

**ACTION PLAN**

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

**Kevin S., et al. V Blalock and Scrase Lawsuit Settlement**

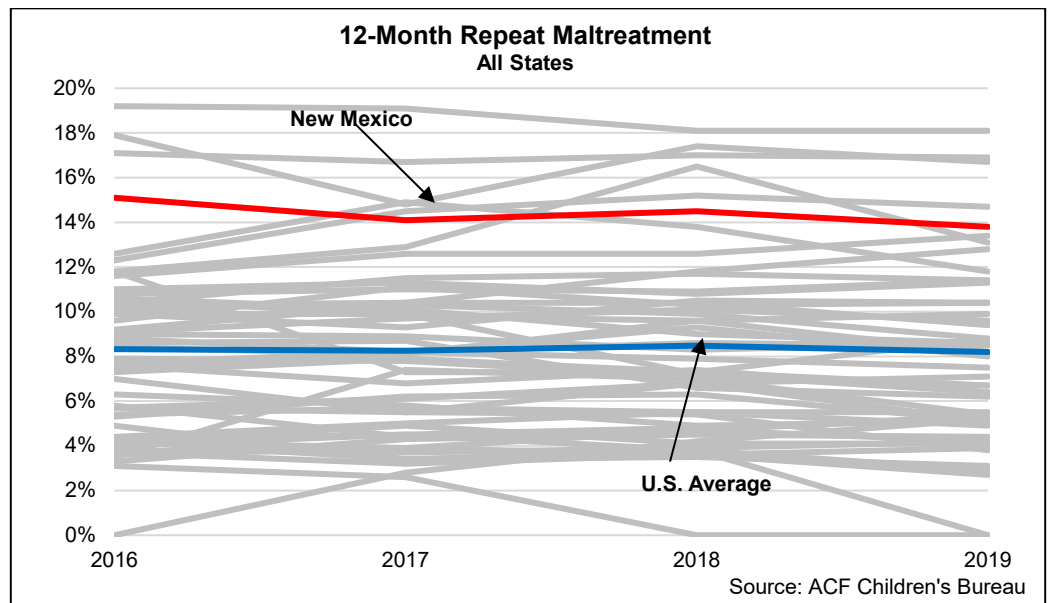
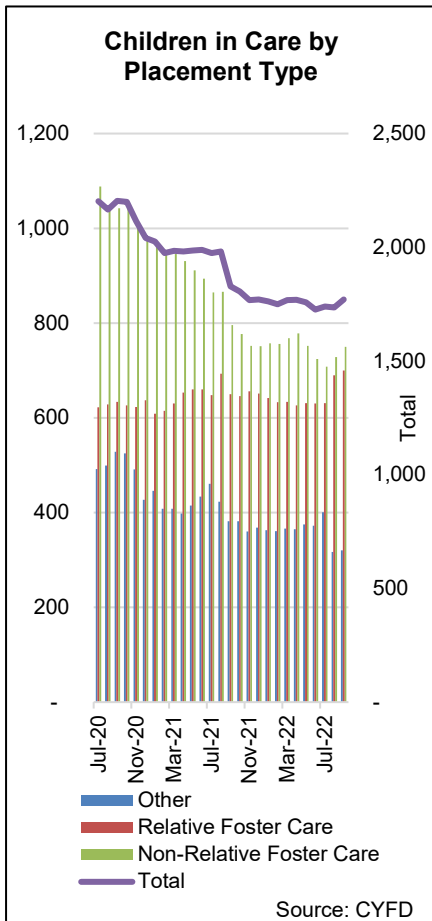
The Lawsuit against CYFD alleged:

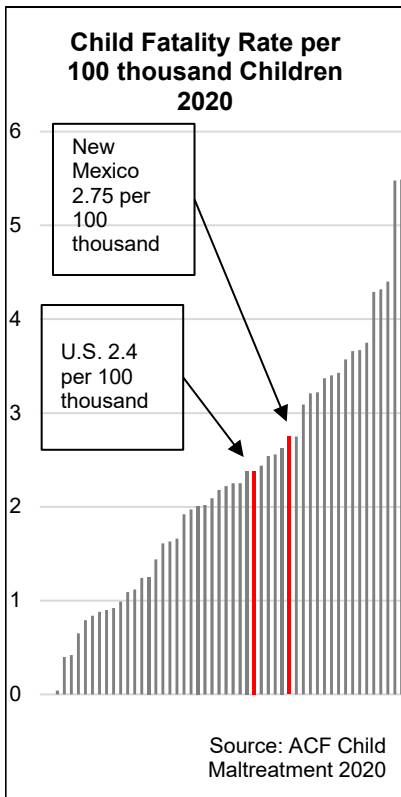
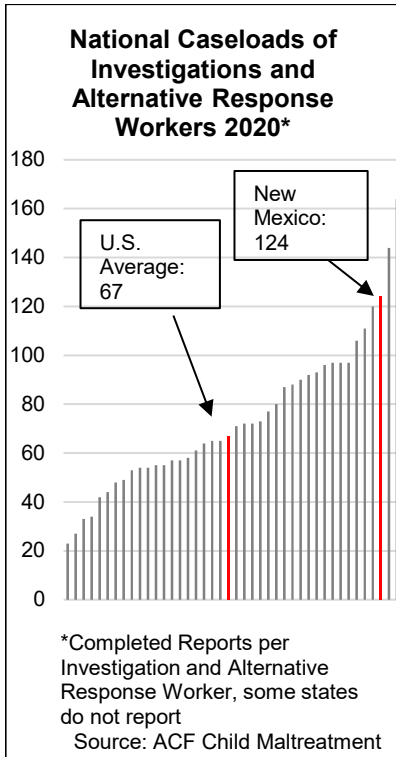
- Systemic failures resulting in harm to children in foster care,
- Lack of stable placements,
- Behavioral health needs unmet,
- No trauma sensitive system, and
- Little behavioral health capacity.

Reducing childhood maltreatment is one of the primary goals of New Mexico’s child welfare system. Child caregiver alcohol and drug use are by far the two leading risk factors for child maltreatment. Targeting prevention services at caregivers with alcohol and drug use and expanding early intervention services are likely to have the greatest impact. However, delivering the right interventions to the right people at the right time is easier said than done. In a February 2023 press release the governor declared the child welfare system “is fundamentally broken.” This came 32 years after the taskforce that led to the establishment of the Children, Youth and Families Department (CYFD), said the system was crisis oriented and failed to support families. For FY24, the Legislature increased appropriations significantly for the child welfare system to adjust salaries, fill vacancies, improve access to behavioral health services, and boost prevention programming for evidence-based programs. In the prior year, the Legislature appropriated \$20 million to CYFD and HSD to develop more behavioral health provider capacity and \$50 million to higher education institutions to increase social worker endowments.

**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 federal Centers for Disease Control and Prevention estimates 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, 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.





	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
<b>Budget: \$195,773.8 FTE: 1,111</b>							
<b>Maltreatment</b>							
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%	14%		R
Rate of maltreatment victimizations per one hundred thousand days in foster care	14.7	10.1	8.0	7.8	6.6		G
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	75%	20%	75%	77%		G
Serious injuries with prior protective services involvement in the last year	New	43%	26%	17%	14%		G
Turnover rate for protective service workers	26%	37%	30%	39%	37%		R
Average statewide central intake call center wait time in seconds	27	30	180	26	23		G
<b>Foster Care</b>							
Children in foster care who have at least one monthly visit with their caseworker*	98%	96%		92%	91%		
Children in foster care for more than eight days who achieve permanency within 12 months of entry into foster care	30%	36%	30%	34%	35%		G
Children in foster care for 12 to 23 months at the start of a 12-month period who achieve permanency	40%	42%	35%	42%	41%		G
Children in foster care for 24 months, or more, at the start of a 12-month period who achieve permanency	41%	38%	32%	32%	33%		G
Foster care placements currently in kinship care settings	42%	49%	35%	48%	51%		G
Indian Child Welfare Act foster care youth who are in an appropriate placement	73%	72%	35%	82%	79%		G
Initial relative placement that transition to permanency or are still stable after 12 months	78%	74%	35%	81%	71%		G
Children who enter care during a 12-month period and stay for >8 days, placement moves rate per 1,000 days of care	5.6	5.7	4.0	7.3	7.6		R
<b>Program Rating</b>	Y	Y					Y

### Juvenile Justice Services

The Juvenile Justice Services (JJS) secure population continues shrinking and in November 2022 there were a total of 80 clients in secure facilities, a 63 percent decrease since FY13. Because of the continual downward population trend, in January 2022 the department closed the Camino Nuevo Youth Center after ceasing to hold clients at the

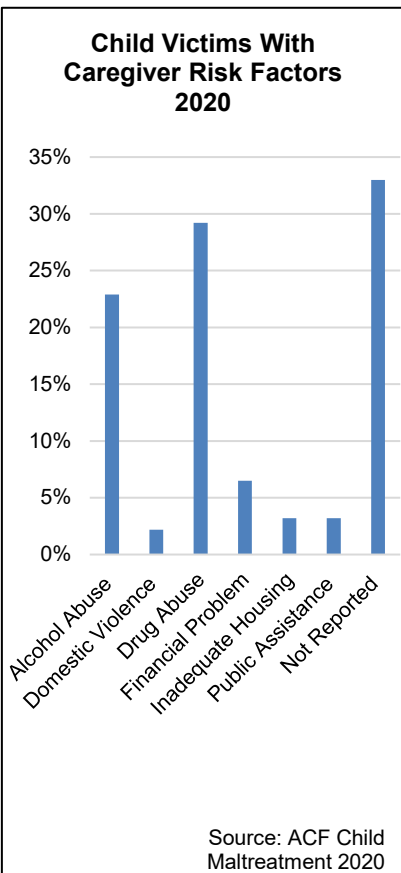
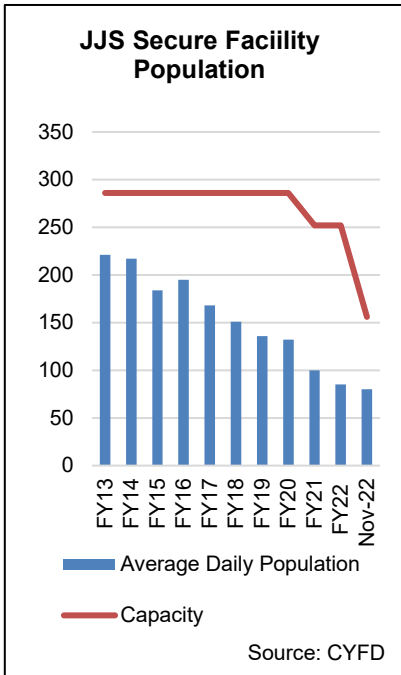
San Juan County Detention Center in FY21. Physical assaults in the facilities are significantly down and there is currently a two-to-one student teacher ratio. With the reduced population and low ratios, the program should start performing better on improving math and reading scores. The department's action plan at the end of the last school year was 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 40 percent in the first quarter. 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.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23Q2	FY23 Q3	Rating
<b>Budget:</b> \$76,110.4 <b>FTE:</b> 767							
Physical assaults in Juvenile Justice Facilities ( <i>target is annual; quarterly numbers are cumulative</i> )	224	155	<245	49	45		Y
Eligible juvenile justice involved youth that are participating in fostering connections	New	50%	60%	57%	43%		R
JJS clients who successfully complete formal probation.	90%	87%	87%	92%	95%		G
Recidivism rate for youth discharged from active field supervision.	18%	15%	20%	11.6%	12%		G
Recidivism rate for youth discharged from commitment.	33%	35%	55%	37%	39%		G
Clients with improved math scores	No data	44%	56%	N/A	N/A		
Clients with improved reading scores	No data	33%	56%	N/A	N/A		
Substantiated complaints by clients of abuse and neglect in JJS facilities.	2	2	5	2	0		G
Turnover rate for youth care specialist.	18%	39%	21%	40%	41%		R
Youth being formally supervised by field services currently in kinship care settings	17%	15%	35%	14%	17%		R
Indian Child Welfare Act Youth formally supervised in the community who are in an appropriate placement.	61%	81%	90%	75%	N/A		R
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>					<b>Y</b>

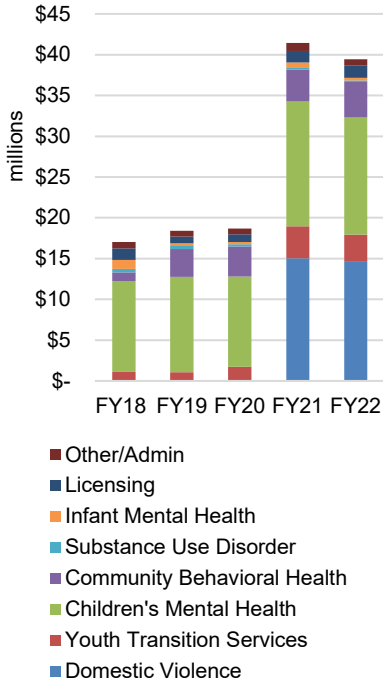
**Behavioral Health Services**

Behavioral Health Services reported there were no infants receiving a recommendation for family reunification from a mental health team. This quarter, 110 infants and 136 caregivers were served with no infants recommended for reunification. The program's action plan is to support the community of practice through clinical consultation and increase competency in the delivery of child parent psychotherapy (CPP). The program stated that in the first quarter CBHCs have set up reoccurring dates and times for consultation in each PS office to offer consistent times and availability for staff, resulting in increased consultation at the investigation and permanency planning worker level.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
<b>Budget:</b> \$52,304.3 <b>FTE:</b> 119							
Infants served by infant mental health teams with a team recommendation for unification who have not had additional referrals to protective services	70%	100%	90%	No Infant	No Infant		Y



**Children, Youth and Families Behavioral Health Spending Categories**



Source: SHARE

Children and youth in department custody who are placed in a community-based setting

90% 91% 70% 94% 96%

G

Clients enrolled in multisystemic therapy who demonstrate improvement in mental health functioning

92% 90% 75% 86% 92%

G

Domestic violence program participants who agree they have strategies for enhancing their safety.

0% 90% 80% 89% 96%

G

Domestic violence program participants who agree that staff and advocates regularly discuss their safety needs, including specific things they can do to keep themselves safe

95% 93% 80% 93% 91%

G

Increase in supportive or independent housing options for youth ages 16-21 years from baseline FY20 levels

15% 25% 20% 25% 25%

G

Department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians

65% 65% 75% 71% 63%

Y

**Program Rating**

G

Y

Y