

A Strategic Plan for Infant Mental Health in New Mexico

PREPARED BY THE NEW MEXICO
INFANT MENTAL HEALTH
COLLABORATIVE COMMITTEE

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What Is Infant Mental Health?

Infant mental health can be defined as the psychological, social and emotional well being of infants and toddlers in relationship with their caregivers, environment and culture, and with respect for each child's uniqueness.

Until recently most people, including many professionals working with children, paid little attention to the mental health of infants. That changed as research showed that psychological, social and emotional well being during gestation and infancy—in combination with biological, social and environmental influences—lay the foundation for healthy relationships and learning later in life. It has also become clear that infant mental health depends directly on an infant's relationship with primary caregivers and others.

Who Says Infant Mental Health Is Important?

The President's New Freedom Commission on Mental Health is now developing recommendations for national policy on infant mental health, and several states have developed strategic plans for infant mental health.

More and more people are coming to realize the importance of infant mental health. The National Research Council and Institute of Medicine published a report in 2000 that states that “what happens during the first months and years of life matters a lot...because it sets a sturdy or fragile stage for what follows.” Former Surgeon General David Satcher has recommended that family members, health care professionals, educators and policy makers support not only children's physical and intellectual growth, but also their mental health.

Clearly, the time has arrived for developing a statewide system for infant mental health in New Mexico. We have the knowledge and tools to begin developing that system now.

How Do We Provide Infant Mental Health Services?

Addressing infant mental health means encouraging healthy relationships between infants and their caregivers.

All infants and their caregivers deserve supports and services that encourage nurturing relationships. Some infants and caregivers, however, face circumstances—such as poor nutrition, inadequate housing, chronic illness, exposure to violence, drug abuse, or special developmental needs—that put severe strains on infant-parent interactions. These stresses place infants at risk for emotional disorders, learning disabilities, developmental delays and a host of other difficulties. Such high risk infants and their caregivers need prevention and/or intervention supports and services.



For a much smaller yet equally important set of infants and their caregivers, neurobiological conditions or environmental problems may be identified that are already having a negative impact on their relationship. These families need support and/or treatment services to foster nurturing interactions.

A continuum of services—from promotion of positive relationships to intervention and treatment for relationships at risk—will insure that our system for infant mental health meets the needs of all infants and caregivers.

Who Will Provide Infant Mental Health Services?

Implementing infant mental health strategies in New Mexico does not require a wholesale remaking of early childhood programs throughout the state.

Workers from a number of disciplines, including social workers, psychologists, early childhood specialists, and others, can use a range of infant mental health strategies to foster healthy development. These strategies include providing families with assistance to meet their basic needs (food, housing, employment, physical and emotional safety, and medical care), as well as emotional support, developmental guidance, early relationship assessment and support, and infant-parent psychotherapy.

Training, education and support materials can bring a critical understanding to all early childhood, behavioral health and medical settings, including the family home, day care, early intervention and education programs, community mental health centers, pediatrician's offices and social service programs. Consolidation and collaboration among existing programs also will go a long way towards creating a cohesive system for infant mental health.

What Is the New Mexico Infant Mental Health Collaborative Committee?

The New Mexico Infant Mental Health Collaborative Committee includes parents, advocates, providers and state agency representatives who recognize the importance of social and emotional development during children's first three years.

This grassroots group brings together a diverse collection of parents and professionals with a range of experience and expertise related to serving young children and their families.

The intent of this unique collaboration is to coordinate and develop resources for providing infant mental health services on a statewide basis.



Why a Strategic Plan?

Many players will have to cooperate to develop the support that caregivers need to nurture emotionally healthy infants in New Mexico.

Parents everywhere face complex and difficult challenges as they strive to raise children in a rapidly changing world. In New Mexico, these difficulties often are compounded by poverty, domestic violence, substance abuse, and insufficient access to health care. A growing awareness of these problems on a national level lead to the popularization of the aphorism “It takes a village to raise a child.” Unfortunately, this catchy phrase doesn’t define the village or give direction for how to bring its members together to care for children.

The strategic plan offered here provides a blueprint for mobilizing the modern-day village—caregivers, families, communities and educators, along with the numerous programs and facilities that work with infants and their caregivers on a daily basis. The plan offers a systematic approach for promoting the development of infants who will grow up with the self esteem and confidence they need to reach their full potentials. It lays out a plan for offering infant mental health training to professionals who work with families and it identifies potential sources of funding and organizational systems that must be in place to make this important work succeed.

This Strategic Plan offers a roadmap with sign posts pointing the way to a healthier future for New Mexico's infants and their families.

Who Should Care About Infant Mental Health?

Every New Mexican who cares about our state's future should be concerned with infant mental health.

National organizations consistently give New Mexico poor marks for the conditions it presents to young children and their families. For example, the Kids Count Data Book (2001), compiled from census data and other statistics by the Anna E. Casey Foundation, found that in 1999 New Mexico had the highest childhood poverty rate in the country. At the same time, the state has demonstrated some of the highest rates of domestic violence and alcohol-and drug-related death rates in the nation. Taken as a whole, these statistics prompted the Children's Rights Council in 1998 to rate New Mexico the worst state in the country for raising a child.

These harsh social conditions, so prevalent in our state, are not nurturing healthy infant development. To the contrary, they present the very risk factors identified for difficulties that can follow a person through adult life.

We believe that New Mexico has tremendous resources to deal with the problems that infants and their caregivers face.

Many New Mexico communities have deep historical roots and extended family networks that can be activated for making positive change. The early childhood and mental health professional communities in New Mexico are dedicated and impassioned about their important work and have been highly receptive to innovative ideas about infant mental health.

Our collaborative committee and this strategic plan represent a first step towards change.

Overview of the Plan

The goals of this Strategic Plan chart the development of a statewide infant mental health system built upon existing programs and services.

- Goal 1* IDENTIFY STRENGTHS AND WEAKNESSES
IN EXISTING PROGRAMS
Some services and programs in place focus on infant mental health and need only be strengthened. Some may offer models that could be replicated statewide.
- Goal 2* RAISE AWARENESS OF INFANT MENTAL HEALTH
As a necessary prelude to developing a system, we need to increase awareness and develop support across New Mexico for infant mental health programs and services.
- Goal 3* SECURE FUNDING FOR RESEARCHING,
DEVELOPING AND EVALUATING
STATEWIDE INFANT MENTAL HEALTH
SERVICES AND PROGRAMS
We need to utilize existing funding streams more efficiently to improve services; we also need to develop new sources of support that are specifically targeted toward creating and coordinating a statewide system for infant mental health.
- Goal 4* DEVELOP A SYSTEM FOR ONGOING SUPPORT
AND CONSULTATION
Offering training, support and consultation for professionals and others working with infants and young children will increase our capacity to deliver infant mental health services and supports in the state.
- Goal 5* COORDINATE INTEGRATION OF STATEWIDE
INFANT MENTAL HEALTH SERVICES
With funding and trained personnel in place it will become possible to coordinate as well as integrate mental health services into programs statewide.
- Goal 6* DEVELOP A SYSTEM TO EVALUATE THE
IMPACT OF INFANT MENTAL HEALTH SERVICES
Ongoing evaluation is essential not only to assure funding sources that their support is having a positive effect, but also as a tool for improving infant mental health services over time.





Goal 1
Identify Strengths and Weaknesses in Existing Programs

Strategy: Assess existing services and programs to identify those that focus attention on infant mental health.

IMPLEMENTATION STEPS:

- 1 Identify public and private agencies, organizations, coalitions, community groups, and others who work with pregnant women, children to age three, and their families in order to determine a full picture of the existing service network
- 2 Identify coalitions, task forces, and other groups that are meeting to work on infant mental health issues
- 3 Identify programs that incorporate essential components of “promising practices”¹ for infant mental health. These practices:
 - focus on families and recognize each family’s strengths;
 - recognize that strengthening the relationship between caregivers and children is the most effective and longest lasting intervention for helping young children;
 - emphasize the promotion of secure and stable infant-caregiver relationships;
 - train staff to be responsive to parents’ needs and wishes;
 - provide for reflective supervision, ongoing peer support and learning among staff members;
 - include both prevention and treatment; and
 - integrate program components across systems.

¹ While there is not yet sufficient empirical data for defining best practices for infant mental health, there is sufficient evidence for defining “promising practices.” These practices have proven their efficacy in promoting healthy emotional development and will be evaluated to define best practices in this emerging field.



Raise Awareness of Infant Mental Health

Strategy: Develop an informational and marketing campaign.

IMPLEMENTATION STEPS:

- 1 Find funding and resources for marketing
- 2 Define target groups
- 3 Develop a clear, concise and consistent marketing message; involve families, agencies, and advocacy groups to ensure that the campaign message addresses real life concerns and is culturally appropriate
- 4 Identify media options and promotional products
- 5 Name a primary spokesperson(s) for the statewide campaign and speakers to disseminate information locally
- 6 Recruit individuals to champion infant mental health
- 7 Inventory other relevant public awareness campaigns and collaborate with them
- 8 Produce a consistent presentation package, including an infant mental health resource directory; a PowerPoint presentation; well-designed flyers; a campaign poster and informational brochure; billboards; and public service announcements for television and radio

Strategy: Launch the marketing and informational campaign.

IMPLEMENTATION STEPS:

- 1 Distribute marketing materials statewide via health fairs, child finds, conferences and other professional gatherings; community events; and public media
- 2 Evaluate the effectiveness of the informational and marketing campaign, incorporating evaluation results into ongoing updates

*Goal 3***Secure Funding for Researching, Developing and Evaluating Statewide Infant Mental Health Services and Programs**

Strategy: Make more efficient use of existing sources of support.

IMPLEMENTATION STEPS:

- 1 Identify existing sources of funding for infant mental health services for pregnant women and infants and toddlers; include those funds that support promotion, prevention, intervention and treatment services
- 2 Identify barriers to effective use of existing funds and work to improve access to these funds
- 3 Advocate for and support collaborative efforts at cross-agency funding

Strategy: Review funding strategies that other states have used to successfully implement a comprehensive infant mental health support and service delivery system.

IMPLEMENTATION STEPS:

- 1 Compile successful infant mental health funding strategies from other state plans
- 2 Integrate these approaches, where appropriate, into planning for NM

Strategy: Broaden Funding Support from Federal Sources.

IMPLEMENTATION STEPS:

- 1 Maximize Medicaid reimbursement for infant mental health services by:
 - promoting full implementation of federally mandated and other services (e.g., Early and Periodic Screening, Diagnosis and Treatment, Tot-to-Teen Health Checks, Children with Special Health Care Needs, Case Management Services for Children up to the Age of Three, etc.);
 - promoting Medicaid fee-for-service and Salud! managed care;
 - contracting with infant mental health service providers; and
 - encouraging use of National Center for Clinical Infant Program's *Diagnostic Classification of Mental Health for Children Birth to Three*, in addition to other diagnostic systems, for reimbursement and compliance with federal privacy rules.

2 Maximize use of Individuals with Disabilities Education Act (Part c) and State General Fund funds to meet infant mental health needs through the New Mexico Department of Health, Family Infant Toddler Program

3 Obtain funding for infant mental health service provision from the Department of Health, Family Health Bureau, Title v Block Grant

4 Work with Department of Health's Family Health Bureau to maximize and expand use of state and federal funds to meet infant mental health training and service needs

5 Identify and coordinate funding for infant mental health training through Early Head Start

Strategy: Broaden Funding Support from State and County Sources.

IMPLEMENTATION STEPS:

1 Increase funding from the State General Fund for infant mental health training and services through the New Mexico Children, Youth and Families Department and the Department of Health

2 Advocate for the inclusion of infant mental health training and services as part of base budget funding in state agencies by incorporating these services into strategic plans or other planning documents

3 Encourage allocation of funding from diverse state sources for a state-wide Infant Mental Health Coordinator position

4 Seek to create and/or expand county programs for infant mental health

Strategy: Broaden Funding Support from Private Sources.

IMPLEMENTATION STEPS:

1 Seek funding for infant mental health training and services through grant writing and applications to private entities

2 Find community partners to share in the cost of training and services for infant mental health, including private businesses and nonprofit agencies

*Goal 4***Develop a System for Ongoing Support and Consultation**

Strategy: Promote professional development, including mentorship, site visits, networking and program replication.

IMPLEMENTATION STEPS:

1 Increase the number of infant mental health consultants and developmental specialists available to primary and behavioral health centers, child care centers, family child care homes, public health centers and child health departments, and child care resource and referral agencies.

Strategy: Research and evaluate existing curricula that could be implemented or adapted to address infant mental health content.

IMPLEMENTATION STEPS:

1 Identify existing training opportunities and resources and assess them for their infant mental health content and cultural relevance

2 Identify content gaps in current training opportunities and elements needed for adequate infant mental health training

3 Modify existing curricula or develop new curricula to include culturally relevant infant mental health content

Strategy: Identify content and knowledge needed by provider groups.

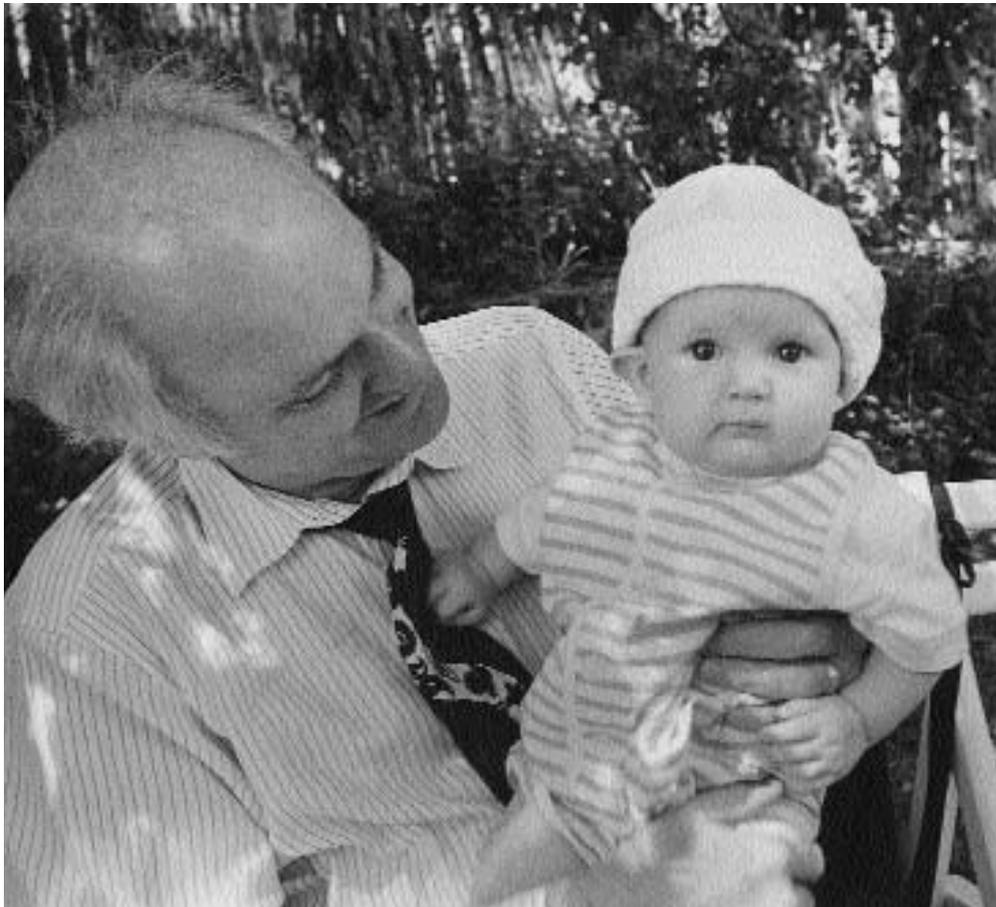
IMPLEMENTATION STEPS:

1 Evaluate training suggestions from national research literature for their relevance to New Mexico communities

2 Modify training programs

- Make training relevant by eliciting community input (through focus groups, for example) from providers representative of the demographic, racial, and cultural diversity of New Mexico
- Use feedback from communities to inform training activities as well as evaluation activities

3 Partner with professional associations that offer continuing education, training and technical assistance



4 Provide information and training on the use of the National Center for Clinical Infant Program's Diagnostic Classification of Mental Health for Children Birth to Three manual

5 Identify and train trainers

Strategy: Provide specifically tailored training for provider groups that:

- can work to promote nurturing relationships, including those who have indirect contact with children (medical personnel, doulas, Lamaze instructors, prenatal staff, and others), and those who have direct contact with children (family members, child care providers, preschool programs and others);
- offer preventive-intervention services (developmental specialists, therapists, service coordinators, social workers, program supervisors); or
- offer treatment services (psychiatrists, psychologists, therapists, clinical social workers).



Goal 5

Coordinate Integration of Statewide Infant Mental Health Services

Strategy: Advocate for and support efforts to increase inter-agency planning and funding.

IMPLEMENTATION STEPS:

- 1 Define common infant mental health terminology and language for all agencies
- 2 Develop formal, interagency agreements that commit state agencies to work together on infant mental health issues
- 3 Coordinate funding procedures across state agencies to support coordinated, community-based service delivery
- 4 Fund an Infant Mental Health Coordinator position to coordinate resources for statewide infant mental health services
- 5 Facilitate collaboration between professionals in the fields of early childhood, medical/healthcare, and behavioral health (i.e., mental health/substance use), across systems and across professional disciplines
- 6 Insure that funding for the full continuum of infant mental health services addresses all populations who need these services in every county

Strategy: Build upon existing services to make a full continuum of quality infant mental health services available and accessible to all children and families in NM.

IMPLEMENTATION STEPS:

- 1 Develop a statewide system to screen and assess the mental health needs of infants and children to three years of age; include a consideration of prenatal care and parent mental health as it relates to infant mental health
- 2 Promote a coordinated, team approach for providing infant mental health
- 3 Assure that screening for infant mental health issues takes place in health care agencies, early care and education programs and other community programs serving infants, young children and their families
- 4 Make parenting classes available and accessible to all parents
- 5 Integrate infant mental health principles into all existing programs serving pregnant women, children through age three and their families
- 6 Establish regional teams of experts to provide technical assistance and support to community agencies providing infant mental health services
- 7 Develop special screening for children in the foster care system by:
 - evaluating the emotional status of all children, including infants, entering foster care;
 - providing appropriate preventive intervention and treatment involving the child, biological parent(s) or foster/adoptive parent(s); and
 - re-evaluating the children every six months.
- 8 Support county-level integration of Infant Mental Health Services
- 9 Encourage all programs, professionals and agencies who diagnose mental health conditions to adopt the National Center for Clinical Infant Program's *Diagnostic Classification of Mental Health for Children Birth to Three* manual

Strategy: Promote the use of promising practices in the provision of infant mental health.

IMPLEMENTATION STEPS:

- 1 Create promising practice guidelines, including tools for prevention, and disseminate them widely
- 2 Establish promising practice standards for contracted services
- 3 Use promising practice guidelines as the basis for developing coordinated, consistent training activities



4 Use diagnostic categories from National Center for Clinical Infant Program's *Diagnostic Classification of Mental Health for Children Birth to Three* manual; also use treatment plans that correspond to those categories

5 Develop a protocol for providing ongoing individual and program consultation on mental health approaches for children from to age 3 years for:

- early care, education and family support programs (child care);
- Individuals With Disabilities Education Act (Part c) programs;
- Early Head Start;
- Child Protective Services;
- home visiting programs; and
- other community programs.

6 Elicit community input, through focus groups and other means, regarding the application of promising practices, taking care to represent the demographic, racial, and cultural diversity of New Mexico communities

7 Identify promising treatment approaches for children who are:

- witnesses to violence;
- victims of abuse or neglect;
- in the foster care system;
- homeless;
- affected by substance use, abuse or dependence and/or mental illness in their home environment; or
- in other high risk environments.

*Goal 6***Develop a System to Evaluate the Impact of Infant Mental Health Services**

Strategy: Identify indicators of an effective statewide infant mental health service system.

IMPLEMENTATION STEPS:

- 1 Research other states' methods of measuring the success of infant mental health service systems
- 2 Identify existing measures or indicators of effectiveness utilized currently by private and public funding sources
- 3 Identify existing data sources
- 4 Define the indicators to use for this plan
- 5 Begin data collection

Strategy: Evaluate the impacts of using promising practices in the full continuum of infant mental health services across the state.

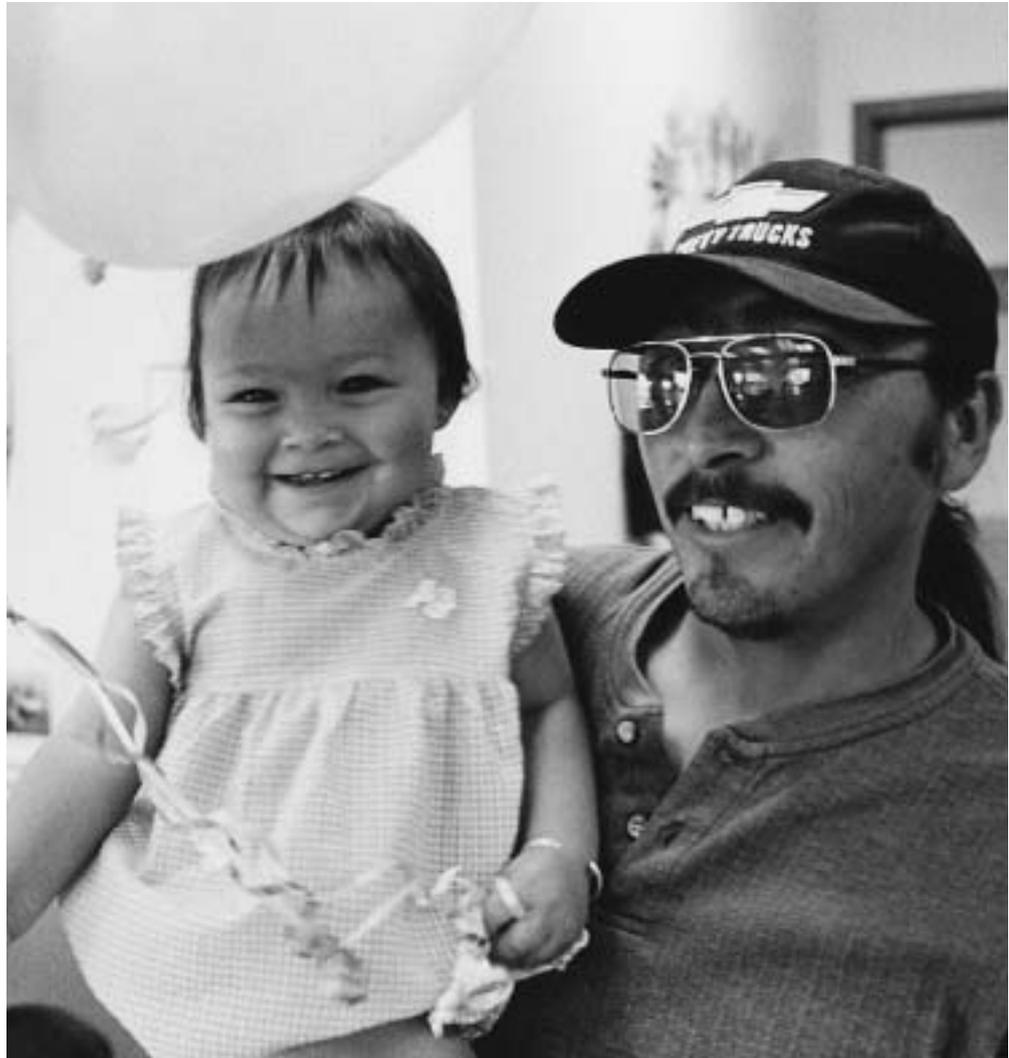
IMPLEMENTATION STEPS:

- 1 Include families in planning the evaluation and in analyzing results
- 2 Ensure that funding for evaluation is included in awards/contracts for services
- 3 Ensure that input from consumers and providers regarding evaluation is included at the "request for proposals" development phase
- 4 Design evaluation procedures that support the ongoing improvement of the services (formative evaluation) as well as procedures that allow for a "looking back" at services to determine results (summative evaluation)
- 5 Develop evaluation procedures/tools that are culturally responsive, coordinated across funding sources, and include feedback to programs

Strategy: Evaluate infant mental health services in New Mexico.

IMPLEMENTATION TASKS:

- 1 Include, as appropriate to program design, evaluation of impacts, using generally accepted measures for each of these domains:



- infant-parent interaction
- infant development
- family support
- parent mental health

2 Measure the change in community capacity to identify, assess, and provide accessible infant mental health services to pregnant mothers, caregivers/parents and infants to age three

3 Develop meaningful outcome measures by referring to evidence-based models and promising practice standards

4 Provide financial and technical support for evaluation of existing programs

5 Demonstrate the impact of infant mental health services on long term health care costs

Members of the Infant Mental Health Collaborative Committee

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The Infant Mental Health Collaborative Committee began meeting in 2000. The following list represents those members who have contributed to the creation of this strategic plan.

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