

**Doña Ana County KEVIN S. Pilot
RECOMMENDATIONS
for CYFD and HSD (NM Health Authority)
May 14, 2024**

As part of the Kevin S. lawsuit settlement, a Coordinated Action Pilot group was created in Doña Ana County in October 2023. The Coordinated Action Pilot (the Pilot) consisting of over 35 individuals met multiple times each month over a nine-month period. The Pilot group developed five (5) recommendations as part of the Kevin S. Coordinated Action Plan (CAP).

The Pilot group asks CYFD and the Health Authority to adopt these recommendations for Doña Ana County for a period of two years 2025 -2026.

The following recommendations are summarized below:

1. Ensure CYFD staff support and retention.
2. Recruit, train and support resource (foster) parents.
3. Ensure children have Access to Services.
4. Community support of CYFD and HSD through 3rd party entity – LC3.
5. Ensure Adequate Funding for the recommendations.

#1 ENSURE CYFD STAFF SUPPORT AND RETENTION

CYFD staff need resources, training and support in order to perform the demanding work associated with working with families and children who have experienced trauma.

SOLUTION/RECOMMENDATION:

1. Make employee mental health a priority.
 - a. Adopt a *trauma informed approach*. See Appendix for more detailed information.
 - b. Adopt *Reflective Supervision* practice as a regular program to ensure employees are fully aware of their state of mental health.
2. Manageable Workload.
 - a. CYFD staff is under-staffed and over-worked. In order to ensure reasonable caseloads, frontline staff must have all needed personnel.
 - Hire one additional employee for the Permanency department – so that there is always an extra employee to assist when other employees are out for vacation, maternity leave, sickness, termination, burnout, etc.

- Hire three (3) case aids in the Permanency Department to support with record keeping, full disclosure binders, documentation and other necessary tasks.
3. Ensure compensation is adequate and fair. In particular raise the *pay band* for Permanency department so that it is on par with the Investigations department.
 4. Commit to continuous hiring of CYFD front-line workers as vacancies are common. Vacancies exacerbate the existing overwhelming workload for caseworkers and investigators.

#2 RECRUIT, TRAIN AND SUPPORT FOSTER (RESOURCE) PARENTS

Foster (Resource) parents are a critical component of the child welfare-system. Currently, Doña Ana County needs to substantially increase the number of foster (resource) parents. In addition, foster (resource) parents need robust ongoing support and training. Proper training and support reduce placement disruptions, promote successful outcomes for children-in-care, and improve retention of resource parents.

SOLUTION/RECOMMENDATION:

1. Hire at least one (1) additional CYFD employee (based in Las Cruces) specifically for recruitment, support, training and retention of resource/foster parents.
2. Hire two (2) additional staff to complete home studies in a timely and expedited fashion. Or identify a nonprofit organization that can conduct home studies timely.
3. Provide ROBUST TRAINING – pre-service, ongoing, and child-specific.
 - a. CYFD should continue providing basic training: Readi NM.
 - b. In addition to the existing training, foster parents need access to on-going and/or child specific trauma trainings. ALL children in foster care have developmental and/or acute traumas that impact their ability to regulate emotions, trust, learn and develop.
 - Identify and contract with local organizations via the 3rd party (LC3) that can provide additional training on trauma for resource parents, children and CYFD staff. (See Recommendation #4)
2. Provide EXTENSIVE SUPPORT for Resource Parents
 - a. Create mentoring program where veteran foster parent is partnered with new foster parent
 - b. Create a website dedicated to resource parents that would assist with navigating CYFD and HSD procedures and requirements; website should be in English, Spanish and any Native language requested

- c. Ensure every resource parent receives a copy of the Foster Parent Guide; produce a video (or YouTube) version of the Foster Parent Guide so parents can view at home; also link the video version to the website for foster parents.
 - d. Ensure support and training is available in the language of the parents and child; offer full and appropriate translation services
 - e. Ensure children have health coverage and insurance cards on the first day
 - f. Allow for Respite Parent Licensure; identify more resource parents to serve as respite foster parents; There are many families that could commit to being respite homes, but not resource homes. This would ensure CYFD has a pool of respite homes so that foster parents can use respite when they need it.
4. Make DATA-INFORMED decisions
- Survey existing foster parents annually; track data on resource parent experiences including, needs, requested support, why foster parents leave, how long do foster last and motive for becoming a foster parent? Survey existing foster parents regarding requested support and training
 - Establish the “ideal” number of resource parents to take care of needy children and to allow for better matches.
 - Share data with 3rd party entity (See recommendation #4).
 - Use data to inform decisions on marketing, recruitment and retention of foster parents.

#3. ACCESS TO SERVICES USING DATA TO MEASURE OUTCOMES

Ensure children have access to needed services by tracking data and using data to improve systems.

SOLUTION/RECOMMENDATION:

1.CANS: Invest in and develop metrics to improve CANS administration and functionality in Doña Ana County by:

- (1) Increase FTEs in Doña Ana County dedicated to CANS implementation either by CYFD dedicated staff or external contracting.
- (2) Identification and designation of a dedicated core training team (which may include a mix of agency and contracted staffing) to train and certify CYFD staff on administering the CANS.
- (3) Utilize Coaching & Support (from Praed Foundation/CANS developers) sessions and regularly scheduled meetings for CYFD supervisors and trainers to workshop barriers to CANS implementation.
- (4) Ensure 100% of children in State custody in Doña Ana County receive a CANS screening within 45 days of entering custody, and develop a data tracking system that captures gaps in CANS rates.

- (5) Ensure that the MCO Care Coordinators receive a copy of the CANS report and are included in care coordination decisions.
- (6) Identify barriers and potential solutions to address gaps in CANS rates.

2. IPMs: Increase uniformity, quality, and outcomes from Individualized Planning

Meetings by:

- (1) Ensure Doña Ana County staff are trained and properly resourced to implement the IPP Process.
- (2) In the absence of the IPM, consider the use of preliminary teaming with family by CBHCs, MCO Care Coordinators, and PPWs to ID potential services that would benefit the CISC.
 - a. Preliminary teaming would be used to narrow the focus of a subsequent IPM by providing a preliminary list of potential, targeted referrals.
- (3) HSD/Presbyterian (MCO) to produce to CYFD Doña Ana County Office Manager a monthly list of current, active behavioral health providers including for each EBP.¹
 - a. Supervisors will ensure this referral list is provided to PPWs for use at IPMs or other team meetings occurring that month.
- (4) Contract with existing partners and local behavioral health providers from the LC3 (Local Behavioral Health Collaborative) to conduct 101 training sessions to CYFD staff on each of the EBP models.
 - a. Presentations should include successful case narratives or success stories of children who benefitted from each practice model. Local providers are preferred so as to more deeply connect local providers and CYFD staff
- (5) Develop clear referral processes for each EBP and submit to LC3 for input from providers. The referral processes should be reviewed as part of a DAC specific QSR or other qualitative review, mentioned in more detail below.
- (6) Ensure that all mandated parties are included in IPM. Guardian ad Litem (“GaL”) or Youth Attorney (“YA”) participation or written input is required.

3. Adopt and implement Quality Service Review (QSR) and additional IPP qualitative review process for Doña Ana County

1. Adopt and implement a QSR process for DAC, Protective Services System
2. Adopt and implement a developed qualitative tool that reviews the IPP as a parallel review process to the QSR

¹ EBPs = HFW, CBT, FFT, MST, EMDR, DBT, MRSS, CCSS

3. The IPM/IPP qualitative review would include:
 - a. A baseline of 50 Children in State Custody's cases, randomly selected
 - b. Measure if and when IPMs took place for each Child in State Custody
 - c. Measure if and when each CISC received a CANS;
 - d. Measure if and when each CISC was referred to behavioral health services;
 - e. Measure if referrals to behavioral health services resulted in actual delivery of services;
 - f. The timeline between referral to services and delivery of services;
 - g. Measure if referral process to services was adhered to consistently across the baseline sample set;
 - h. Measure if GaL/YA participation occurred, either by attendance or in writing, as required.
 - i. Measure if GaL/YA was provided with a copy of CANS;
 - j. Measure if MCO was provided with a copy of CANS.

4. Create and maintain a robust data collection and monitoring system to track progress and measure outcomes

- Additional items to consider for data collection and reporting:
 - i. Training and support activities for staff
 - ii. CANS certification and implementation
 - iii. IPP training and implementation
 - iv. Knowledge and understanding of key services for referral
 - v. If referral to EBP service did not happen, track reasons why
 - vi. Was service not available in the area?
 - vii. Was provider not accepting referrals?
 - viii. Were any alternatives tried, what was the outcome?
- The focus should be on learning and supporting, not compliance.
- The purpose of this data system is to track and be able to easily report on Doña Ana County specific progress towards Kevin S. Pilot recommendations.
- This data system should be developed in collaboration with pilot group members to ensure both CYFD/HCA and the pilot group have ready access to up-to-date information that will guide planning and implementation efforts.
- Data will provide opportunities for collaboration between CYFD, HCA, MCOs, Providers and community partners to identify needed services and develop strategies to overcome barriers that are specific, community driven and attainable.

#4. Community support for CYFD and the HSD through a 3rd party entity

As an agency that serves children who have experienced trauma, it cannot do this work alone without community support. To ensure all of the recommendations are fulfilled as designed an organization (separate from CYFD) can assist with support, training and data review. LC3 Behavioral Health Collaborative is the perfect entity to assist CYFD and the Health Authority with this type of support.

SOLUTION/RECOMMENDATION:

1. Community Support for CYFD and HSD (Health Authority) through an outside organization.
2. LC3 Health Collaborative is positioned to provide community support to CYFD and the Health Authority.
3. LC3 will serve as the backbone entity in Dona Ana County to support CYFD and the Health Authority.
4. Via an MOU between CYFD, Health Authority and LC3 Health Collaborative, LC3 will work towards implementing the recommendations contained in this document.
5. The following are some of the tasks LC3 will do:
 - a. Establish a workgroup comprised of participants from the Kevin S. Pilot
 - b. Use data received from CYFD and HSD to assist with evaluation and monitoring.
 - c. Assist CYFD with foster parent recruitment, training and support
 - i. Engage in recruitment campaign in coordination with CYFD employees to identify and recruit resource parents (MOU needed)
 - ii. Engage with network of community organizations, including local civic / service / and faith-based organizations.
 - iii. Establish a Foster Parent support group online and face-to-face (at a minimum in English and Spanish)
 - iv. Establish realistic budget for the recommendations discussed above.

#5. ADEQUATELY FUND ALL RECOMMENDATIONS

To ensure positive change within the child welfare system in Dona Ana County, the recommendations must be adequately funded. The Pilot requests that CYFD ensure adequate funding for the above recommendations in Doña Ana County for a period of two years (2025 – 2026). The estimate for the above recommendations is approximately \$640,000 for one year (\$1.2 million for two years). This is a reasonable price given the magnitude of crises within the state of New Mexico. The recommendations above have the potential of positively affecting the whole state of New Mexico. The funding request is as follows:

1. Funding for CYFD employees and Resource Parent recommendations – approximately \$340,000.
2. Community Support / LC3 -- approximately \$300,000.

APPENDIX A -- Additional Details

A. Care and Support for CYFD Staff – Additional Information

1. Trauma Informed Approach. "A persistently traumatized system is one in which a pattern of traumatic events and impacts occur over time and are addressed incompletely or not at all, resulting in a system organized internally around trauma and creating a trauma-genic pattern. Often long-term chronic impacts become invisible. Individuals inside these systems may not perceive the patterns and cannot change their behavior. They are suffering not only from a workplace with very dysfunctional ways of operating, but also from their inability to take in new information and change their behaviors."

"Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens."

- a. The CDC lists 6 principles for a Trauma Informed Agency: (1) Safety, (2) Trustworthiness and Transparency, (3) Peer Support, (4) Collaboration and Mutuality, (5) Empowerment and Choice, (6) Cultural Historical and Gender issues. https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm

Other background notes and comments:

2. Ensure CYFD employees (and supervisors) have the resources, training and time off to ensure a healthy workforce.
3. Burnout is real and extensive across the organization; agency does not address burnout and demands are extensive
4. At all levels, instead of supporting staff, workers are blamed if something goes wrong; no grace provided by management
5. Despite all the "trauma responsive" training and education, CYFD does not apply those trainings to its own staff; all employees working with families in training also need compassion and grace
6. Compassion, care and concern should come from the top
7. Employees working with families are under-staffed on a regular basis; when one person leaves, the workload is given to remaining workers; workload and caseloads are not the same thing; both may be overwhelming; even if one EE has an average case load, some family scenarios require more time

8. Case load should average 15 cases per case worker; the reality, case workers may have case load of up to 27 and workloads that are overwhelming and time consuming. Many employees work more than 40 hours / week and on weekends.
9. For investigations, case load should average 12; but that is not fair representation; some family investigations require more time and CYFD does not have all the 21 FTE positions filled
10. The occasional survey to employees regarding work conditions and satisfaction has a low response rate because surveys do not appear to be anonymous; top management has not earned trust based on behavior
11. When an employee experiences significant/traumatic case, can ask for administrative leave; many employees don't know they can make this request; this shows both lack of organizational communication and failure to assist with burnout
12. Managers/Supervisors do not get overtime pay; instead they can bank comp time; even if they take a day off, they have much banked comp time that they cannot take.
13. Need resource homes to support our children's needs, adequate behavioral health services to serve those in care, preventative services in the community that keep families from having to resort to CYFD. Currently, CYFD is the end all, be all.
14. Reflective Supervision is important and extremely beneficial; but it is not possible if supervisors and employees are overwhelmed with workloads and caseloads
15. Communication across the organization is often not clear; sometimes mixed or conflicting messages are disseminated throughout the organization; what is understood at one end of the agency is described differently at the other end.

B. Resource Parent Recruitment, Support and Training – additional information

- a. What does equipping foster parents look like?
 - i. They need to be informed about the children's strengths, interests, diet, behavioral challenges (most foster parents are left in the dark here.
 - ii. They need very specific information and training about how trauma (see "better training" above) impacts children in general, but specifically how it is manifesting in the children they are fostering (collaborating with therapy).
 - iii. Foster parents need to be integrated into and included in at least be a part of their foster child's therapy.
 - iv. Foster parents likely will need additional support or their own treatment.
 - v. Foster parents always need more funding for activities, transportation, etc.
 - vi. Ensure "Foster Parent Infant Mental Health Treatment for all children 0 to 5 years old.
- b. Community support organizations, including local civic / service / and faith-based organizations could be strong support organizations for resource parents. Organizations could help with the following:

- i. **Recruiting and identifying potential foster and/or adoptive parents**
 - ii. **Become Respite Caregivers** give parents needed breaks or childcare.
 - iii. **Resource and Support Providers** donate items such as diapers, car seats, and clothing, or professional services such as health care, hair styling, and house cleaning.
 - iv. **Parent Friends** commit to calling families in crisis once a week and visit them every other week in order to reduce isolation and let them know they're not alone.
 - v. **Host Homes** provide safe, temporary homes for children whose families are experiencing a crisis (biological parents retain full custody, and average length of stay is 45 days, with a commitment to reunite the child and family as soon as the crisis has passed).
 - vi. **Provide Foster Parent's Night Out** provide child care so foster parents either engage in an activity at the agency providing the child care or do something on their own (date night).
 - vii. **Community Coaches** facilitate the relationship between the host and biological families, coordinate communication and oversight of the host home, as well as provide regular outreach and support for the biological family.
 - viii. **Support Groups** provide encouragement, and support to host and biological families through events such as playgroups, coffee talks, and meal gatherings.
- b. In addition, the Pilot recommends that CYFD pay for the cost of therapy for resource parents if needed
- c. Need additional workers to complete home studies to ensure they are completed timely to reduce caseload of staff. Workers cannot complete home studies timely and complete their other duties. This is unrealistic and causes burnout which leads to home studies not being thoroughly assessed. When home studies are not thoroughly assessed this can lead to a lack of quality homes for our children.