

# RECOMMENDATIONS OF THE J PAUL TAYLOR EARLY CHILDHOOD TASK FORCE

September 2016

The J Paul Taylor Early Childhood Task Force was established by the Legislature in 2013 in honor of former Representative and early childhood advocate J Paul Taylor, 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.”

The Task Force recognizes the budget challenges faced by the State of New Mexico. At the same time, **the Task Force must emphasize the urgent need to preserve the integrity of existing, foundational early childhood and family support services and infrastructure.** These proven, cost-effective investments in healthy families and communities are made even more critical in times of across-the-board budget cuts and service reductions, because of associated long-term consequences.

Since its inception, the Task Force has been administratively housed by the UNM Health Sciences Center under the Office for Community Health. We are grateful for the support provided by UNM HSC; however, these recommendations are solely from the Task Force and do not reflect positions of the UNM Health Sciences Center. The Task Force also thanks the UNM Center for Development and Disability for use of conference rooms for meetings in 2016.

The 2016 Task Force makes the following recommendations to the New Mexico Legislature and to the Governor:

## 1) INCREASE FUNDING FOR EARLY CHILDHOOD PROGRAMS.

**The Task Force vigorously encourages the Legislature to maintain or increase general fund appropriations for early childhood programs,** including those that support families, improve parenting practices, strengthen protective factors, prevent child abuse and neglect and create opportunities for children to thrive. These include home visiting, infant mental health promotion, child care subsidy, pre-natal care, health and dental health promotion, developmental screening, early childhood education and special education, the Family Infant Toddler program, Children’s Medical Services, and supports for the early childhood workforce such as Community Health Worker programs, T.E.A.C.H. scholarships and the Incentives program. **Further, we recommend that the legislature and administration enact policies that leverage current state investments in evidence-based health programs such as home visiting and post-partum visits, including Medicaid financing and other strategies.**

## 2) EXPAND SCREENING TO HELP IDENTIFY YOUNG CHILDREN AT RISK.

- a) **The Task Force recommends that the Human Services Department (HSD) continue working to implement uniform comprehensive screening and access to treatment for all young children using evidence-based tools and therapies in accordance with existing Medicaid EPSDT (Early Periodic Screening, Diagnosis and Treatment) federal regulations.** This follows from HB2 (2016) which contained the following language: “The appropriations to the medical assistance program of the human services department in the other category contain sufficient funds to implement common age appropriate evidence-based health, behavioral health and developmental screening tools for primary care well child visits for infants and children.”
- b) **The Task Force recommends that HSD further revise the Health Risk Assessment (HRA) to include Adverse Childhood Experiences (ACEs) questions and recommends that the Department of Health create and offer an education program for HSD staff, MCO staff and early childhood providers on the value of screening for ACEs in children and families.** The 2014 Task Force report recommended that the Managed Care Organizations (MCOs) under Centennial Care create a standardized HRA when enrolling children and families in Medicaid that

could also identify children and families at risk. Formerly, each MCO had its own HRA. That recommendation also included asking that the HRA include at least some of the ACE questions which can further signal children and families at risk. On July 1, 2016, the Human Services Department released a new standardized HRA to be used by all MCOs. This presents an exciting opportunity to gather and share common data. However, the new HRA did not include ACE questions. Members of the Task Force and others, including pediatricians, are willing to work with HSD and the MCOs on developing an integration of ACE questions into the HRA.

3) **PROMOTE AND EXPAND POST-PARTUM VISITING PROGRAMS TO ASSIST FAMILIES WITH NEWBORNS.**

**The Task Force recommends increased development of and access to short-term post-partum visiting programs.** While the Task Force recognizes that the current budget situation precludes new funding to expand such programs in the state, it does believe the state could promote additional pilot sites **using existing personnel and resources** while also encouraging private investments in such evidence-based and community-based programs. The 2015 Task Force spent considerable time exploring program models that provide usually three post-partum visits to parents of newborns that can assist with breastfeeding issues, conduct screenings, offer information on family well-being, and be sure families are connected with community resources and opportunities. Such programs add another resource in identifying children and families at risk and can create pathways to services. These models include New Mexico's *Families First*/Department of Health and *Great Start Family Support* operated by United Way of Santa Fe County, *Welcome Baby* in Los Angeles, and *Family Connects* in North Carolina.

4) **INCREASE ACCESS TO EARLY CHILDHOOD MENTAL HEALTH SERVICES.**

- a) **The Task Force again recommends that the requirement of a Serious Emotional Disturbance (SED) diagnosis for access to mental health services be eliminated.** Under current Medicaid state policy, for young children and their caregivers to receive mental health services, there needs to be a diagnosis of Serious Emotional Disturbance (SED). **Further, the Task Force recommends that the definitions needed to access mental health services be expanded, with appropriately revised billing codes, to include exposure to Adverse Childhood Experiences (ACEs) and trauma such as having an incarcerated parent or witnessing violence.**
- b) To bring greater awareness of the needs for behavioral health services for young children, **the Task Force recommends that the annual "New Mexico Medicaid Behavioral Health Service Utilization by County" report, issued by the Human Services Department, contain a category for "Ages Under 6."** Currently, the report cites utilization of services by "Ages Under 18."

5) **SUPPORT AND COORDINATE TRAINING FOR COMMUNITY HEALTH WORKERS IN ASSISTING FAMILIES WITH YOUNG CHILDREN.**

**The Task Force recommends continued support from the Human Services Department, the Department of Health and the Managed Care Organizations for expanding the number of Community Health Workers (CHWs) in the state and to implement programs using CHWs to assist families in connecting with needed services and to identify at-risk children and families.** This follows passage of the Community Health Workers Act of 2014.

- a) **The Task Force recommends that the certification process for Community Health Workers be accelerated.** In 2014 and again this year, the Task Force received presentations and updates on programs in the state to expand the health care workforce and improve the coordination of care through greater training and utilization of Community Health Workers (CHWs). One such program at UNM, *Integrating Primary Care and Community Support*, has been piloted at 5 clinics in the state, funded through HSD and two MCOs. This program should be expanded to other clinics in the state. Another is the *Project ECHO Community Health Worker Specialist Training Child Abuse and Neglect Prevention Program*. CHWs can assist primary care providers with developmental and social/emotional screening of children, post-partum depression screening of

new mothers, and discovering social determinants of health needs in families, connecting them to services as warranted. Certification of CHWs is vital to a robust CHW program in New Mexico.

- b) **The Task Force recommends support for the specialty track training of CHWs in early childhood, prenatal care, maternal health, and the prevention of child abuse and neglect, including certification opportunities that lead to improved remuneration for CHWs.**
- c) **The Task Force again recommends that HSD should explore leveraging Medicaid funds to support CHW positions in primary care and behavioral health care centers.**

6) **ALIGN INFORMATION AND REFERRAL SYSTEMS**

In support of the above and in accordance with Senate Memorial 106, passed unanimously in the 2015 Regular Session, **the Task Force recommends support for aligning existing information and referral systems in an online, shared, accessible, statewide, comprehensive, community-based resource directory** to link families with young children to needed resources.

7) **CONTINUE THE TASK FORCE.**

**The Task Force recommends that the Legislature continue the J Paul Taylor Early Childhood Task Force for 2017** and will present a Memorial to that effect to the Legislature for the 2017 session.