

Evidence-Based Options to Address Child Maltreatment

AT A GLANCE

In 1991, a Governor’s task force report identified the current system for child protection as “crisis oriented” and proposed a service delivery philosophy emphasizing prevention and early intervention, which led to the creation of the Children, Youth and Families Department (CYFD) and a CYFD “preventive services division.” Recently, CYFD has made progress in directing more money toward prevention and implementing evidence-based approaches, such as differential response. However, there is still room for improvement.

About five out of every 1,000 New Mexico children in the New Mexico child protection system will receive preventive services, compared with the national average of 43 children per 1,000. Meanwhile, the department will field almost 26 thousand reports of maltreatment in a given year with over 7,000 substantiated cases, reflecting a maltreatment rate that is 77 percent higher than the national rate.

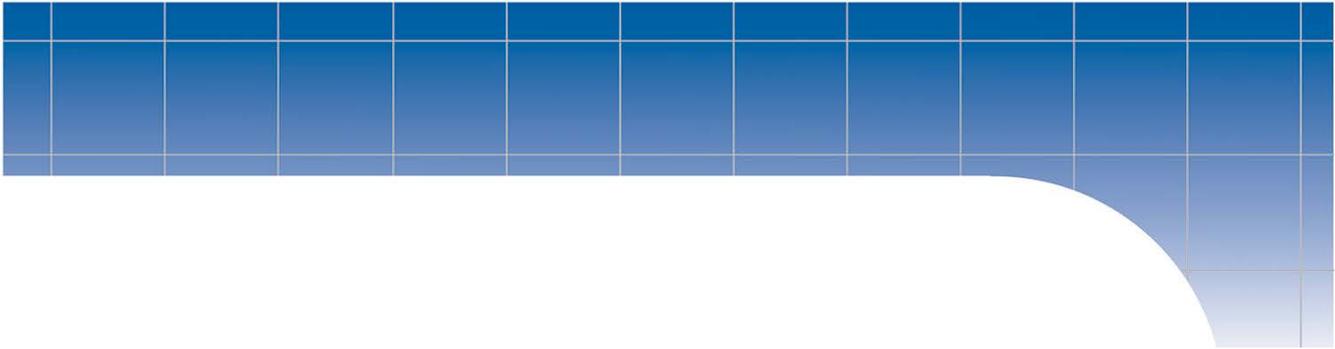
Rigorous research demonstrates some programs and strategies improve outcomes and can keep children safely at home with their families and prevent child maltreatment. Strategic investments, along with careful attention to implementation and performance monitoring, could help the state achieve reductions in child maltreatment and improve outcomes for New Mexico families.

Reducing child maltreatment and placement in foster care, even just by 10 percent, can save tens of millions of dollars.

Results First uses a nationally recognized, peer-reviewed model with three steps: (1) Use the best research to identify what works, what doesn’t, and how effective various programs are in achieving policy goals. (2) Apply state-specific data to the national results. (3) Compare costs with projected benefits.



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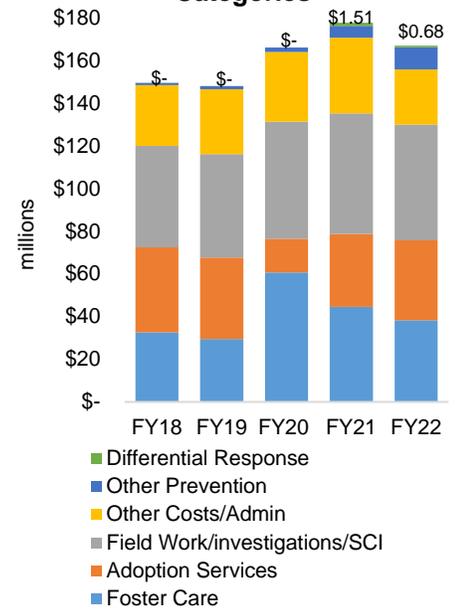
New Mexico Spends About \$170 Million Responding to Child Maltreatment Through the Child Protective Services Division

The Child Protective Services Division of the Children, Youth and Families Department (CYFD) responds to child maltreatment through investigation, in-home services, foster care, and adoption.

The Legislature increased appropriations to CYFD’s Behavioral Health Services Program by 21 percent and Child Protective Services (CPS) by 8 percent for FY23 with the goal of reducing childhood maltreatment in New Mexico. 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 CYFD as obstacles to reducing maltreatment more quickly. The Legislature also made a number of appropriations aimed at ameliorating social issues related to child welfare, including \$20 million to CYFD and the Human Services Department (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.

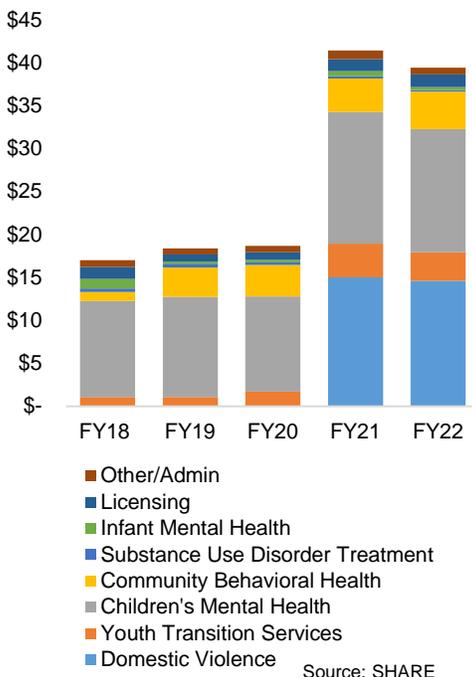


Chart 1. Protective Services Spending Categories



Source: SHARE

Chart 2. Children, Youth and Families Behavioral Health Spending Categories



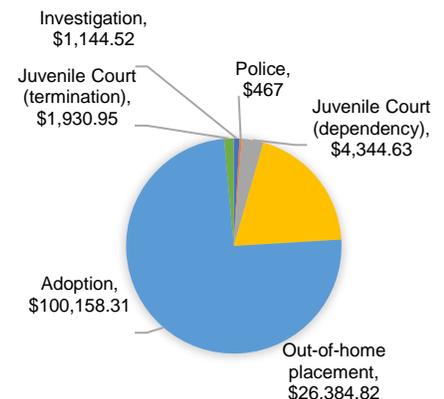
Source: SHARE

CPS spends most of its funding on foster care, adoption, and administration. A single case of child maltreatment resulting in adoption can cost taxpayers an estimated \$134 thousand, and a single foster care placement costs around \$21 thousand a year, compared with \$3,700 for in-home services.

CYFD may have strayed from the original intent of its founding by removing preventive services as a division and service area.

In 1991, the governor convened a task force on Children, Youth and Families led by First Lady Alice King that led to the creation of CYFD. The system prior to the creation of CYFD was described as “crisis oriented,” failing to support families in meeting basic needs, and only responsive to families after they were in trouble.

Chart 3. Average Costs of a Case of Maltreatment Resulting in Adoption



Source: LFC Files, adjusted for inflation



The system prior to the creation of CYFD was described as “crisis oriented,” failing to support families in meeting basic needs, and only responsive to families after they were in trouble.

CYFD currently has a prevention bureau but the manager position is vacant.

Differential response (DR) is an evidence-based preventive approach to divert families and children away from child welfare system interactions.

Title IV-E: The Family First Prevention Services Act of 2018

Title IV-E funds are now available for evidence-based prevention services for the child, the parent, and the kinship caregiver.

Under the 2018 Family First Act, states, territories and tribes with approved Title IV-E plans have the option to use these funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives. States must have a trauma-informed prevention plan, and services need to be rated by the Title IV-E Prevention Services Clearinghouse as promising, supported or well-supported to receive federal reimbursement. The act also seeks to curtail the use of congregate or group care for children and instead places a new emphasis on family foster homes. With limited exceptions, the federal government will not reimburse states for children placed in group care settings for more than two weeks.

CYFD came into being in July 1992 with six divisions: Office of the Secretary, Administrative Services, Juvenile Justice Services, Community Services, Moderate Intervention Services, and Preventive Services. Prevention and early intervention were prominent in the 1991 task force report, which is evident in the fact that preventive services was one of the original CYFD divisions.

Later in 1992, child and adult protective services were transferred from HSD to CYFD. By 1994 the department had seven divisions and some of the original divisions changed (changes in bold): Administrative Services, **Institutional Care**, Community Services, **Social Services (which included child and adult protective services, family preservation, adoption, foster care, domestic violence, and youth services)**, **Risk Reduction**, and **Preventive Services**.

In 2005, legislation transferred adult protective services to the Aging and Long-Term Services Department and consolidated the seven divisions into four programs, dropping preventive services as a focus area. The current CYFD structure includes four service areas:

- Juvenile Justice Facilities
- Protective Services
- Behavioral Health
- Program Support.

CYFD has made progress in increasing spending on prevention, growing expenditures on preventive services from about \$900 thousand in FY17 to \$10.3 million in FY22.

Yet, much more money is invested in maintaining children in foster care than is invested in prevention or intervention. In FY22, New Mexico spent \$38.3 million on foster care services compared with \$10.4 million on prevention and close to \$684 thousand on differential response specifically.

Moving money to the front-end of the system for prevention and early intervention is also seen as a best practice and is increasingly incentivized by federal grant requirements. For example, the federal Family First Prevention Services Act provides resources to turn the focus on the system toward avoiding trauma that results from out-of-home care, but New Mexico does not yet have an approved IV-E prevention plan. CYFD cannot be expected to act alone in providing these services and the Legislature has directed CYFD to implement a differential response model (Section 32A-4-4.1 NMSA 1978), an evidence-based approach to limit family interaction with the child-welfare system by conducting an assessment and determining appropriate services for the family (through CYFD or elsewhere) as an alternative to conducting an investigation or foster care.

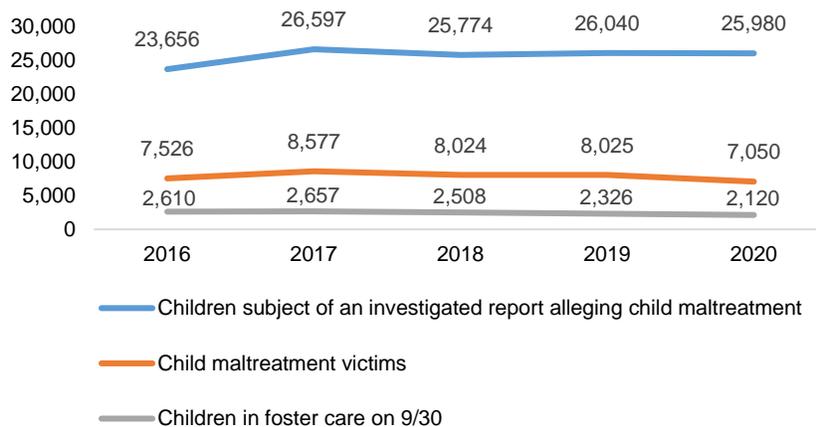
CYFD has also joined a national effort, *The Thriving Families, Safer Children: A National Commitment to Well-Being* initiative, whose efforts focus on a coordinated investment in prevention and community based networks of support to promote overall child and family well-being.

Child Victim Rate Continues to be Higher Than Neighboring States and the National Average

In FY20, CYFD investigated 25,990 reports of alleged child maltreatment, of which 7,050 were substantiated.

High poverty rates and complex family needs (such as substance abuse, domestic violence, unmet mental health needs, and unstable housing) contribute to child maltreatment. Though the percentage of children living in poverty has trended downwards since FY16, New Mexico still has the highest poverty rate in the nation. Twenty-three percent of New Mexico children were living in poverty in FY20. Between 2016 and 2020, the nation saw a 7.7 percent decrease in the child victim rate, while New Mexico saw a 2 percent decrease.

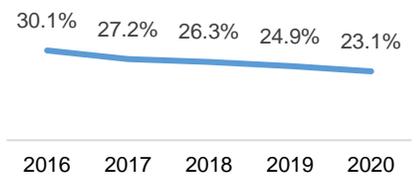
Chart 5. Number of Child Welfare Investigations, Maltreatment Victims, and Foster Care Entrants FY16-FY20



Source: ACF HHS

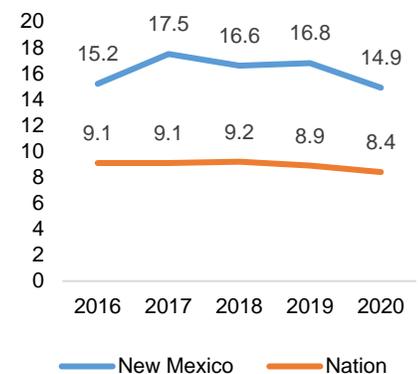
According to the U.S. Department of Health and Human Services, in 2020, New Mexico saw 29.5 percent of substantiated child victims with a drug abusing caregiver and 22.9 percent with an alcohol-abusing caregiver. Both indicators are above the national rates of 26.4 and 15.8 percent, respectively.

Chart 4. Percent of New Mexico Children Living in Poverty



Source: ACF HHS

Chart 6. Child Victim Rate Federal Fiscal Year (FFY)16-FFY20 Per 1,000 Children

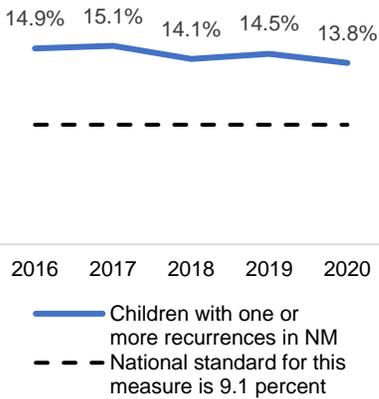


Source: HHS Child Maltreatment 2020

New Mexico ranks above the national average in rate per 1,000 children who were victims of maltreatment in 2020. See Appendix C. for state comparison.

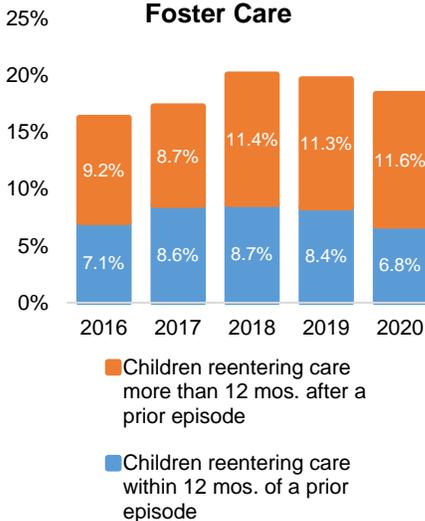


Chart 8. Percent of Children with One or More Recurrences of Maltreatment within 12 Months



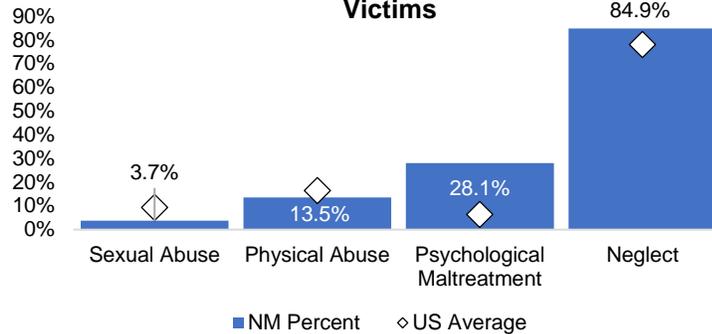
Source: ACF HHS

Chart 9. Percent of Children Reentering Foster Care



Source: ACF HHS

Chart 7. Percent of Maltreatment Types of Child Victims



Note. A child victim may have experienced more than one type of maltreatment. Therefore percentages across categories may total more than 100 percent.
Source: ACF HHS

Most substantiated allegations of maltreatment in New Mexico in FY20 resulted from neglect (85 percent), which occurred at a higher rate than the national average (78 percent). Substantiated cases of psychological mistreatment in New Mexico (28 percent) also occurred at a higher rate than the national average (6 percent). Emotional and physical abuse and sexual abuse occur at a lower rate and are lower than the national average. Rates of maltreatment types have remained consistent since FY16.ⁱ High neglect rates in New Mexico could result from the state’s high rates of children living in poverty, which research has shown to be strongly associated with maltreatment. For example, research shows poverty indicators such as perceived material hardship and infrequent employment are predictive of child neglect.ⁱⁱ

Young children are most often the victims of maltreatment, with children under nine accounting for 60 percent of all New Mexico children and youth entering foster care in FY20. This is slightly lower than the national rate of 62 percent.

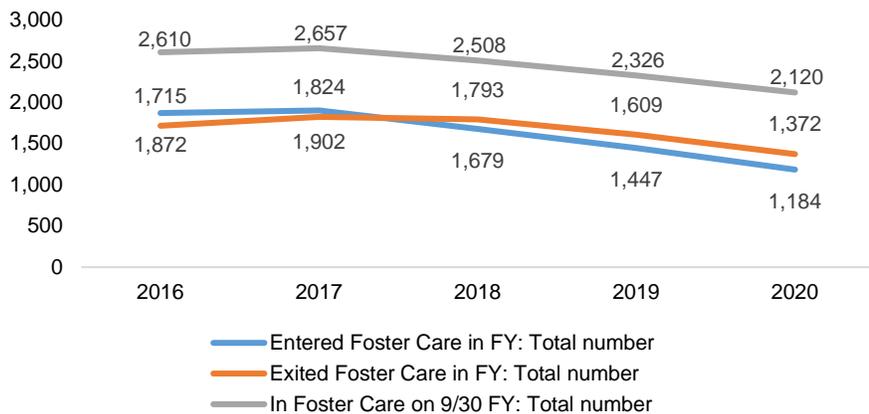
Recurrence of maltreatment within 12 months has decreased by about 1 percent from FY16 to FY20, from about 15 to 14 percent. The national standard for this measure is 9.1 percent or lower. Many children reenter foster care due to repeat maltreatment. In FY20, nearly 7 percent of children reentered foster care within 12 months of a prior episode which is under the national standard of 8.3 percent. An additional 12 percent of children reentered foster care more than 12 months after a prior episode. Of the 1,184 children and youth entering foster care in FFY20, approximately 218 had previously been in foster care.

According to data from the federal Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS), the average number of children in foster care has been decreasing since FY17. The median length of stay for children and youth increased over the last five years of available data to 18.9 months in FY20. The median length of stay for children who exited foster care was 16.8 months. Once a child is in foster care, on average, they will have 3.5 placements, which has trended higher in the last four quarters.

A May 2020 LFC evaluation found, over the last six years, approximately 40 percent of children placed into foster care in New Mexico stayed for less than 30 days, the highest short-term placement rate in the nation. Most of these children only stayed in foster care for eight days or less. Serious abuse and neglect make it necessary to remove unsafe children from their homes. However, in recent years, researchers have identified some of these “short-stay” removals as unnecessary placements that could have been avoided with better strategies or additional resources. If New Mexico could reduce the rate of short-term placements in foster care to the 2018 national average, the state would save up to \$11.8 million annually. CYFD has recently reduced the number of short stays over the last few years, from 966 short stays in 2017 to 287 in 2021.

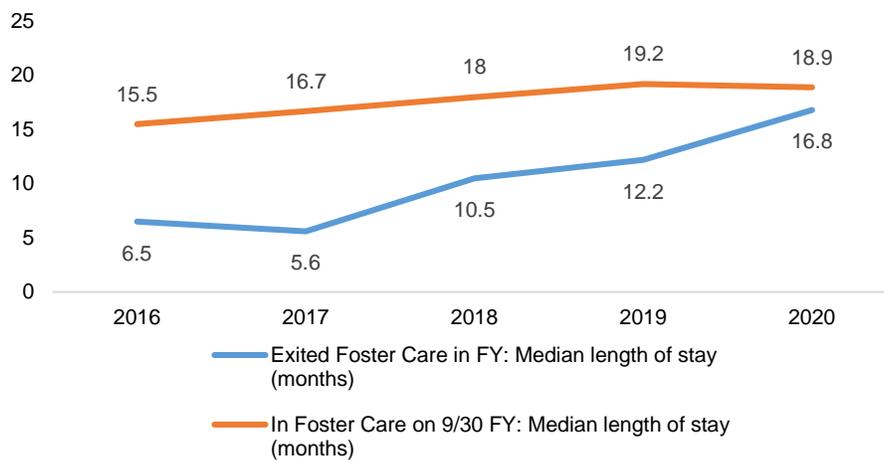
Short-term placements in foster care for eight days or less cost the state about \$11.8 million.

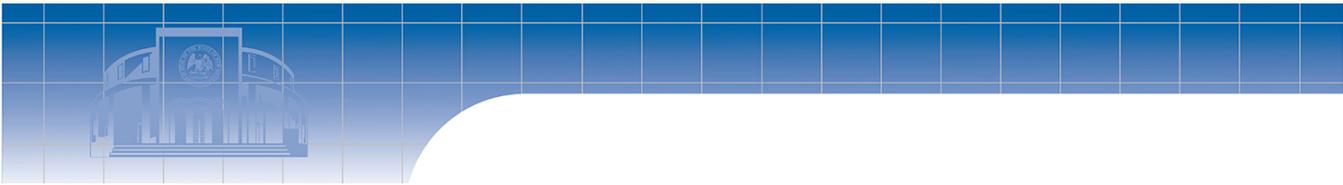
Chart 10. Total Number of Children and Youth Entering, Exiting, and In Foster Care by FFY



Only Puerto Rico has a longer median length of stay in foster care than New Mexico.

Chart 11. Median Length of Stay Among Children and Youth Exiting and in Foster Care by Federal Fiscal Year





Roll-Out of Evidence-Based Differential Response is Underway, but its Impact is Unclear

Implementing differential response is statutorily required; however, CYFD has the flexibility to implement the program as a pilot.

In 2018, the federal government enacted the Family First Prevention Services Act, creating incentives for states to move money from back-end services to front-end prevention services.

Differential response allows Protective Services to provide services to a child's family without removing the child from the home.

CYFD says the Covid-19 pandemic has slowed the implementation of differential response and the required pilot program.

Differential response (DR) is an evidence-based approach to divert families and children away from child-welfare system interactions. It works by providing appropriate services to families who report maltreatment but are “screened out,” meaning they do not meet the statutory requirements for a formal child protection investigation. Prior to DR, child abuse or neglect cases deemed low or moderate risk were often closed following completion of an investigation, and a significant percentage of these families were subsequently re-reported to the child welfare system. A pilot differential response program was run in Bernalillo County from 2005-2007 and found that families who accepted assessment services had fewer children removed and placed in foster care and had almost half as many repeat maltreatment reports as families who refused services.

The program, also known as multilevel response, was enacted in 2019 by statute (Section 32A-4-4.1 NMSA 1978). The evidence-based approach is meant to prevent child maltreatment and avoid costly and more traumatic interactions with the child welfare system. Statute requires CYFD to deliver a report to LFC outlining its plans to expand the pilot statewide, and LFC received the report in early July 2022.

Differential Response is currently being piloted in four New Mexico counties, representing 16 percent of the population. CYFD began piloting DR in January 2021 in McKinley, Rio Arriba, Sandoval, and Valencia counties and focuses on families with the lowest risk. CYFD staff refers families identified for the program to a service provider in the county that may make further referrals to services and supports for mental health, clothing, food, finance, housing, youth behavior, domestic violence, early intervention, and other services. CYFD plans to expand to Lea, San Miguel, Mora, Otero, Lincoln, Socorro, Sierra, and Catron counties in FY23. Current expansion plans will cover 27 percent of the state’s population.

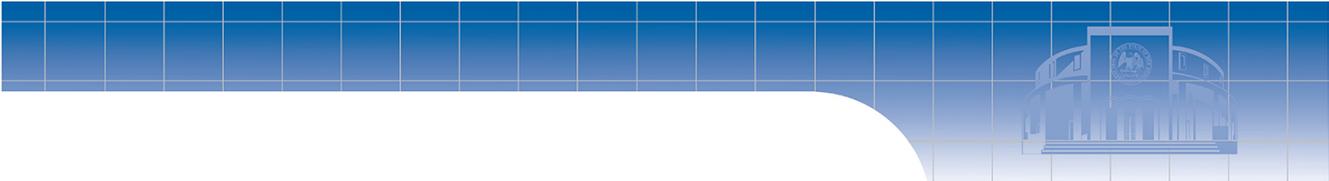
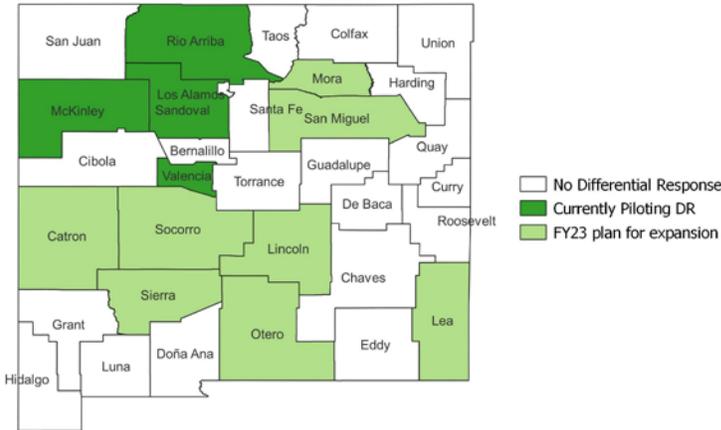


Figure 1. Current and Planned FY23 Expansion for Differential Response in New Mexico



Source: CYFD

The Legislature appropriated \$3.7 million in general fund revenue to CYFD in FY22 for DR and other prevention services. Roughly \$684 thousand was spent on DR in FY22, less than half of what was spent on DR in FY21 (\$1.5 million). The department estimates it would cost \$4.6 million in additional funding to expand statewide in FY24.

CYFD has not contacted or referred 80 percent of DR-eligible families because the family declined, had already engaged in outside services, or was unreachable. In the first six months of the DR pilot, only 21 percent of families with screened-out reports were successfully contacted and referred to providers. Of these 21 percent, 78 percent received or are currently receiving assistance through community providers. Of the 45 families (out of 219) that were successfully contacted and referred for services, 18 received or are receiving services, 14 achieved their goals, three families received one resource support by a provider, six families received an open case and involvement with Family Outreach and the case was terminated, and four families, in addition to the 173 families with unsuccessful attempts, declined or disengaged after referral.

As DR continues to be implemented in New Mexico, outcomes for the children and families who engage with the program will need to be evaluated. Case disposition outcomes and rate of subsequent investigations, comparing children and families who participated with services with those who did not, should be reported to evaluate the program’s effectiveness. Statute requires CYFD to develop performance measures, as provided by the Accountability in Government Act, for the DR program.

Prevention spending is only 6 percent of the total Protective Services Budget.

According to Pew Results First modeling, DR has a total benefit to cost ratio of nearly \$17 for every dollar invested.



High Vacancy and Turnover Rates May Hinder Maltreatment Prevention

“It was surfaced that staff are overwhelmed by the amount of work they must continuously manage.”
-Collaborative Safety Report

“Within this review, it was surfaced that staff do not feel there is available time and resources to be successful.”
-Collaborative Safety Report

“Staff are in a position where they must take on a full caseload while trying to learn how to perform casework.”
-Collaborative Safety Report

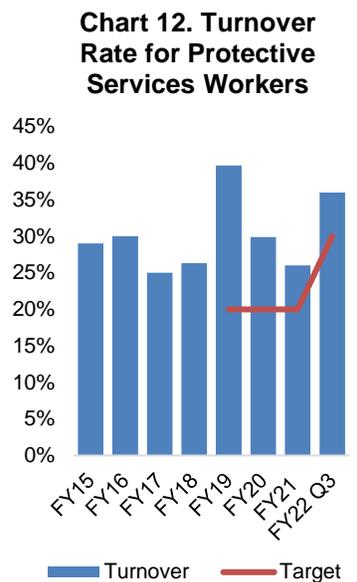
“Another influence connected to agency response following adverse events, was the perception of staff that there is a culture of fear that impacts their work.”
-Collaborative Safety Report

Research has identified stability and leadership as key to improving child welfare outcomes. However, critical leadership and field and administrative positions at CYFD have high turnover or long-term vacancies. According to Casey Family Programs, turnover rates below 12 percent are considered optimal or healthy. Yet, child welfare worker turnover rates tend to range from 20 percent to 40 percent nationally, with CYFD Protective Service fieldworker turnover rates ranging between 35 percent to 45 percent over the last several years and vacancy rates ranging from 15 percent to 20 percent. Aware of these challenges, CYFD’s workforce development plan, most recently updated summer 2022, seeks to create a strong child welfare workforce.

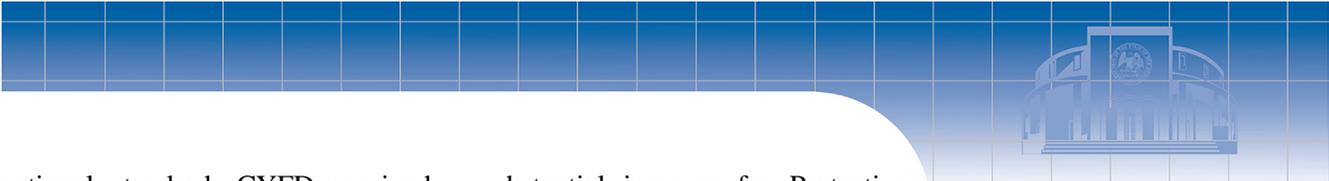
A recent collaborative safety review of, and requested by, CYFD by an outside contractor, Collaborative Safety, LLC, found turnover was a consistent theme discussed amongst CYFD workers. High turnover rates create pressures on the system and make it difficult for workers to prioritize any aspect of their roles outside of emergencies and critical case tasks. Staff reported they did not have time to provide thorough work to cases, and supervisors also felt this pressure, often taking on the work of staff as they leave their positions. Supervisors cannot effectively provide supervision to their staff’s work if they are also experiencing high turnover and stepping in to fill roles due to high vacancies. CYFD’s workforce development plan identifies these issues and provides strategies to reduce vacancies and turnover and meet reasonable caseload standards.

High turnover also means constant new hires, and the safety review found many new hires join CYFD with little to no experience within the field of child welfare, a problem that is not unique to New Mexico. New hires report they are given too much information upfront that they cannot reasonably retain. Staff are left feeling overwhelmed with responsibilities of the job and, in many cases, leave their positions. Objectives in the department’s workforce development plan provide strategies for improving training and skill development for new and tenured employees and provide a pathway for leadership positions.

Since FY14, funding for Protective Services personnel increased about 40 percent. However, the department reverted \$4.6 million in FY19 and \$2.6 million in FY20. The statewide average budgeted caseload is 11.5 cases per caseworker compared with the average filled caseload (the caseload per actual worker) of 15.9. The caseloads vary by region and range from 20.7 in the Albuquerque metro region to 12.6 in the southeast region. These caseloads are, on average, four cases per worker higher than the budgeted caseloads and four cases per worker higher than the



Source: CYFD Quarterly Performance Report



national standard. CYFD received a substantial increase for Protective Services Program personnel costs, but the department currently has close to \$2 million in funded vacancies.

CYFD leadership cites several barriers to workforce recruitment and retention, including younger generations of New Mexicans not wanting to work for government, salary inequities, and the difficulties of working in the department's public-facing positions.

CYFD's updated workforce development plan focuses on several key issues including assessment of the current workforce, caseload standards and workforce needs, recruitment, hiring, training, retention, leadership development, and compensation. The department is focusing on several areas to try to build up their workforce and improve retention, including advanced training for supervisors and managers, enhanced onboarding and training of new staff, professional development, and addressing salary inequities. The department also wants to improve retention by refining their interviewing skills to ensure potential employees are a good fit from the start and intensive onboarding so that new employees feel ready to handle cases. Additionally, CYFD is looking at ways to streamline the hiring process and to educate potential employees on loan forgiveness programs and other incentives that may be attractive to a younger workforce.

CYFD's Updated Workforce Development Plan Objective

The objective of CYFD Protective Services' Workforce Development Plan is to provide concrete strategies to reduce vacancies and turnover in the workforce, thus meeting reasonable caseload standards; identify opportunities to recruit a suitable and diverse workforce; streamline hiring practices; increase support for field workers to better serve clients; provide a clear plan for improving training and skill development for new and tenured employees; and develop a pathway for the frontline staff of today to become our organization's strong, innovative leaders of tomorrow.



Evidence-Based Prevention and Intervention Programs in Results First Analysis

Some evidence-based programs (cited by Casey Family Programs and the Pew-MacArthur Results First model) are currently in place or have a history in New Mexico. The passage of amendments to the Abuse and Neglect Act in 2019 led to alternative response being piloted in four New Mexico counties. Through amendments to the Accountability in Government Act, also passed in 2019, CYFD Protective Services is currently documenting other evidence-based programs and their funding levels.

Research indicates upstream evidence-based prevention services effectively reduce family interactions with state child protective service agencies and demonstrate positive returns on investment due to reductions in foster placements and other long-term permanency solutions. Because of this, the department’s strategic plan goals include more preventive services and more appropriate placements by reducing the use of group care and increasing the use of kinship care.

For FY22, the Legislature included language in the General Appropriation Act requiring the program spend \$3.7 million of its general fund appropriation on evidence-based child maltreatment prevention and early intervention services. Between FY17 and FY22, CYFD grew expenditures on preventative services from about \$900 thousand to \$10.3 million. Most of the increase in preventive services comes from increased general fund appropriations and federal Title IV-B community-based child abuse prevention and promoting safe and stable families grants. While the increase in spending is encouraging, prevention spending is only 6 percent of the total Protective Services budget. CYFD should continue expanding prevention by continuing to invest savings from reduced foster care caseloads and submitting a plan to the federal government to draw upon Title IV-E families first prevention services grants, as 40 other states have done.

Table 1. Evidence-Based Prevention and Intervention Programs in Results First Analysis

Prevention	Intervention
<ul style="list-style-type: none"> •Nurse Family Partnership for low-income families •Other home visiting programs for at-risk mothers and children •Triple P Positive Parenting Program •Parents as Teachers •Healthy Families America •Parent Child Home Program •SafeCare 	<ul style="list-style-type: none"> •Other family preservation services (non-Homebuilders®) •Alternative response/Differential Response •Intensive family preservation services (Homebuilders) •Parent Child Interaction Therapy (PCIT) for families in the child welfare system •Subsidized guardianship (Title IV-E waivers)

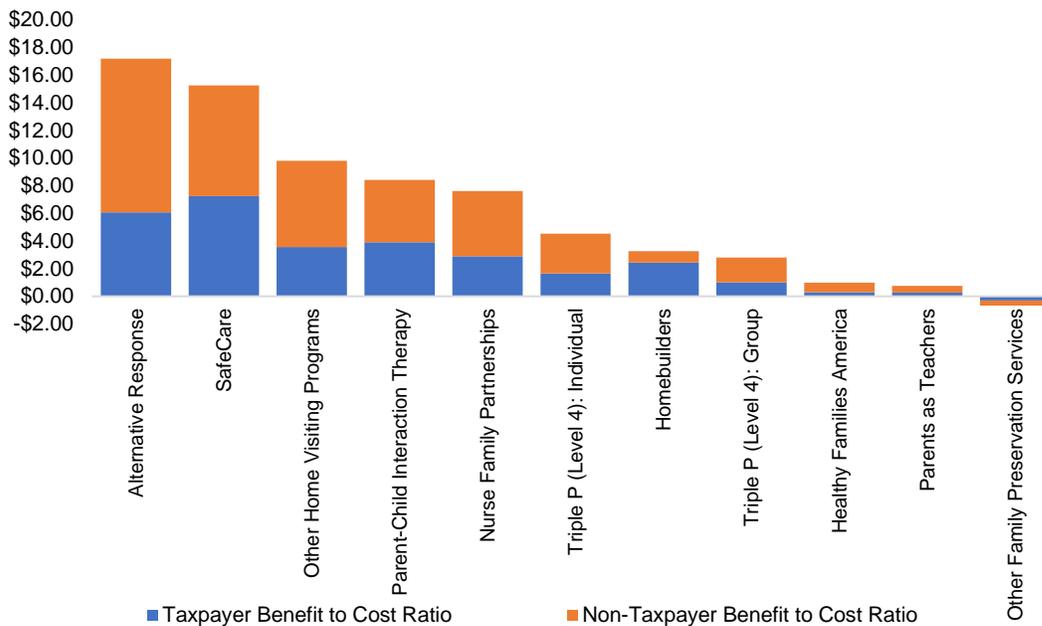
Source: LFC

The results of cost-benefit analysis indicate that New Mexico can obtain favorable outcomes such as reduced cases of abuse and neglect and reduced out of home placement if evidence-based programs are successfully implemented. These estimates are constructed conservatively to reflect the difficulty that can be encountered when implementing programs at scale. Some

of these programs are currently implemented in New Mexico and the results of this study present the outcomes these programs should be producing based on rigorous research. However, as previous program evaluations have found, poor implementation can result in poor outcomes.

Some programs benefits far outweigh their cost. The table below provides more detail. The predicted costs, benefits, and return on investment ratios for each program are calculated as accurately as possible but are, like all projections, subject to some level of uncertainty. Accordingly, it is more important to focus on the relative ranking of programs rather than the small differences among them; some programs are predicted to produce large net benefits and may represent "best buys" for the state, while others are predicted to generate small or even negative net benefits and may represent neutral or poor investment opportunities.

Chart 13. Total Benefit to Cost Ratio by Program



Source: LFC Analysis of Pew Results First

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.

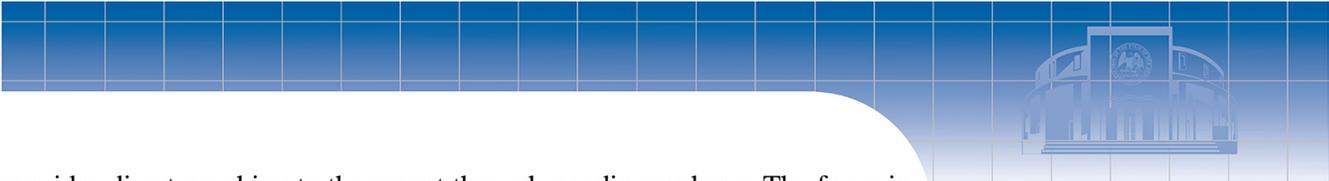
Nurse Family Partnership for Low-Income Families. The Nurse Family Partnership program provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth. The goal is to promote the child's development and provide support and instructive parenting skills. The program 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.

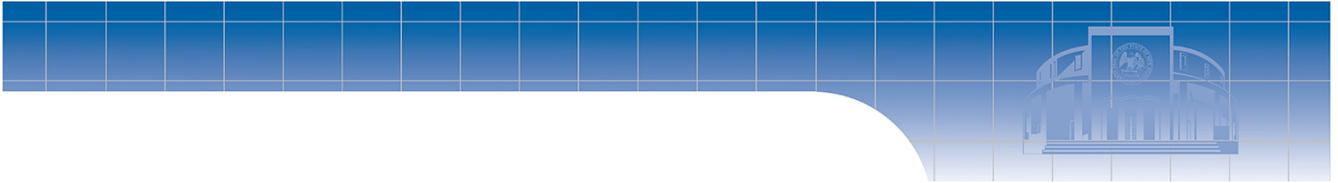
Triple P Positive Parenting Program (All Levels). Triple P – Positive Parenting Program (all levels) is a universal prevention program that aims to increase the skills and confidence of parents to prevent the development of serious behavioral and emotional problems in their children. Triple P has five 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.



Next Steps and Available Options

Though steps taken by the Legislature and CYFD to promote preventive measures are promising, prevention should be expanded by continued investments and enhanced piloting efforts and the state may wish to make increased investments in proven early intervention programs such as differential response (DR), SafeCare, Triple P, and evidence-based family preservation. CYFD should consider submitting a plan to the federal government to draw on Title IV-E Families First prevention services grants, as 40 other states have done. Additionally, the DR pilot could expand to cover more populated areas of the state and expand to additional levels of response for families with greater need. More broadly, state agencies, including CYFD, should examine high turnover and hard-to-staff positions and come to the Legislature with a plan to address it and the corresponding appropriation request. Agencies should use national and evidence-based benchmarks to determine staffing levels and as the basis for their FTE budget requests as opposed to only relying on FTE vacancies. CYFD should consider working with the Department of Finance and Administration and the Legislative Finance Committee to create performance measures and targets focused on the rate of short-term placements in foster care and to develop quantitative performance measures for DR specifically as required by the 2016 amendments to the Abuse and Neglect Act. The \$20 million appropriated to CYFD for the development of behavioral health provider capacity should be used to stand up providers to implement evidence based programs.



APPENDICES

Appendix A: Results First Approach

Currently there is a shift among state and federal governments to base funding on delivery of evidence-based programming. The Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states to implement an innovative cost-benefit analysis tool that helps them invest in policies and programs. This cutting-edge approach provides policymakers with new information that estimates the long-term costs and benefits of investments in public programs; this report compares options and identifies those that most effectively achieve outcomes at the lowest cost to taxpayers. New Mexico is one of a growing number of states that are customizing this approach and using the results to inform state policy and budget decisions.

The Washington State Institute for Public Policy (WSIPP) has utilized a cost-benefit model to inform decisions of policy makers so that they can invest in evidence-based programs that deliver the best results for the lowest cost. WSIPP has attributed a number of positive outcomes to the use of the approach that Results First is based upon including a savings of \$1.3 billion per biennium and lower arrest and crime rates in the state of Washington. The majority of early childhood evidence-based programming research has focused on home visiting models, although models in early childhood education, child welfare, and child mental health are also prevalent.

Figure 1. Results First: Five steps to evidence based policy making



Source: Adapted from the Pew Charitable Trusts

Appendix B: Description of Federal Funding Sources

The Children’s Bureau awards funds to states and Tribes on a formula basis and to individual organizations that successfully apply for discretionary funds.

Title IV-E Foster Care Maintenance, Adoption Assistance, and Guardianship Assistance. The Children's Bureau provides these funds to the States, the District of Columbia, and Puerto Rico as an open-ended entitlement on a formula basis to provide reimbursement for a portion of the costs of providing foster care, adoption assistance, and, if elected by the State or Tribe, guardianship assistance to eligible children. Beginning October 1, 2008, an Indian Tribe, Tribal consortium, or Tribal organization may submit title IV-E plans for direct funding for Indian children served by the Tribe in its identified service area(s).

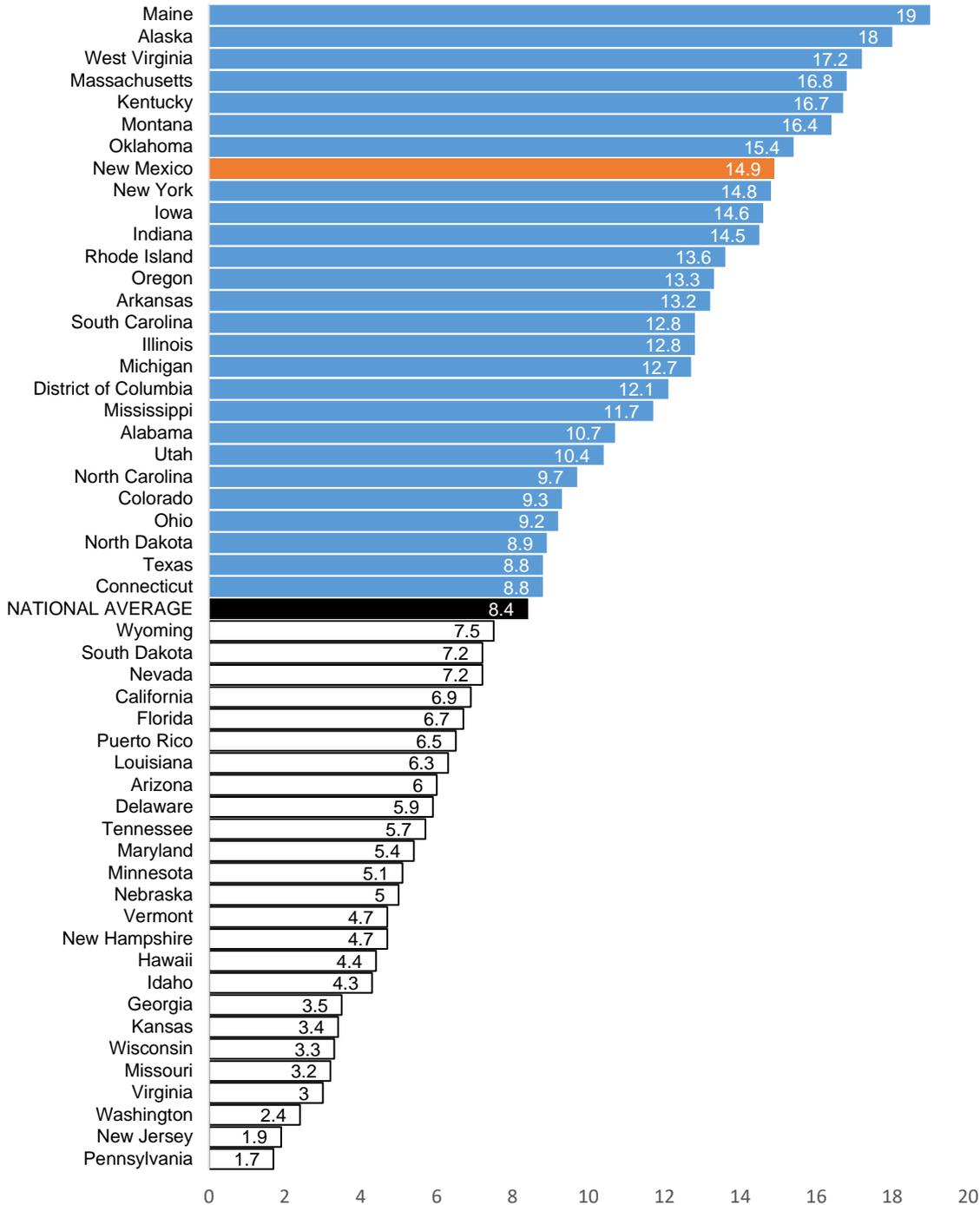
Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program (ETV). These programs are funded under title IV-E on a formula, fixed-grant basis to assist States in providing services and supports that help foster youth acquire the training and skills needed for self-sufficiency. Tribes, Tribal consortia, and Tribal organizations that have an approved title IV-E plan, as well as those that have entered into a title IV-E cooperative agreement or contract with a State, may apply for direct funding for **CFCIP** (including ETV funding and services) as of October 1, 2009.

Title IV-B Child and Family Services. The mandatory formula funding is awarded as annual fixed grants to support States, Tribes, and territories in the development of effective child welfare services and to help them operate every aspect of their child welfare systems—from prevention of child abuse and neglect to adoption—and the information systems necessary to support these programs. Specific programs include the Promoting Safe and Stable Families Program (PSSF) and the Court Improvement Program (CIP).

Child Abuse and Neglect Prevention and Treatment Act (CAPTA). Funds are awarded to States on a formula, fixed-grant basis to assist States in improving child protective services and child maltreatment prevention programs. Programs include the CAPTA State grants, Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), and the Children's Justice Act (CJA).

Appendix C: State Comparison- Victims of Maltreatment per 1,000 Children

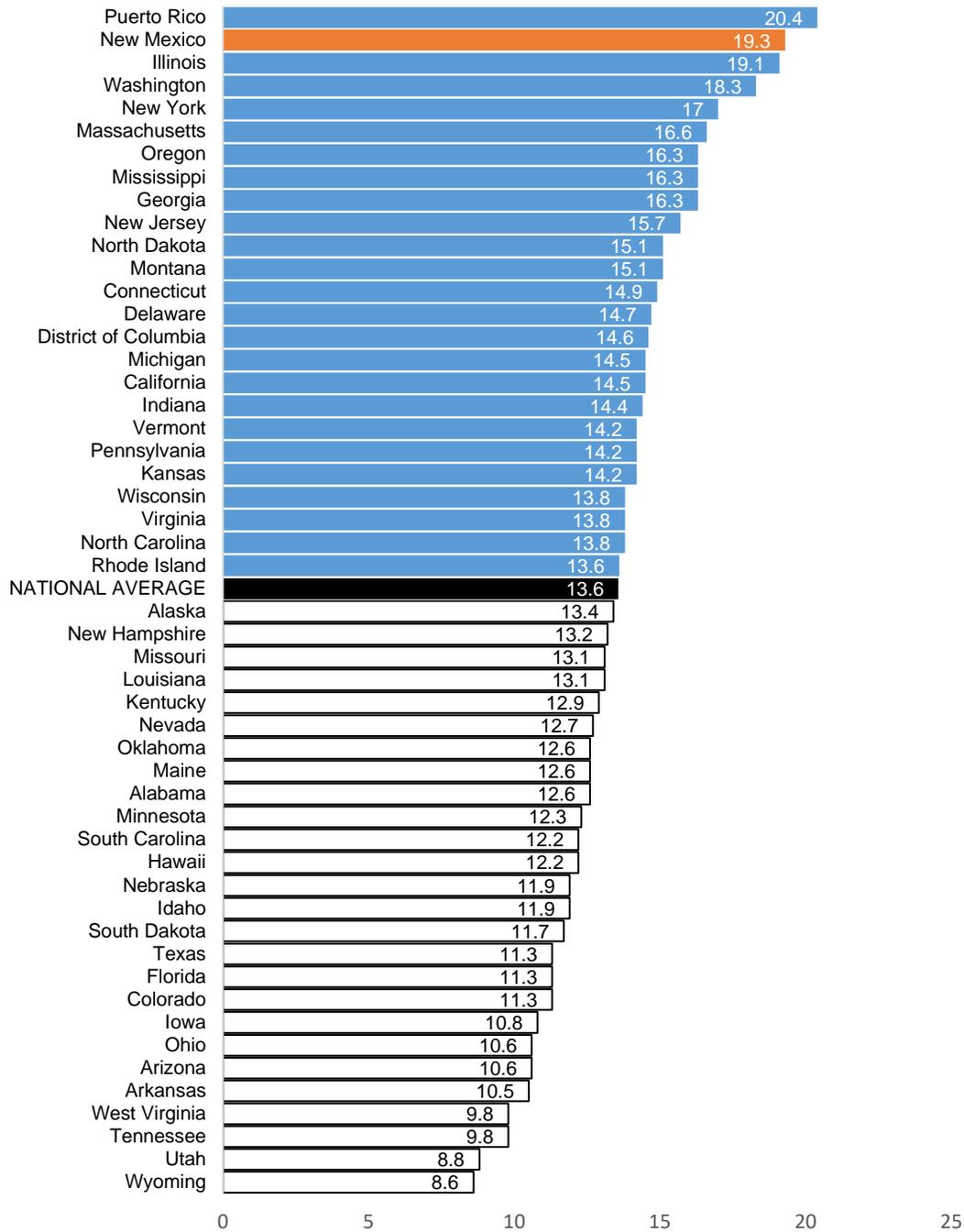
New Mexico Ranks Above the National Average in Rate per 1,000 Children Who Were Victims of Maltreatment in 2020



Source: HHS ACF

Appendix D: State Comparison- Median Length of Stay in Foster Care

Median Length of Stay in Foster Care 2020



Source: Children's Bureau

Appendix E: CYFD FY22, Third Quarter Report Cards



PERFORMANCE REPORT CARD Children, Youth and Families Department Third Quarter, Fiscal Year 2022

ACTION PLAN

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

Kevin S., et al. v Blalock and Scrase Lawsuit Settlement

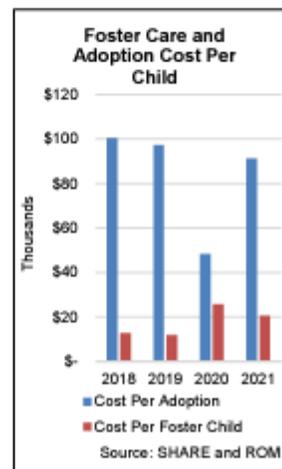
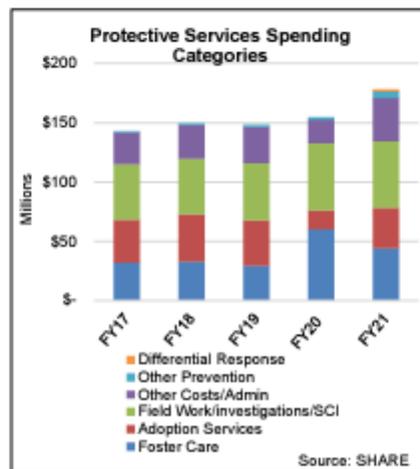
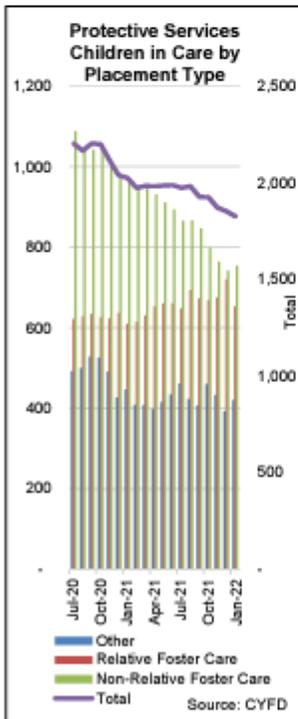
The Lawsuit against CYFD alleged:

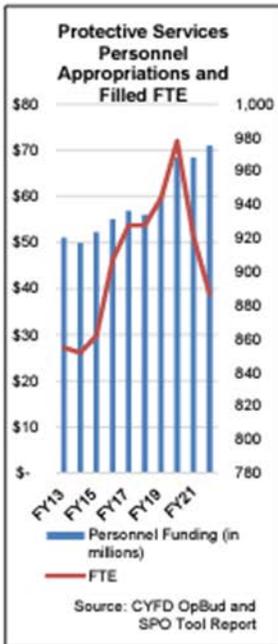
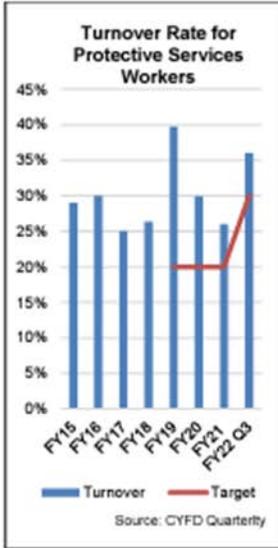
- Systemic failures resulting in harm to children in foster care,
- Lack of stable placements,
- Behavioral health needs unmet,
- No trauma sensitive system, and
- Little behavioral health capacity.

Reducing childhood maltreatment is the primary goal 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 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. Now that the system is nearly fully funded, a childhood maltreatment plan is needed.

Protective Services

Between FY17 and FY22 (through April), preventive services expenditures grew from about \$900 thousand to \$10.3 million, a tenfold increase, with most of the increase occurring in the last two years. During the same period, repeat maltreatment decreased from 17 percent to 14 percent, but remains well above the national benchmark of 9 percent. Preventing abuse that results in involvement with the child welfare system is seen as the key to reducing childhood maltreatment. Most of the increase in prevention services comes from increased general fund allotments and federal Title IV-B community-based child abuse prevention and promoting safe and stable families grants. While the increase is welcomed, prevention spending is only 6 percent of the total Protective Services Budget. There is room for the department to continue expanding prevention by continuing to invest savings from reduced foster care caseloads, as LFC recommended in the last two budget cycles, and submitting a plan to the federal government to draw upon Title IV-E families first prevention services grants, as 37 other states have done.

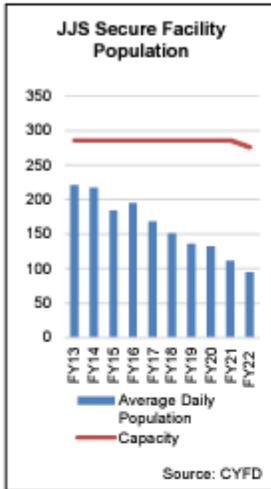




	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1	FY22 Q2	FY22 Q3	Rating
Budget: \$179,905.2 FTE: 1,081							
Children in foster care who have at least one monthly visit with their caseworker	96%	98%	50%	97%	97%	96%	G
Children in foster care for more than 8 days who achieve permanency within 12 months of entry into foster care	29%	30%	30%	32%	33%	35%	G
Children in foster care for 12 to 23 months at the start of a 12-month period who achieve permanency	40%	40%	35%	38%	41%	38%	G
Children in foster care for 24 months, or more, at the start of a 12-month period who achieve permanency	34%	41%	32%	42%	39%	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%	14%	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%	79%	79%	74%	G
Foster care placements currently in kinship care settings	36%	42%	35%	40%	48%	48%	G
Indian Child Welfare Act foster care youth who are in an appropriate placement	New	73%	35%	62%	61%	68%	G
Initial relative placement that transition to permanency or are still stable after 12 months	74%	78%	25%	74%	75%	70%	G
Rate of maltreatment victimizations per one hundred thousand days in foster care	12.6	14.7	8	15.1	11	9.7	Y
Serious injuries with prior protective services involvement in the last year	New	New	26%	48%	70%	17%	G
Average statewide central intake call center wait time in seconds	15	27	180	27	36	30	G
Children who enter care during a 12-month period and stay for >8 days, placement moves rate per 1,000 days of care	5.8	5.6	4	6.2	6.5	4.8	Y
Turnover rate for protective service workers	30%	26%	30%	31%	34%	36%	R
Program Rating							Y

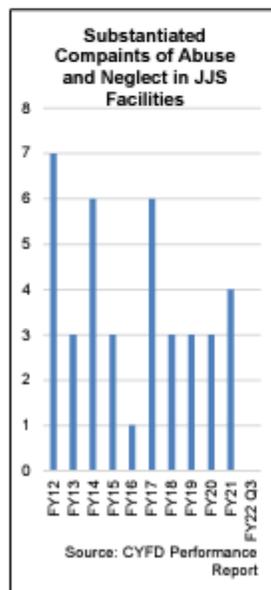
Juvenile Justice Services

Physical assaults in Juvenile Justice Services (JJS) facilities are significantly down, and the percent of Native American youth supervised in the community who are in an appropriate placement as required by the federal Indian Child Welfare Act (ICWA) and



the Kevin S. settlement, was close to targeted levels for the first and second quarters, but third quarter data has not been provided yet. Native American youth have been shown to have better outcomes when in culturally appropriate placements. One area of concern, the turnover rate for youth care specialists increased from 18 percent in FY21 to 30 percent for the third quarter FY22.

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1	FY22 Q2	FY22 Q3	Rating
Budget: \$71,969.8 FTE: 807							
Physical assaults in Juvenile Justice Facilities (target is annual; quarterly numbers are cumulative)	287	224	<285	32	64	55	G
Eligible juvenile justice involved youth that are participating in fostering connections	New	New	60%	40%	54%	64%	G
JJS clients who successfully complete formal probation	94%	90%	85%	91%	86%	85%	G
Recidivism rate for youth discharged from active field supervision	20%	18%	20%	17%	17%	14%	G
Recidivism rate for youth discharged from commitment	41%	33%	55%	27%	33%	38%	G
Clients with improved math scores	68%	No data	56%	N/A	48%	N/A	Y
Clients with improved reading scores	41%	No data	56%	N/A	44%	N/A	Y
Substantiated complaints by clients of abuse and neglect in JJS facilities	3	2	5	0	1	0	G
Turnover rate for youth care specialist	18%	18%	21%	23%	25%	30%	R
Youth being formally supervised by field services currently in kinship care settings	New	17%	35%	17%	15%	13%	R
Indian Child Welfare Act Youth for which proper tribal notification was given	New	61%	90%	84.1%	85%	86%	Y
Program Rating							Y



Behavioral Health Services

Behavioral Health Services reported 100 percent of infants receiving a recommendation for family reunification from a mental health team not being referred back to protective services. This quarter, 105 infants were served but none were 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 percent of youth receiving services from community behavioral health clinicians did not meet the target of 75 percent and has remained stagnant for the last two years. The program's action plan is to fill vacancies and to work with community providers to build rapport. However, the department's action plan did not change for at least the past two years and the program should look at different strategies to improve performance on the measure.

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1	FY22 Q2	FY22 Q3	Rating
Budget: \$45,658.8 FTE: 117							
Infants served by infant mental health teams with a team recommendation for reunification who have not had additional referrals to protective services	94%	70%	90%	0%	100%	100%	G

Children and youth in department custody who are placed in a community-based setting	New	90%	70%	89%	89%	92%	
Clients enrolled in multisystemic therapy who demonstrate improvement in mental health functioning	91%	92%	75%	95%	90%	86%	
Domestic violence program participants who agree they have strategies for enhancing their safety.	New	0%	80%	94%	90%	93%	
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	New	95%	80%	89%	93%	91%	
Increase in supportive or independent housing options for youth ages 16-21 years from baseline FY20 levels	New	15%	20%	25%	25%	25%	
Department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians	64%	65%	75%	67%	67%	65%	
Program Rating							

Appendix F: Results First Analysis for Evidence-Based Programs and Effects on Reducing Child Maltreatment and Out-of-Home Placements

Child Welfare Intervention	Reduction in rates of child maltreatment	Reduction in rates of out-of-home placements
Alternative Response/Differential Response	1.8%	0.7%
Healthy Families America	0.7%	6.4%
Nurse Family Partnership for Low-Income Families	8.4%	NA
Other Family Preservation Services (non-Homebuilders)	2.5%	0.1%
Other Home Visiting Programs for At-Risk Mothers and Children	10.0%	2.9%
Parent Child Interaction Therapy (PCIT)	13.9%	NA
SafeCare	3.0%	NA

ⁱ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2020. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

ⁱⁱ Slack, K. S., Holl, J. L., McDaniel, M., Yoo, J., & Bolger, K. (2004). Understanding the risks of child neglect: An exploration of poverty and parenting characteristics. *Child Maltreatment*, 9(4), 395-408. <https://doi.org/10.1177/1077559504269193>.