

NEW MEXICO
LEGISLATIVE
FINANCE
COMMITTEE

Child Maltreatment Prevention and Early Intervention

Presentation to the Legislative Health and Human
Services Committee

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Road Map

- Overview of evidence-based child maltreatment prevention programs
- Title IV-E: Families First Prevention Services Act
- Alternative Response/ Multi-level response
- Comprehensive Addiction and Recovery Act (CARA) implementation

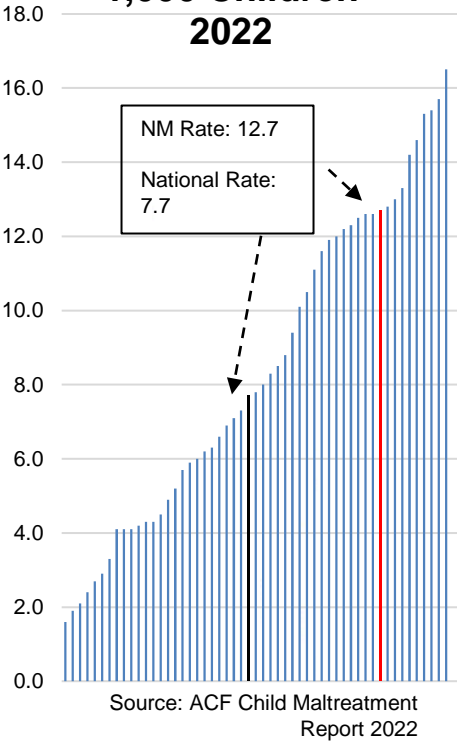


Child Welfare Trends in New Mexico



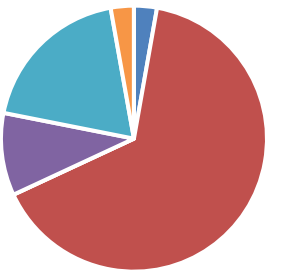
Child Maltreatment in New Mexico

Rate of Child Maltreatment per 1,000 Children 2022



Source: ACF Child Maltreatment Report 2022

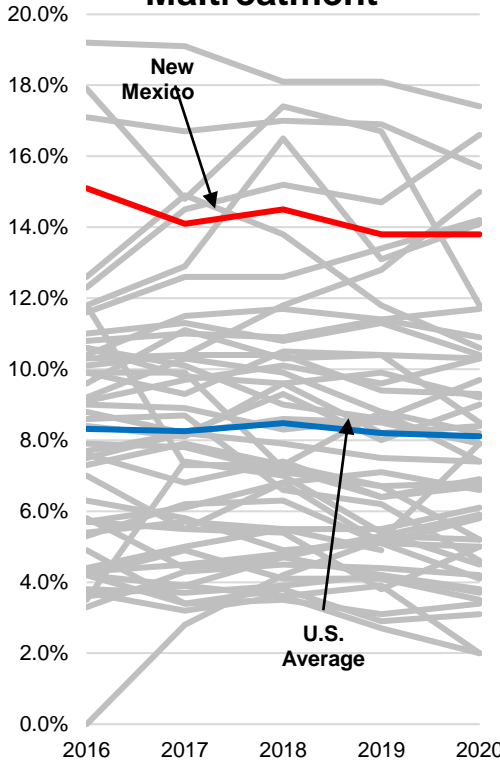
Maltreatment Types Among Child Victims 2022



- Medical Neglect
- Neglect
- Other
- Physical Abuse
- Psychological Maltreatment
- Sexual Abuse
- Sex Trafficking
- Unknown

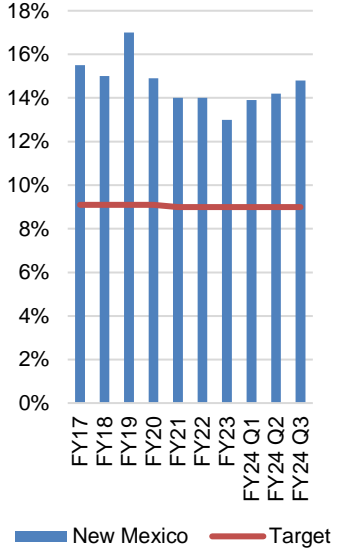
Source: ACF Child

12-Month Repeat Maltreatment



Source: ACF Children's Bureau

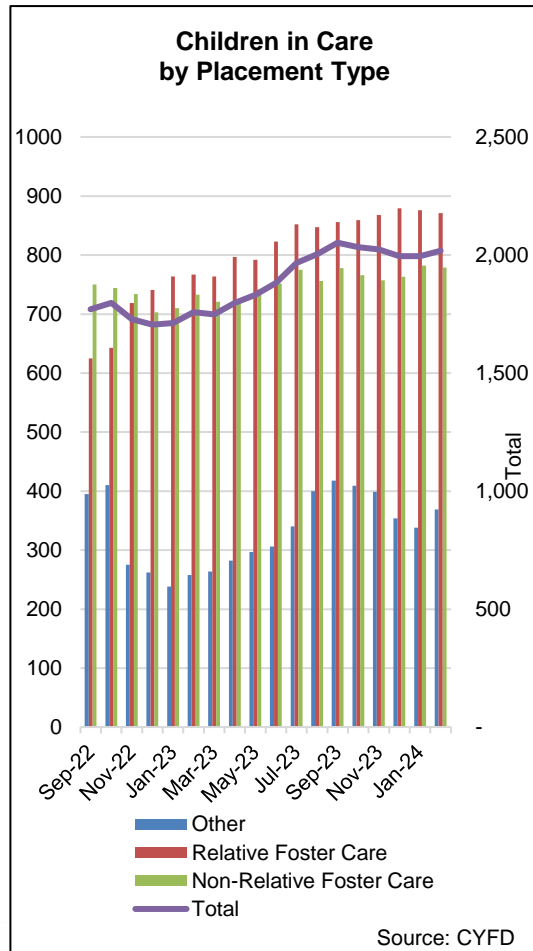
Children Subject to Repeat Maltreatment within 12 months



Source: CYFD



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).



Preventing and Intervening in Child Maltreatment



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

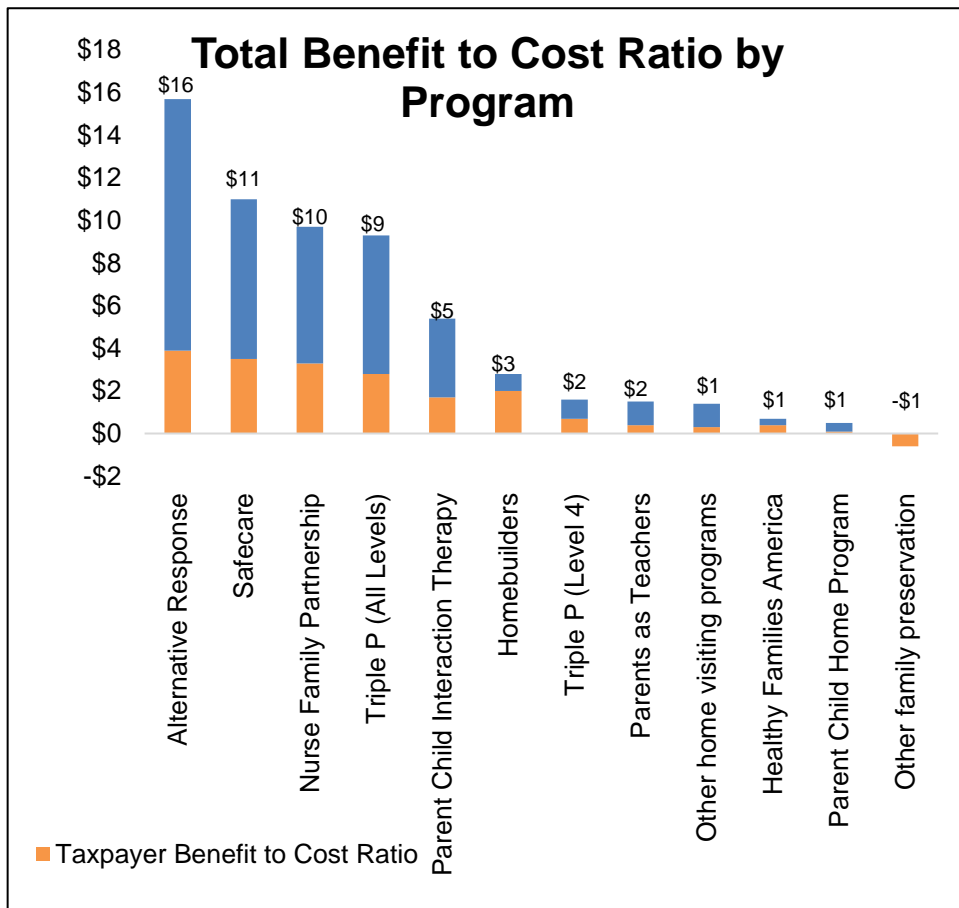
Tertiary
Serves Families Where Maltreatment
Already Occurred
State Agency: CYFD



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



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



Expected Reduction in Child Maltreatment by Medicaid Eligible Home Visiting Programs		
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



Home visiting programs have different models targeted to different populations

Family Connects

Target population:
Universal

(\$1 ROI)

Nurse Family Partnership

Target population: low-income, first-time parents

(up to \$10 ROI)

SafeCare

Target population: parents who are either at-risk or have a history of child abuse/neglect

(up to \$11 ROI)



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**

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

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



FFPSA will fund three types of evidence-based services...

Mental health and treatment services, provided by a qualified clinician for up to 12 months

Substance abuse prevention and treatment services provided by a qualified clinician for up to 12 months

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*

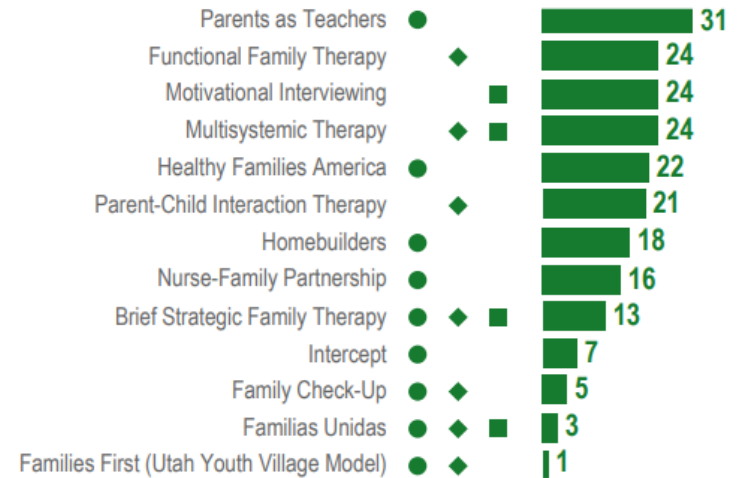


FFPSA Plans in Other States

Most states have opted to include EBPs that are rated as **well-supported** by the Title IV-E Prevention Services Clearinghouse in their prevention program plans. The most chosen program across plans is the **Parents as Teachers** program.

Well-Supported

The clearinghouse has rated a total of **19** programs as **Well-Supported** and states, jurisdictions, and Tribes have identified and been approved to claim for **13** of those (13 out of 19 = 68%).



Supported

The clearinghouse has rated a total of **20** programs as **Supported** and states, jurisdictions, and Tribes have identified and been approved to claim for **5** of those (5 out of 20 = 25%).



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



House Bill 2 Appropriations

CYFD Operating Budget:

- **TANF**: In FY24, the Legislature included a **\$15.8 million** transfer from TANF to CYFD for “*supportive housing, adoption services, services for youth aging out, family support services, family preservation services, and evidence-based prevention and intervention services.*” This appropriation **increased by \$1 million in FY25.**
- In FY24 and FY25, HB2 language noted **\$7.6 million** in General Fund is available to match federal revenue generated by reimbursement for prevention programs listed in the federal Title IV-E clearinghouse.

Special Appropriations:

- **\$20 million to build behavioral health provider capacity** that has gone largely unused or used for purposes outside of the legislative intent. Re-authorized in FY25 but spending to date hasn’t been used for strategies that increase numbers of Medicaid-eligible BH providers.
- In FY24, **\$1 million to build capacity** for SafeCare. This appropriation went unused and will revert.
- In FY25, **\$3 million annually for three years (\$9 million total)** in GRO to implement evidence-based prevention and intervention programs eligible for Medicaid or Title IV-E reimbursement. Governor vetoes: “evidence-based,” “Medicaid,” and “Title-IV E” were vetoed.



Differential or Multi-Level Response



Core Elements of Differential 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.

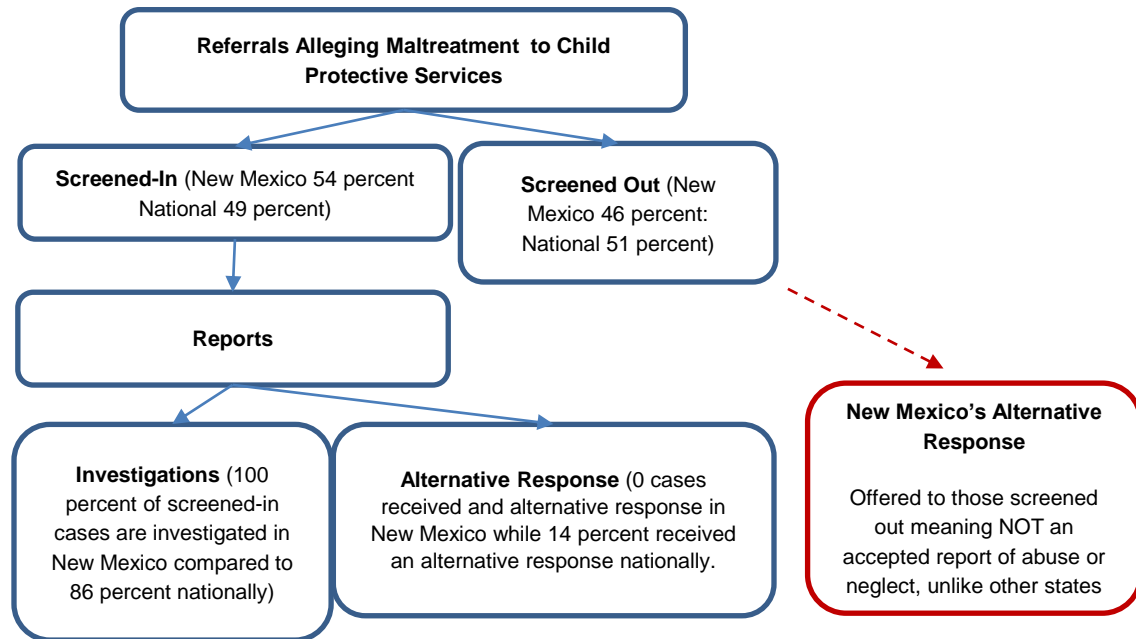
Core Model Elements of Differential Response (DR)

- 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.

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



Appropriations and Opportunities

- In FY25, **\$1.4 million annually for three years** (\$4.2 million total) in GRO to pilot expansion of multilevel response statewide, in accordance with Section 32-4-4.1 NMSA
- CYFD has sought technical assistance from Casey Family Programs for the implementation of alternative response, though a timeline for implementation is not yet known.

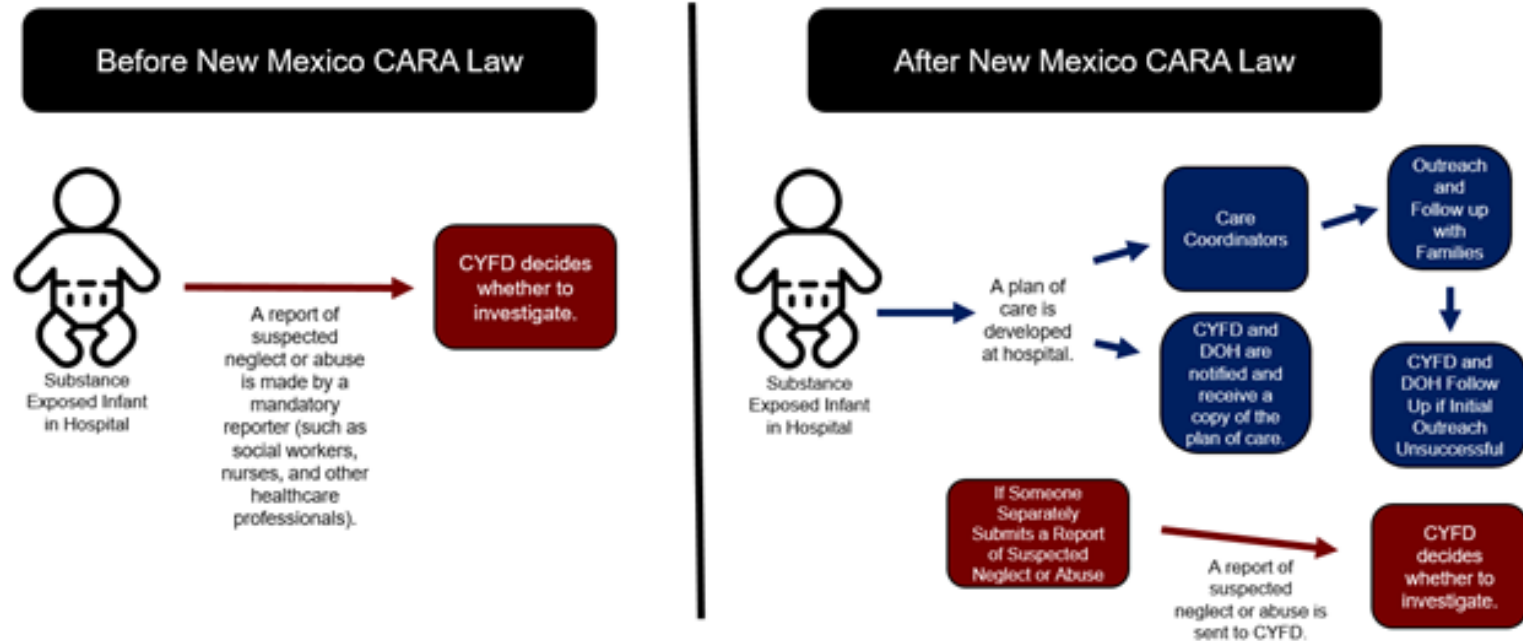


Comprehensive Addiction and Recovery Act (CARA) Implementation



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



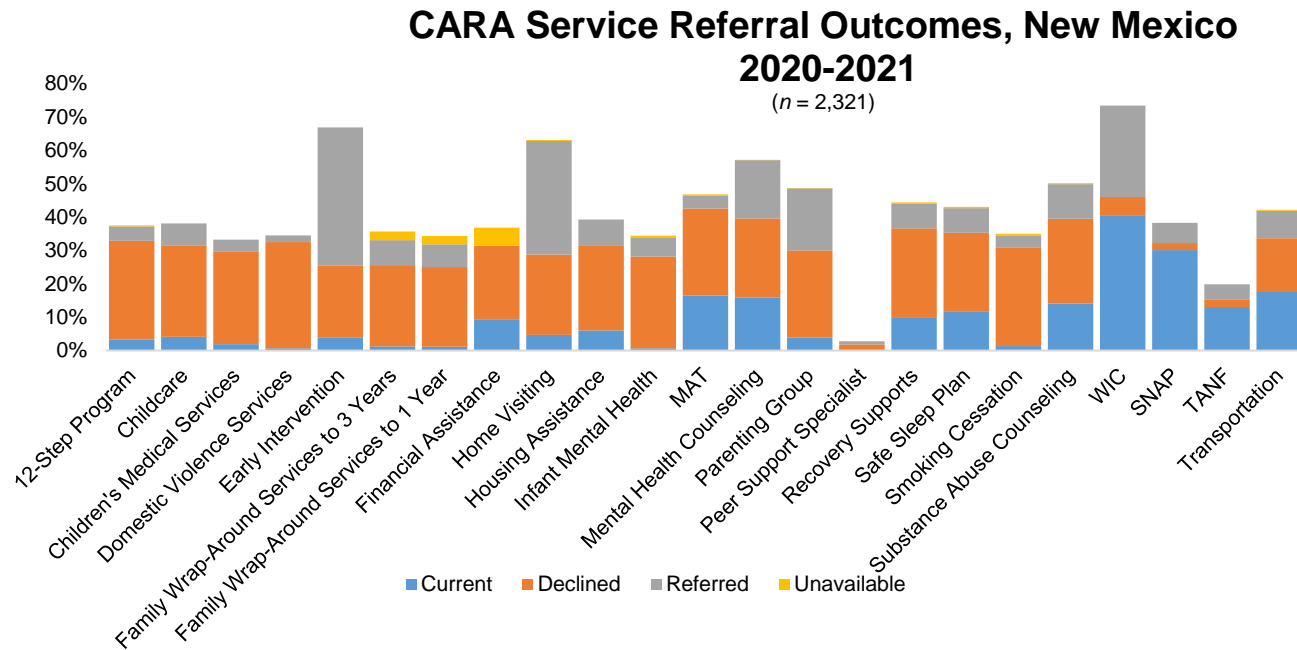
2023 LFC CARA Evaluation

Key Findings

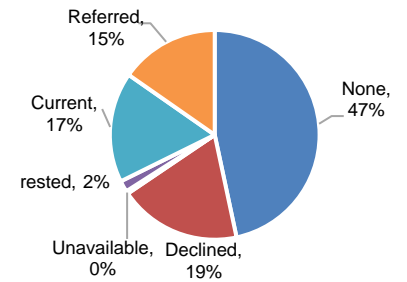
1. The vast majority of CARA families are not receiving support services or substance use treatment.
2. CARA-related case management, screening, and identification of substance-exposed newborns should be improved.
3. CYFD is requesting more staff despite challenges with capacity, duplicative services, and unclaimed federal funds.



The vast majority of CARA families are not receiving support services or substance use treatment.



Plan of Care Service Referral Type for any Type of Substance use Treatment 2020-2021



Source: CYFD

Source: CYFD

Almost half of families with a plan of care are not referred to substance use treatment and only 15 percent accept referrals.



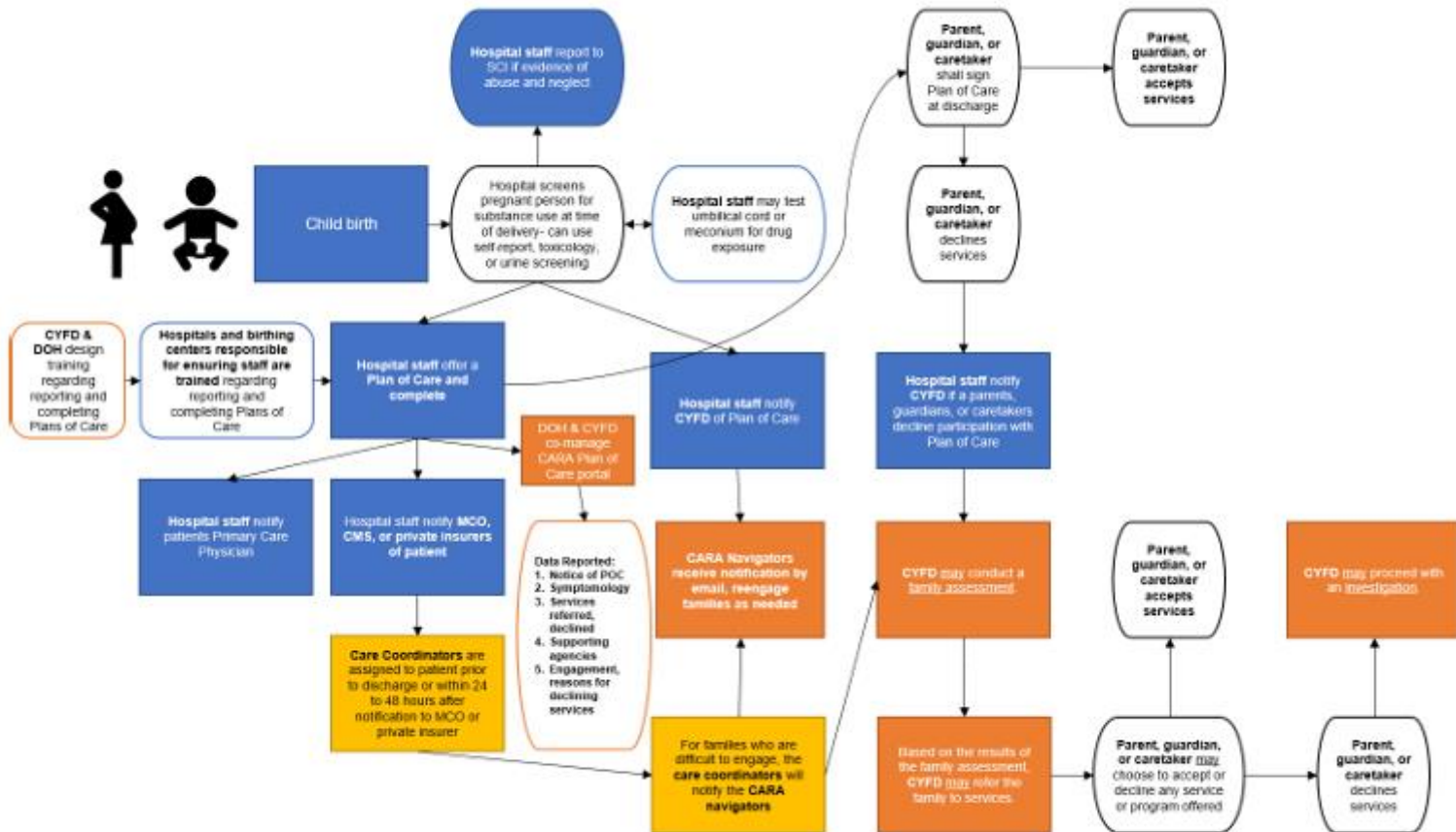
CARA-related case management, screening, and identification of substance-exposed newborns should be improved.

- 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.
- 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 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



Key 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		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. CYFD has posted 18 CARA-related positions and has hired 1 to date. Unclear how these navigators will interact with care coordinators.
Improve portal functioning for case management		

Thank you

Legislative Finance Committee
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More LFC Budget and Policy Documents can be found at:

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



Program Descriptions

Alternative Response/Differential Response	Also known as family assessment or multi-level response, is a system of responding to CPS referrals that is an alternative to traditional investigation. If a child's safety is not an imminent concern, a family assessment is conducted, with the goal of engaging the family without requiring a determination that maltreatment has occurred. The focus of the response is support for the family.
Healthy Families America	HFA is a network of programs that grew out of the Hawaii Healthy Start program. At-risk mothers are identified and enrolled either during pregnancy or shortly after birth. The intervention involves trained paraprofessionals who provide information on parenting, child development, and case management and is targeted to families with children who are at-risk for maltreatment or adverse childhood experiences. Most families are offered services for a minimum of three years, with weekly home visits for the first six months. Model requires staff have a high school equivalent and attend a four-day core training. Rated as "well-supported" in the Title IV-E clearinghouse.
Homebuilders	Homebuilders is an intensive family preservation program that was run in New Mexico but discontinued over a decade ago. Intensive family preservation services are short-term, home-based crisis intervention services that emphasize placement prevention. The program emphasizes family contact within 24 hours of crisis, staff accessibility around the clock, small caseloads, and service duration of 4 to 6 weeks. The program is intended to improve family functioning and prevent separation. Rated as "well-supported" in the Title IV-E clearinghouse.
Nurse Family Partnership	NFP provides intensive visitation by nurses during a woman's pregnancy and first two years after birth. The goal is to promote child's development and promote positive parenting. The program is designed to serve low-income, at-risk pregnant women bearing their first child and is implemented by a trained nurse. Rated as "well-supported" in the Title IV-E clearinghouse.
Parents as Teachers	PAT is a home visiting program for parents and children. The main goal is to prepare children to be ready to learn by the time they go to kindergarten. Parents are visited monthly by parent educators. Rated as "well-supported" in the Title IV-E clearinghouse.
SafeCare	SafeCare is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment, specifically caregivers of children birth to age five who are at-risk or have a history of abuse or neglect. The program works with at-risk families in their home environments to improve parents' skills in several domains, including improving home safety and addressing health and safety issue, including risk factors for environmental neglect and unintentional injury. SafeCare is delivered in 18 total sessions. Rated as "supported" in the Title IV-E clearinghouse.
Triple P (Level 4)	Triple P- Positive Parenting Program Level 4 is an intensive individual-based parent program for families of children with challenging behaviors. Participants have access to support from a therapist on the phone on a regular basis. Rated as "supported" and "promising" (depending on the model) in the Title IV-E clearinghouse.
Child First	A home-based intervention that aims to promote healthy child and family development through psychotherapy and care coordination. Child First is provided by a clinical team that includes a mental health clinician. The clinician and team co-develop a plan of care, and the clinician team delivers a trauma-informed treatment. The care coordinator works to immediately stabilize the family and connects the family to community-based services. Rated as Supported in the Title IV-E clearinghouse.
Family Connections	Home-based service program in a community setting. The program is designed to help families meet children's basic needs. Not currently rated in the Title IV-E clearinghouse but recommended for review.
Family Connects	A universal home-visiting model in which parents of newborns are offered a home visit within 3 weeks of birth. Not rated in the Title IV-E clearinghouse.