



NEW MEXICO
LEGISLATIVE
FINANCE
COMMITTEE

New Mexico's Child Welfare System

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Presentation to the Courts and Criminal Justice
Committee

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Road Map

- Current situation: key data and child welfare trends
- Overview of how the child welfare system is organized and funded
- Levers for improving outcomes for children and families

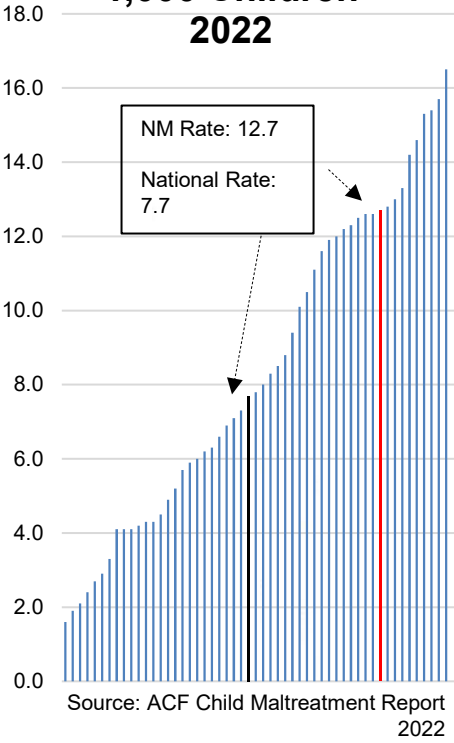


Child Welfare Trends in New Mexico

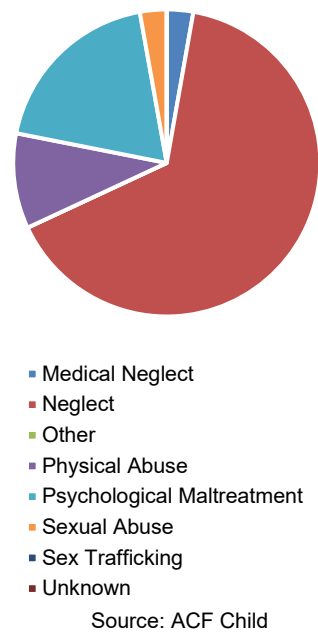


Child Maltreatment in New Mexico

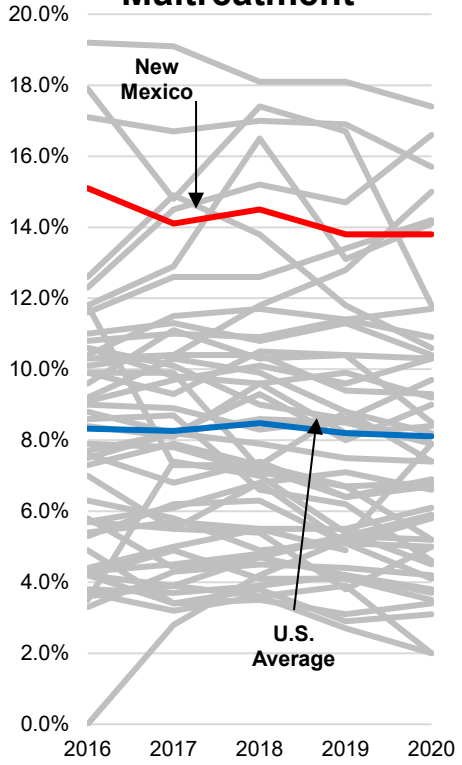
Rate of Child Maltreatment per 1,000 Children 2022



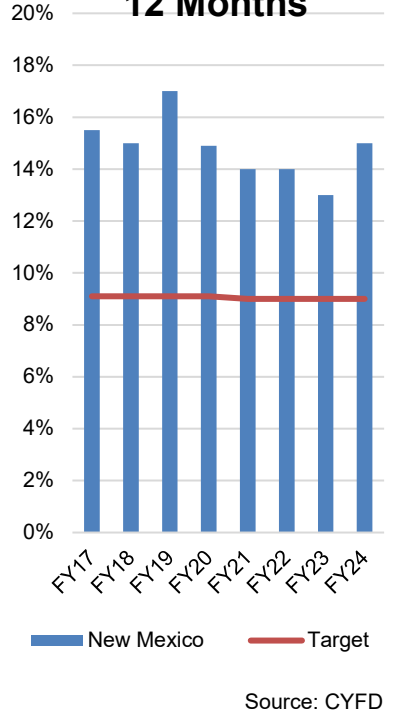
Maltreatment Types Among Child Victims 2022



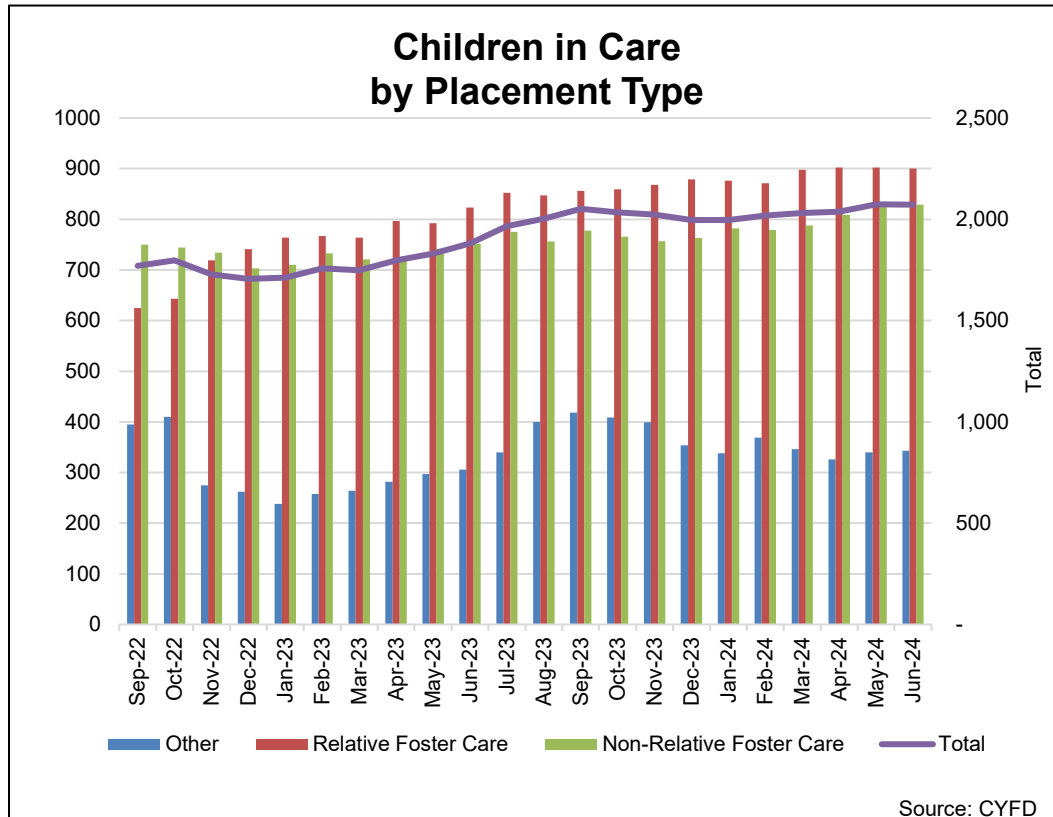
12-Month Repeat Maltreatment



Children Subject to Repeat Maltreatment within 12 Months



Foster Care Trends



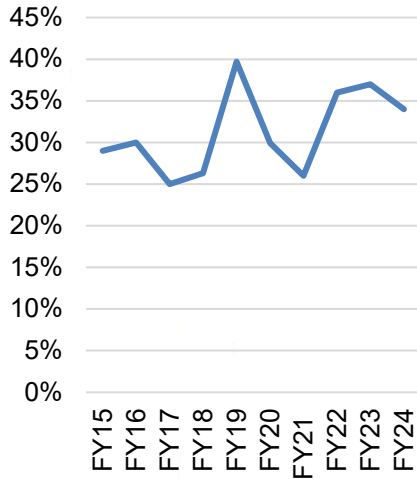
A single foster care placement costs New Mexico **~\$21 thousand per year**, compared with **\$3,700 per year for in-home services**.

Children in foster care often experience **consequences due to family disruption** and multiple placements, which leads to experiences of separation and loss, inducing further mental health complications (Bartlett & Rushovich, 2018).



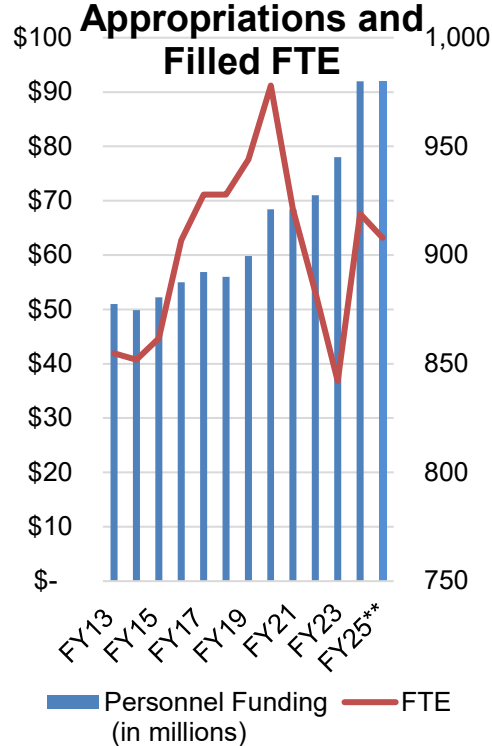
Protective Services Workforce

Turnover Rate for Protective Service Workers



Source: CYFD

Protective Services Personnel Appropriations and Filled FTE



*As of June 1, 2024

**As of August 1, 2024

Source: LFC Files and SPO Tool Report

Nationally, turnover within child welfare agencies ranges between 20 percent and 30 percent, while roughly 12 percent is considered optimal.

Nationally, a child welfare case worker remains on the job for an average of 1.8 years.

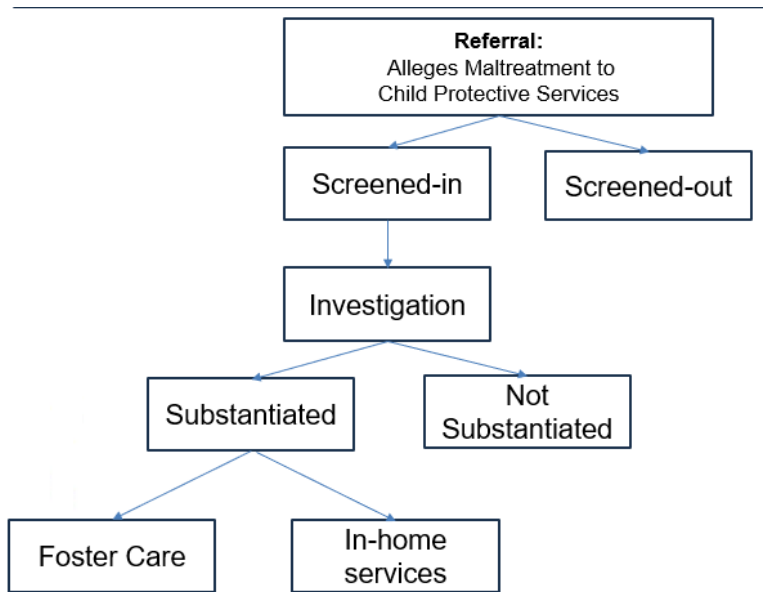
CYFD Protective Services turnover has improved over the last year but remains >30%



How is the child welfare system organized?



What happens when a suspected case of maltreatment is referred to CYFD?



Department of Public Safety (DPS)

Has the legal authority to take a child into protective custody

Children's Court

Judges decide if abuse and neglect has occurred and makes determinations about whether children may safely return home.

CYFD

Health Care Authority

Administers the Medicaid program- a primary funding source for children's behavioral health, treatment foster care, and health care for youth in custody

Office of Family Representation and Advocacy (OFRA)

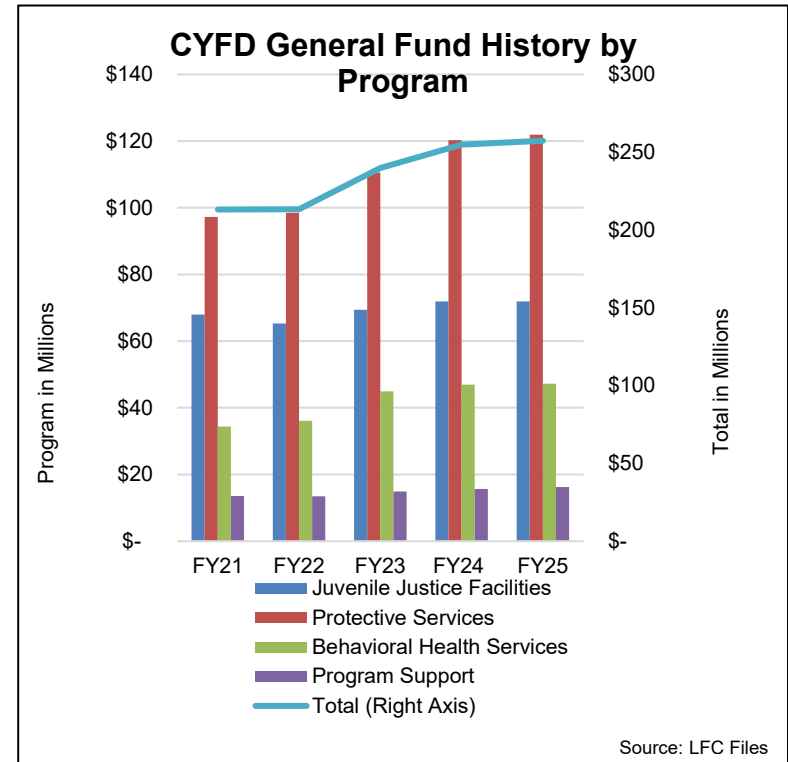
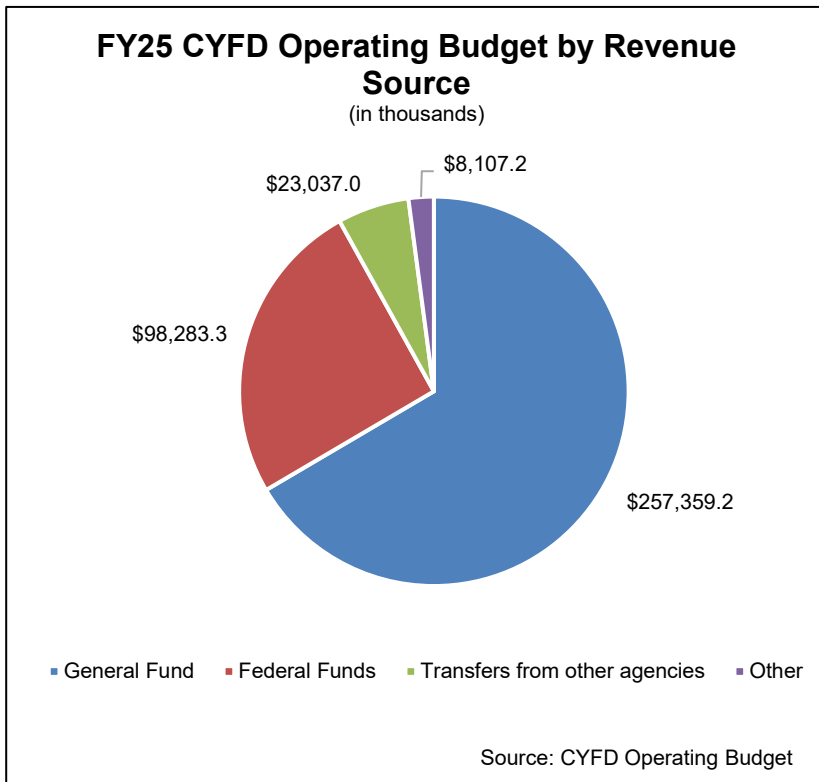
Provides legal representation for children and families whose children are in the custody of CYFD.



How much does the state spend at
CYFD?



CYFD Budget: \$387M in FY25

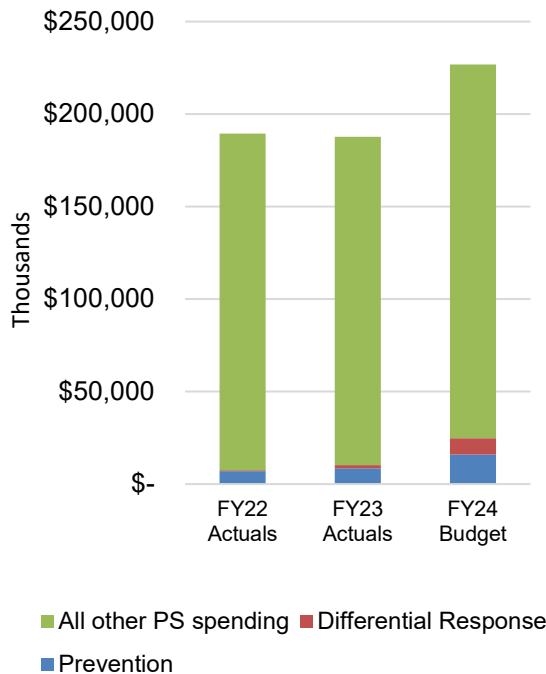


In 2024, the GAA also included **\$24 million in nonrecurring, special appropriations** to CYFD, including \$18.6 million in the Government Results and Opportunity Fund (GRO) to pilot and evaluate targeted programs.



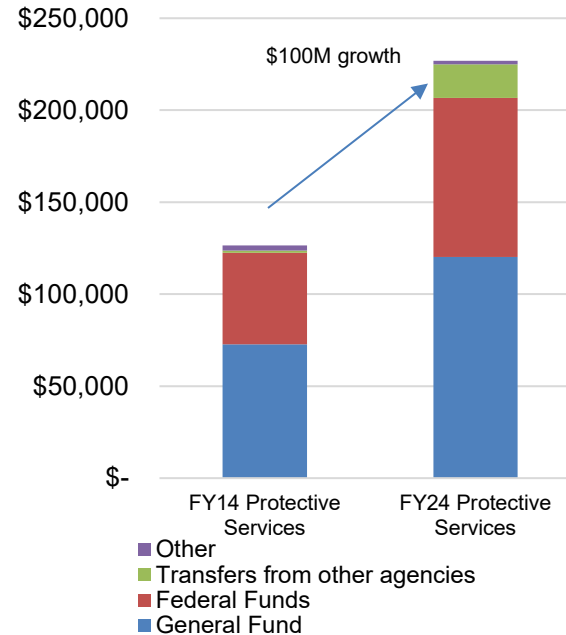
Protective Services Operating Budget: \$228M in FY25

**Prevention Spending
FY22-FY24
(in thousands)**



Source: CYFD

**Protective Services Budget
by Revenue Source
FY14 vs FY24
(in thousands)**



Source: LFC Volume II



How might the system be improved?



Framework for Child Welfare System Improvement

Over more than a decade, LFC program evaluations, research, and analysis have recommended the following levers for system improvement:

1. Implement **evidence-based prevention** and **early intervention programs** to support families and divert formal system involvement
2. Recruit, retain, support and develop a **professional social work workforce**
3. Expand **access to behavioral health and other community-based services** for children and adults, particularly **evidence-based** approaches
4. Strengthen **oversight** and **accountability** mechanisms



CYFD Special Appropriations 2024

House Bill 2 appropriated a relatively flat operating budget for CYFD, while making targeted investments (one time funding) for three-year pilot projects, totaling \$18.6 million (GRO appropriations):

- \$1.69 million to **incentivize masters-level social work licensure** to develop and retain caseworkers
- \$4.2 million to expand **differential response** statewide, in alignment with research and existing statute
- \$9 million to implement evidence-based community-based **prevention and intervention** (CBPIR)
- \$3.75 million to recruit, support, and retain **resource families** and treatment foster care providers

HB2 also reauthorized unused prior year appropriations, including \$3 million to support **workforce** development and \$20 million to increase **behavioral health** provider capacity. Both appropriations have gone unused for unused for purposes outside of their intent.



Evidence-Based Approaches for Prevention and Early Intervention



Child Maltreatment Prevention Framework

Example Programs

Primary
Serves the General Population
State Agency: ECECD, PED, DOH, HCA

Income support,
Childcare, Family
Connects Home visiting

Secondary
Serves Families with More Risk Factors
State Agency: ECECD, CYFD, PED, HCA

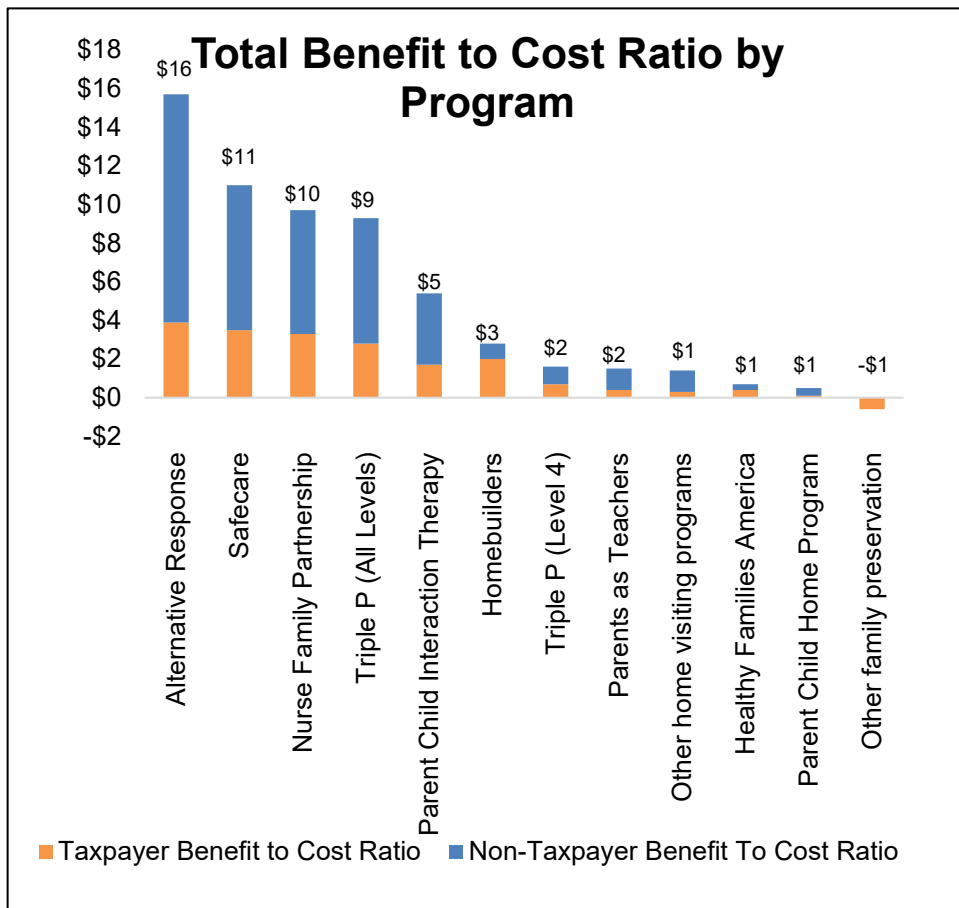
Nurse Family
Partnership, McKinney-
Vento, CARA

Tertiary
Serves Families Where Maltreatment
Already Occurred
State Agency: CYFD

In-home services, infant
mental health teams,
differential response*



Evidence-based programs can prevent maltreatment and repeat maltreatment and have a positive ROI.



Model	% Reduction Maltreatment Risk	% Improvement maternal or child health
Nurse Family Partnership	5-8%	1%-8%
Healthy Families America	1-3%	1%-4%
Child First	Unknown	10% to 12%
Safe Care Augmented	1-3%	-1% to 2%
Parents as Teachers	Unknown	3%
Family Connects	Unknown	Positive impact but unknown % change

Note: ROI is the most recent cost-benefit analysis LFC conducted for these programs Source: LFC Files

Note: Outcome of interest was maltreatment risk assessment or medical assessment of maltreatment risk. Health is defined as child or adult physical or behavioral health.

Source: Title IV-E Prevention Services Clearinghouse and Results First



Title IV-E : Families First Prevention Services Act

FFSA of 2018 (Families First) allows states and tribes with approved prevention plans to claim federal reimbursement for certain prevention services for eligible populations.

Eligible Populations:

1. A child who is “**a candidate for foster care**” but can remain safely at home with receipt of evidence-based services or programs (identified in FFSA clearinghouse)
2. A child in foster care who is **pregnant or parenting**

Eligible Services:

1. **Mental health and treatment services**, provided by a qualified clinician for up to 12 months
2. **Substance abuse prevention and treatment services** provided by a qualified clinician for up to 12 months
3. **In-home parent skill-based programs (home visiting)** that include parenting skills training, parent education, and individual and family counseling for up to 12 months

*To be eligible for Title IV-E, programs must be rated as **promising, supported, or well-supported** in the federal Title IV-E clearinghouse, which currently lists ~80 programs*

To date, 46 states and tribal governments have submitted plans.

New Mexico is one of 5 submitted plans not yet approved.



New Mexico's FFPSA Proposal

Programs and Initiatives in CYFD's Submitted Title IV-E Families First Prevention Services Plan				
Program	Program Description	Responsible Agency	Currently Operating in NM?	Title IV-E Rating
Keeping Families Together	(Not an eligible Title IV-E Program) Supportive housing program operating in Bernalillo, Sandoval, and Valencia Counties CYFD proposes expanding to Dona Ana County.	CYFD	Yes	Not rated
Family Resource Centers	(Not an eligible Title IV-E Program) CYFD proposes working with ECECD to establish Family Resource Centers in three locations	CYFD	In progress	Not rated
Family Connections	(Not an eligible Title IV-E Program) In-home parent skill-based program The plan proposes expanding this service and evaluating outcomes	CYFD	Yes	Not rated but recommended for review
Motivational Interviewing	Substance use prevention and treatment service Plan proposes CYFD will deliver the service to parents/caregivers	CYFD	Yes	Well-supported
Healthy Families America	Home visiting program Plan proposed ECECD will use General Fund to pilot and implement the model among 60 families. The model is already eligible for Medicaid reimbursement, though ECECD has struggled to enroll families in Medicaid home visiting.	ECECD	Yes	Well-supported
Child First	Home visiting program Proposed ECECD expand this home visiting model	ECECD	Yes	Supported
SafeCare	Home visiting program SafeCare is not currently operating in New Mexico. However, the plan proposes ECECD implement the model, and SafeCare is already eligible for Medicaid reimbursement.	ECECD	No	Supported
Family Spirit	Home visiting program The program is designed to serve Native American mothers. The plan proposes reaching out to Tribes and Pueblos to seek support for the program before considering expansion.	ECECD and CYFD	Yes	Promising

Note: Programs in gray are not rated in the Title IV-E clearinghouse and therefore are not eligible for federal Title IV-E reimbursement



Programs CYFD Could Re-Implement

- CYFD's Title IV-E FFPSA plan doesn't involve the agency expanding evidence-based programs/ programs eligible for Title IV-E.
- CYFD could implement evidence-based programs the state has stopped.
- ECECD is the proposed agency that will primarily be responsible for evidence-based programs (EVPs).
- Given that ECECD is implementing EVPs, ACF questioned the plan for system integration, safety monitoring, and referrals back to CYFD.

CYFD	CYFD Could Re-implement
<ul style="list-style-type: none"> • Operates other family preservation programs with an estimated -\$1 ROI 	<ul style="list-style-type: none"> • Operate Home builders, an evidence-based intensive family preservation service with a \$3 ROI
<ul style="list-style-type: none"> • Has yet to serve families with SafeCare citing workforce concerns 	<ul style="list-style-type: none"> • Work with REC 9 to begin implementing SafeCare (as was done in ~2019) \$11 ROI
<ul style="list-style-type: none"> • Stopped using Triple P level 4 ~10 years ago and did not replace with an evidence-based program 	<ul style="list-style-type: none"> • Use Triple P level 4 as a prevention tool for some at-risk families. Up to \$9 ROI



Differential/ Multi-Level Response

According to the Kempe Center, differential response is an **alternative to investigation** for **low to moderate risk** reports that **sets aside substantiation**, and instead **seeks safety through family engagement** and collaboration. The aim is for CPS to provide services and supports.

Core Model Elements of Differential Response (DR)

- 1 Two discrete responses for screened-in and accepted reports
- 2 Criteria to determine response is determined by an array of factors
- 3 Codified in statute, policy, protocols
- 4 No victim/perpetrator language
- 5 No findings or entry in central registry
- 6 Assignment to DR can be changed
- 7 If assigned to DR, family can choose investigation
- 8 Services after assessment are voluntary

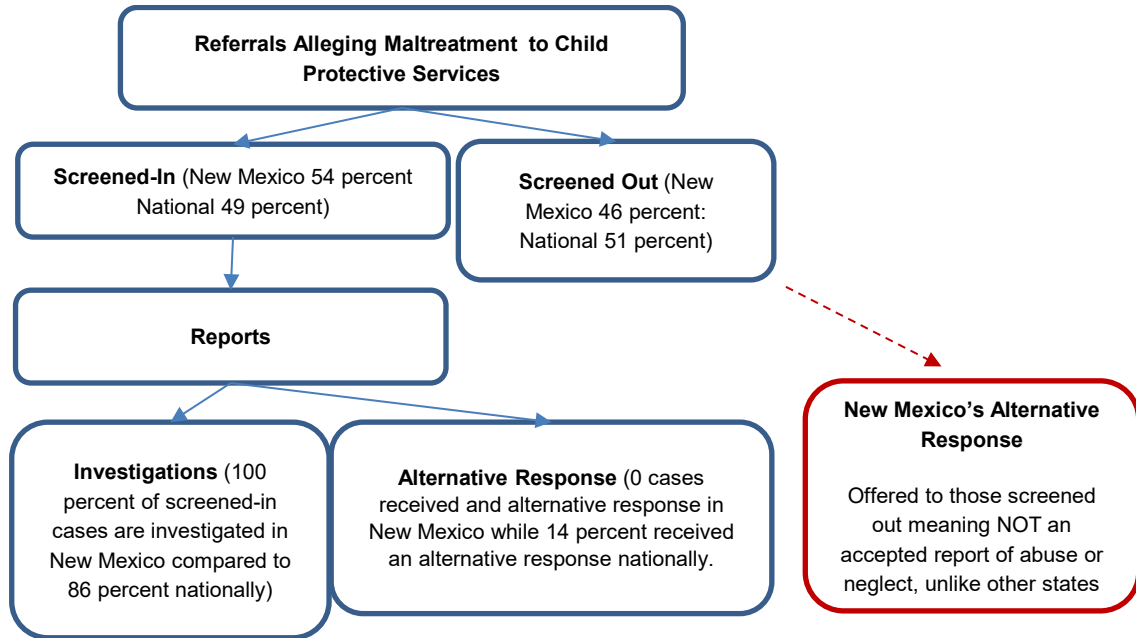
New Mexico's Multi-Level Response Statute (Also known as Differential Response)

In 2019, New Mexico enacted legislation (Section 32-4-4.1 NMSA) to create a multilevel or alternative response model, but New Mexico has not implemented as articulated in statute or in alignment with research-based practice to date.

CYFD has not completed statutorily-require reporting in the last two years.

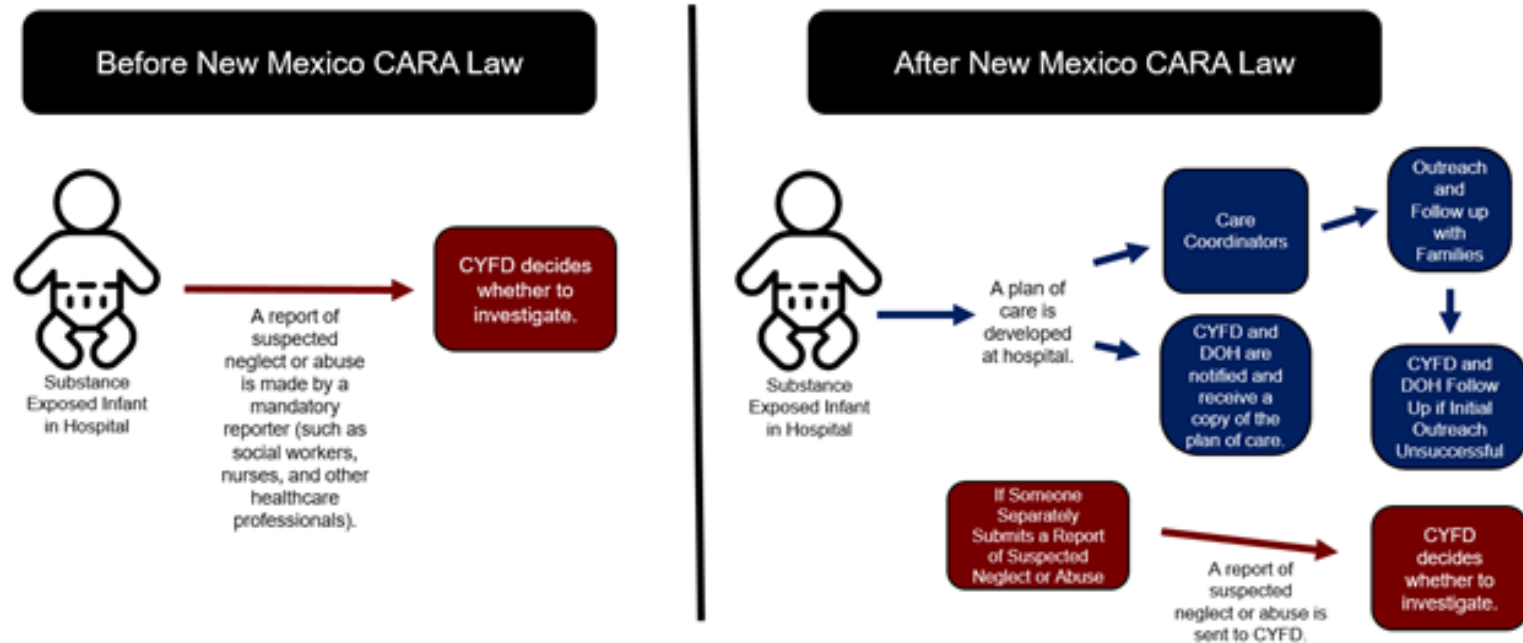
CYFD has sought technical assistance from Casey Family Programs but the timeline for implementation is unknown.

Use of Alternative Response as Intended Can Reduce Protective Services Worker Caseloads and Improve Outcomes



CARA Law Enacted in 2019 to Comply with Federal Law

Figure 1. Change in Reporting of Suspected Abuse or Neglect Before and After New Mexico CARA Statute



Note: A report of suspected neglect or abuse to CYFD is different from CYFD receiving a notification of a plan of care. A report necessitates a CYFD family assessment and potential investigation. A notification of a plan of care does not necessitate a family assessment or potential investigation. Prior to the CARA law, CYFD reported to LFC that the birth of a newborn exposed to substances constituted substantiated child abuse or neglect.

Source: LFC Staff Review of Statute and Rule



The CARA system remains complex with potential duplication and integration gaps.

Figure 6. Roles and Responsibilities of Different Entities Involved With the Plan of Care



Note: Blue boxes indicate healthcare provider responsibilities, yellow boxes indicate MCO responsibilities, and orange boxes state agency responsibilities.

Source: LFC Staff Review of Laws 2019, Chapter 190 (House Bill 230) and Section 8.10.5.10 NMAC











CARA-related case management, screening, and identification of substance-exposed newborns should be improved.

- New Mexico's CARA law does not include monitoring of family's follow-through with plans of care, a recommended best practice.
- New Mexico hospitals are under-identifying substance-exposed newborns by up to 40 percent and differ in screening practices. Plans of care are established at birth but not prenatally.
- Hospitals often submit CARA plans of care with missing information, which could lead to insufficient case management.
- Many CARA families are not aware a plan of care was created for them.
- The vast majority of CARA families are not receiving support services or substance use treatment; Almost half of families with a plan of care are not referred to substance use treatment and only 15 percent accept referrals.



CARA Recommendations and Progress to Date

Recommendation	Progress	Notes
The Legislature should consider amending statute to include references to implementing prenatal plans of care		
Adopting statute that makes HCA the lead agency for CARA		In FY25, \$1.9 million was appropriated to HCA related to CARA implementation. No legislation relating to CARA changes was passed.
CYFD should promulgate rules requiring birthing center staff to report families if referrals for substance use treatment for illegal drugs are declined		CYFD has not promulgated rules but is hiring CARA-related positions.
Promulgate rules requiring hospitals and birthing centers require a referral to early intervention or evidence-based home visiting for every CARA family		
Implement differential response statewide in line with best practices		The Legislature appropriated \$1.4M annually for 3 years through the GRO. CYFD is seeking technical assistance from Casey Family Programs to implement.
HCA should require hospitals to universally screen pregnant women using SBIRT		HCA has not required universal SBIRT but has created a new billing code hospitals may use when developing a CARA plan
Direct MCO care coordinators to monitor completion of specific action steps and services agreed to by the family in the plan of care and notify CARA navigators		<p>HCA issued a LOD to MCOs directing the placement of care coordinators in certain birthing hospitals and requiring specific care coordinator activities prior to discharge and requires care coordinators to submit follow-up assessments and create transition plans.</p> <p>CYFD has posted 18 CARA-related positions and has hired 1 to date. Unclear how these navigators will interact with care coordinators.</p>
Improve portal functioning for case management		

Recommendations: Prevention and Early Intervention

CYFD

- Leverage GRO and other appropriations to implement evidence-based prevention and early intervention programs that are eligible for Medicaid or Title IV-E funding for sustainability. Evaluate and track outcomes.
- While the lead agency for CARA, promulgate rules to require referrals to home visiting and early intervention programs and rules to require an assessment for referrals if families refuse substance use-related services for illegal substance use.
- Implement differential/ multi-level response in alignment with existing statute. Seek technical assistance to support evidence-based implementation.

The Legislature

- Use appropriation language and performance measures to target the implementation and evaluation of evidence-based prevention and early intervention programs.
- Amend the CARA statute to make HCA the lead agency and consider the changes proposed above if not accomplished through rule.



Oversight and Accountability Mechanisms



Oversight of Child Welfare Systems

Federal Oversight Mechanisms

- States are required under the Child Abuse Prevention and Treatment Act (CAPTA) to establish **citizen review panels** (also known as foster care or substitute care review boards).
- States must also establish **child fatality review panels** to review, learn from or prevent child fatalities.
- The federal Administration of Children and Families provides comprehensive oversight of state child welfare agencies, but the scope is limited and driven by federal reporting (data lags 2 years).

State Oversight Mechanisms

- **Substitute Care Advisory Council (SCAC)** is housed within RLD but scope is limited and reporting has been inconsistent (FY23 report reviewed 242 case review for the period 2022-2022, following no annual reports).
- New Mexico **Child Fatality Review** is housed within DOH and releases, non-identified, aggregate data and descriptive risk information in an annual report. Historically, reporting has been inconsistent. Reports for last two years are published online
- Other oversight mechanisms include internal case reviews or investigations conducted by AOC or CYFD, though reports are not publicly available.
- Performance and oversight data is published in quarterly desktop reports published by CYFD online, but metrics reported over time have decreased.



LFC Reports and Recommendations to Strengthen Child Welfare System Oversight

- Move SCAC to be administratively attached to the Administrative Office of the Courts and strengthen oversight and reporting functions (Ex. Increased minimum number of reports, annual review of certain types of cases, strengthening CYFD feedback and response requirements.)
- Consolidate functions of existing oversight and any newly proposed oversight mechanisms to avoid duplication of efforts and improve coordination.
- Strengthen Accountability in Government Act performance measures.



Risk Management Recommendation

Risk Management Program Evaluation

- 2023 LFC Evaluation: Under rule, New Mexico agencies are required to establish and implement procedures for the investigation, analysis, and evaluation of incidents and losses, but agencies to document that they perform post-hoc reviews.
- Implement best practices in other states: through statute, direct all agencies to appoint a loss prevention review in the event of a death, serious injury, or other substantial loss.

CYFD Costs

- Between 2021 and early 2024, CYFD settlements involving harm against children totaled \$11.8M, with several pending settlements not included.
- CYFD's liability insurance will increase by \$1.47M in FY26 to a total of \$5.6M.



Thank you

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More LFC Budget and Policy Documents can be found at:

<https://www.nmlegis.gov/Entity/LFC/Default>

