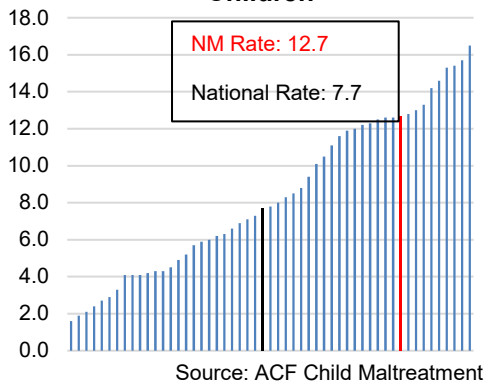


Topic Area: Child Welfare

Over the long-term, child maltreatment causes physical, psychological, and behavioral consequences, to leading negative outcomes for individuals and society. New Mexico’s child welfare system, which aims to prevent and respond to instances of child maltreatment, faces a variety of challenges, including a high rate of child maltreatment and repeat maltreatment, high turnover and vacancy rates among child protective services workers, and insufficient numbers of resource homes (foster care providers) and treatment foster care (TFC) placements to serve children in CYFD custody. New Mexico has a rate of child maltreatment that is significantly higher than the national average and consistently ranks among the top six states for repeat maltreatment occurring within 12 months of an initial maltreatment allegation. Several evidence-based options and programs may reduce and prevent maltreatment and support families to divert them from costly and traumatic system involvement. These include improving the use of screening and assessment tools, intervening early with the level of intervention matching the level of risk, and following through with the appropriate supports and services backed in research. In addition, a professional, well-supported workforce can improve outcomes for families involved in the child welfare system. And finally, both research and the *Kevin S.* settlement highlight the need to improve access to services for system-involved children, including increasing numbers of resource homes (foster care providers) and treatment foster care. In recent years, New Mexico enacted legislation and significantly increased appropriations in support of these objectives, but the state has faced implementation challenges.

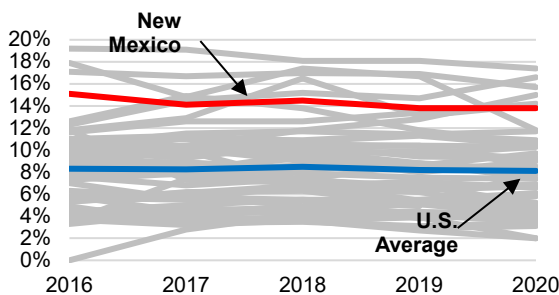
Key Data

2022 Maltreatment Rate per 1,000 Children



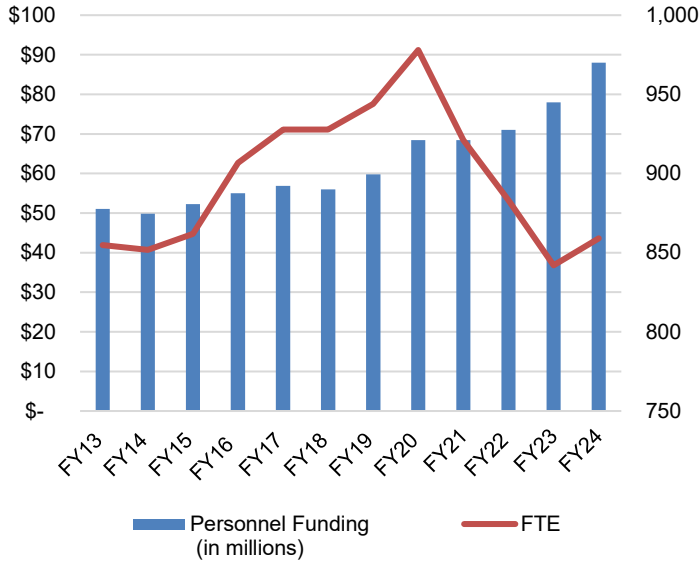
- The rate of child maltreatment in New Mexico is significantly higher than the national average. In 2022, 12.7 children out of every 1,000 children experienced maltreatment, a total of 5,817 children.
- Leading risk factors of child maltreatment include parental substance abuse, poverty, domestic violence, parental history of trauma, and other behavioral health issues.
- The state, through Medicaid and other means, is investing to address these root causes by increasing funding for behavioral health, substance use treatment, and other services significantly over the last several years.

12-Month Repeat Maltreatment



- The rate of repeat maltreatment, or the rate at which children in New Mexico experience maltreatment again within 12 months of an initial allegation has historically been nearly twice the national average.
- If New Mexico had the same rate of repeat maltreatment as the national rate, roughly 360 fewer cases would occur annually.
- As of the second quarter of FY24, New Mexico’s repeat maltreatment rate was 14.2 per 1,000 children, while the national benchmark was 9.

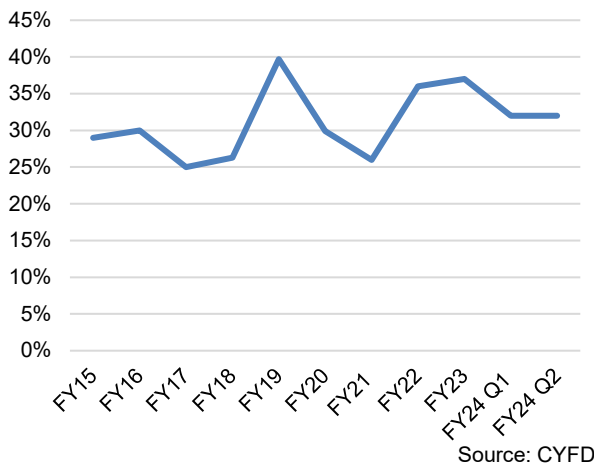
Protective Services Personnel Appropriations and Filled FTE



Source: CYFD OpBud and SPO Tool Report

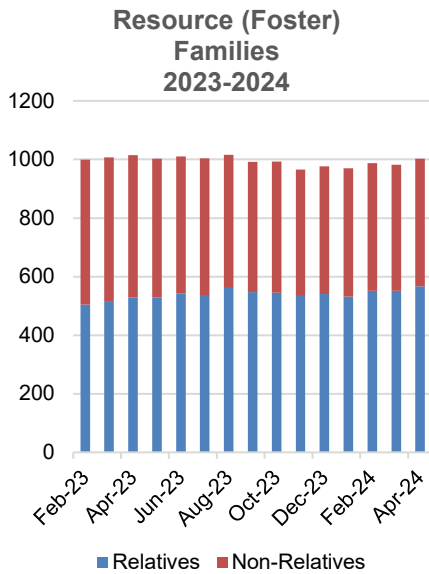
- Workforce shortages are a constant issue in New Mexico’s child welfare system, with shortages of social workers, caseworkers, investigators, and other workers in the service provider network.
- A CYFD workforce development plan and survey developed several years ago noted Protective Services staff ranked workload, self-care, and compensation as the most pressing challenges facing staff.
- To address these shortages, in FY23 the Legislature appropriated \$50 million to higher education institutions to increase social worker teaching faculty endowments to expand programs and graduates.
- FY24 legislative appropriations included a \$3 million special appropriation to implement the department’s workforce development plan, \$5 million to implement an appropriate placement salary adjustment among Protective Services workers, and nearly \$3 million for additional staff. While CYFD held several recruiting events in FY24, less than \$100 thousand of the special appropriation has been spent, and the Legislature reauthorized this appropriation for FY25.

Turnover Rate Among Protective Service Workers



Source: CYFD

- As of fall 2023, CYFD had roughly 50 vacant permanency planning workers and more than 580 vacancies in the Protective Services.
- In the second quarter of FY24, the turnover rate among protective services workers was 32 percent. The agency’s target is 20 percent.
- According to the Annie E. Casey Foundation, turnover rates among child welfare workers average 30 percent nationally, while annual turnover rates at or below 12 percent are considered optimal in health care and human services. High turnover is associated with more placement disruptions, time in foster care, incidents of child maltreatment, and re-entries to foster care.



Source: CYFD

- As of April 2024, CYFD reported 1,003 resource (foster family) homes in the state, a decrease of 1 percent from April 2023.
- Of the active resource homes in April 2024, 567 (56 percent) were placements with relatives, a rate that is better than the national average of 44 percent, according to the Annie E. Casey Foundation.
- According to the FY24 second quarter CYFD performance report, 76 percent of youth over the age of 12 in Protective Services custody were placed in the least restrictive, community-based environment. The performance target for this measure is 85 percent. In FY23, 91 percent of youth in Protective Services custody were placed in a least restrictive, community-based setting.

Performance Challenge: Preventing Child Maltreatment and Repeat Maltreatment

LegisStat Recap

At the May 2023 LegisStat hearing focused on child maltreatment, and committee members asked about goals for reducing child maltreatment as well as the department’s plans for implementing and improving the CARA program and plans of self-care and alternative response. In December 2023, the agency reported the department had received feedback from the federal government regarding the Title IV-E Families First Prevention Services Act (FFPSA) plan and intended to resubmit the state’s plan.

Progress

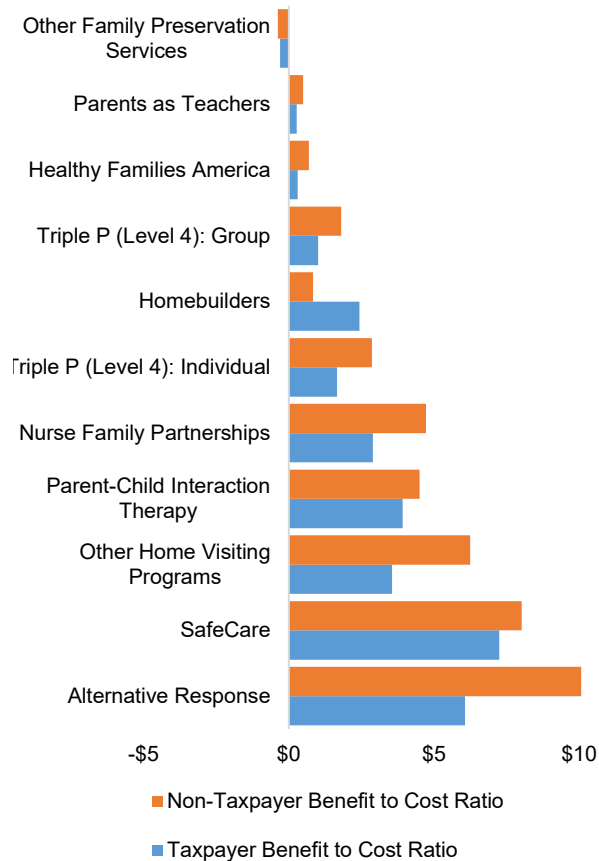
Prevention and Early Intervention

In FY24 the Legislature sought to equip the department to improve child outcomes by aligning the department’s budget with national child welfare best practices and trends and prioritizing evidence-based strategies for maximizing family unity and preventing the use of foster care, when appropriate, consistent with needed improvements in response to the *Kevin S.* lawsuit settlement. With a 14.1 percent increase in all funds to Protective Services in FY24 to improve performance, CYFD had an opportunity to adopt or expand evidence-based prevention programming and to make workforce recruitment, retention, and development improvements, though the agency now faces a shortfall in federal revenue that may hinder these efforts. A total of \$15.9 million in federal TANF revenue was appropriated in FY24 to fund various evidence-based prevention and intervention services. Another \$7.6 million in general fund revenue was available to match federal Title IV-E revenue if spent on programming with a strong evidence-base, as identified by the federal government. In addition, the Legislature made appropriations from opioid settlement revenue, including \$1 million to implement plans of safe care (the CARA program) and \$1 million to stand-up Safe Care Home Visiting, which is a service eligible for Medicaid reimbursement in New Mexico. CYFD has reported continuing to explore Safe Care Home Visiting as a potential prevention program but reports implementation challenges and has not established the program to date.

In September 2022, CYFD submitted a federal Title IV-E Families First Preventions Services Act (FFPSA) plan. The purpose of the plan is to begin using federal support to stand up prevention and intervention programs that are identified in the federal Title IV-E clearinghouse such as Healthy Families America, Child First, SafeCare. As of the fall of 2023, the state’s plan has not been approved but CYFD received feedback from the federal government and plans to resubmit. To receive federal Title IV-E prevention funding, the state must have an approved plan and implement programs identified by the Administration of Children and Families (ACF) as proven to reduce child maltreatment. In FY25, House Bill 2 provided a special appropriation of \$200 thousand to CYFD to provide technical assistance revising and resubmitting the state’s prevention program plan and to ensure the maximum draw down of federal funds within Protective Services. To date, CYFD is preparing but has not resubmitted the state’s plan.

In FY23, Protective Services spent an estimated \$10.2 million on prevention and early intervention services. Of this spending, an estimated 38 percent was for programs that are research or evidence-based. Many of the department’s

**Preventing Child Maltreatment:
Total Benefit to Cost Ratio by
Program**



Source: LFC Analysis

community-based prevention and intervention programs are delivered by community providers, and CYFD did not collect data about specific program participation or expenditures.

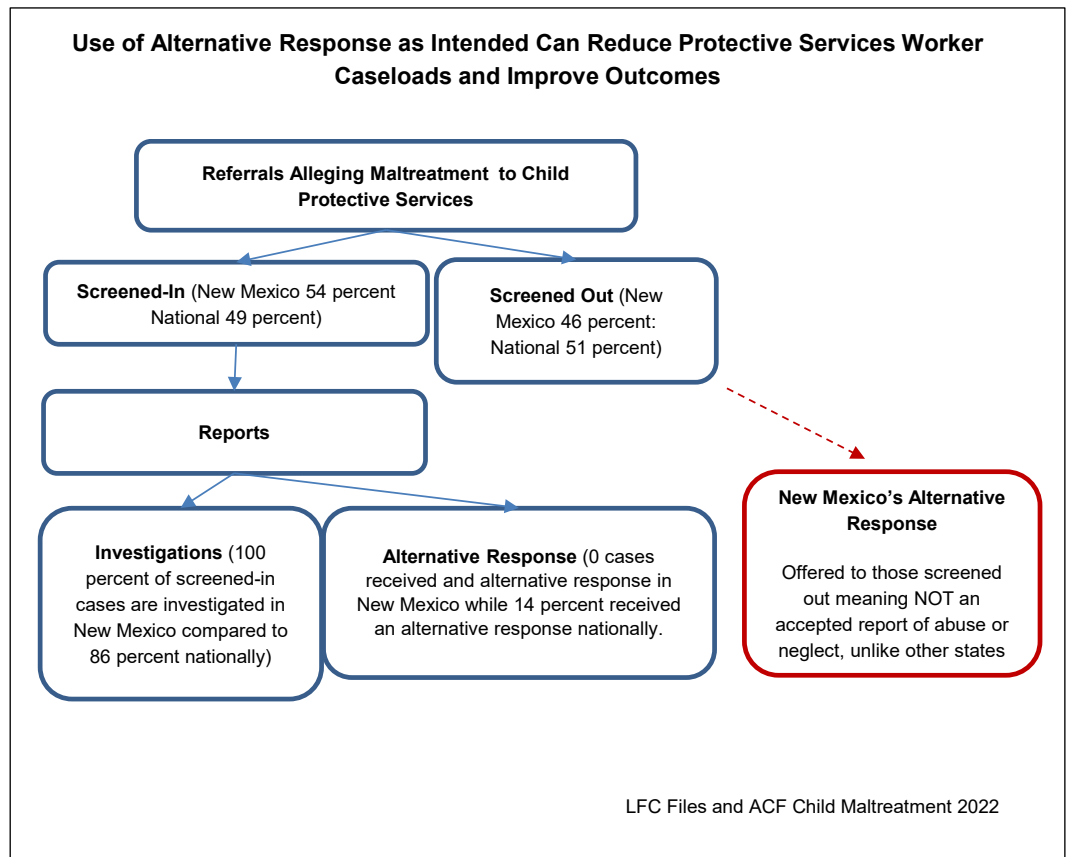
For FY24, the agency budgeted \$24.8 million for prevention programs and alternative response, roughly 10.7 percent of the Protective Services budget. Beginning in FY24, CYFD is contracting with providers to deliver curricula categorized as promising or higher in the Results First Clearinghouse database and will require providers collect and report participation, expenditure, and outcome information. Requiring providers use programs with a research basis is a positive step, and CYFD should also ensure that the programs delivered have been shown through rigorous research to reduce child abuse and neglect specifically and are eligible for federal reimbursement either through Medicaid or Title IV-E to provide a path to funding sustainability with expansion.

The federal Family First Prevention Services Act of 2018 allows states and tribes with approved Title IV-E Prevention plans to claim federal reimbursement for certain prevention services provided to eligible populations. The law specifies eligible populations include a child who is “a candidate for foster care” but can remain safely at home with evidence-based services or a child in foster care who is pregnant or parenting. The law allows states to determine who is “a candidate for foster care” within certain parameters.

For FY25, the Legislature maintained a relatively flat CYFD operating budget, including within Protective Services and for prevention and early intervention, but made significant targeted investments for these purposes through GRO special appropriations to pilot and implement programs over three years, including: \$9 million to implement evidence-based prevention and intervention programs and \$4.2 million to expand alternative response statewide.

Alternative Response

In 2019, New Mexico enacted legislation to create a multilevel or alternative response model. In a traditional alternative or differential response model, reports of maltreatment are split into two tracks: investigation and assessment. When a report of suspected child abuse or neglect is received, the child welfare agency determines whether the case should be assigned to the traditional child protective services investigation track, which may involve removal, or whether the case may be assigned to an alternative response. In an alternative response, protective services workers connect the family to resources and continue to monitor the family directly. New Mexico has been implementing a pilot model that refers some families for external services but does not follow evidence-based models with fidelity and only serves families who are screened out for investigation.



LFC analysis suggests alternative response may have a return on investment of roughly \$12 for every \$1 invested and, if implemented with fidelity, can result in improved child safety and reduced instances of repeat maltreatment. However, several LFC reports have flagged concerns about implementation of alternative response, as the agency was not implementing with fidelity to the evidence-based alternative response programs or outlined in state statute. During the fall of FY24, CYFD shared plans to expand the state's approach to differential or alternative response. The program, previously known as Family Outreach and Community Engagement (FORCE) and now called Family Outreach, is meant to be an evidence-based approach to prevent child maltreatment and avoid costly and more traumatic interactions with the child welfare system by diverting families into services rather than putting the families and children through traumatic removals, when appropriate. CYFD is now receiving technical assistance from Casey Family Programs to prepare to expand alternative response statewide and to deliver the approach to low to medium-risk cases, as research recommends. CYFD also reports differential response may be eligible for Title IV-E prevention funding if the state implements a program model that is listed in the federal clearinghouse and the overall state plan is approved.

Performance Challenge: Meeting Child Welfare System Workforce Needs

LegisStat Recap

Previous LegisStat hearings included questions related to CYFD workforce development, such as whether the department has workforce plan to address compensation, training, and loan forgiveness. The committee also wanted to know more about whether the CYFD workforce is licensed and credentialed at a sufficient level and what might be done to improve the professionalization of the workforce. Committee members also asked about other options for improving the effectiveness and efficiency of the existing workforce. Some members wanted to know whether alternative response programs could be used to improve the efficiency of the workforce. Lastly, members wanted to know about strategies to attract more social workers from out of state and whether the department had considered these strategies.

Progress

Workforce shortages continue to hamper the state's efforts at addressing childhood maltreatment. New Mexico faces high demand for social workers, caseworkers, and investigators causing high caseloads and, in some cases, potential missed opportunities to prevent maltreatment. Recruitment and retention challenges impact the workforce because child welfare work is stressful, exposure to trauma is common, and the job is emotionally taxing. Additionally, many people recruited by the department have a skills, education, and licensure mismatch and leave due to a lack of training, according to prior CYFD workforce reporting. CYFD has not focused Protective Services Program recruitment on licensed social workers and has reduced education requirements for Protective Services workers over time, citing social worker shortages.

During the 2023 legislative session, appropriators worked to address workforce challenges by including funding for appropriate placement salary adjustments, ensuring the salary structure is internally aligned, and adding funding to fill at least 60 full-time positions in the Protective Services and Behavioral Health Services programs for FY24. Also addressing workforce, the Legislature included a \$3 million nonrecurring special appropriation to support the department's workforce development plan, to improve supports for front-line workers who experience secondary trauma, expand training and professional development, increase in and out of state recruitment campaigns, provide recruitment incentives for licensed social work graduates, and improve mentorship and leadership development within the department.

In 2023 and 2024, the department took several actions to address workforce shortages, such as increasing salaries for certain hard-to-fill front-line positions. In addition, the department held rapid-hire events to recruit staff and fill vacant positions. However, turnover remains a significant challenge, and the agency's annual turnover rate among

Protective Services case workers is 32 percent. Between April 2023 and April 2024, the agency’s overall headcount increased by 34 positions, and the CYFD vacancy rate was 26.5 percent in April 2024.

As of November 2023, CYFD had spent less than \$100 thousand of the \$3 million special appropriation to implement the workforce plan, and this appropriation was reauthorized for FY25, with language noting a targeted effort focused on social workers. However, the Governor vetoed the “social work” language. In addition, in 2024 the Legislature appropriated \$1.7 million through the GRO for a three-year pilot to incentivize attainment of masters-level social work licensure to develop and retain caseworkers Protective Services.

A projected shortfall in federal Title IV-E revenue within Protective Services may hinder CYFD’s ability to recruit frontline workers. The agency is projecting the Protective Services program will end FY24 with a \$13 to 15 million shortfall because of significantly under-collecting federal Title IV-E revenue. In their FY24 operating budget, CYFD planned to collect \$86.4 million in federal revenue, and the agency is now projecting Protective Services will collect a total of \$60.9 million in federal revenue. The shortfall is primarily driven by significant drops in the collection of federal Title IV-E revenue for foster care program administration. Title IV-E allows state agencies to be reimbursed for 50 percent of eligible costs associated with the administration of foster care programs, with some administrative expenses eligible for higher reimbursement. While CYFD is still working to understand the decrease in Title IV-E drawdowns, the agency suspects a change in administrative claiming procedures resulted in the decrease. In FY24, CYFD budgeted \$24.6 million in Title IV-E revenue for foster care administration, but CYFD is now projecting the agency will collect a total of \$10.4 million. In FY22, CYFD collected \$39 million from federal Title IV-E foster care administration in Protective Services, and in FY23, CYFD collected \$27 million.

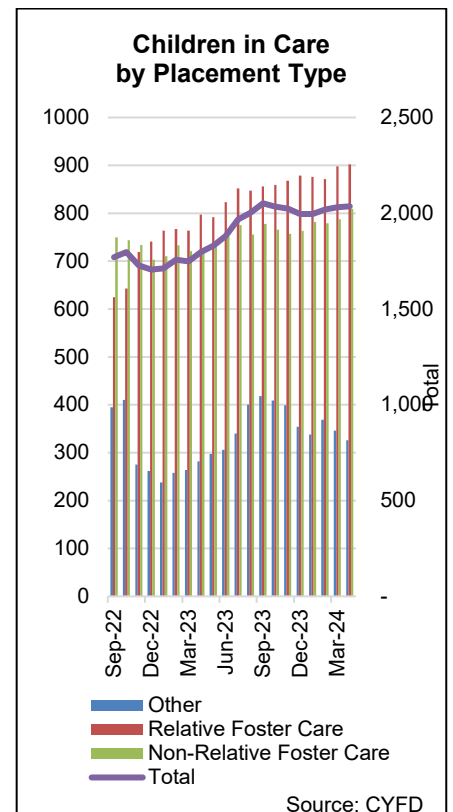
Performance Challenge : Ensuring Appropriate Placements for Youth in CYFD Custody

Progress

Between 2017 and 2022, the number of children in foster care in New Mexico had been steadily declining. However, this trend reversed in FY23. In April 2024, 2,037 youth were in foster care, an increase of 13 percent over April 2023. Of these youth, 44 percent were placed in relative care, 40 percent were placed in non-relative foster care, and 16 percent were placed in other settings.

While many states, including New Mexico, have historically relied on congregate care or group home settings for youth in custody, research, federal guidance, and clinical recommendations now suggest congregate care settings should be reserved for short-term treatment of acute mental health needs to enable stability in subsequent community settings for youth in custody. As such, federal policies no longer encourage placement in congregate care settings and, for example, the Medicaid program will only cover medically-necessary stays in accredited residential treatment centers, but not group homes. Research suggests prolonged exposure to congregate care settings can place foster care youth at greater risk for negative life outcomes, including homelessness, incarceration, and substance use. According to Casey Family Programs, group and institutional settings for youth in foster care present roadblocks for timely permanency and cost up to 10 times more than placement in a family setting.

According to Chapin Hall, a child welfare research institute at the University of Chicago, states have tended to rely on congregate care settings to address two different challenges: the need for emergency or first placements for youth in custody, and the need to find placements for youth with complex behavioral or other clinical needs who are otherwise hard to place. Chapin Hall recommends a variety of evidence-based strategies to address these two needs and reduce the



reliance on congregate care: build capacity of resource homes (foster families) for first-time placements to reduce the need for congregate care in emergency situations and build capacity to deliver clinically-effective alternatives in home-based settings for youth with clinical and behavioral health needs. According to the second quarter CYFD FY24 performance report, 76 percent of youth over the age of 12 in Protective Services custody were placed in the least restrictive, community-based environment, a decline in performance compared to FY23, when the metric was 91 percent. The performance target for this measure is 85 percent.

Previous LFC reports highlighted CYFD may potentially be over-removing children and experiencing a high number of short stays in foster care, which may contribute to challenges finding placements for youth in custody. A 2020 LFC report found New Mexico's rate of short-term placement in foster care was 40.9 percent, compared to a national average rate of 8.7 percent. Short-term placements are instances in which children stay in foster care for less than 30 days, and previous LFC reports have noted most short stays in New Mexico are less than 8 days. During federal fiscal year 2023 (FFY23), CYFD reported a total of 1,331 removals, up from 1,033 removals in FFY22. In FFY23, 394 (29.6 percent) of these removals were short-stays, an improvement since 2020 but still higher than the national average. Short stays are an important measure to monitor because they may lead children to experience a traumatic removal that could have been avoided and are costly to the state.

In addition, the *Kevin S. et al v. Blalock, et al.* case filed in 2018 against CYFD and the then Human Services Department (HSD) alleged trauma-impacted youth in New Mexico foster care lacked safe, appropriate, and stable placements and behavioral health services. The settlement agreement committed New Mexico to efforts to build out and expand community-based family placements for youth in custody, increase the number of resource (foster) families in the state, increase the use of treatment foster care, an evidence-based practice, and reduce the use of congregate care placements unless medically necessary.

To address the need to increase resource (foster home) placements in the state, CYFD reported in their FY24 second quarter performance report the agency had taken steps to restructure Protective Services to include a dedicated team in each county office focused on recruiting and retaining foster families, and this team meets monthly to address recruitment and retention of foster families (resources homes). As of April 2024, CYFD reported 1,003 resource families statewide, a decrease of 1 percent over April 2023. Of the April 2024 resource homes in the state, 567 (57 percent) were relative (kinship) placements. As of 2023, Medicaid Managed Care Organizations (MCOs) reported a total of only 7 treatment foster care (TFC) providers in the state, operating in Bernalillo, Chaves, Cibola, San Juan, Sandoval, and Valencia Counties.

Therapeutic or treatment foster care (TFC) is an evidence-based practice and clinical intervention that involves placing youth with foster families who have received specialized training for youth with severe behavioral health needs, youth with a developmental delay, or who are medically fragile. States contract with private, state-licensed TFC providers who recruit, train, and support TFC foster parents. TFC providers also oversee clinically licensed staff who provide therapeutic services within the foster home setting. TFC services are covered by Medicaid.

During the 2024 legislative session, CYFD shared plans to create a residential facility for hard-to-place youth in custody. At that time, LFC highlighted concerns, including the *Kevin S.* settlement which specifies CYFD shall place youth in the least-restrictive, community-based placement and shall not place youth in congregate care settings unless medically necessary. LFC also flagged concerns about funding sources, as Medicaid will not cover costs associated with group homes but will only cover placements in highly-specialized qualified residential treatment programs.

For FY25, the Legislature made several targeted special appropriations to pilot and implement strategies that may increase community-based placements and improve access to behavioral health services for youth in custody, including: reauthorizing a \$20 million appropriation to CYFD and HCA to build capacity and increase the number of behavioral health providers able to deliver evidence-based treatment services and \$3.75 million over three year to pilot initiatives to recruit, train and support treatment foster care and foster care providers to support hard-to-place children.

Hearing Questions

Child Maltreatment

- What is the status of the state’s Title IV-E prevention plan, and what is the timeline for potential resubmission and approval?
- What are the evidence-based prevention and early intervention programs the department is implementing in FY24 and planning to implement in FY25?
- Is the department seeking or receiving any technical assistance or support related to implementation of prevention programs or alternative response?
- Of the department’s prevention and early intervention programs, which programs may be eligible for Medicaid reimbursement or federal Title IV-E Families First Prevention Services Act revenue?
- Is CYFD planning to implement SafeCare Home Visiting?
- What are CYFD’s plans related to implementing differential response statewide, and what is the timeline?

Workforce

- What actions has the department taken to date to address workforce shortages?
- How does the department plan to use the \$3 million reauthorized appropriation for workforce development?
- How does the department plan to use the GRO appropriation to incentivize masters-level social work licensure?
- How many of the existing CPS workforce currently meets minimum qualifications for employment through years of experience as opposed to licensure and educational credentials?
- What challenges is CYFD experiencing recruiting and retaining social workers for frontline positions?
- What does retention in Protective Services look like, and how can it be improved?
- How can the state build a better pipeline of social workers for Protective Services?

Placements for Children in Custody

- What actions has CYFD taken to increase the number of resource (foster) homes in the state, and what have been the results?
- What actions have been taken to increase the number of treatment foster care (TFC) placements in the state, and what have been the results?
- How is CYFD planning to use GRO appropriations to recruit, train, support, and retain resource families and treatment foster care providers?
- What other steps could New Mexico take to reduce placements in congregate care settings, and what are the barriers?
- Has CYFD established a new residential placement facility for hard-to-place youth? What are the services to be provided, and what is the funding source for these services?
- How will “medical-necessity” be determined when placing youth in the new facility setting?

Appendix: Program Descriptions

Alternative Response/Differential Response. Alternative response (also called family assessment response or differential response) is a system of responding to referrals to Child Protective Services that is an alternative to a traditional investigation. If a child's safety is not an imminent concern, the Alternative Response method conducts a family assessment with the goal of engaging a family to determine strengths and needs and plan for the future, without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment. Alternative response can be less intrusive and less confrontational than a traditional investigation.

Healthy Families America. Healthy Families America 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 the birth of a child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes, and case management.

Intensive Family Preservation Services (Homebuilders). Homebuilders was run in New Mexico and discontinued about 10 years ago. Intensive family preservation services are short-term, home-based crisis intervention services that emphasize placement prevention. The program emphasizes contact with the family within 24 hours of the crisis, staff accessibility around the clock, small caseload sizes, service duration of four to six weeks, and provision of intensive, concrete services and counseling. These programs are intended to prevent removal of a child from the child's biological home (or to promote the child's return to that home) by improving family functioning.

Nurse Family Partnership for Low-Income Families. The Nurse Family Partnership program provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth. The goal is to promote the child's development and provide support and instructive parenting skills. The program is designed to serve low-income, at-risk pregnant women bearing their first child.

Other Family Preservation Services (non-Homebuilders). "Other" Family Preservation Services Programs have the same goals as "intensive" family preservation services: to prevent removal of a child from his or her biological home (or to promote his or her return to that home) by improving family functioning. However, "other" family preservation services programs lack the rigorous criteria for implementation as defined by the Homebuilders® model.

Other Home Visiting Programs for At-Risk Mothers and Children. This broad grouping of programs focuses on mothers considered to be at risk for parenting problems, based on factors such as maternal age, marital status and education, low household income, lack of social supports, or, in some programs, mothers testing positive for drugs at the child's birth. Depending on the program, the content of the home visits consists of instruction in child development and health, referrals for service, or social and emotional support. Some programs provide additional services, such as preschool. This group of programs also includes a subset that is specifically targeted toward preventing repeat pregnancy and birth in the adolescent years.

Parent-Child Home Program. The Parent-Child Home Program is targeted at 2- and 3-year-olds whose parents have a limited education or who have other obstacles to educational success. The program involves twice weekly, half-hour visits from trained paraprofessionals over a period of two years. Each week, the visitor brings a new toy or book which she uses to demonstrate verbal interaction techniques and encourage learning through play.

Parent Child Interaction Therapy (PCIT). PCIT in child welfare populations has been successfully tested with addition of a group motivational component to increase engagement and success of the parent. As in standard PCIT, a therapist directly observes a parent and child through a one-way mirror, and provides direct coaching to the parent through a radio earphone. The focus is building the skills of the parent to more positively interact with the child and manage his or her behavior.

Parents as Teachers. Parents as Teachers is a home visiting program for parents and children with a main goal of having children ready to learn by the time they go to school. Parents are visited monthly by parent educators with some college education. Visits typically begin during the mother's pregnancy and may continue until the child enters kindergarten.

SafeCare. Formerly known as Project 12-Ways, SafeCare is a manualized parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Trained professionals work with at-risk families in their home environments to improve parents' skills in several domains, such as planning and implementing activities with their children, responding appropriately to child behaviors, improving home safety, and addressing health and safety issues. SafeCare is generally provided in weekly home visits lasting one to two hours. The program typically lasts 18-20 weeks for each family.

Triple P Positive Parenting Program (All Levels). Triple P – Positive Parenting Program (all levels) is a universal prevention program that aims to increase the skills and confidence of parents to prevent the development of serious behavioral and emotional problems in their children. Triple P has five levels of intensity. The base level is a media campaign that aims to increase awareness of parenting resources and inform parents about solutions to common behavioral problems. Levels two and three are primary health care interventions for children with mild behavioral difficulties, whereas levels four and five are more intensive individual- or class-based parenting programs for families of children with more challenging behavior problems. The evaluation in this study was a population-based trial that provided all levels of the program.

Triple P Positive Parenting Program (Level 4). Triple P – Positive Parenting Program (Level 4, self-directed) is an intensive individual-based parenting program for families of children with challenging behavior problems. In the self-directed modality, parents receive a full Level 4 curriculum with a workbook and exercises to complete at their own pace. They are also offered support from a therapist by telephone on a regular basis.