

# BUILDING STRONG SYSTEMS OF SUPPORT AND CARE FOR NEW MEXICO FAMILIES AND YOUNG CHILDREN

Legislative Health and Human Services  
Committee – July 9, 2021



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## Agenda

- Agency Overview
- Federal Stimulus Funding Update
- Program Updates
- Infant Early Childhood Mental Health (IECMH) Consultation Three-Year Plan
- Government-to-Government
- Current Priorities



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## AGENCY OVERVIEW



## ECECD LEADERSHIP TEAM



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See detailed Organizational Chart:

[https://www.nmeccd.org/wp-content/uploads/2021/06/ECECD-Organizational-Chart-for-Web\\_July-2021.pdf](https://www.nmeccd.org/wp-content/uploads/2021/06/ECECD-Organizational-Chart-for-Web_July-2021.pdf)



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## Vision and Mission of ECECD

**Vision:** All New Mexico families and young children are thriving

**Mission:** Optimize the health, development, education and wellbeing of babies, toddlers, and preschoolers through high-quality, community-based and family-driven early childhood programs and services



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## Five Strategic Priorities

- Grow Investments
- Advanced a Diverse, Well Compensated, and Credentialed Workforce
- Increase Quality and Access
- Achieve Equity
- Enhance Authentic Collaboration



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## Guiding Voices

- Native American Perspectives
- ECECD Transition Committee Final Report and 18-Month Action Plan
- The New Mexico Statewide Early Childhood Strategic Plan: 2021-2024
- Advisory Council – SB22 Mandate
- Pritzker Children's Initiative
- Governor Lujan Grisham's Children's Cabinet
- Government-to-Government Relations



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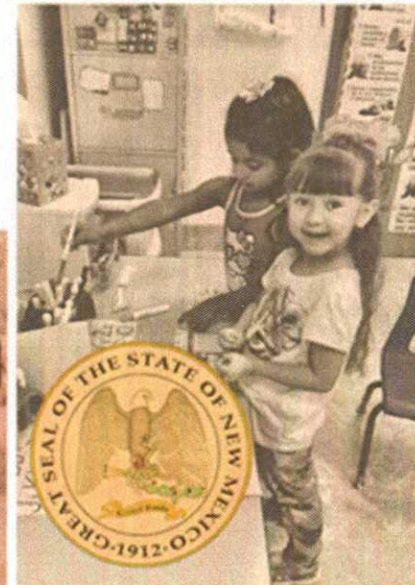
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**EARLY CHILDHOOD  
STRATEGIC PLAN  
2021-2024**





## **GOAL ONE: FAMILY**

RECOGNIZE ALL FAMILIES IN NEW MEXICO AS KEY DECISION MAKERS AND ENSURE THEY HAVE ACCESS TO THE RESOURCES THEY NEED TO THRIVE

## **GOAL FOUR: FUNDING**

PROVIDE SUSTAINABLE AND SECURE FUNDING TO SUPPORT NEW MEXICO'S YOUNGEST CHILDREN AND THEIR FAMILIES

## **GOAL TWO: GOVERNANCE**

CREATE A COHESIVE GOVERNANCE SYSTEM THAT SUPPORTS AN ALIGNED, EFFICIENT, AND RESPONSIVE SYSTEM OF HIGH-QUALITY EARLY CHILDHOOD PROGRAMS AND SERVICES.

## **GOAL FIVE: DATA**

DEVELOP A STATEWIDE, INTEGRATED DATA SYSTEM TO BETTER INFORM PLANNING AND DECISION-MAKING FOR ALL STAKEHOLDERS

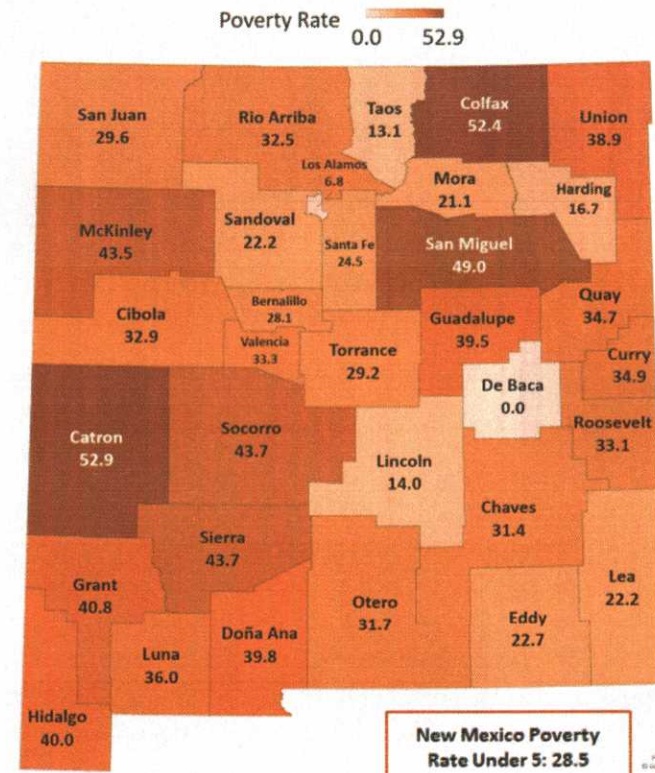
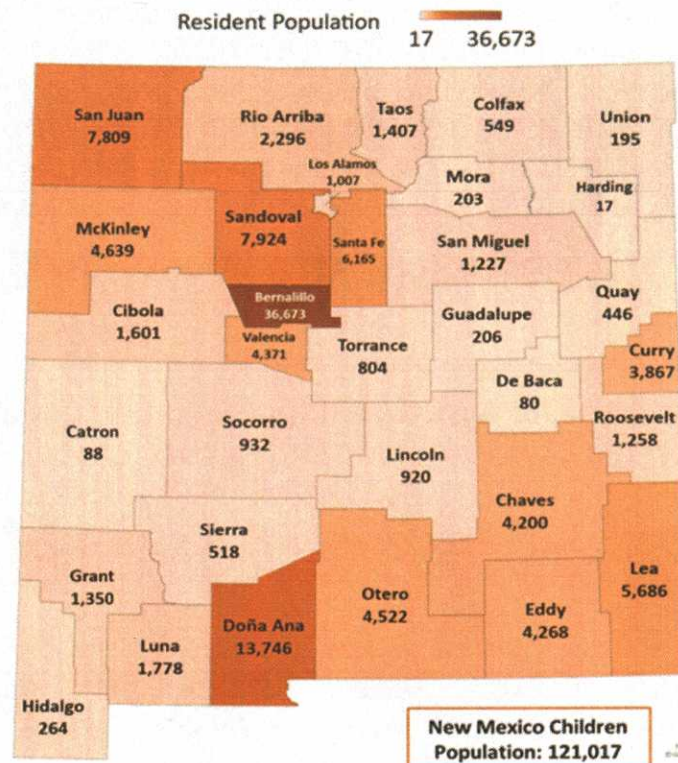
## **GOAL THREE: WORKFORCE**

ENSURE THAT NEW MEXICO'S EARLY CHILDHOOD WORKFORCE IS SUPPORTED TO MEET THE NEEDS OF ALL FAMILIES AND YOUNG CHILDREN THROUGH AN ALIGNED PROFESSIONAL DEVELOPMENT SYSTEM AND THROUGH COMPENSATION THAT REFLECTS THE LEVEL OF EXPERIENCE AND TRAINING.

## **GOAL SIX: TRIBAL**

STRENGTHEN ONGOING GOVERNMENT TO GOVERNMENT RELATIONSHIPS WITH TRIBAL COMMUNITIES IN ORDER TO FOSTER MUTUAL TRUST, UNDERSTANDING, AND PARTNERSHIPS THAT RESPECT TRIBAL SOVEREIGNTY.





SOURCE: NMHSD 2021 Data Book





## FEDERAL STIMULUS FUNDING

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## Build Back Better - Federal Stimulus

FEDERAL FUNDING	TOTAL FUNDING	OBLIGATION DEADLINE	LIQUIDATION DEADLINE
CARES Act from the Child Care and Development Block Grant (CCDBG)	\$29.4 million	Sept. 30, 2022	Sept. 2023
Governor's Emergency Education Relief Fund (GEER)	\$4.6 million	May 20, 2020	May 20, 2021
Governor's Emergency Education Relief Fund II (GEER II)	\$2,090,000	TBA	TBA
Coronavirus Response & Relief Supplemental Appropriations (CRRSA)	\$82 million	Sept. 30, 2022	Sept. 30, 2023
American Rescue Plan - CCDBG	\$123 million	Sept. 30 2023	Sept. 30 2024
American Rescue Plan Child Care Stabilization	\$197 million	Sept. 30, 2022	Sept. 30, 2023
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)	\$368,324	Sept. 30 2023	TBA
Early Intervention Program for Infants and Toddlers (Part C)	\$1,226,000	TBA	TBA

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## CARES Expenditures and Encumbrances

Priority	Percent of Funding	Amount of Funding	Timing of Distribution	Individual/Program Benefits
Child Care for First Responders	8%	\$2,300,000.00	March-June	1,100 Children Served
Differential Pay (\$250)	29%	\$8,467,741.00	March and April	17,441 Children Served
Incentive Pay for EC Educators	24%	\$7,177,960.30	April, May, June	3,000 EC Professionals/month
Child Care Recovery and Stabilization Grants	19%	\$5,467,515.50	September	489 child care child businesses
Customer Service Call Center	5%	\$1,600,000.00	FY21	Process child care assistance applications
Health and Safety Mini Grant; Testing Support	9%	\$2,625,239.99	FY21	Technical assistance, resources and support, and mini grants
Health and Safety Supplies	1%	\$171,350.00	Ongoing	2,200 child care facilities
<b>TOTAL</b>	<b>95%</b>	<b>\$27,809,806.79</b>		

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## GEERS I and II Expenditures and Encumbrances

Priority	Amount of Funding	Timing of Distribution	Individual/Program Benefits
GEER I – Jump Start NM PreK	\$3,229,906	Jan 2021 – May 2021	Total 1296 children served in Summer Jumpstart. 1,247 children served in the 128-hours, 29 children in a tribal program and 20 children in a 64-hour option.
GEER I - Home Learning Support	\$722,627	Jan 2021 – May 2021	Online learning programs through Waterford UPSTART and training for professionals on Brazelton Touchpoints.
GEER I - Social-Emotional Support	\$722,627	Jan 2021 – May 2021	Professional Development to PreK and Head Start Staff
GEER II- Jump Start NM PreK	\$2,090,000	July 2021 – June 2022	1873 Total children served for FY21-FY22 Summer JumpStart program

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## New Mexico CRSSA Plan

ECECD Strategic Priorities	Amount of Funding	Percent of Funding
Advance a Diverse, Well-compensated and Credentialed Workforce	\$16,220,000	20%
Increase Access and Quality	\$30,200,000	36%
Achieve Equity	\$17,200,000	21%
Enhance Authentic Collaboration	\$5,400,000	7%
Infrastructure Support for all Priorities	\$3,138,393	4%
HB2 swapped \$10 million in CRSSA for \$10 million in TANF	\$10,000,000	12%
<b>TOTAL</b>	<b>\$82,158,393</b>	<b>100%</b>

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## American Rescue Plan Fund

American Rescue Plan Relief Funds	Amount
Expanded Child Care Assistance	\$123,219,275
Child Care Stabilization Funds	\$197,076,860
<b>TOTAL</b>	<b>\$320,296,135</b>



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## CHILD CARE: Capacity by the Numbers

Licensed Centers		Capacity
Total Pre-Pandemic	753	58,865
Current Total	626	52,645
Pandemic Losses	-16.87%	-6,220

Registered Homes		Capacity
Total Pre-Pandemic	1,544	9,264
Current Total	1,238	7,512
Pandemic Losses	-19.82%	-1,752

Licensed Homes		Capacity
Total Pre-Pandemic (Family and Group)	235	2,217
Current Total (Family and Group)	223	2,066
Pandemic Losses (Family and Group)	-5.11%	-151

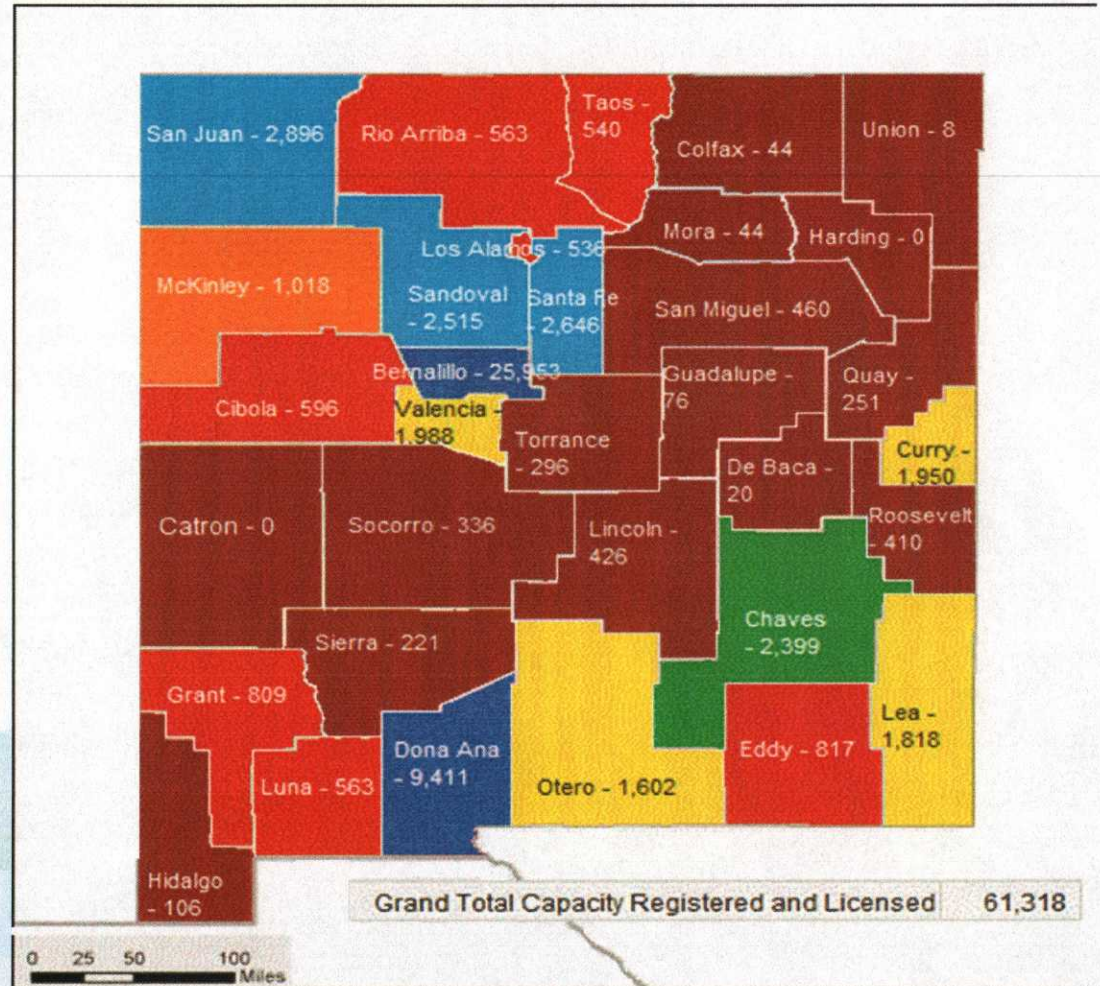
Family Homes (six children)		Capacity
Total Pre-Pandemic	92	536
Current Total	94	541
Pandemic Losses	2.17%	5

Group Homes (up to 12 children)		Capacity
Total Pre-Pandemic	143	1,681
Current Total	129	1,525
Pandemic Losses	-9.79%	-156



## CHILD CARE Capacity by County

Child Care Provider Capacity	
0-500	
501-1000	
1001-1500	
1501-2000	
2001-2500	
2501-3000	
3001+	
Source: May 2021	
EPICs Data, Registered and Licensed Providers	





## CHILD CARE: Capacity Gaps in New Mexico

- The estimated child care capacity shortfall in New Mexico is **23,042 licensed slots**
- **60 percent of New Mexico children** have all available parents in the workforce
- There is only enough licensed child care for **86 percent of children under six** with both parents working
- 14 of New Mexico's 33 counties would be classified as **child care deserts**. (21 percent of total population)
- There are only enough licensed child care slots for just over **50 percent of infants and toddlers** with all available parents in the labor force



SOURCES:  
Center for American Progress April 2020  
The New Mexico Child Care Gap Assessment, Bipartisan Policy Center 2020

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## CHILD CARE: Stabilization Funding

- American Rescue Plan Act – Child Care Stabilization Funds: \$197,076,860
  - ♦ 50 percent of the \$177,369,174 must be distributed by Dec. 2021
  - ♦ 10 percent administrative (\$19,707,686)
- Invest in New Mexico's child care system, ensure providers are stable, and child care is available for all families
- Fair and simple distribution process with an equity focus
- The Early Learning Advisory Council reviewed and approved the formula.



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## Stabilization Funding Formula

Grant awards will provide relief and support to cover lost income resulting from temporary closure, response and recovery operation costs, and other expenses

- Base Amount
  - ◆ Licensed Capacity
  - ◆ Operate Part-Time vs. Full-Time
  - ◆ Remained Open During Peak Pandemic
- Enhanced funding - weighted on base amount:
  - ◆ Quality – Increased Weight for 3-, 4-, and 5-STAR programs
  - ◆ Capacity to Serve Infants and Toddlers
  - ◆ Equity – Social Vulnerability Index (SVI) Score (Census Tract and Zip Code)



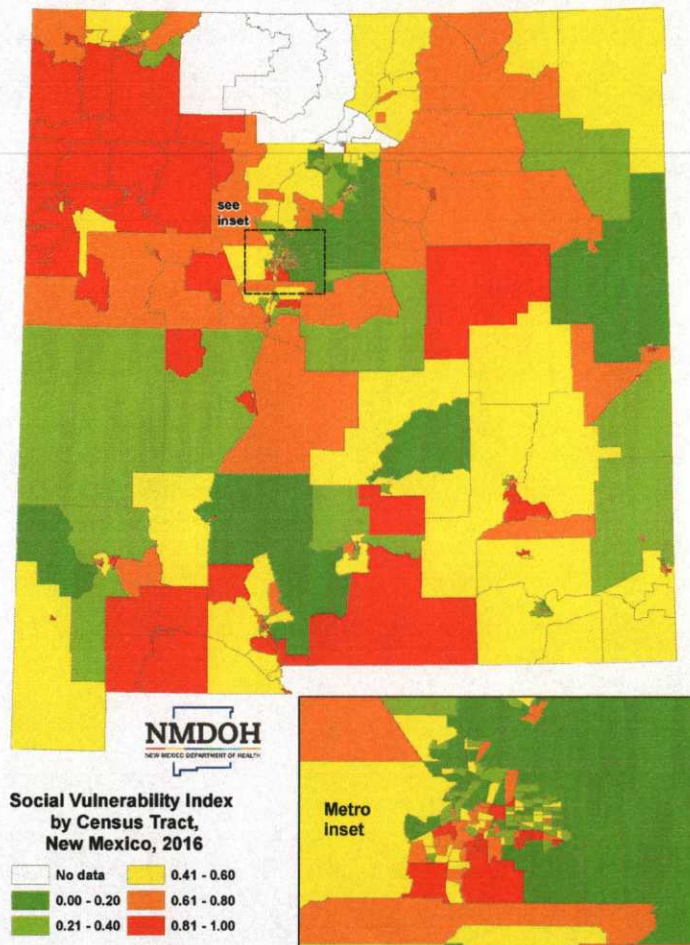
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## Focus on Equity: Social Vulnerability Index

- Programs located in areas with a high SVI (red areas) are likely to serve children and families with additional systemic barriers to success
- SVI is highly correlated with the percent non-white population within a census tract, supporting racial equity goals
- Targeting the most under resourced communities with additional supports (SVI > 0.81)
- SVI is used by other state agencies



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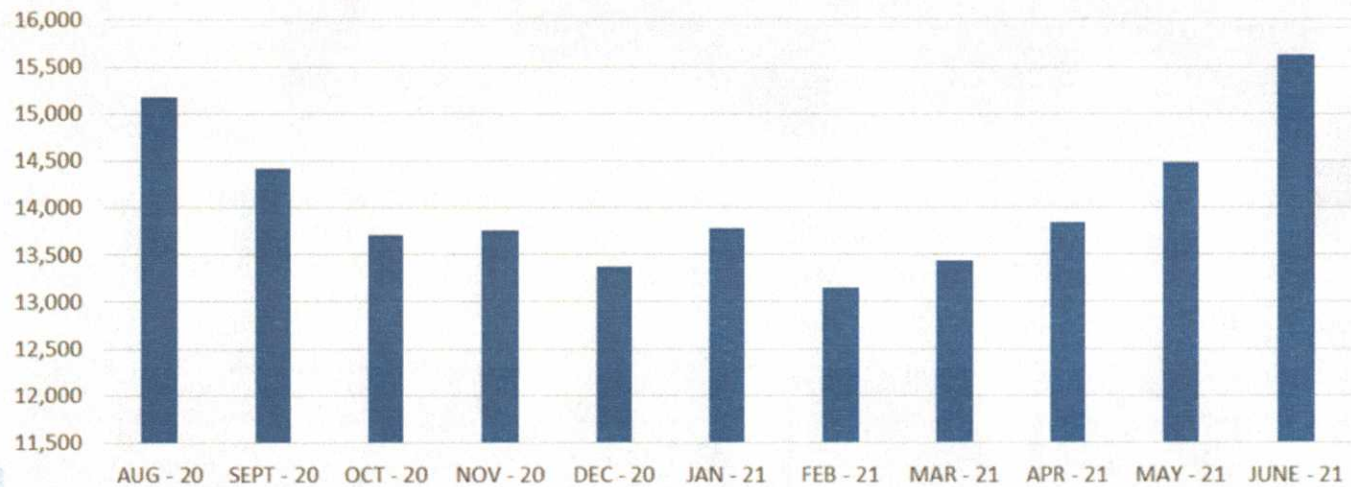
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## CHILD CARE ASSISTANCE ENROLLMENT



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## CHILD CARE: What does it cost NM families?

- A family paying for two children out-of-pocket can expect to pay \$2,000/month or more for high quality child care.
- If that family made \$55k/year (slightly above the median NM income), nearly half of the family's pre-tax income would go to child care alone.
- That same family would not meet the current income eligibility requirement to receive child care assistance (200 percent federal poverty level or \$53k for a family of four.)



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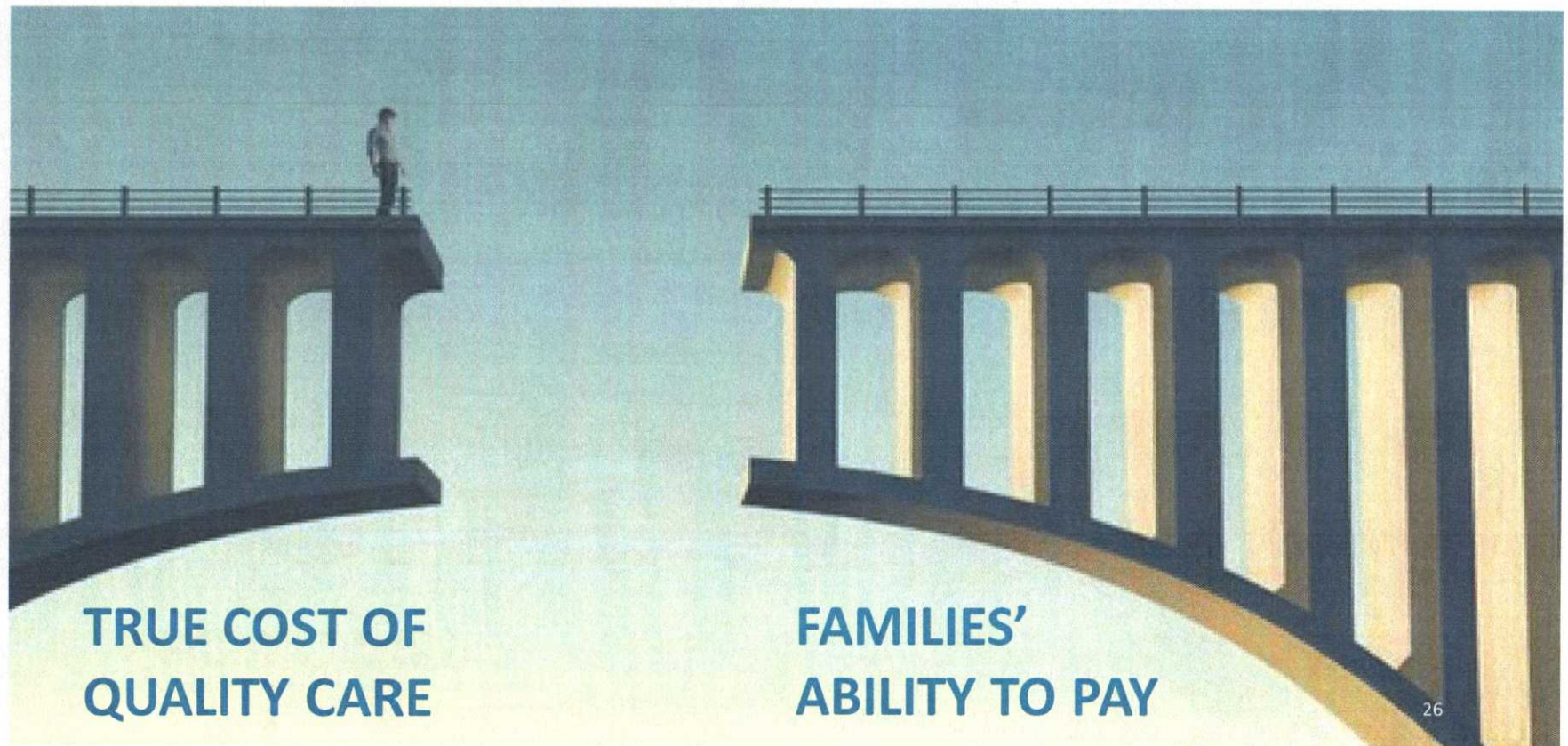
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## Bridging the Affordability Gap





## CHILD CARE: Increasing subsidy rates

- Cost Estimation Model
- Rate increases across the board, in every setting, for all age groups, at every level of quality
- Expected quality improvements:
  - ◆ Higher wages for educators
  - ◆ Ability to invest in educational infrastructure
  - ◆ Incentivize expansion and establishing new child care business in low income and rural areas



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## CHILD CARE: Expanding Eligibility

**Current** eligibility cut off at **200% FPL**  
(Approx. \$53k for family of four)

**New** eligibility cut off at **350% FPL**  
(Approx. \$92k for family of four)

- Phase out at 400% FPL (\$106k)
- No parent copays 250% FPL and below through July 2022



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“Keeping a high quality child care center not just viable, but successful, with limited resources is sometimes next to impossible... The increase in child care subsidies will help owners like myself decrease the wage gap and retain and recruit early childhood educators for our program. This increase will also help owners like myself make capital investments in classroom environments and materials.” - **Barbara Tedrow, owner of Gold Star Academy and Child Care Center (Farmington, NM)**



“For us, raising the subsidy rates means being able to offer our children high quality experiences and education. This increase will help us provide more things to our children, from extra-curricular activities like dancing and swimming lessons, musical instruments and books, furniture and equipment - It plays a great part in children’s physical, mental, and social-emotional development.”

- **Elizabeth Martinez, owner of home-based Haciendas las Flores day care (South Valley of Albuquerque, NM)**



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## Cecelia's Story

- Santa Fe based educator and artist
- Mother of five-year-old and a six-month-old
- Applied for child care assistance in early June, but was denied for being slightly over income (213% FPL)



"The anxiety of trying to find care has been really crippling...Expanded eligibility means so much for our family. It means that we could potentially save for a home, afford better health care, save for college, and even just save for an emergency fund. This makes such a difference for my family, and so many other families like mine across New Mexico."



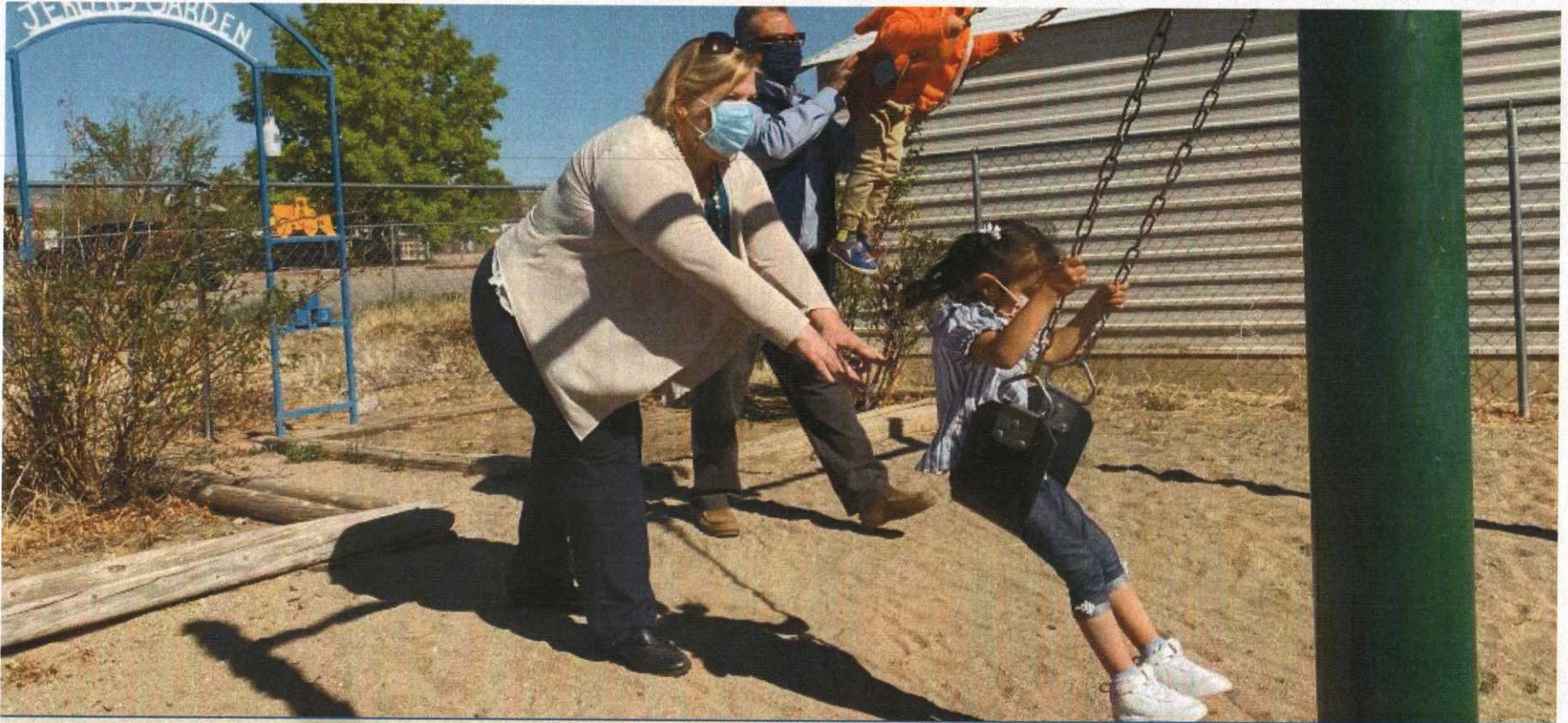
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## NEW MEXICO PREK





## 2021-2022 PreK Update

- First **consolidated award cycle** under ECECD
- **Award review process** was rigorous
- **Lessons learned** from the award cycle will help inform future award cycles
- **Jumpstart** update



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## Consolidated Award Cycle

- Using a single consolidated application, both private and public program applications were reviewed under an identical review process and award process documents were shared and integrated.
- This consolidated award cycle is an important step to fully realizing the vision of SB22 that coordinates and aligns pre-kindergarten and early pre-kindergarten into a single early childhood education and care system.
- Staff from ECECD and PED put incredible amounts of time and effort into this single consolidated process and the efforts resulted in a cohesive structure for all PreK providers.
- For FY22, ECECD awarded funding for 13,964 children to attend PreK (6,455 in private provider settings and 7,509 in public schools).



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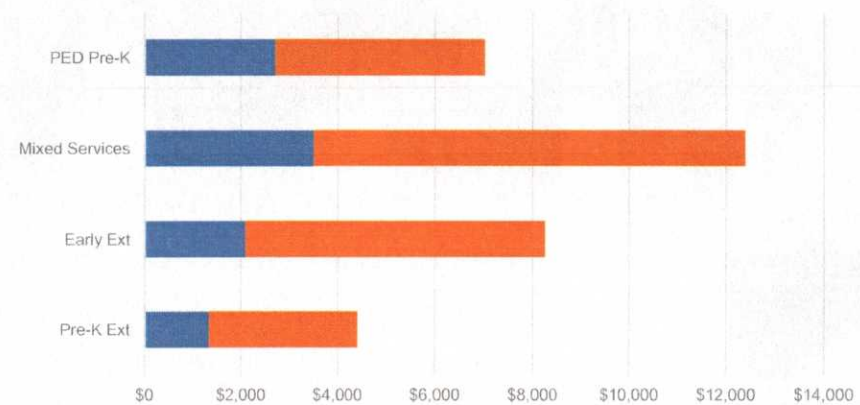
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## FY22 PreK Awards Fast Facts

- Requests for funding outpaced available funding
- Applications for early PreK extended day programs continues to grow

PreK Requests\* to Awards (in thousands)



\*Does not include transportation or start-up/safety

■ Funded ■ Requested



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## Summer Jumpstart

- Programs started June 1 or June 7.
- Awards were made to 76 private PreK and two public PreK programs.
- Most programs are providing 128 hours of educational services.
- Total funding for summer JumpStart = \$2,219,400, reaching 1873 students.
- The focus on summer JumpStart is on improving social emotional development, Kindergarten school readiness and support for children with IEPs.



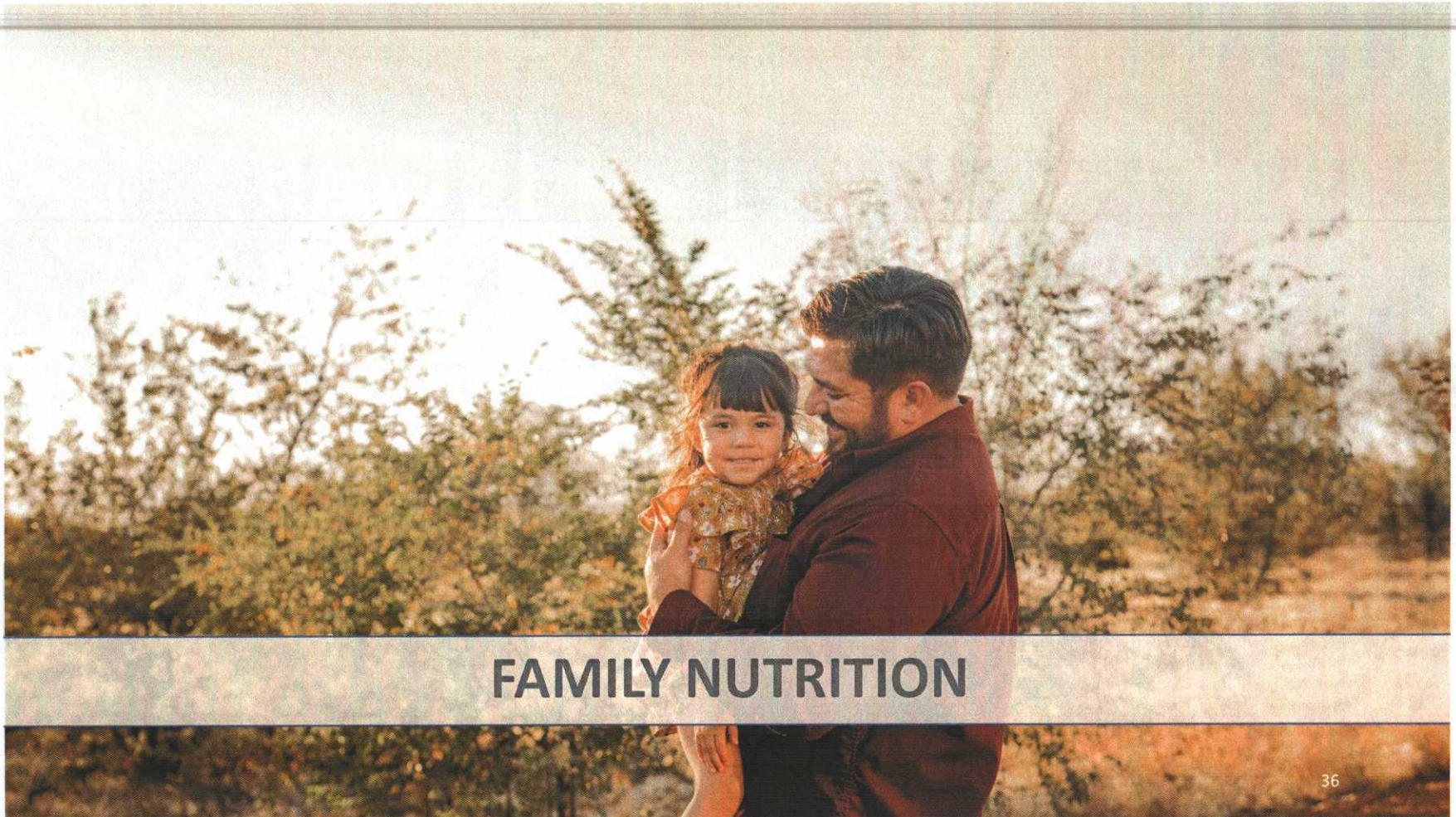
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## **FAMILY NUTRITION:**

### **Child and Adult Care Food Program**

- **Child and Adult Care Food Program (CACFP)** - provides reimbursements for meals and snacks to children and adults who are enrolled for care at participating child care centers, child care homes, youth participating in afterschool care programs, children residing in emergency shelters, and adults over the age of 60 or living with a disability and enrolled in day care facilities.
- **Pandemic Impacts** – Slight decline, now trending up as sites reopen



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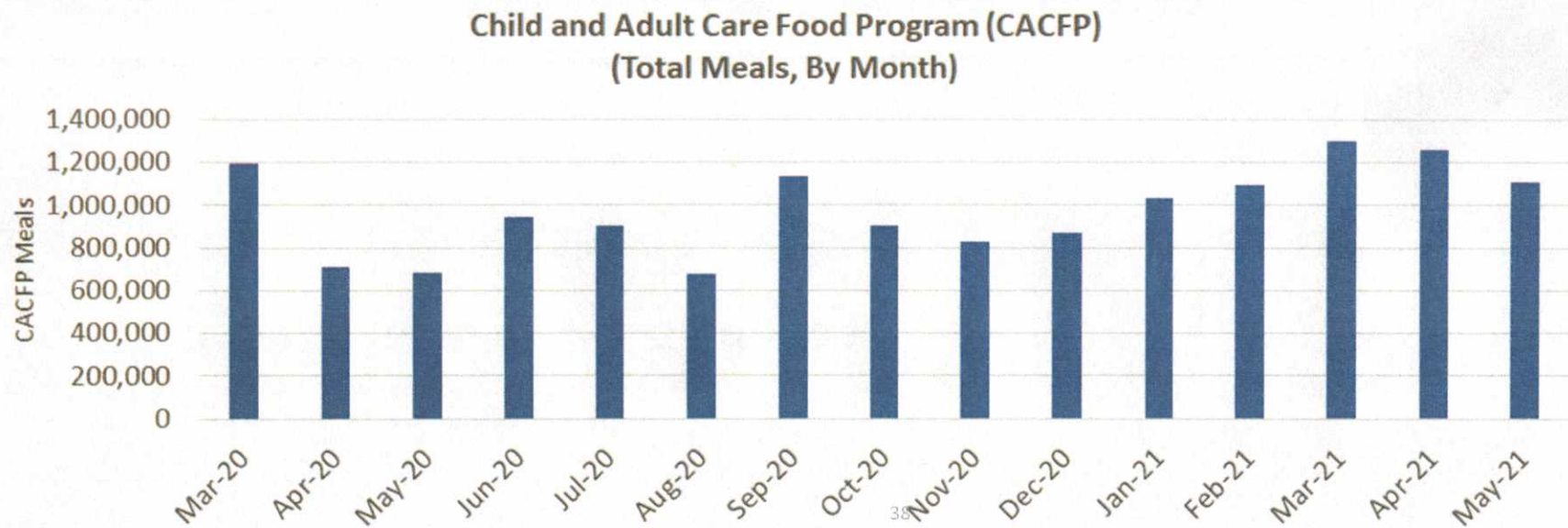
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## **FAMILY NUTRITION:**

### **Child and Adult Care Food Program**





## **FAMILY NUTRITION:** **Summer Food Service Program**

- Partners with communities across New Mexico to provide nutritious meals during summer months when schools are closed
- Stepped up in 2020/2021 and partnered with USDA and WIC to support meals for children when schools were operating in remote and hybrid models.



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## FAMILY NUTRITION: Summer Food Service Program





## FAMILY NUTRITION

- Innovated “Meals to You” delivery model
- Conducted program reviews
- Increased tribal organization participation
- Piloted Farm-to-Preschool food program



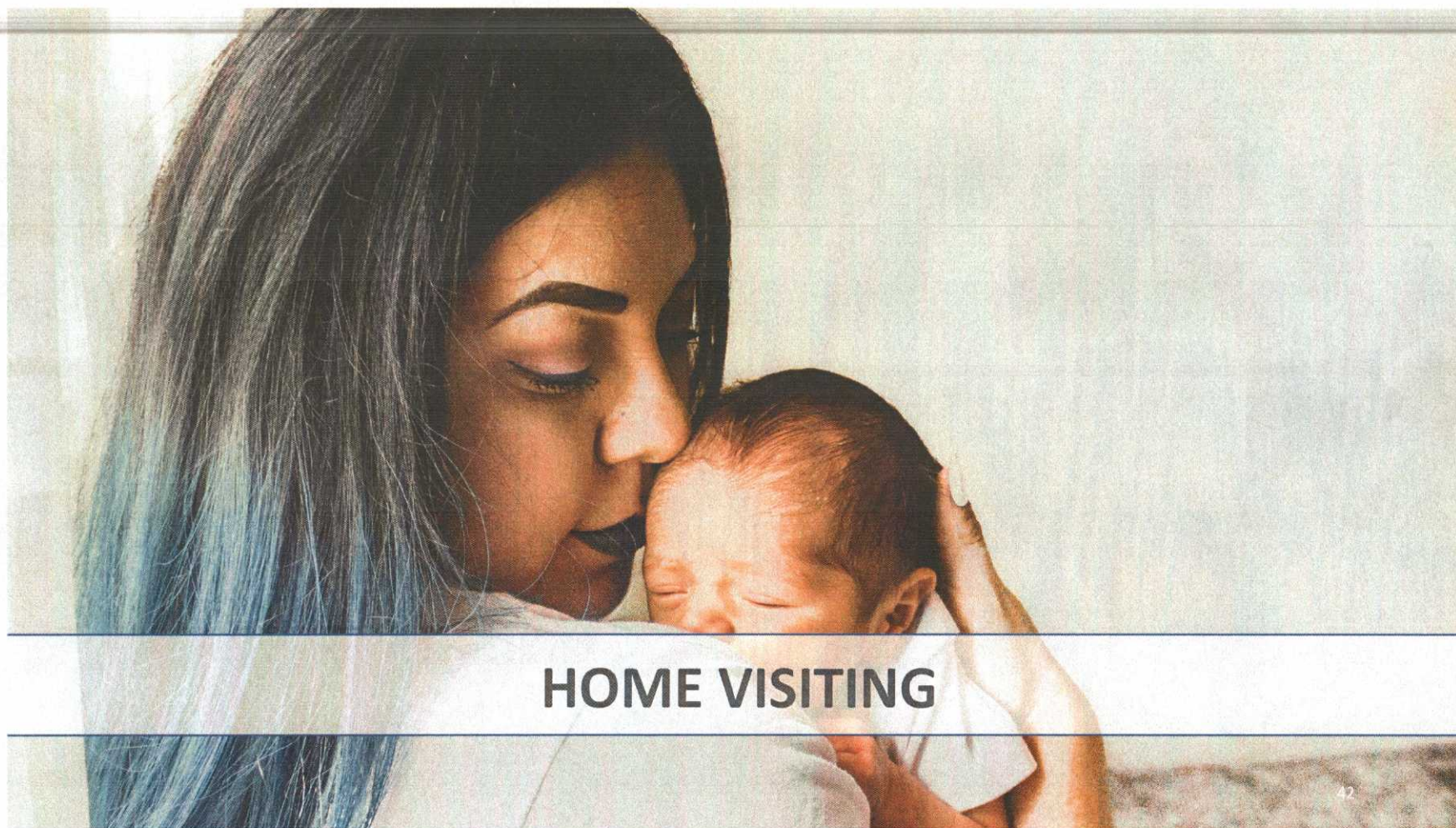
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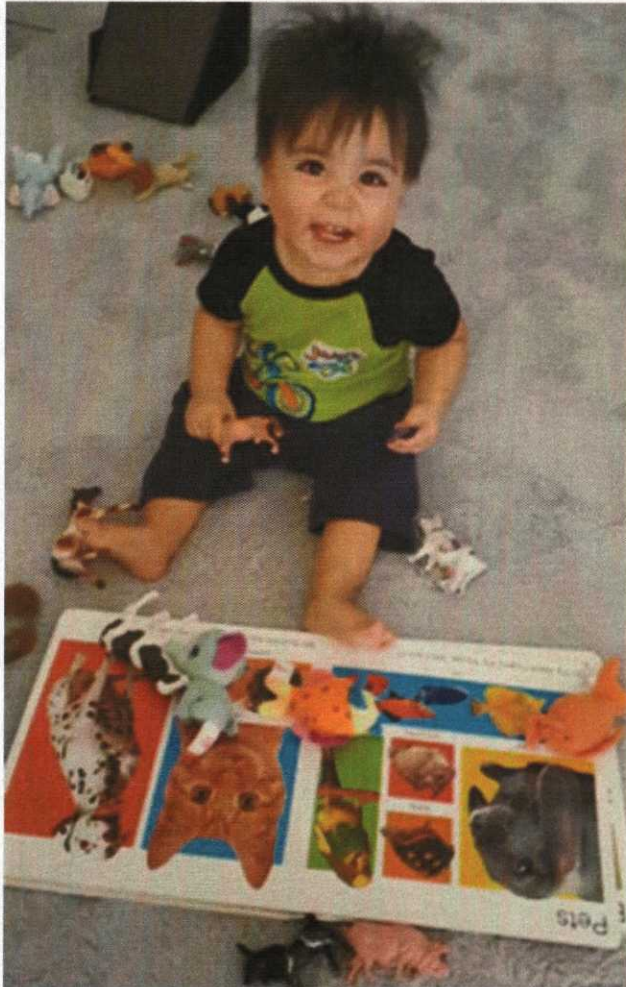
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## HOME VISITING





## HOME VISITING: ECECD Goals

1. Establish a sustainable funding approach to deliver high-quality services
2. Elevate home visiting as a critical service for families
3. Focus on continuous quality improvement – use data to drive decision-making and planning
4. Ensure access and engagement by families to the type of home visiting/family support that meets their needs



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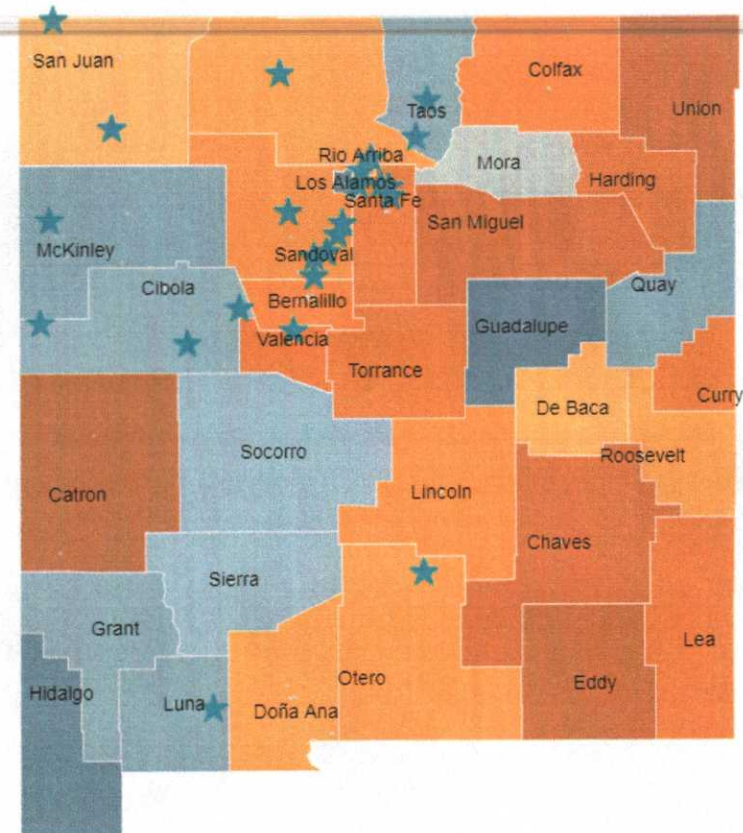
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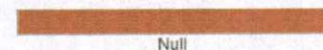


## HOME VISITING: Medicaid Births Met Need

<https://ccpi.unm.edu/visualizations/statewide-home-visiting-capacity-2018-2020>



First Births Met Need



Medicaid Births Met Need



Universal Access Met Need





## HOME VISITING: Expanding and Improving Services

- Increased Centennial home visiting from 130 families to 798 families
- Expanded funded home visiting services from 3,816 to 5,002 families
- Expanded the Safe Sleep initiative into early childhood programs statewide
- Transitioned home visiting programs to Falling Colors



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## Home Visiting: Family Connects NM

- Partnership with the Department of Health
- Universal, light touch (short term) postpartum home visits
- Evidence based model
- Free to families
- Fills gap for the large percentage of births not currently getting services



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## Healthy Birth Outcomes

Healthy Births	FY20
Received Prenatal Care	99%
Received First Trimester Prenatal Care	91.7%
Initiated Breastfeeding	89.5%
Screened for Perinatal Depression	95%
Referred to Depression Supports	89%

- Mothers in home visiting continue to access prenatal care more often and earlier than pregnant women statewide
- Mothers in home visiting initiated breastfeeding at rates slightly above the statewide rate
- Edinburgh Postnatal Depression Scale screening and referrals were at 3-year highs:
  - ◆ 95% screened
  - ◆ 89% referred
  - ◆ 39% engaged



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## Parental Nurturing Outcomes

Parental Nurturing	FY20
Improved Parenting Skills	2,196 parents (as measured by the PICCOLO tool)
Improved Ability to Teach Children	62%
Improved Ability to Encourage Children	48%

- Parents of 2,196 children completed both an initial and a follow-up screen, a marked increase from 1,446 last year
- Parental improvement was recorded for:
  - ◆ 62% in teaching (1,355 children)
  - ◆ 48% in encouragement (1,045 children)
  - ◆ 35% in responsiveness (766 children)
  - ◆ 25% in affection (547 children)



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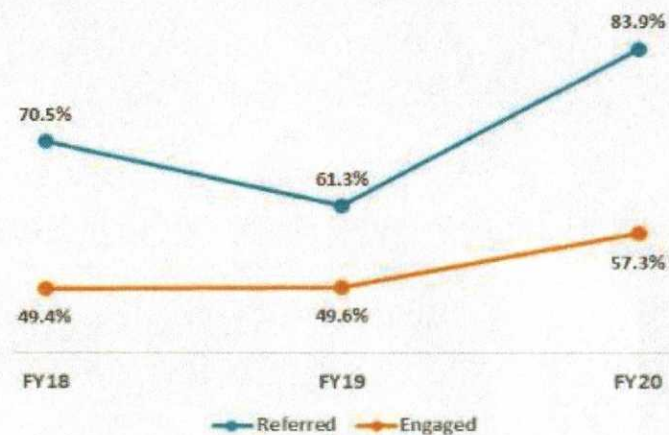


## Child Health Outcomes

Child Physical and Mental Health	FY20
Screened for Healthy Development	93%
Referred for Early Intervention Supports	84%
Engaged with Early Intervention Supports	57%

- ASQ-3 showed 3-year high:

- ◆ Screening: 93%
- ◆ Referral: 84%
- ◆ Engagement: 57%



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## FY20 Child and Family Safety Outcomes

Safety of Families and Children	FY20
Screened for Domestic Violence	87%
Referred for Domestic Violence Supports	75%
Family Safety Plan in Place	60%
Referral for Child Maltreatment or Abuse	Less than 1% of families in home visiting for six months or more

- 3-year high for screening
  - 87% screened
  - 75% referred
  - 26% engaged
- 60 percent of those at risk had a safety plan in place
- Less than 1 percent of families receiving 6 months of home visiting had a substantiated abuse or neglect referral, an even smaller percent than last year



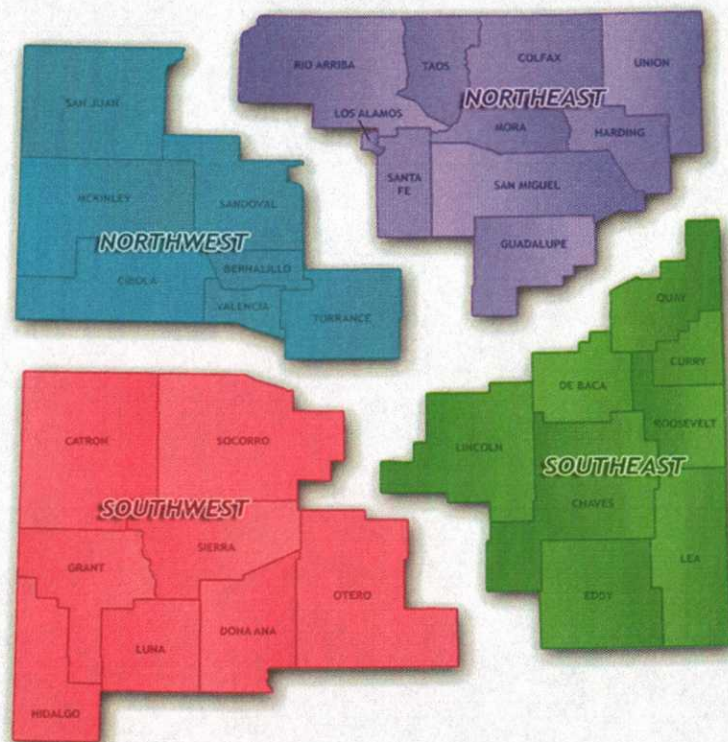
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**Northeast***No Families FIRST staff in the Northeast*

## Families FIRST: Perinatal Nurse Case Management

**Northwest**

Active/In Active Cases:	638
Pediatric:	59
Prenatal:	579
High risk:	30

**Southeast**

Active/In Active Cases:	1248
Pediatric:	157
Prenatal:	1091
High risk:	15

**Southwest**

Active/In Active Cases:	889
Pediatric:	236
Prenatal:	653
High risk:	50



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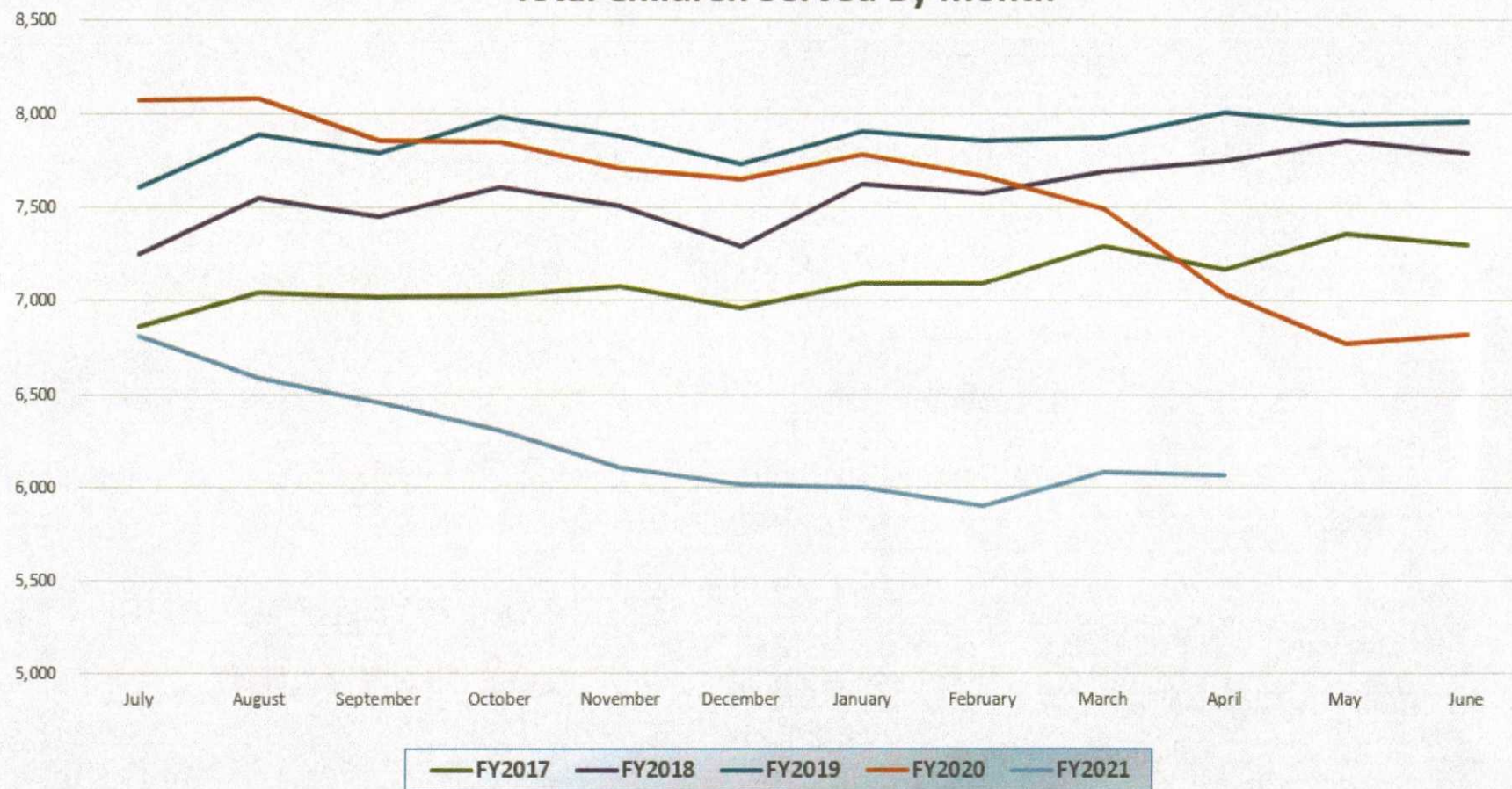
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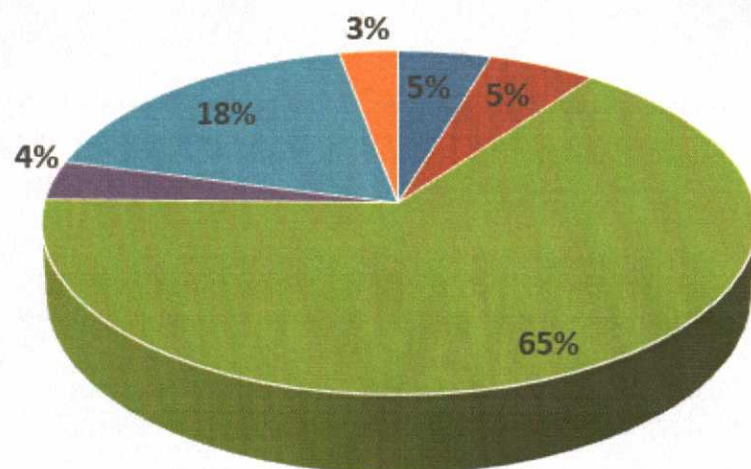
### Total Children Served By Month





## Eligibility Categories

July 1, 2020 - April 30, 2021



Eligibility Category	Number of Children
Multiple Categories with out developmental delays	342
Established Condition	432
At Risk Environmental	540
At Risk Medical/Biological	632
Multiple Categories with developmental delay	2099
Developmental Delay	7608
<b>TOTAL</b>	<b>11,653</b>



**Indicator:**  
**Positive Social Emotional**

	Percent of children who <b>substantially increased their rate of growth</b> by the time they turned 3 years of age or exited the program	Percent of infants and toddlers who were <b>functioning within age expectations</b> by the time they turned 3 years of age or exited the program
<b>Target</b>	<b>69%</b>	<b>63.5%</b>
<b>Outcomes FFY 2018:</b>	<b>73.71%</b>	<b>56.27%</b>
<b>Outcomes FFY 2019:</b>	<b>69.29%</b>	<b>48.99%</b>

**Indicator:**  
**Acquisition and use of knowledge and skills**

	Percent who <b>substantially increased their rate of growth</b> by the time they turned 3 years of age or exited the program	Percent of infants and toddlers who were <b>functioning within age expectations</b> by the time they turned 3 years of age or exited the program
<b>Target</b>	<b>72.5%</b>	<b>62.5%</b>
<b>Outcomes FFY 2018:</b>	<b>78.11%</b>	<b>58.61%</b>
<b>Outcomes FFY 2019:</b>	<b>72.55%</b>	<b>51.16%</b>

**Indicator: Use of appropriate behaviors to meet their needs**

	Percent who <b>substantially increased their rate of growth</b> by the time they turned 3 years of age or exited the program	Percent of infants and toddlers who were <b>functioning within age expectations</b> by the time they turned 3 years of age or exited the program
<b>Target</b>	<b>72.6%</b>	<b>62%</b>
<b>Outcomes FFY 2018:</b>	<b>77.81%</b>	<b>57.63%</b>
<b>Outcomes FFY 2019:</b>	<b>72.19%</b>	<b>49.96%</b>



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## QUALITY INITIATIVES



## PreK Pay Parity

### Eligibility

\$3 million dollars in ECECD's FY22 budget to support pay equity for NM PreK private sector teachers with equivalent credentials to public sector teachers.

Application will be live  
August 15, 2021.





## Early Childhood Wage Supplement Program

Financial support and encouragement for early childhood professionals

### Current Participants

July – December 2020: 128

January – June 2021 (est.): 375

### Goal to Expand

500 participants by July 1, 2021



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## Early Childhood Scholarships

Investing in early childhood professionals and their careers

### Current Participants

Spring 2021: 647

Summer 2021 (est.): 719

### Goal to Expand

1,000 Scholars by Fall 2021

### *CDC / Associates Degree*

100% tuition, fees, and books

### *Bachelor's Degree*

100% tuition, fees + 50% books

### *Graduate-level Degree*

80% tuition upon available funding

### How to Apply

Visit [www.ececdscholarship.org/wage-supplement](http://www.ececdscholarship.org/wage-supplement) for more information.



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## Bilingual Incentive Program

### Current Participants

18 recipients since beginning of May (Spanish, Japanese, Tewa)

### Eligibility

- \$1,500 one-time payment for certified bilingual professional
- Certifications:
  - PRAXIS – TESOL
  - La Prueba
  - Bilingual Seal on HS Diploma
  - Tribal Certification
- Current Scholarship and/or Wage Supplement applicants

### How to Apply

Visit [www.ececdscholarship.org](http://www.ececdscholarship.org)  
for more information and to apply.



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## HEALTH AND EARLY CHILDHOOD

### Federal Early Childhood Comprehensive Systems Grant Awarded July 2021

- \$1.28 million over five years
- **GOAL:** To advance equity and strengthen state infrastructure in New Mexico's maternal and early childhood systems through better integration of health and early childhood programming and more meaningful engagement of family and community partnerships and the health sector.
- **OBJECTIVES:**
  - ◆ Enhanced integration and use of data
  - ◆ Implementation of innovative financing strategies
  - ◆ Development of a more coordinated intake and referral system



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# HEALTH AND EARLY CHILDHOOD

## Child Care Health Consultant (CCHC) Model

- CCHC Overview

- We will explore developing a child care health consultation model, which is used in several states already including CO and NC.
- Child Care Health Consultants (CCHCs) are trained health professionals with education and experience in both child and community health and early care and education.

### CHCCs can:

- Assess the environments for health and safety in child care facilities
- Develop strategies for inclusion of children with special health care needs
- Support early educators with developing policies for preventing infections and managing injuries
- Connect early educators and families to community health resources
- Provide up-to-date information on regulations and best practices
- Provide health and safety technical assistance and training for staff



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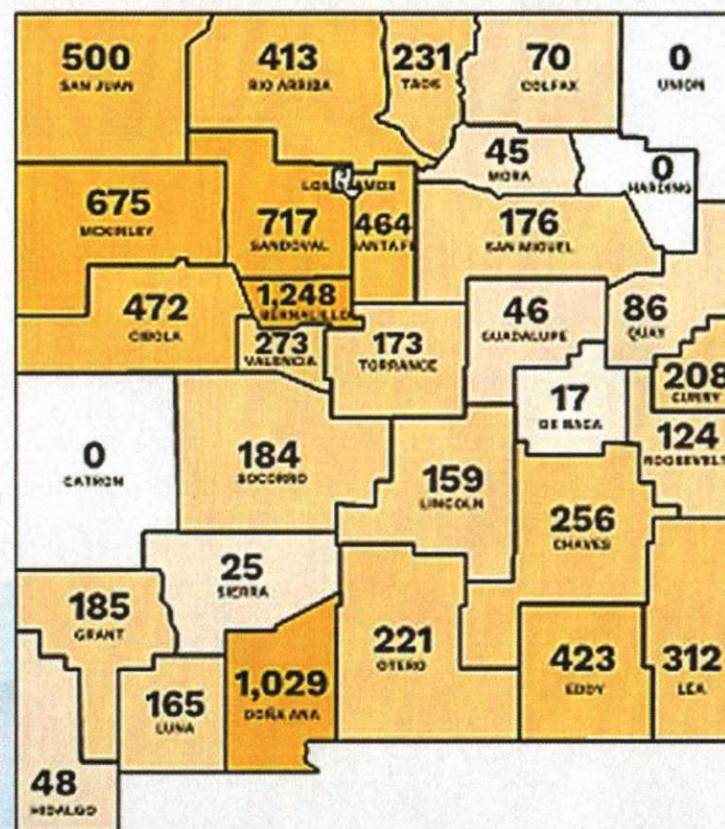
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## Head Start State Collaboration Office

- Strengthen and continue collaboration with the New Mexico Head Start Association
- Support the state's efforts to collect data on early childhood program and child outcome data
- Participate in workforce development strategies and initiatives
- Engage local education agencies to promote collaboration with Head Start
- Coordinate with Region VI, Region XI (American Indian/Alaska Native) and Region XII (Migrant Seasonal) Collaboration Directors
- Head Start at-a-glance: <https://www.nmececd.org/wp-content/uploads/2021/03/At-A-Glance-Final-March2021.pdf>

CHILDREN SERVED BY  
EHS/HS IN EACH COUNTY







## Government-to-Government

- Tribal Liaisons
- Navajo Nation Early Childhood Collaborative
- Bi-weekly Tribal Communication calls
- G2G Consultations and Orientations
- Early Learning Environments
- ECECD Sowing Seeds Project
- Native American Early Childhood Policy Analyst



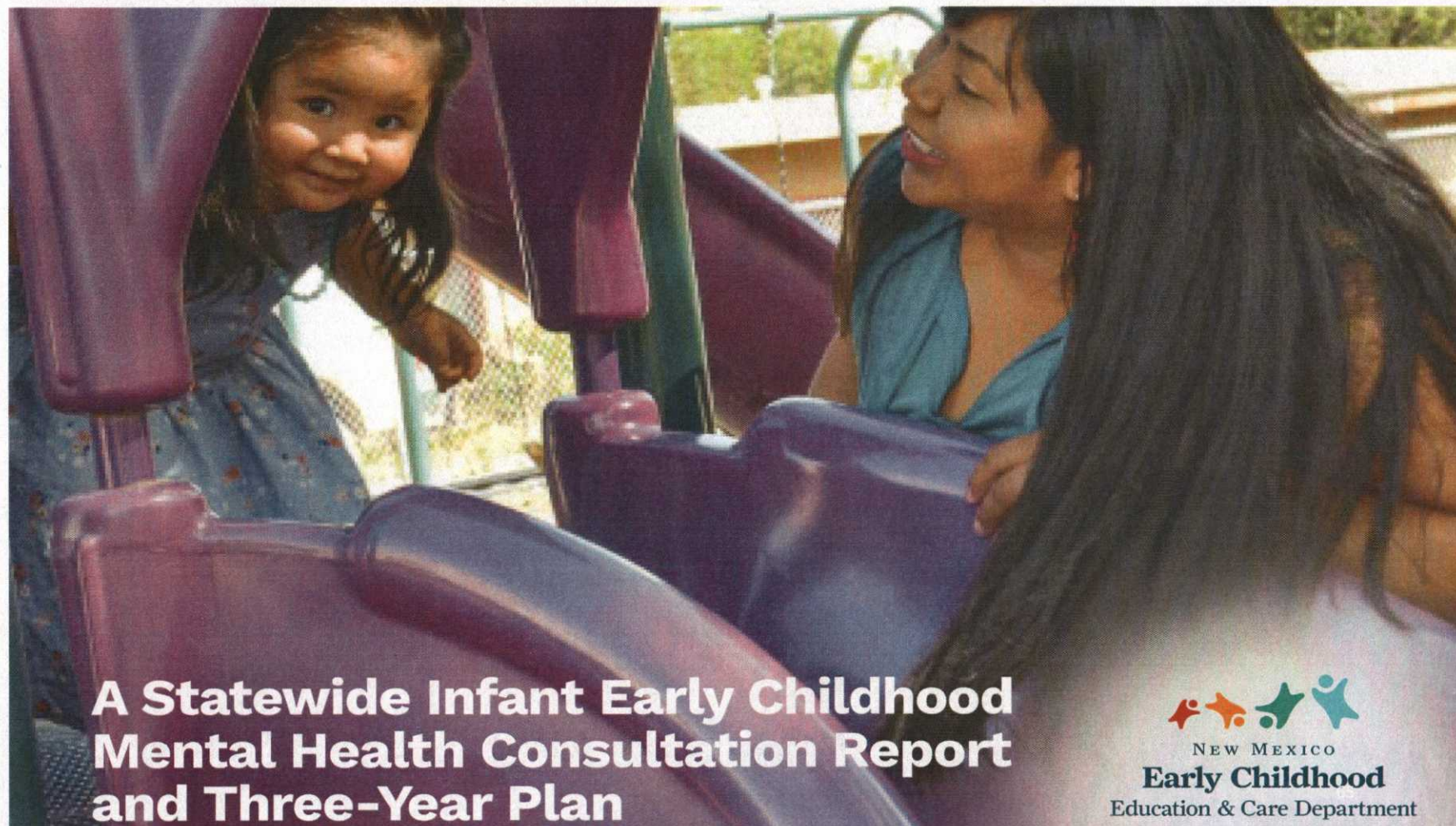
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# **A Statewide Infant Early Childhood Mental Health Consultation Report and Three-Year Plan**





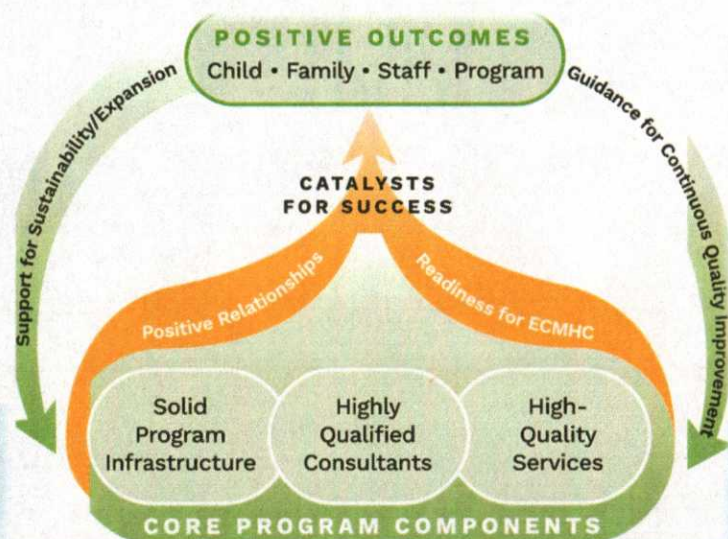
## Infant Early Childhood Mental Health (IECHM) Consultation

- In partnership with Project ECHO, ECECD and the NM Behavioral Collaborative convened a Task Force to develop a three-year plan for implementing IECMH Consultation statewide
- IECMH consultation is a multi-level mental health strategy that spans the care continuum from promotion, to prevention, to intervention
- Helps address serious emotional disorders that can derail a child's development and education
- Consultation approach grounded in equity
- Works with children individually, but also seeks to address the entire system of care around a child





## Framework for Effective Early Childhood Mental Health Consultation Programs



When Consulting to Early Childhood Education Programs, IECMH consultants generally provide three types of services:

1. **Child-Focused Consultation:** When a specific child's behavior is of concern to parents or teachers, the Consultant helps these adults understand, assess, and address the child's needs by developing an individualized plan with the parents and teachers.
2. **Classroom-Focused Consultation:** The Consultant works with teachers to improve the care offered to all children in their classroom by helping to identify attitudes, beliefs, practices, and conditions that may be undermining quality relationships between teachers and children.
3. **Program-Focused Consultation:** Directors and other program leaders are supported by the consultant to make changes in their practices and/or policies to benefit all the children and adults in their setting.



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## CURRENT PRIORITIES

- Finalize four-year finance plan in August 2021
- Design, distribute, and analyze a statewide family survey that captures their knowledge, experience, and satisfaction with ECECD programs and services
- Implement Infant Early Childhood Mental Health Consultation Three-Year Plan
- Expand Families FIRST services in underserved areas
- Strengthen and elevate NM PreK as a mixed delivery system
- Start early childhood facility assessments in the Tribes, Pueblos and Nations
- Continue on-going state-tribal consultations
- Establish an ECECD Equity Council with public and private stakeholders



This diagram represents the community concern that the ECECD Guiding Team has identified to collectively work on. By centering the most impacted, expanding access to services, and redesigning the system it will lead ECECD to be a more equitable department.

#### Redesigning the System

- Map current system.
- Prioritize where to start the work.
- Identify opportunities to reduce/eliminate inequities

#### Expanding Access to Services

- Identify inequities and barriers to access.
- Define where access needed and to whom.

#### Centering the Most Impacted

- Identifying the most impacted.
- Engaging the most impacted voices.
- Creating a Feedback loop.
- Developing Equity Councils regionally.

## ECECD Equity Journey



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## More information about the New Mexico Early Childhood Education and Care Department—

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