**Susan Chacon**, DOH Children's Medical Services
**Carole Conley**, Envision NM
**Joe DeBonis**, UNM Center for Development & Disability
**Diane Dennedy-Frank**, Family Health Bureau, retired
**Jeanne DuRivage**, DOH Family Infant Toddler Program
**Anna Marie Garcia**, Youth Development, Inc.
**Jackie Gonzales**, Human Services Department
**Janis Gonzales, MD**, DOH Family Health Bureau
**Dolores Harden**, Parents Reaching Out
**Sandra Heimerl**, UNM Center for Development & Disability
**Nicole Hopkins**, Blue Cross Blue Shield
**Vonell Huitt**, VLH Resources
**Garry Kelley**, DOH Family Health Bureau
**Jesse Leinfelder**, Policy Solutions
**Nancy Lewis**, UNM Center for Development & Disability
**Karen Lucero**, Inspirations
**Trisstin Maroney**, CYFD Protective Services
**Melissa Mason, MD**, NM Pediatric Society
**Rachel Mitchell**, NMKids Resource & Referral
**Jeannette Montaño**, CYFD Protective Services
**Leslie Montoya**, Youth Development Inc.
**Kyshia Newsome**, Kirtland Air Force Base
**Jamie O'Malley**, CYFD Early Childhood Services
**Jonetta Pacias**, DOH Family Infant Toddler Program
**Mette Pedersen**, Consultant
**Barbara Rodriguez**, UNM Speech & Hearing Sciences
**Lisa Rossignol**, Parents Reaching Out
**Selestte Sanchez**, CYFD Home Visiting
**Naomi Sandweiss**, Parents Reaching Out
**Andrea Segura**, Human Services Department
**Phyllis Shingle**, UNM Center for Development & Disability
**Susan Smith**, NM Association for the Education of Young Children
**Kim Straus**, Brindle Foundation
**Stella Terrazas**, DOH Family Infant Toddler Program
**Michael Velarde-Bell**, CYFD Home Visiting
**Dianne Wagemann**, CHI St. Joseph's Children
**Michael Weinberg**, Thornburg Foundation


Learn the Signs. Act Early.