

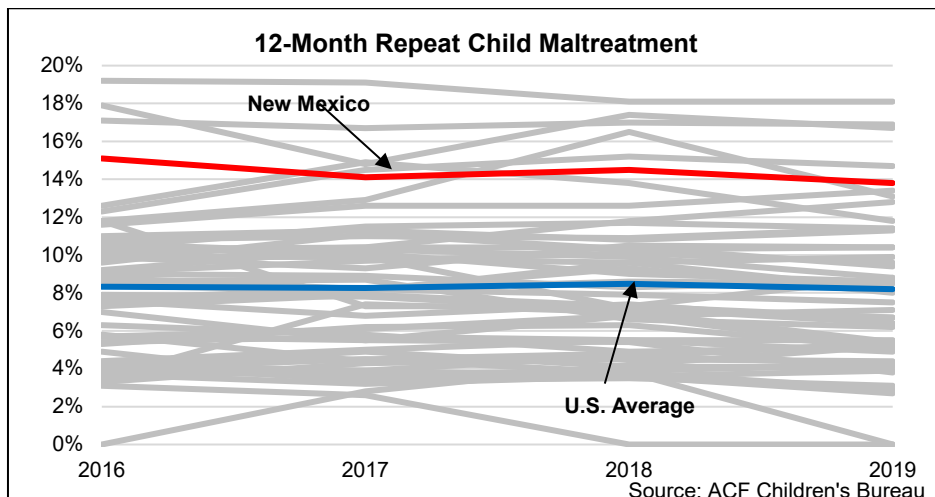
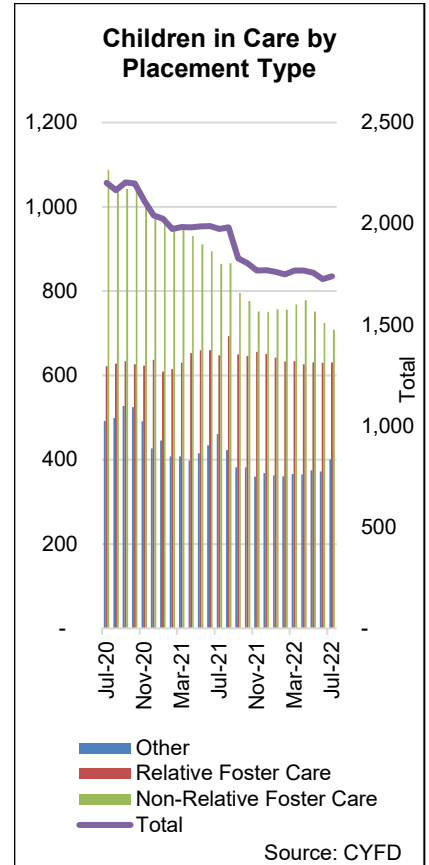
Reducing repeat child maltreatment is the primary measure of New Mexico’s child welfare system. High poverty rates, complex family needs (such as substance abuse, domestic violence, unmet mental health needs, and unstable housing), lack of services, and poor recruitment and retention have all been cited by the department as obstacles to reducing repeat maltreatment more quickly. In an effort to address all of these obstacles and to ensure the department and the rest of the child welfare system has all of the resources it needs, the Legislature increased appropriations to the Behavioral Health Services Program by 21 percent and Protective Services by 8 percent for FY23. The Legislature also appropriated \$20 million to CYFD and HSD to develop more behavioral health provider capacity, \$50 million to higher education institutions to increase social worker endowments, \$20.7 million for homeless housing assistance, additional capital assistance to local governments for homeless housing projects, and \$5 million for food bank services.

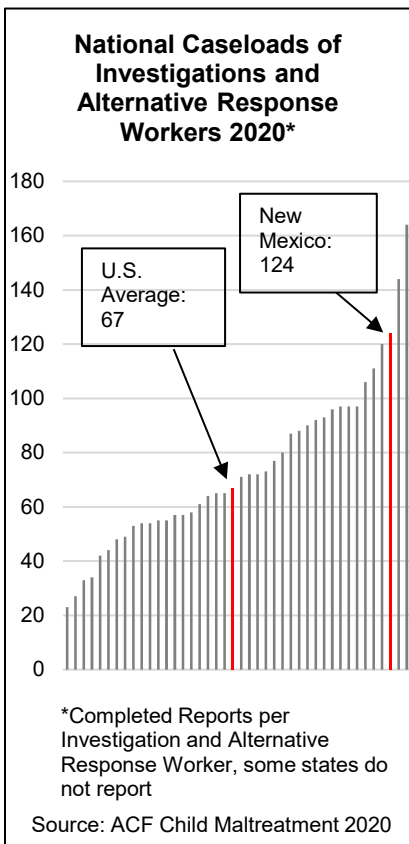
Protective Services

Prevention and early intervention is the key to reducing repeat child maltreatment. Over the long-term, child maltreatment causes physical, psychological, and behavioral consequences leading to increased costs to the child welfare, behavioral health, and physical healthcare systems. The Centers for Disease Control and Prevention estimate the lifetime cost of nonfatal child maltreatment at \$831 thousand. Additionally, the consequences when children experience repeat maltreatment are potentially devastating. However, New Mexico consistently ranks among the top six states for repeat maltreatment occurring within 12 months of an initial allegation. Several evidence-based options for preventing repeat maltreatment could be expanded and leveraged to garner more federal revenue and improve outcomes. Between FY18 and FY22, Children, Youth and Families Department (CYFD) preventive services expenditures grew from about \$1.1 million to \$11.1 million, a tenfold increase, with most of the increase occurring in the last two years. During the same period, repeat maltreatment hovered around 14 percent, but it remains well above the national benchmark of 8 percent.

ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No





Budget: \$179,905.2 FTE: 1,081

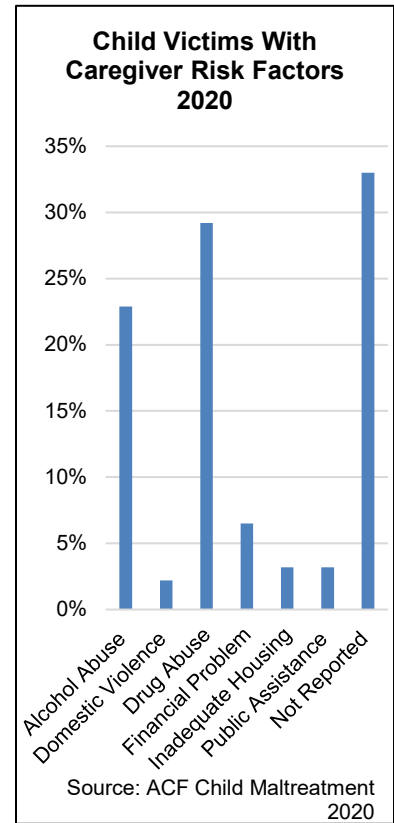
	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Children in foster care who have at least one monthly visit with their caseworker	96%	98%	50%	96%	G
Children in foster care for more than eight days who achieve permanency within 12 months of entry into foster care	29%	30%	30%	36%	G
Children in foster care for 12 to 23 months at the start of a 12-month period who achieve permanency	40%	40%	35%	42%	G
Children in foster care for 24 months, or more, at the start of a 12-month period who achieve permanency	34%	41%	32%	38%	G
Children who were victims of a substantiated maltreatment report during a 12-month period who were victims of another substantiated maltreatment allegation within 12 months of their initial report	14%	14%	9%	14%	R
Families with a completed investigation that participated in family support or in-home services and did not have a subsequent substantiated abuse report within 12 months	New	New	20%	75%	G
Foster care placements currently in kinship care settings	36%	42%	35%	49%	G
Indian Child Welfare Act foster care youth who are in an appropriate placement	New	73%	35%	72%	G
Initial relative placements that transition to permanency or are still stable after 12 months	74%	78%	25%	74%	G
Rate of maltreatment victimizations per one hundred thousand days in foster care	12.6	14.7	8.0	10.1	R
Serious injuries with prior protective services involvement in the last year	New	New	26%	43%	R
Average statewide central intake call center wait time in seconds	15	27	180	30	G
Children who enter care during a 12-month period and stay more than eight days, placement moves rate per 1,000 days of care	5.8	5.6	4.0	5.7	R
Turnover rate for protective service workers	30%	26%	30%	37%	R
Program Rating	R	Y		Y	

Juvenile Justice Services

Physical assaults in Juvenile Justice Services (JJS) facilities are significantly down partially because fewer clients are in the facilities. With a two-to-one student teacher ratio, the program is not performing as well as expected on improving math and reading scores. The action plan is to return to more face-to-face instruction, improve student assessments, provide Chrome books for students, and improve teacher professional development. One area of concern, the turnover rate for youth care specialists increased from 18 percent in FY21 to 39 percent for FY22. The department says the high turnover is the result of staff taking outside positions that allow telecommuting. The department wants to allow for part-time or job share positions to improve retention.

Budget: \$71,969.8 FTE: 807

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Physical assaults in juvenile justice facilities	287	224	<285	155	G
Eligible juvenile-justice-involved youth who are participating in fostering connections	New	New	60%	50%	R
Juvenile justice clients who successfully complete formal probation	94%	90%	85%	87%	G
Recidivism rate for youth discharged from active field supervision	20%	18%	20%	15%	G
Recidivism rate for youth discharged from commitment	41%	33%	55%	35%	G
Clients with improved math scores	68%	No data	56%	44%	R
Clients with improved reading scores	41%	No data	56%	33%	R
Substantiated complaints by clients of abuse and neglect in juvenile justice facilities	3	2	5	2	G
Turnover rate for youth care specialist	18%	18%	21%	39%	R
Youth being formally supervised by field services currently in kinship care settings	New	17%	35%	15%	R
Indian Child Welfare Act Youth for which proper tribal notification was given	New	61%	90%	No Data	
Program Rating	Y	Y			G



Behavioral Health Services

New Mexico ranks 23rd among states on whether a youth with a major depressive episode (MDE) received services. However, the state ranks 38th for youth with MDE receiving consistent treatment and 50th and 45th for mental illness prevalence and substance use disorder, respectively. Taken together, these measures are an indicator the state should focus efforts on ensuring consistent care for youth and ensuring this care is high quality and evidence-based, while still expanding access. The number of providers offering infant mental health, high fidelity wraparound services, multisystemic therapy, and family peer support services increased from 100 in FY21 to 141 in FY22, a 41 percent increase. The increase is a positive development but needs to occur at a much faster pace to affect outcomes on a larger scale.

Budget: \$45,658.8 FTE: 117

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Infants served by infant mental health teams with a team recommendation for unification who have not had additional referrals to protective services	94%	70%	90%	100%	Y
Children and youth in department custody who are placed in a community-based setting	New	90%	70%	91%	G
Clients enrolled in multisystemic therapy who demonstrate improvement in mental health functioning	91%	92%	75%	90%	G
Domestic violence program participants who agree they have strategies for enhancing their safety.	New	0%	80%	90%	G
Domestic violence program participants who agree that staff and advocates regularly discuss their	New	95%	80%	93%	G

Budget: \$45,658.8 FTE: 117

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
safety needs, including specific things they can do to keep themselves safe					
Change in number of endorsed or certified healthcare personnel providing infant mental health, high fidelity wraparound services, multisystemic therapy, and family peer support services	New	New	15%	41%	G
Increase in supportive or independent housing options for youth ages 16-21 years from baseline FY20 levels	New	15%	20%	25%	G
Department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians	64%	65%	75%	65%	R
Program Rating	G	G			Y