New Mexico’s Title V CYSHCN Program: Using the National Standards as a Framework for Educating Stakeholders

National Standards: CYSHCN Programs’ “North Star”

New Mexico’s Family Health Bureau, housed within the Department of Health, is responsible for management of the state’s Title V Maternal and Child Health Block Grant. New Mexico utilized the National Standards for Systems of Care for CYSHCN (the National Standards) as a framework for the Title V CYSHCN program. Specifically, New Mexico incorporated principles outlined in the Foundational Standards (e.g. Family-Professional Partnerships) and Core Domains (e.g. Medical Home and Transition to Adulthood) into its Title V action plan and strategies. By integrating the National Standards into its daily work, New Mexico has found success in convening partners and collaboratively improving its system of care for CYSHCN.

Unifying Statewide Transformations of CYSHCN Systems of Care

As longtime supporters of the implementation of the National Standards, New Mexico’s Title V program directors acknowledged the value in incorporating nationally recognized system standards for CYSHCN into their state’s health care framework. Since the release of the National Standards, New Mexico’s Title V staff participated in training to learn how to use the National Standards to envision an ideal system of care and apply the framework to meet state-specific needs. Title V staff were able to integrate the National Standards into their own program action plans and objectives, as well as recognize the opportunity to use the framework as a common language to engage other state-level partners in improving systems of care. Seeing value in hands-on experiences centered on National Standards, New Mexico participated in a National Standards Action Learning Collaborative (ALC) to develop new partnerships and align work to improve systems of care for CYSHCN.

As part of the ALC, Title V staff introduced the National Standards to partners and diverse stakeholders from Medicaid, New Mexico’s family-to-family organization, managed care organizations (MCOs), and New Mexico’s Quality Improvement Partnership. The ALC also provided a setting for stakeholders to reach a common understanding of the positive influence of standardizing systems of care for CYSHCN. Together, the team developed a joint set of objectives for incorporating the National Standards into their work, including 1) identifying a standard definition for

“New Mexico has used the Standards as a means to convene and educate stakeholders who are interested in state-level action to improve the overall system of care for CYSHCN. We decided to focus on the Standards that we felt were within our grasp including care coordination in the Medical Home, family-professional partnership, and youth transition. The work also aligns with our Title V action plan and had helped us to coordinate our efforts to make a change.”

– Susan Chacon, MSW, LISW, New Mexico Title V Director for Children’s Medical Services, Children and Youth with Special Health Care Needs program; AMCHP Board President (2017-2018)

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CYSHCN to incorporate into Medicaid contracts; 2) establishing recommendations for best practices for youth transition to be integrated into the Medicaid policy manual; 3) expanding family leadership and engagement partnerships; and 4) strengthening medical homes with a focus on care coordination, including improving understanding and impact of the delegated model of care coordination.

Using the ALC as a platform, New Mexico developed common, actionable goals to unify statewide efforts. For example, team members referenced other state examples of CYSHCN definitions from the National Standards Medicaid Managed Care tool to successfully achieve their first objective. Because the work group included representatives from different New Mexico partners, the interests of family members of CYSHCN, MCOs, Medicaid, and Title V staff were represented when developing the Medicaid contracts and providing input into the renewal of the Medicaid 1115 waiver, which will refine care coordination to meet the needs for high-need members such as CYSHCNiii. ALC-piloted tools, including the Partnership Assessment and Relationship Profile and the Systems Improvement Alignment Tool, aided New Mexico in identifying strengths and barriers to collaboration and evaluation of current systems-improvement projects to re-align efforts with the shared objectives.

Lessons Learned and Next Steps

New Mexico found that the National Standards provide a concrete framework for stakeholders and partners to refer to when discussing systems of care for CYSHCN. Having evidence-based, vetted standards helped the Title V program convene partners and develop plans to move systems forward. Title V staff recognized that becoming well-versed in the National Standards internally and integrating them into their own program better prepared staff to share the National Standards with parents, MCOs, Medicaid representatives, and other stakeholders. Additionally, focusing on a few domains at a time helped New Mexico understand how to select standards that best address the needs of their populations and put them into action. In this way, New Mexico integrates the National Standards into its projects to demonstrate that by meeting standards, it improves overall health and well-being for CYSHCN and families. As different needs are identified among its population over time, New Mexico will continue to look for other areas of impact where the National Standards can be utilized to create a more ideal system of care for CYSHCN.

Access the National Standards, resources, and more, at:

- Mobile-friendly site: http://cyshcnstandards.amchp.org

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i New Mexico Department of Health, Public Health Division, Family Health Bureau: About. Santa Fe, NM. Available from: https://nmhealth.org/about/phd/fhb/
