

New Mexico consistently ranks among the top six states for repeat maltreatment occurring within 12 months of an initial allegation. There are several evidence-based options to reduce and prevent repeat maltreatment and better leverage the child welfare workforce, including improving the use of screening and assessment tools, intervening early with the level of intervention based on the level of risk, and following through with the appropriate supports and services. In recent years, the state enacted legislation and significantly increased appropriations in support of these objectives. 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.

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. 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. The number of children placed in either foster care, relative foster care, or other placements increased by 14 percent since December 2022 or about 242 children. Prior LFC program evaluation reports pointed out that the state may be over-removing children and that many of these children end up in short-term placements. The increased number of children in custody of the department reverses a trend going back to at least 2018 of fewer children in foster placements.

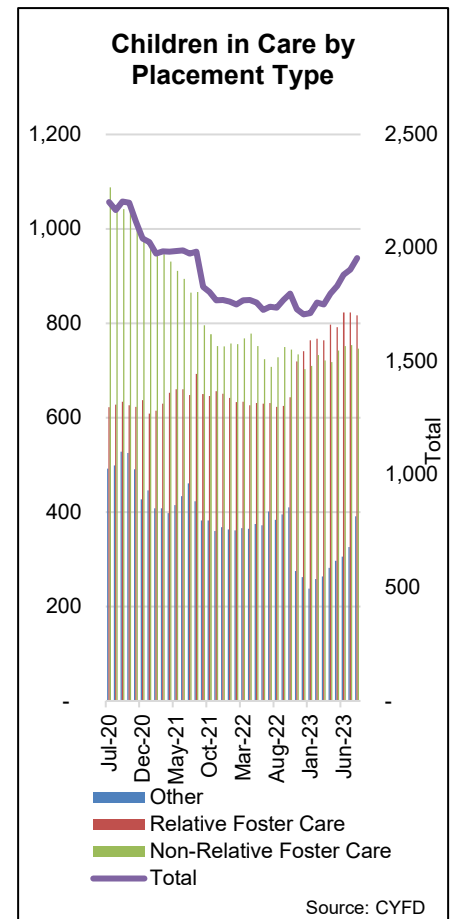
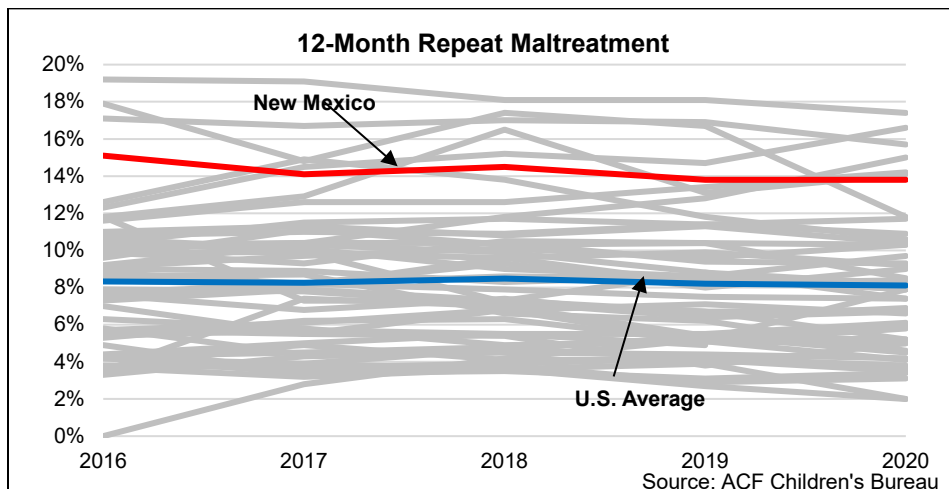
ACTION PLAN

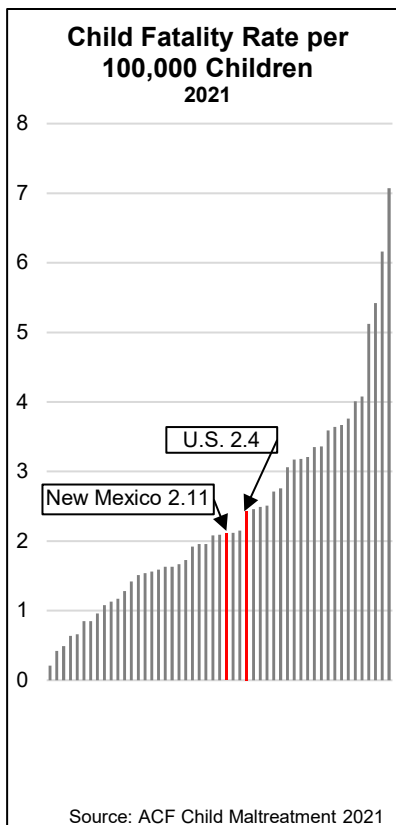
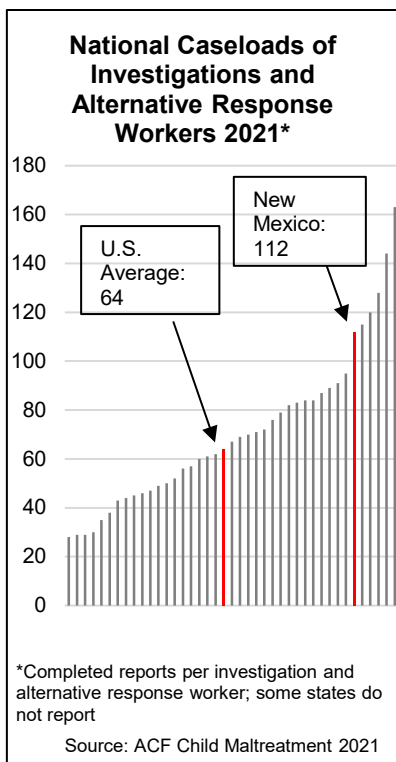
Submitted by agency?	No
Timeline assigned?	No
Responsibility assigned?	No

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.





Budget: \$195,773.8 FTE: 1,111

Maltreatment

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

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
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14%	14%	9%	13%	R
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Rate of maltreatment victimizations per one hundred thousand days in foster care

14.7	10.1	8.0	13%	R
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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%	91%	G
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Serious injuries with prior protective services involvement in the last year

New	43%	26%	33%	R
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Turnover rate for protective service workers

26%	37%	30%	37%	R
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Average statewide central intake call center wait time in seconds

27	30	180	29	G
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Foster Care

Children in foster care who have at least one monthly visit with their caseworker*

98%	96%	N/A	92%	
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Children in foster care for more than eight days who achieve permanency within 12 months of entry into foster care

30%	36%	30%	33%	G
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Children in foster care for 12 to 23 months at the start of a 12-month period who achieve permanency

40%	42%	35%	34%	Y
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Children in foster care for 24 months, or more, at the start of a 12-month period who achieve permanency

41%	38%	32%	31%	Y
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Foster care placements currently in kinship care settings

42%	49%	35%	52%	G
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Indian Child Welfare Act foster care youth who are in an appropriate placement

73%	72%	35%	67%	G
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Relative placements that transition to permanency or are still stable after 12 months

78%	74%	35%	73%	G
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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	7.6	R
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Program Rating **Y** **Y** **Y**

*Measure is classified as explanatory and does not have a target.

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 turnover rate for youth care specialists increased from 18 percent in FY21 to 42

percent in FY23. The department says the high turnover is the result of staff taking outside positions that allow telecommuting. The department says it submitted a pay equity study to the State Personnel Office in January 2023. The department is also working to ensure salaries consider educational attainment and years of service.

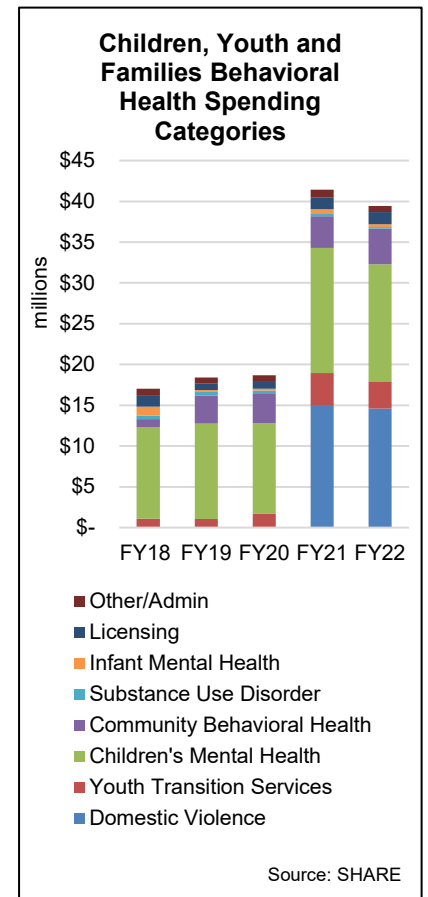
Budget: \$76,110.4 **FTE:** 767

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Physical assaults in Juvenile Justice Facilities <i>(target is annual; quarterly numbers are cumulative)</i>	224	155	<245	193	G
Eligible juvenile justice involved youth that are participating in fostering connections	New	50%	60%	63%	G
JJS clients who successfully complete formal probation.	90%	87%	87%	93%	G
Recidivism rate for youth discharged from active field supervision.	18%	15%	20%	13%	G
Recidivism rate for youth discharged from commitment.	33%	35%	55%	40%	G
Clients with improved math scores	No data	44%	56%	57%	G
Clients with improved reading scores	No data	33%	56%	49%	R
Substantiated complaints by clients of abuse and neglect in JJS facilities.	2	2	5	4	G
Turnover rate for youth care specialist.	18%	39%	21%	42%	R
Youth being formally supervised by field services currently in kinship care settings	17%	15%	35%	16%	R
Indian Child Welfare Act Youth formally supervised in the community who are in an appropriate placement.	61%	81%	90%	Not Reported	R
Program Rating	Y	Y			Y

*Measure is classified as explanatory and does not have a target.

Behavioral Health Services

Behavioral Health Services reported there were no infants receiving a recommendation for family reunification from a mental health team. This is because most of those served with infant mental health services were not separated from their families to begin with. 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). On the last measure for community behavioral health clinicians (CBHC), the department says they have filled several vacant positions and have also worked to increase consultation with investigations and permanency planning workers in the Protective Services Program. The department received \$963.4 thousand in FY24 to establish three more CBHC teams and LFC will be monitoring the department’s roll out of the additional teams over the next few months.



Budget: \$52,304.3 FTE: 119

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
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%	N/A	R
Children and youth in department custody who are placed in a community-based setting	90%	91%	70%	91%	G
Clients enrolled in multisystemic therapy who demonstrate improvement in mental health functioning	92%	90%	75%	89%	G
Domestic violence program participants who agree they have strategies for enhancing their safety.	0%	90%	80%	92%	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%	92%	G
Increase in supportive or independent housing options for youth ages 16-21 years from baseline FY20 levels	15%	25%	20%	25%	R
Department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians	65%	65%	75%	60%	R
Program Rating	G	Y			Y

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