As the Children’s Behavioral Health Authority for the state of New Mexico, the Children, Youth and Families Department (CYFD) has identified the following areas as behavioral health priorities for fiscal year 2009. The priorities support a children’s system of care, as well as the CYFD vision, mission, and principles as described below.

1. Cooperation and Support on the Resolution of Legal Issues
2. Standardized Assessments for Children and Adolescents
3. Implementation of Core Service Agencies (Clinical Home Concept)
4. Substance Abuse Services for Children, Youth and Young Adults
5. Services Focusing on Adolescent Transition
6. Foster Care and Adoption Programs and Supports
7. Gender Appropriate Services that Identify and Treat Issues of Trauma

(**Please note that full adherence to and implementation of items 2 thru 7 above should provide adequate compliance with item 1.)

CYFD Vision
The Children, Youth and Families Department partners with communities to strengthen families in New Mexico to be productive and self-sufficient.

CYFD Mission
CYFD believes in the strengths and resiliency of families who are our partners and for whom we advocate to enhance their safety and well-being. We respectfully serve and support children and families, and supervise youth in a responsive, community-based system of care that is client-centered, family-focused and culturally competent.

CYFD Guiding Principles
CYFD believes that children and families should receive:

- Services that promote and build on individual strengths
- Early identification and intervention services to address problems as they emerge.
- Access to a comprehensive array of services that are individualized, community-based and whenever possible, in-home, to meet the unique needs and potential of each child and family.
- Full participation and choice in all aspects in the planning and delivery of services.
- Services that are provided in the least restrictive setting and most normative environment and are integrated and linked, both within CYFD and with other child-serving agencies and which use peers, family and natural resources.
- Culturally competent services delivered without regard to race, ethnicity, religion, national origin, gender, sexual orientation, or disability.
- The most effective services that are based on evidence or promising or emerging practices, to achieve positive outcomes.
- Services that insure smooth transitions to adult service systems.
1. Cooperation, Support and Programming for Youth Involved in the Protective Services and Juvenile Justice Systems – Commitment to Resolution of Legal Issues

The availability of behavioral health services statewide is a point of focus in legal matters within both the Protective Services and Juvenile Justice Service Areas of CYFD. As such, the SE must commit to enhancing behavioral health services for these populations and must provide the following information to verify efforts:

- Information/Data required to meet the American Civil Liberties Union (ACLU) Agreement Regarding Treatment of Youth in the Juvenile Justice System
- Information/Data required to meet the Child and Family Services Review (CFSR) Performance Improvement Plan (PIP)
- Information/Data must include, but not be limited to, verification of the following:
  - Community based accessible, culturally appropriate service array capable of meeting the needs of children at risk, in out-of-home placement, or in the Child Welfare and Juvenile Justice System.
  - Initial assessment/screening within timeframes specified by New Mexico Children’s Code and Medicaid Regulations
  - Defined expectations with quality assurance for the different types of behavioral health assessments (Initial Screening, Diagnostic, Biopsychosocial, Enhanced/Comprehensive, Sexual Offender, Psychological, Forensic)
  - Availability of appropriate services for needs of youth in the JJS and PS systems
  - Availability of service providers to participate in PS and JJS case planning efforts, which could include the provision of court testimony
  - Defined expectations with quality assurance for the different types of behavioral health services for youth involved in the PS and JJS systems
  - Timely and efficient linkage of CYFD involved youth with accessible and appropriate behavioral health services.

**Deliverables:**

- SE must provide approval of accessible services in a timely fashion;
- SE must provide appropriate identification of level of care needs;
- SE, in conjunction with CYFD, will develop processes to identify all CYFD involved youth receiving services through the SE;
- SE will ensure SE staff participation at CYFD-JJ Triage and CYFD facility-based discharge planning Multi-Disciplinary Team (MDT) meetings;
- SE will develop and implement process for pre-approval of triage and MDT level of care recommendations;
- SE will develop standardized process for consumer/family advocate participation / feedback regarding services provided to CYFD-JJ youth;
Behavioral Health Rank Order Priorities 2008-2009

- SE provide measure of provider compliance with contract requirements and enforce same;
- SE will establish quality assurance feedback loop for CYFD regarding assessment services;
- SE will ensure provider compliance regarding guidelines for assessments and screenings, including National Standards for Cultural Competence;
- SE will establish quality assurance feedback loop for CYFD regarding treatment services.

- Ensure Judges and related court personnel have necessary information regarding appropriate use of diagnostic, evaluative and forensic assessments to inform their decision making.

Deliverables:

- SE will work with courts and judges (including Court Improvement Project)
- SE will provide judicial/legal training on types and appropriateness of assessments
- SE will provide additional training for providers on culturally appropriate assessment and differential diagnosis i.e., Posttraumatic Stress Disorder/Trauma, Attention Deficit Disorder, Oppositional Defiant Disorder, and identifying dual diagnosis and/or co-occurring disorders.
- SE will work with CYFD to standardize BH referral packets
- SE will work with CYFD and Medicaid to develop a uniform report format
- SE will work with CYFD and Medicaid to establish a uniform evaluation process
- SE will establish a quality assurance program for all network providers
- SE will establish a technical assistance process for the Courts legal representatives

2. Assessments for Children and Adolescents (including Court Ordered)

Thorough and accurate behavioral health assessments/evaluations are essential to providing appropriate treatment services to meet the needs of children and youth. As such, the SE must ensure the availability and quality of the following:

- Standardized assessments – that address both diagnosis and level of functioning - for children and youth in the Child Welfare System and the Juvenile Justice System, in out-of-home care and/or for those children at risk of out-of-home placement.

- Formalized and standardized process for assessing functional levels of children for purposes of determining required level of supervision, structure and support required to meet youth’s needs, ensure safety and maintain placement stability as appropriate.

- Formalized and standardized process for on-going assessment of both diagnoses and functional levels for youth receiving behavioral health services for purposes of monitoring performance improvement during treatment.

Deliverables:

- SE will work with CYFD and Medicaid to establish a uniform evaluation process
- SE will work with CYFD and Medicaid in the further identification and implementation of a standardized functional assessment tool (Child and Adolescent Functional Assessment Scale)
Behavioral Health Rank Order Priorities 2008-2009

- SE will provide evidence of utilization of functional assessment, including documentation of training for providers and staff;
- SE will provide measure of provider compliance with functional assessment tool and enforce same, including use as a pre- and post-treatment and tracking measure
- SE will provide judicial/legal training on types and appropriateness of assessments
- SE will provide additional training for providers on culturally appropriate assessment and differential diagnosis i.e., Posttraumatic Stress Disorder/Trauma, Attention Deficit Disorder, Oppositional Defiant Disorder, and identifying dual diagnosis and/or co-occurring disorders.
- SE will work with CYFD to standardize BH referral packets

3. Implementation of Core Service Agencies (CSAs) - Clinical Home Concept

Coordinated and accessible services in community-based centers are essential to serving youth and families with complex needs in the least restrictive settings. As such, the SE provide data, technical assistance and support for the following:

- Development of statewide services to include a minimum service array for each local area/collaborative. A minimum service array includes those services and support most needed as determined by diagnostic evaluations and functional assessments.

- Ensure that the youth with behavioral health needs receive quality mental health services with a priority focus on:
  - Evidenced based practices
  - Promising practices that do not yet meet the evidence-based standard
  - Best practices or national standards with successful outcomes
  - Culture and diversity

Deliverables:

- SE will submit a plan for developing and/or providing services in those areas where minimum accessible service array does not exist.
- SE will work with behavioral health partners to develop a plan to enhance service array to appropriate, accessible and adequate levels statewide through the CSA model.
- SE will work with behavioral health partners to define eligible populations for the CSA; priority will be given to youth in the Protective Services and Juvenile Justice Systems, as well as those at-risk of out-of-home placement.
- SE will provide training for new providers in wrap-around services and system of care principles.
- SE will prioritize utilization, and support the increased availability of these services, especially evidenced based and promising practices, over those with no supported outcome research.
- SE will coordinate and support on-going training and staff development of providers in the CSA model. Such training will be related to evidenced-based and best practices for community-based behavioral health case management, and will include CYFD staff from Family Service Regional Transition Services, Protective Services, Juvenile Justice Field and Facilities, as well as consumers and family members.
4. Substance Abuse Services for Children, Youth and Young Adults

The majority of children and families involved in the Protective Services and Juvenile Justice Services systems have identified issues regarding the use, abuse and dependence on alcohol or other substances. As such, the SE will work to enhance the accessibility and availability of quality substance abuse services statewide.

**Deliverables:**

- SE will expand the availability of Intensive Outpatient Programs (IOP) services for youth and families
- SE will continue expansion of MST and other evidence based services in geographic areas that do not currently have access to MST services
- SE will collaborate with BHSD to review lessons learned and outcome information from COSIG and TCA funded projects
- SE will work with providers to improve substance abuse screening and assessment for the adolescent population. Such improvements must target youth already engaged in behavioral healthcare, as well as those youth in need of services

5. Services Focusing on Adolescent Transition

Successful transition of youth within the various age-defined systems of behavioral healthcare, as well as those transitioning from state custody or those under the supervision of state services, are essential in promoting both recovery and resiliency. As such, the SE must ensure that the behavioral health service array is adequate to meet the needs of youth transitioning from state custody to the community, youth transitioning to the adult system, or those youth involved in both of these areas of significant transition. As well, in reviewing the service array for youth in transition, it is essential that special attention is paid to those youth and young adults with dual diagnoses of Developmental Disabilities and Mental Illness (DD/MI).

**Deliverables:**

- SE will actively participate with CYFD, Medicaid, BHSD and other Collaborative members in the further development and implementation of the Adolescent Transition Priority Work Plan
- SE will implement recommendations of the Adolescent Priority Workgroup regarding service delivery for target population via the SE provider network
- SE will actively participate with CYFD, Medicaid, BHSD and other Collaborative members in the further development and implementation of the Persons in State Custody/Under State Supervision Priority Work Plan
- SE will implement recommendations of the Persons in State Custody/Under State Supervision Priority Work Plan regarding service delivery for target population via the SE provider network
- SE will focus on and enhance services for the DD/MI population, including care coordination across child-adult service provider/systems and promotion of specialty services for youth/young adults with dually-diagnosed with DD/MI.
- SE will include procovery, recovery, and resiliency oriented peer-to-peer support in all service development regarding adolescent transitional services
6. **Foster Care and Adoption Programs and Supports**

Adequate behavioral health and supportive services, which focus on trauma, recovery and resiliency, are essential in the promotion and establishment of permanent foster and/or adoptive placements for youth involved within the Children’s Protective Services system. As such, the SE must ensure that the behavioral health services array is adequate to meet the needs of youth and family members within foster and/or adoptive family settings.

**Deliverables:**

- SE will work with local collaboratives to identify gaps in needs of foster and adoptive families and families involved in the child welfare system.
- SE will provide specialized training to the network providers who provide or are interested in providing services specific to Reactive Attachment Disorder (RAD), intensive in-home intervention, Posttraumatic Stress Disorder (PTSD), complex and/or development trauma, multiply-diagnosed children, foster care & adoption, and/or other specialized clinical training as identified.
- SE will provide financial incentives to the network providers who provide or are interested in providing services specific to Reactive Attachment Disorder (RAD), intensive in-home intervention, Posttraumatic Stress Disorder (PTSD), complex and/or development trauma, multiply-diagnosed children, foster care & adoption, and/or other specialized clinical training as identified.

7. **Gender Appropriate Services that Identify and Treat Issues of Trauma**

Children who suffer from early neglect and abuse, including repeated caretaker separations, are oftentimes characterized by extreme behavior problems of the sort that are the most resistant to both outpatient and residential care. This group of abused and/or neglected children, which constitutes the majority of those children and adolescents who require repeated hospitalizations and extended residential care, do not usually benefit from standard treatment protocols and modalities. Development of trauma specific residential, outpatient and transitional programs that are equipped and willing to treat children with extreme behavior problems is essential. This category of treatment will help to address the treatment needs of a currently neglected diagnostic category, and will help to supplement the treatment spectrum for those children who often require treatment in other states and whose placement takes an enormous and disproportionate amount of therapeutic time.

**Deliverables:**

- SE will develop training curricula directed at trauma specific and gender specific treatment theory and practice.
- SE will identify and provide unique and specific funding formulae according to treatment complexity, including the need for enhanced supervision and professional staffing ratios, and greater levels of liability.
- SE will develop and implement gender specific, trauma specific residential programming for both genders equivalent to current need, as determined in collaboration with CYFD and Medicaid administrative, program and treatment personnel. This includes, but is not limited to trauma informed treatment foster placements.
- SE will develop, implement and adequately fund residential programs for extreme behavior disturbances of males and females with admission and treatment policies that endorse patient admission and retention according to need, without any restrictions on behavior or complexity.