

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

Building a Strong Early Childhood System

*To Promote Healthy Development in
Children Birth to Five*

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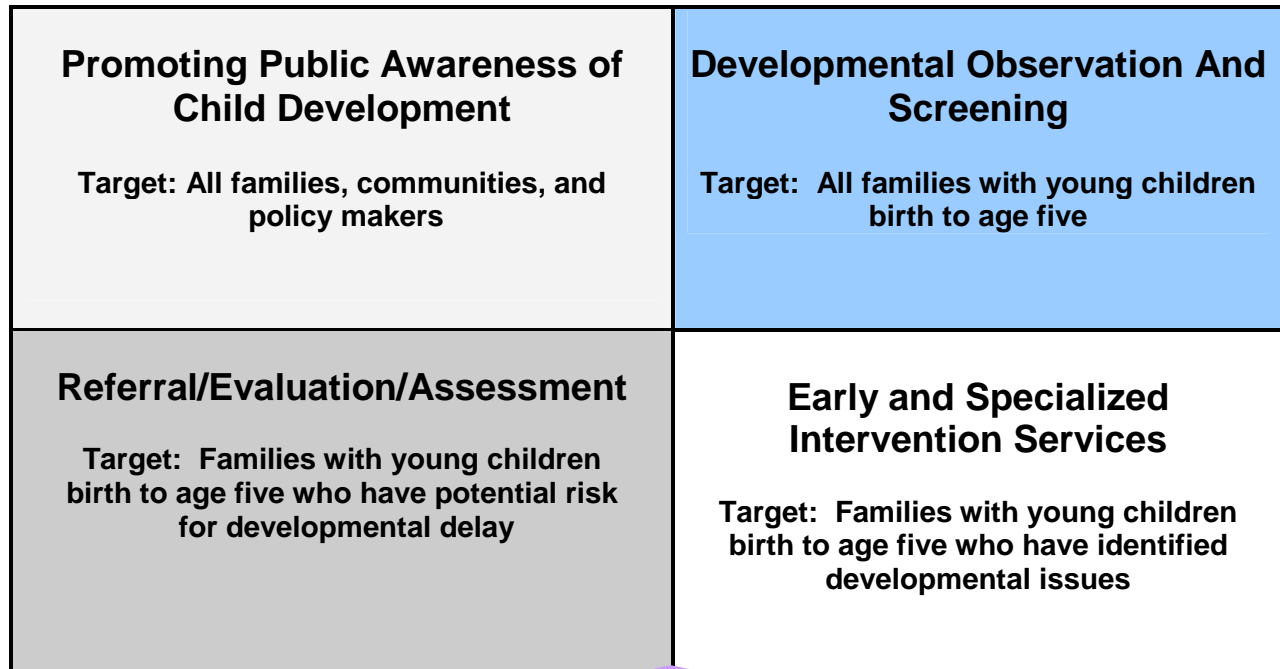
*To Ensure that No Child Reaches School with an
Undetected Developmental Condition*

2006



**Early Childhood Action Network
Developmental Screening Committee**

Developmental Care System Model



System Goal:
All developmental concerns will be addressed by kindergarten

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Improving Developmental Care in New Mexico

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INTRODUCTION

The Early Childhood Action Network¹ (ECAN) is a statewide group of individuals invited by the Chair of the New Mexico Children's Cabinet to make recommendations on how to improve the well-being of young children birth to age five and their families. A critical component of children's readiness for school is ensuring that they achieve optimal development prior to entering kindergarten. Developmental screenings are a key strategy for early identification and treatment of developmental delays related to cognitive, communicative, physical, behavioral or social-emotional development.

The quality and frequency of developmental screenings of New Mexico's children birth to age five is not known. Because of this gap, ECAN recommended that the current status of developmental care, including screening, be assessed and that recommendations be developed. The focus of this effort was to: 1) define a statewide, systematic approach to ensure every child birth to age five receives periodic and high quality developmental screening; and 2) that all children with developmental concerns receive timely and high quality assessment, referral and early intervention services. At the request of Lt Governor Diane Denish and Department of Health Secretary Michelle Lujan Grisham, ECAN established a Developmental Screening Committee to develop the recommendations found in this report.

Membership in this committee included representatives of the following:

- **Private Partners:** ECAN, Family Infant Toddler-Interagency Coordinating Council; New Mexico Pediatric Society; Envision, New Mexico; Parents Reaching Out; and the UNM Center for Development and Disability.
- **State Agency Partners:** Children, Youth and Families Department (CYFD), Family Services Division; Department of Health, Family Health Bureau; Department of Health, Family Infant Toddler Program (FIT); Public Education Department (PED), Special Education Bureau; Human Services Department (HSD), Medical Assistance Division.

This committee convened three different forums between 2005 and 2006 to obtain information and feedback from key early childhood stakeholder groups about what is needed to ensure no child reaches kindergarten with an undetected developmental condition. On May 10, 2005, 81 participants from across New Mexico met to discuss and share ideas for strengthening New Mexico's developmental care system. Dr. Ed Schor of the Commonwealth Fund was the keynote speaker. On September 28, 2005, 35 people attended a developmental services system design session in which language, a vision statement and principles were developed and the recommendations from the May 10, 2005 symposium were approved. On May 26th, 2006, 40 participants worked with Dr. Marian Earls from North Carolina to further refine the recommendations found in this report. As a result of these sessions, recommendations have been developed around five strategic areas.

Five Strategic Areas

1. **State System Alignment**
2. **Public Awareness of Child Development**
3. **Developmental Observation/Screening**
4. **Referral/Assessment Evaluation**
5. **Early Intervention and Specialized Services**

DEVELOPMENTAL SCREENING IS A MATTER OF SCHOOL SUCCESS

Children’s readiness for school requires optimal development prior to entering kindergarten. Developmental screenings are a key strategy for early identification and treatment of developmental delays related to cognitive, communicative, physical, behavioral or socio-emotional development.

Approximately 16% of children nationwide have developmental disabilities and special needs; 30-40% have behavioral, mental health and or learning problems. According to American Academy of Pediatrics (AAP), only 20-30% of these conditions are detected prior to school entrance. Detection of developmental problems is much better with screening tests. Palfrey et al found 70% of children with developmental disabilities were not identified **without** screening.² Squires, et al found that 70-80% of children with developmental disabilities can be correctly identified **with** screening tests.³ However, the majority of children with developmental issues are identified after they have entered school, which incurs greater expense for both parents and the education system, and increases learning challenges for the child.

Non-detection of developmental conditions may mean that children will require special education or other services. In the U.S., the average public school expenditure is \$8,482 per child per year. The cost of providing special education is estimated to be \$12,500 per child per year. The earlier in life that a developmental condition can be identified, the better the opportunity to address it. The ideal time in a young child’s life to address developmental conditions is between birth and age five. Nationally, only 16% of developmental conditions are identified between birth and three.

Young Children at Risk



What is in place to support a system of developmental screening:

- Home visiting programs including home visits required by HMOs
- Services to mothers with developmental disabilities and mental health issues
- Teen parent services
- Incarcerated parents concerned with development of their children
- Child health providers teaching other child health providers about child development
- Child health providers very concerned about development
- Head Start programs that support families
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services
- Commitment and passion about serving developmental needs of young children
- Executive leadership by the Lt. Governor and legislative leadership
- School based health center expansion requiring comprehensive screening
- Child Find including children birth to age 21
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) coverage of services to children

What is needed to support a system of developmental screening:

- Expanded investment and financial resources
- Changing burdensome regulations
- Stronger state infrastructure to support a coordinated early childhood system of service
- Professional development for early care providers to assure developmental observation
- More federal funding for Individuals with Disabilities Education Act (IDEA) and other federal programs
- Strengthening families awareness of need/purpose for developmental screening well child exams and other early childhood resources
- Creating stronger public awareness of importance of early childhood development and how all learning takes places within the context of relationships with primary care givers
- Addressing the needs of undocumented parents
- Better transportation
- A locally (by county – where it makes sense) coordinated system of universally available developmental screening that results in referrals and developmental services as needed

STRENGTHENING DEVELOPMENTAL CARE SERVICES IN NEW MEXICO: VISION & PRINCIPLES

Vision

We will have succeeded in reaching our goal when:

- Screening:** All New Mexico's young children are receiving standardized developmental screening according to an authoritative schedule of preventative care.
- Education:** All parents of young children have the information to promote their children's development.
- Referral:** All children suspected of having or being at-risk for developmental delay are referred to appropriate service providers in their community.
- Ready to Learn:** No child enters kindergarten with an unrecognized or untreated developmental problem.

PRINCIPLES

- Support to the whole family is understood as the foundation of a child's development.
- The family plays a central role in all of their child's health, physical, social-emotional, spiritual and educational development.
- All learning takes place within the context of relationships with primary caregivers.
- Developmental support services to families are guided by an ecological approach that takes into account the inter-relationships among child and family, the community and providers of supports and services.
- Developmental services are strength-based, non-judgmental and family-centered, building on family skills and knowledge.
- Developmental services, including screening, incorporate parent's concerns and observations.
- High quality screening and developmental observation is universally available and occurs in a variety of settings.
- Collaboration among the full array of early childhood services, including formal and informal supports, are promoted through state and local policy and practice.
- Providers recognize the importance of a network of natural supports as an enduring and essential resource to families.
- Individual differences, culture and values are understood, respected by all and reflected in early childhood practice.

SUMMARY OF RECOMMENDATIONS FOR DEVELOPMENTAL CARE SERVICES

STATE SYSTEM ALIGNMENT

- Establish early childhood interagency collaboration team
- Assure alignment of regional early childhood capacity-building initiatives
- Engage Native American communities
- Financing

PROMOTE PUBLIC AWARENESS OF CHILD DEVELOPMENT

- Social marketing and parenting education campaign
- Strengthen resource and referral line for families to access information and services

DEVELOPMENTAL OBSERVATION/SCREENING

- Increase developmental screening in health care settings
- Assure continuous and comprehensive health insurance to ensure all children have a medical home
- Adopt the use of common protocols and validated tools for developmental observation and screening in all early childhood settings
- Strengthen Medicaid policies and payment to increase developmental screening

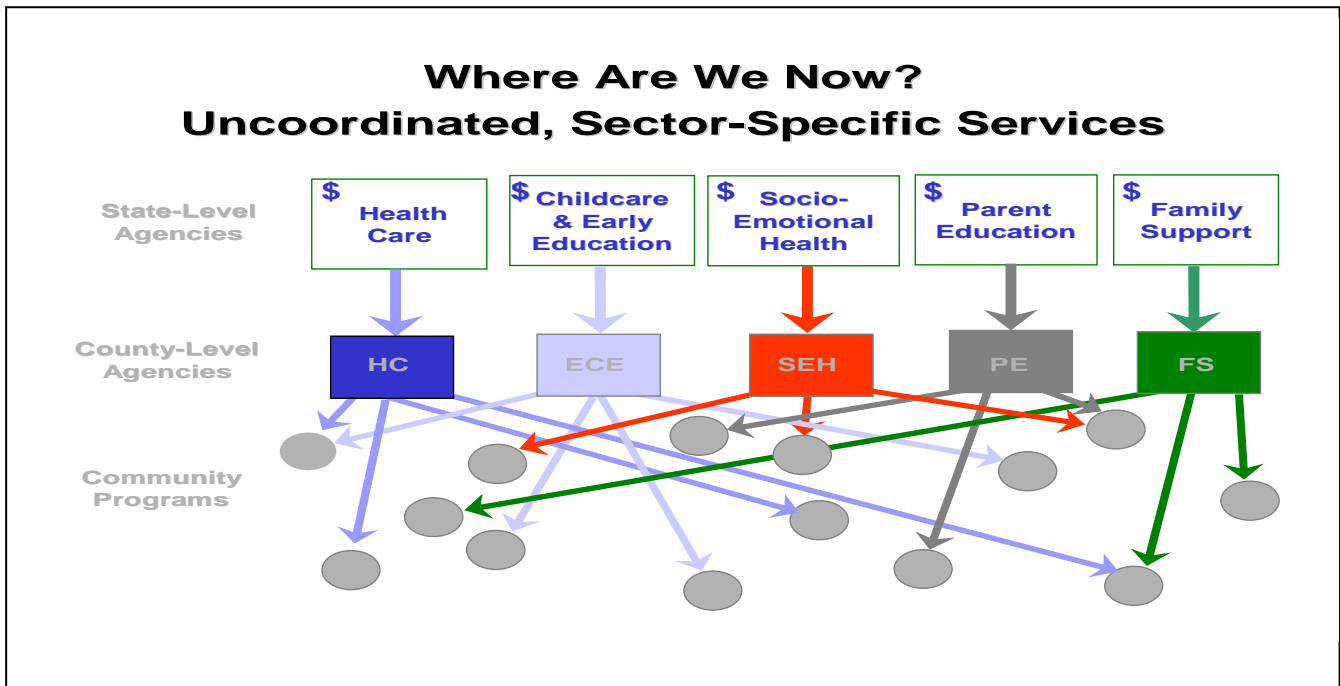
REFERRAL/ASSESSMENT/EVALUATION

- Promote early childhood systems alignment in local communities
- Assure strong regional capacity to support a local system of developmental care services
- Strengthen regional early childhood developmental consultation and support system

EARLY INTERVENTION AND SPECIALIZED SERVICES

- Assure sufficient capacity for early intervention service needs
- Ensure adequate funding for high quality and timely early intervention services

STATE SYSTEM ALIGNMENT



Where are we today in New Mexico?

Health and early childhood programs are administered through multiple New Mexico state agencies. Often policies and practices differ. For practitioners and families who are the customers of the programs, knowing and managing the different procedures and policies of the programs is confusing and cumbersome. To achieve success in screening all children, alignment across disciplines and programs is required at the state and community levels. Efforts to align developmental care services in local communities will not work if policies, programs and practices are not aligned at the state level.

What should be done?

Establish Early Childhood Interagency Collaboration Team:

An early childhood interagency team of early childhood program experts, designated by the New Mexico Children's Cabinet, should be established. The purpose of the team should be to collaborate in aligning early childhood services, policies and practices. The team should determine the role of each agency in developmental screening and conduct a systematic analysis of all potential entry points into the early childhood system for children and families including funding barriers. The team should be responsible for development and oversight of the recommendations outlined throughout this report. Participating agencies should include:

Department of Health:

Family Health Bureau:

- Families First
- Family Health Medical Director

Developmental Disabilities Services Division:

- Family Infant Toddler Program

Children, Youth and Families: Family Services Division:
-Early Childhood Development (Office of Child Development)
-Child Care
Protective Services Division

Human Services Department: Medical Assistance Division – Benefits Bureau
-EPSDT

Public Education Department: Special Education Bureau
Indian Education Office
Pre-K Representative

Office of Indian Affairs

Assure Alignment of Regional Early Childhood Capacity-Building Initiatives:

Assure alignment of the regional entities that work to support the delivery of early childhood services in local communities. Strengthen the linkages between Training and Technical Assistance Programs (TTAPs), Maternal Child Health Councils, Regional Education Cooperatives, Early Childhood Outcomes Initiative (DOH/PED), and the Behavioral Health Collaborative regional infrastructure to work with local early childhood providers to strengthen the quality and linkages of early childhood services for **all** children.

- Assess the regional entities that already exist to determine what training and technical assistance services they provide to early childhood personnel and what the gaps are. Use this information to develop a plan to build on this existing regional capacity to increase early childhood professional development to improve the quality of early childhood services, including developmental care and screening (health, early learning, early intervention, home visiting, special education and Pre-K). Plan should consider the use of technologies such as telehealth distance learning and web-based formats.

Engage Native American Communities:

Engage Native American communities in developing systems for developmental care, including screening. Work with the All Indian Pueblo Council (AIPC) and Tribal Councils.

Financing:

The Early Childhood Action Network should establish an Ad Hoc Early Childhood Investment Committee to review and propose options for financing.

- Identify funding needs to adequately support the system of developmental care, including screening as outlined in this report.
- Explore financing options to support the system of developmental care and screening.
- Explore braided funding to maximize current resources available to strengthen the developmental care system.

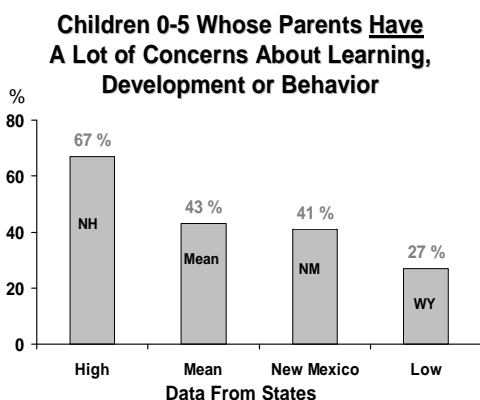
PROMOTE PUBLIC AWARENESS OF CHILD DEVELOPMENT

Why is promoting public awareness of early child development important?

The tremendous explosion in early childhood brain development research has not been translated and widely disseminated to the public. Common misconceptions about child development exist among parents with young children.

- 62% believe babies do not take in or react to the world around them until two months
- 55% say a baby must be at least three months to sense their parent's mood
- Almost 40% believe a 12-month-old's behavior can be based on revenge
- 51% expect a 15-month-old to share

In the **2003 National Child Health Survey**,⁴ parents were asked whether they had concerns about their child's development; 41% of responding parents in New Mexico indicated they had concerns about learning, development or behavior of their children.



National Survey of Child Health, 2005

In 2003, an estimated 61% of New Mexican parents said that in the previous 12 months, they were not asked about the child's learning, development or behavior when they went to see their doctor. 39% said they were asked and less than .5% didn't know. Of those parents who did have concerns about their child's development, they reported that information is not easily accessible and their questions go unanswered.

Where are we today in New Mexico?

In New Mexico, 48.3 % of births are to adults age 24 or younger. The need for parenting education and family support is very great in this population. Parents participating in ECAN forums report that they either get no information or too much information on child development. Many programs produce parenting education materials on child development, but it is not accessible to all and much information is inconsistent or not current with new brain development research. Parents don't know where to go for information and rely on peers.

What should be done?

The Early Childhood Interagency Collaboration Team should coordinate and carry out the following recommendations:

Develop Early Childhood Development Social Marketing Campaign Aimed at General Public:

- Common messaging, branding and consistent look.
- Develop a financing strategy that includes utilizing resources already dedicated to producing and disseminating materials.

Develop Parenting Education and Promotional Materials Aimed at Families of Young Children:

- 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 a social marketing campaign.
- Identify current resources spent on social marketing and parent education and pool the resources.
- Utilize CDC public promotion model that provides information to parents on child development.
- Disseminate early childhood development public information materials broadly using a variety of techniques:
 - Locate print materials in places frequented by families including physician offices, child care centers, etc.
 - Utilize techniques such as Public Service Announcements on television and radio.
 - Assure that professionals who come into contact with young children and their families are well trained in early childhood development, relationship-based practices in their work with families and provide information on an on-going basis.
- Utilize places with wide public visibility as sources for information dissemination⁵.
- FAQs (Frequently Asked Questions).

Strengthen Resource and Referral Line for Families to Access Information and Services:

There is a need for a comprehensive information and referral service to assist all families with young children to obtain information about state early childhood services, local providers and child development. Build on current Baby Net Information System as the 1-800 referral source for families. Baby Net is currently funded through the Developmental Disabilities Planning Council and is administered by the University of New Mexico, Center for Development and Disabilities. Building upon infrastructure currently in place is important.

- Expand the role of Baby Net and Information Center for New Mexicans with Disabilities to serve all families. It is currently designed to provide information to families who have children with disabilities only. Provide additional funding and staffing commensurate with the expanded scope of service. Consider approaching Managed Care Organizations (MCO's) to partner on this initiative. It is estimated that \$140,000 would be needed to strengthen this statewide system.

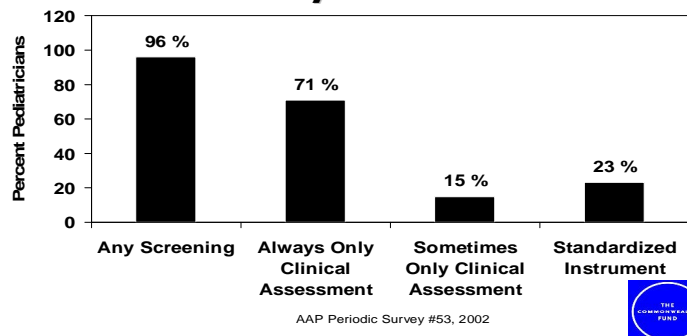
DEVELOPMENTAL OBSERVATION / SCREENING

Why are developmental observations and screening important?

It is crucial that all early childhood providers serving families with young children be trained in basic child development and developmental observation. Early childhood providers such as early childhood educators, health providers, WIC workers, home visitors, promotoras and others should be able to observe children, understand potential deviations from normal development, elicit parental concerns and know where to refer the child for formal screening if there are concerns. Children should be screened in the places where they are typically seen.

According to a survey of pediatricians conducted by the AAP, 96% of children were seen by a pediatrician in 2002, but only 23% of children were given developmental screenings using a standardized instrument. Given that many children receive child care services, only 52% of child care providers say that they are “somewhat” prepared to provide developmental screenings.

Developmental Screening of Young Children by Pediatricians



Where are we today in New Mexico?

The American Academy of Pediatrics (AAP) recommends eight well child visits in the first year of life, three in the second year and one per year until age six. In New Mexico, 40% of infants receive fewer than three visits to their primary care provider.⁶ Only 12% of NM's infants receive the recommended number of well child visits. There are limited data that provide information on the extent to which New Mexico children receive either developmental observation or screening. Data from the New Mexico Infant Mental Health Infrastructure Development Project (Dickens, 2004) suggest that providers are practicing little screening of social and emotional development and that they do not feel adequately prepared to do so.⁷

Nearly half of NM's children are covered by Medicaid. The Tot to Teen Program (NM EPSDT) health screenings are intended to identify and correct treatable problems early in the child's life to prevent further deterioration, and to guide parents or families concerning their child's health. A developmental history is required as part of an EPSDT health screening. In addition, Medicaid can reimburse providers for a separate developmental screening.

Currently, Medicaid does not require use of a validated screening tool, nor is screening for social-emotional conditions included in EPSDT guidelines. The most common developmental screening technique used in the primary care setting by health providers serving children, is informal clinical assessment, even though this method only detects 30% of children with developmental delay or disabilities. There are few incentives for conducting developmental screening in medical offices as developmental screening requires additional time not covered by current reimbursement rates.

Continuous and comprehensive health insurance is crucial. Birth to age five is the time of life when it should be the easiest to have health insurance coverage. New Mexico has dropped from 46th in the nation to 48th in child well-being and this is largely because children do not have health care coverage. Medical homes are where well-child medical visits are conducted, the child's medical record is maintained and medical care is coordinated. Early care and education can play a critical role in assuring kids have a medical home.

What should be done?

Implementation of the following initiatives is recommended. The work itself is primarily coordination and should be carried out by the Early Childhood Interagency Collaboration Team.

Increase Developmental Screening in Health Care Settings:

ENVISION New Mexico and the Initiative for Child Health Care Quality at the UNM Health Sciences Center will design and implement a program to improve the practice of developmental screening in child health settings across the state. ENVISION New Mexico was recently awarded a non-monetary Commonwealth Fund Technical Assistance Grant to support this effort. The recommendation is to:

- Appropriate \$100,000 to implement quality improvement efforts in 15 to 20 child health practices across New Mexico. Funds should be appropriated to the Department of Health to contract with ENVISION New Mexico. ENVISION New Mexico has an agreement with NM Medicaid to match administrative costs and professional salaries to implement child health provider quality improvement efforts.

Assure Continuous and Comprehensive Health Insurance to Ensure All Children Have a Medical Home:

- Change Medicaid regulations that presently are a barrier to children having a medical home.
 - Simplify the Medicaid application process
 - Assure that families are provided with information on the services they are eligible for through Medicaid. A policy commitment is needed to ensure that young children receive health insurance coverage that is **continuous and comprehensive**. Young children do not have medical homes because eligibility is NOT continuous. This results in missed opportunities to provide preventive health care and developmental screening.

Adopt the Use of Best Practices/Common Protocols and Validated Tools for Developmental Observation and Screening in All Early Childhood Settings:

- **Medical Settings:** ENVISION New Mexico to utilize validated tool(s) in health care settings by practitioners. Provide outreach and trainings to child health care providers throughout the state on use of validated tools for screening young children for developmental delays.
- **Standards:** Develop standards for developmental observation or screenings conducted through public education, public health, Medicaid, commercial insurance, home visiting programs, and child care. Validated tool must include/ elicit parent concerns and observations and be sensitive to culture.
- **Early Learning Settings:** Incorporate standards for developmental observation requirement into Pre-K and AIM HIGH standards.
- **Comprehensive Screening:** Assessment of physical, social-emotional, behavioral, language, cognitive and motor development in young children and screening of mothers for maternal depression and other environmental risk factors.
- **Parents' Concerns and Observations:** Utilize validated screening tools that incorporate parental observations and concerns into developmental screening procedures.
- **Fund TTAP** (use ECAN recommendation) CYFD/OCD to take the lead. Train and provide technical assistance to early childhood practitioners in early childhood developmental observation and relationship-based practices.

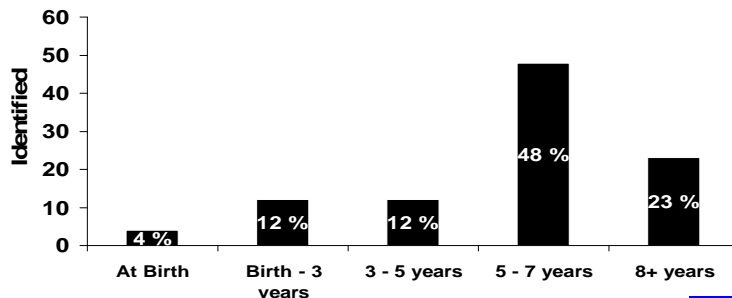
Strengthen Medicaid Policies and Payment to Increase Developmental Screening:

- Utilize the codes for developmental screening that incorporate a rate that allows for developmental screening.
- Disseminate information on the use of codes (CPT 96110) for developmental screening to practitioners providing health services to children.
- Approve the unbundling of the codes for developmental screening in recognition that developmental screening requires more time.
- Adopt a policy that requires providers to use validated screening tools to assess the risk of developmental delay.
- Develop policies to assure consistency in protocols and payment for developmental screening services within private insurance and managed care organizations.

REFERRAL/ASSESSMENT/EVALUATION

Why are referrals, evaluations and assessments important?

Age at Identification of Handicapping Conditions



Adapted from Palfrey J. et al, J Peds, 1987, 111:651-659



Nationally only 30% of developmental conditions are detected prior to school entry. Rationale for identification, referral, evaluation and treatment of developmental delay in early childhood include:

- Higher rates of school success in later years.
- *Less differentiated brain* of younger child amenable to intervention
- Opportunity to *avert secondary problems*: self-esteem; self-confidence
- *Legal mandate* – Individuals with Disabilities Act (IDEA)

Where are we today in New Mexico?

In New Mexico, it is not known what percentage of children with developmental disabilities are identified prior to kindergarten. For the New Mexico Family Infant Toddler program, in 2005, the average age at time of referral was 16.5 months compared to 15.5 months nationally.

There is a shortage of trained personnel throughout the state to provide adequate and full assessment, especially in rural areas.¹ Physicians and other early childhood providers are less likely to screen if they are unsure there is an adequate referral and evaluation system in place for the children and families they serve.

In 2006 over 5,000 comprehensive developmental evaluations were conducted for children birth to three who were referred to the FIT Program by local FIT provider agencies or the statewide Early Childhood Evaluation Program from the University of New Mexico, which specializes in diagnostic evaluations.

What should be done?

A systematic, integrated and coordinated system of developmental observation, screening and referral with access to evaluation and early intervention should be in place in NM communities:

Promote Early Childhood Systems Alignment in Local Communities:

- Identify strategies to integrate across disciplines and service settings in local communities.
- Use existing groups such as the five DOH regional offices, the 35 early intervention programs, 89 school districts, the nine regional school cooperatives, TTAP's & the Early Childhood Outcomes Initiative.
- Implement Developmental Evaluation Teams to include early childhood mental health, early learning and medical professionals as members of developmental evaluation teams.

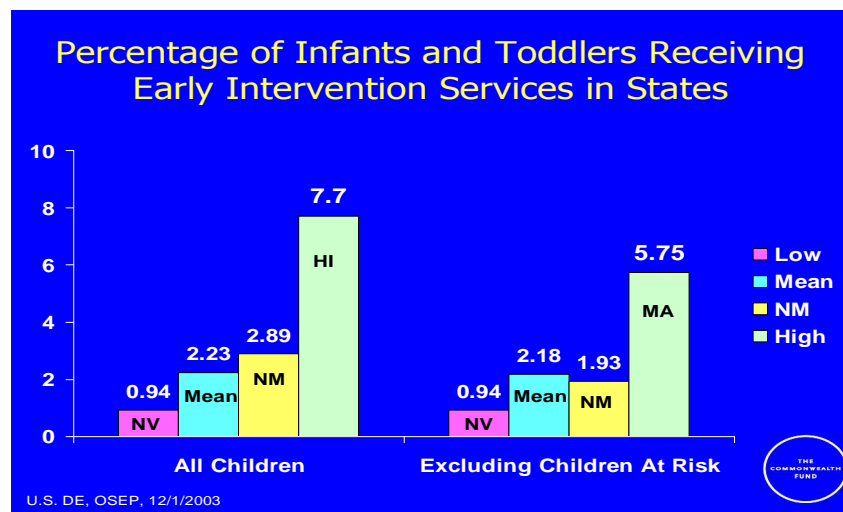
Assure Strong Regional Capacity to Support a Local System of Developmental Care Services:

- Assess capacity of local systems for developmental observation, screening, evaluation and referrals to identify resources and gaps.
- Formalize regional structure using the existing infrastructure to develop increased capacity for assessment and evaluation of intervention with children with developmental conditions.
- Funding: \$400,000 requested to fund four regional pilot sites statewide.
- Interface with ENVISION NM as it will be generating the need for more capacity to serve needs of children with identified conditions.

Strengthen Regional Early Childhood Developmental Consultation and Support System:

- Maximize regional capacity to increase access to specialized consultants, using telehealth and other technology resources.

EARLY AND SPECIALIZED INTERVENTION



Early Intervention services are a critical part of the early childhood system for children birth to age five. 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.

Where are we in New Mexico today?

Early intervention services⁸ for children birth to three in New Mexico are primarily administered through the Family Infant Toddler Program (FIT) in the Department of Health. Early intervention services are provided in natural environments, including the family's home, community and typical child care or Early Head Start settings. Pre-school special education services for eligible children three to five years old are provided through NM Public Education Department.⁹

New Mexico's early intervention program is one of seven in the country that includes an "at risk" for developmental delay category to define program eligibility¹⁰. The at-risk category includes both environmental and biological risks. In Fiscal Year 2006, the Family Infant Toddler Program provided services to over 9,600 infants and toddlers and their families.

Increased costs, shortages of trained early intervention therapists and developmental care specialists, especially in rural areas, and low reimbursement rates create a challenge to the provision of effective early intervention in New Mexico. As rates of developmental screening increase, all aspects of the early intervention system (referral, assessment/evaluation, early intervention services) need to be strengthened to meet the increased demand.

What should be done?

Assure Sufficient Capacity for Early Intervention Service Needs:

- Assure system capacity to respond to the need for early intervention and specialized pre-school services.
- Develop a plan to extend developmental care services to young children ages three to six. The plan should include an assessment of how children three to six are presently being served, what gaps in developmental care services currently exist and recommendations for addressing these issues.
- Support full inclusion for children with disabilities or at risk for delay in community-based settings.

Ensure Adequate Funding for High Quality and Timely Early Intervention Services:

- Fully fund the Family Infant Toddler Program.
- Implement the recommendations of the *Early Intervention Programs in New Mexico: Current Practices and Issues in Recruitment and Retention*.¹¹

DEVELOPMENTAL CARE SYSTEM DEFINITIONS

DEVELOPMENTAL CARE SERVICES SYSTEM CONTINUUM: Refers to early childhood services focused on optimizing healthy development of young children birth to five. Developmental care service system continuum includes:

- **Promotion of Public Awareness of Child Development:** Increase awareness and promote 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. Approaches to education include public awareness campaigns, anticipatory guidance and support groups. 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 about each child's development, and supports families to access the resources needed to address developmental concerns.
- **Developmental Observation and Screening:**
 - **Developmental Observation (also referred to as Developmental Surveillance by 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, childcare, nutritional services, home visitation, etc.). The components of developmental observation 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 (less than 20 minutes) developmental screening by trained personnel, using a validated screening instrument, conducted at regular intervals during the first five years of life starting at infancy. Goal is to detect physical, emotional, social, motor, cognitive, behavioral and family conditions affecting the healthy development of the young child birth to five as early as possible. High prevalence environmental risk conditions affecting development are post-partum depression, domestic violence, substance abuse, and other social and emotional concerns. These should be included in screening.
- **Early Intervention:** Early Intervention services are a critical part of the early childhood system for children birth to five. 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

FAMILIES (Definition of): We all come from families. Families are big, small, extended, nuclear, multi-generational, with one parent, two parents and grandparents. We live under one roof or many or none. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage or from a desire for mutual support. As family members, we nurture, protect and influence each other. Families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams. Together, our families become the source of our rich cultural heritage and our spiritual diversity. Each family has strengths and qualities that flow from individual members and from the family as a unit. Our families create neighborhoods, communities, states and nations. (New Mexico Young Children's Continuum, 1991)

Early Childhood System: An early childhood system is characterized by cross-agency partnerships based on a shared vision, outcomes and common strategies to promote healthy development of young children birth to five. An early childhood system includes the critical components of: 1) comprehensive child health services and medical homes; 2) socio-emotional development and mental health services for families and young children; 3) high quality early care and education; 4) family engagement, education and support. These components are organized and connected at the state and local level so that families can easily use them. The early childhood system should collect and analyze data on the number, percent of children receiving comprehensive screens and the quality of those screens.

EARLY CHILDHOOD PERSONNEL: Early childhood personnel include: child health providers and other allied health professionals (Occupational, Physical, Speech therapists, etc.), early childhood educators, special educators, child care providers, parents, early intervention providers, home visiting providers, developmental specialists, nutrition staff (Women Infant and Children health providers [WIC]), public health personnel essentially anyone who serves the needs of young children birth to five and their families.

MEDICAL HOME: A place (not necessarily an individual) that directly provides or assures accessible, family-centered, continuous, comprehensive, and coordinated care that is compassionate and culturally effective. The most basic element of the medical home concept is a regular source of health care from a child health professional who is familiar with the child's developmental, family and medical history.

ENDNOTES:

¹ The **Early Childhood Action Network** (ECAN) is a public/private broad-based policy advisory committee of diverse stakeholders established at the invitation of the Lt Governor. Its members include family members, early childhood health professionals, early childhood educators, child development experts, business and media representatives and key state agency staff. ECAN is charged with developing a state early childhood strategic plan as required by Federal State Early Childhood Comprehensive Systems Grant (Maternal Child Health Bureau, HRSA, DHHS). This group has been developing a New Mexico Early Childhood Agenda since the spring of 2004. For full strategic plan and other policy documents please consult: www.earlychildhoodnm.com

² Palfrey et al. *Journal of Pediatrics* 1994;111:651-65

³ Squires et al, 1996, *Journal of Developmental and Behavioral Pediatrics*, 17:420 – 427

⁴ National Survey of Child Health, 2003 – New Mexico Analysis completed by MCH Epidemiology Unit, NM DOH

⁵ Families provided input into the recommendations found in this document during the three developmental screening forums outlined on Page 4 of this report. They identified the following locations where information on child development should be distributed to parents: grocery stores, public restrooms, city buses, schools, state offices, hospitals, playgrounds, convenience stores, billboards, diapers, cereal boxes, restaurants, churches, libraries, community centers, high schools, bus stops, coffee houses, bars, casinos, gyms.

⁶ National Survey of Child Health, 2003 – New Mexico Analysis completed by MCH Epidemiology Unit, NM DOH

⁷ Dickens, R, Solutions For Teams, Inc. (June, 2004) New Mexico Infant Mental Health Infrastructure Development Project. A Statewide Two Perspective Client/Provider Needs Assessment: Identifying Strengths, Weaknesses and Gaps in Existing New Mexico Infant Mental Health Programs and A Statewide Public Awareness Campaign. Published by Children, Youth and Families Department, 2004

⁸ Part C IDEA (2004) definition of early intervention services for infants and toddlers birth to 3: Sec 631 (a) (1) “to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child’s first 3 years of life; and “(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities”.

⁹ The definition of Part B of Individuals with Disabilities Act (IDEA) is as follows: Sec. 601 (d) (1)(A) “to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.

¹⁰ At-Risk Definition for Developmental Delay: **Biological or medical risk** for developmental delay means that without the provision of early intervention services, the child would be at risk of experiencing substantial delay because of the presence of early medical conditions known to produce developmental delays in some children (Examples: low birth weight, prematurity, chronic ear infections, etc.

Environmental Risk for developmental delay means a child who would be at risk of experiencing substantial delay if early intervention services were not provided due to factors in the child’s environment. To be eligible for services under the definition of environmental risk for developmental delay, two or more physical, emotional and/or economic factors in the child’s environment must pose a substantial threat to a child’s development (examples: disability in a primary caregiver; chronic substance abuse by primary caregiver; exposure to domestic violence). (7.30.8 NMAC)

¹¹ Peebles, P. & Pedersen, M. (2005). *Recruitment and retention practices for New Mexico’s early intervention programs.* Center for Development and Disability, University of New Mexico: Albuquerque. <http://cdd.unm.edu/ecspd/PDFs/EIProgramsinNewMexicoFINALREPORT.pdf>