



Report and Recommendations of the Senate Memorial 5 Taskforce

January 2025

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The Senate Memorial 5 Task Force was convened and the following report was developed with support from the Legislative Finance Committee staff.

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Executive Summary

Senate Memorial 5 Taskforce

New Mexico experiences persistently high rates of child maltreatment and repeat maltreatment. While New Mexico experienced a decline in the number of children in foster care since 2017, this trend reversed in 2023. In FY24, roughly 2 thousand children in New Mexico were in foster care. During the 2024 session, the New Mexico Legislature passed Senate Memorial 5, which established a taskforce to review and make recommendations for improving the state's child welfare system. This report reflects information considered by the taskforce and highlights discussions and recommendations developed by the group.

The taskforce reviewed the child welfare system within the historic and economic context of the state, recognizing persistently high rates of poverty, substance use, and adverse childhood experiences, which likely contribute to high rates of child maltreatment. At the same time, the taskforce studied and considered data from within New Mexico's child welfare system, as well as research and evidence-based approaches in other states which indicate New Mexico can and should make systemic changes to the state's child welfare system to improve outcomes for children and families.

Workforce is a critical lever for improving outcomes, and the taskforce reviewed and recommended a variety of strategies to recruit, train, and retain a professional child welfare workforce. . In addition, New Mexico must develop data-informed approaches to address insufficient numbers of community-based placements and behavioral health services for children in state care. New Mexico should also expand and implement robust prevention and early intervention programs to intervene and divert the need for family separation and foster care placements. Overall, child welfare system oversight and accountability are insufficient in New Mexico and could be strengthened to improve outcomes. New Mexico could look to juvenile justice system improvement, implemented by CYFD since 2008, and continue to use data and evidence-based approaches to improve systems overseen by the department.

Key Recommendations

Across all recommendations, the taskforce stressed the importance of establishing clear goals and outcome measures, monitoring implementation, and tracking progress toward identified outcomes to evaluate whether the recommendations have been implemented and had the intended impact. These recommendations are summarized below and outlined in further detail in the body of the report.

1. **Addressing workforce challenges by recruiting, training, and retaining a professional child welfare workforce are critical for system improvement:** the taskforce recommended leveraging internal survey data to target retention and training strategies. In addition, the taskforce recommended focusing on increasing licensed social workers in frontline and supervisory positions, setting targets and using incentives, and tracking progress on the proposed strategies, particularly evaluating the impact on caseworker retention.
2. **Focus on training, supporting, and retaining community-based providers and resource homes, particularly for youth without home placements or with multiple placements:** the taskforce recommends piloting a variety of strategies to increase the number and improve retention of resource homes (foster families) to increase community-based placements; address barriers and implement strategies to incentivize behavioral health screening and access for youth in care through contracts with Managed Care Organization.
3. **Implement prevention and early intervention strategies to reduce maltreatment and repeat maltreatment:** The Children, Youth and Families Department should implement evidence-based and evidence-informed prevention and early intervention approaches, leveraging federal funding, and track, evaluate, and report about the progress of implementation annually. In addition, the taskforce recommends the Legislature update statutory language related to the prevention and early intervention programs the department should implement.
4. **Enhancing and strengthening systems of oversight and accountability mechanisms:** including strengthening existing citizen review board functions, enhancing publicly-available outcome and performance reporting, and considering new oversight and governance mechanisms.
5. **Continue to make data-informed decisions to implement evidence-based programs within juvenile justice services:** the state should seek to better understand current data trends and program outcomes to inform future decisions about juvenile justice and services and address recent trends.

Background: Senate Memorial 5 Taskforce

Senate Memorial 5

In 2024, the Legislature passed Senate Memorial 5, which established a taskforce to make recommendations to improve the state’s child welfare system. The memorial specifically called upon the taskforce to, “augment and improve the governor’s efforts to improve the child welfare system” including “the organizational structure and operations of the Children, Youth and Families Department and make recommendations for necessary changes” across a variety of areas including:

- Agency mission, vision, and values compared to national best practices;
- Agency organizational structure;
- Implementation of the multilevel response system known as differential or alternative response, compared with statutory framework and national best practices in child welfare administration;
- Implementation of wraparound services, prevention, and early-intervention services;
- Best practices in safety, permanency, and well-being for children, including hard-to-place children;
- The qualifications and practices for the recruitment and retention of front-line workers;
- Best practices for equity considerations; and
- Juvenile crime trends and best practices in prevention, early intervention, and evidence-based, trauma-informed programming.

The memorial directed the taskforce to make recommendations to the Legislature and Governor by November 15, 2024.

Taskforce Membership

Senate Memorial 5 established a taskforce of 12 members, with 6 members appointed by elected officials and 6 members identified by the New Mexico Legislative Finance Committee. In May of 2024, the New Mexico Legislative Finance Committee confirmed the appointments listed in the table. Information about taskforce membership is listed in Appendix A.

As directed in the memorial, staff from the Legislative Finance Committee provided administrative and taskforce coordination support.

Taskforce Meetings

The taskforce convened in June of 2024 and held meetings on the following dates, with discussion focused on topics outlined in the memorial. These taskforce meetings were available to the public and streamed online.

Table 1. Taskforce Meetings

May 24, 2024	Child welfare system overview: trends and system organization
June 21, 2024	Prevention and early intervention
July 25, 2024	Child welfare workforce
August 16, 2024	Access to services: community-based placements and children’s behavioral health
September 27, 2024	Compliance, oversight, and accountability
October 25, 2024	Juvenile Justice
November 15, 2024	Discussion of recommendations
December 6, 2024	Discussion of recommendations
December 17, 2024	Final adoption of recommendations and report

Background

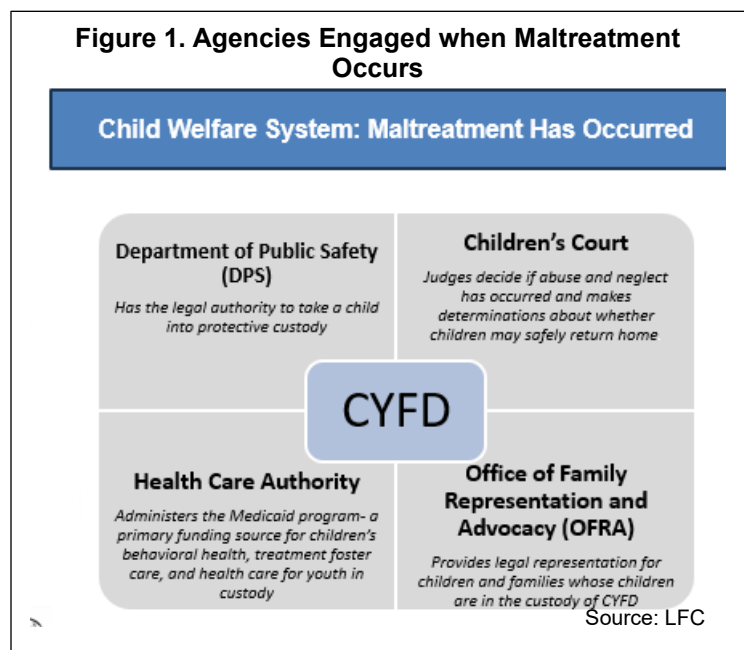
Historical Context

Congress passed the Child Abuse Prevention and Treatment Act (CAPTA) in 1974 to address child abuse prevention and treatment. This act provided funding for states to focus on prevention, identification, and treatment of child abuse. Following the passage of CAPTA, concerns were raised regarding whether states were unnecessarily removing children, as well as the lack of oversight within the foster care system. To address these concerns, the Adoption Assistance and Child Welfare Act was passed by Congress in 1980. This act created the Title IV-E program and required states to make “reasonable efforts” to keep families together. Additionally, the act required states to develop a state plan detailing how child welfare services are delivered.

Focusing on New Mexico, in 1991, the governor at the time convened a taskforce that led to the creation of the Children, Youth, and Families Department (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. One of the key recommendations of the taskforce report was prevention and early intervention, which is evident in the fact that preventative services was one of the original CYFD divisions.

In 1992, child and adult protective services were transferred from then Human Services Department to CYFD. According to the enabling legislation, the purpose of the Children, Youth and Families Department Act is to establish a department of state government that shall: (a) administer all laws and exercise all functions formerly administered and exercised by the youth authority, as well as administering certain functions related to children, youth and families that were formerly administered by other departments or agencies of the state; (b) assist in the development of state policies and plans for services to children, youth and families, including policies and plans that endeavor to strengthen client self-sufficiency and that emphasize prevention without jeopardizing the necessary provision of essential treatment and early intervention services; (c) advocate for services for children, youth and families as an enduring priority in New Mexico; and (d) provide leadership to other agencies that serve children, youth and families to ensure a coordinated and integrated system of care and services for children, youth and families.

In 2005, legislation transferred adult protective services to the Aging and Long-Term Services Department and consolidated the seven divisions within CYFD into four programs, dropping preventative services as a focus area. In 2020, early childhood programs, including childcare assistance and home visiting, moved to the Early Childhood Care and Education Department. The current CYFD structure includes four service areas or programs: Juvenile Justice Facilities, Protective Services,



Behavioral Health, and Program Support. While CYFD is ultimately responsible for responding to cases of child maltreatment, a variety of state agencies are involved in the system, as evidenced by the graphic in Figure 1.

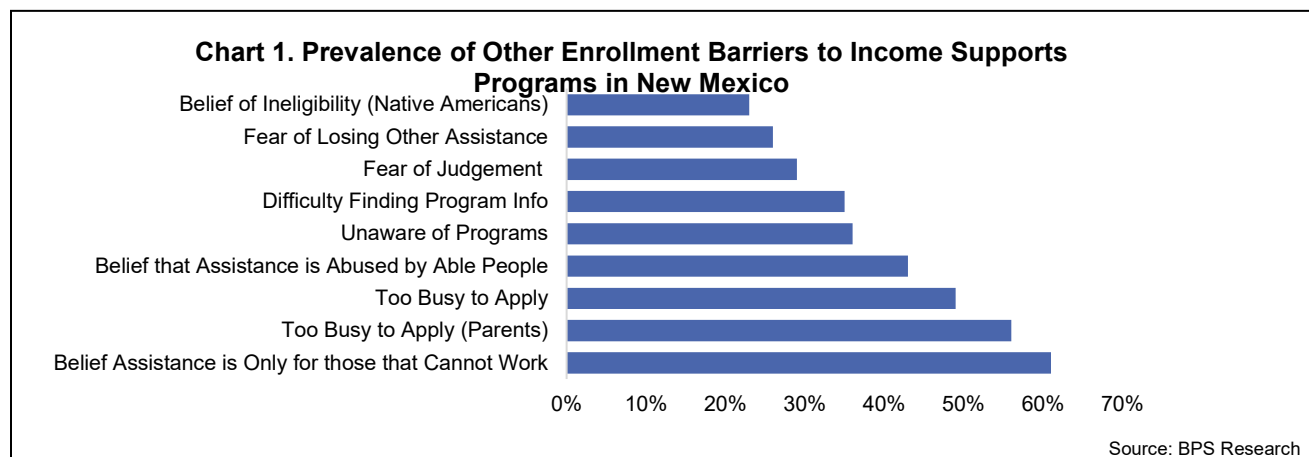
Economic Context

New Mexico's poverty rate of 17.6 percent in 2022 is 58 percent higher than the national average of 11.5 percent and is the highest unadjusted poverty rate in the nation. The state's poverty ranking has not substantively changed in 20 years, despite large investments in income support and pandemic-related stimulus programs.

In 2023, LFC released a progress report, following-up on a 2020 Program Evaluation that studied the impacts of the various programs in New Mexico, which provide direct economic assistance for families, aiming to alleviate poverty.ⁱ The report concluded that while the state's income support programs, like TANF and SNAP, provide meaningful assistance for people, they have not meaningfully impacted systemic poverty. Between FY19 and FY24, the state saw a total budget increase of 42 percent in these programs. In FY23, New Mexico spent over \$10.1 billion of state and federal funds on income support programs – \$2.6 billion more than in FY19. Over the same time, poverty levels remained stubbornly high, with poverty rates staying around 18 percent. In 2022, New Mexico had the highest poverty rate in the nation at 17.6 percent, and since at least 2000, New Mexico has persistently ranked as one of the poorest states in the country.

Analysis suggests that if families received every benefit for which they are eligible, they generally can receive enough assistance to make a living wage. However, the LFC report also found that most individuals do not access all benefits for which they are eligible. The report cited a variety of barriers to access likely contributing to this dynamic. A Department of Finance and Administration study from 2020 explored the reasons why New Mexican families do not participate in income support programs (see Chart 1).

In 2024, a study conducted by Chapin Hall, analyzing data from the 100% Community Survey in New Mexico also concluded New Mexicans experience significant challenges accessing services, including medical and dental care, services for children, and housing assistance.ⁱⁱ During the 2024 legislative session, the Anna Age 8 Institute also received funding to convene a taskforce over the next two years to identify communities' needs and develop a comprehensive trauma-informed child and family services system blueprint. This work is not specific to child welfare but will map and make recommendations about primary prevention programs.



Over the last several years, the concept of guaranteed basic income (GBI) or universal basic income (UBI) has become increasingly popular. However, research findings regarding these programs tend to be mixed, with rigorous study designs finding few impacts of cash payments and guaranteed income on health, education, and long-term economic prospects, though recipients often self-report improved well-being and satisfaction with these programs. According to the Stanford Basic Income Lab, there have been over 100 GBIs nationally. However, few GBIs in the United States have published results.ⁱⁱⁱ The existing evidence on previous and ongoing GBIs is limited but the most rigorous research shows few long-term impacts on health, education, and economic prospect outcomes.

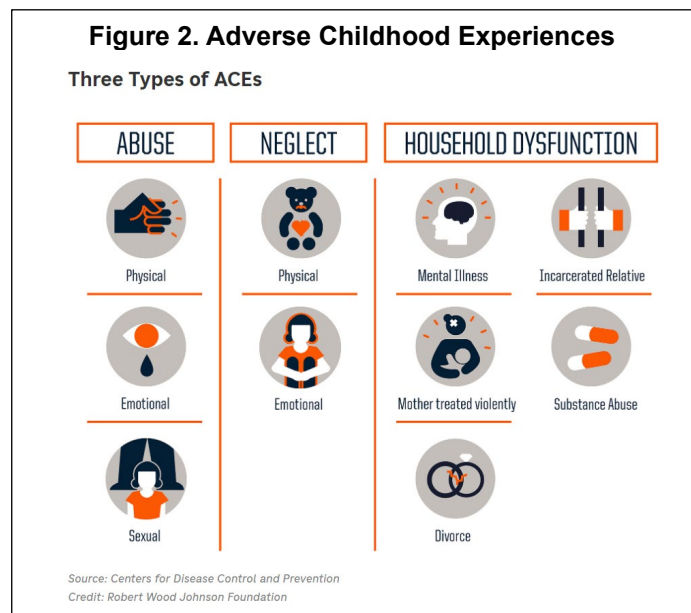
A randomized control trial conducted by the National Bureau of Economic Research examined the effects of the Supplemental Security Income (SSI) Program in the United States.^{iv} The study found sustained financial support provided to infants with poor health through the SSI program did not result in discernible improvements in a range of key outcomes, including health, education, and long-term economic prospects. The most rigorous research available from national studies shows limited impact of GBI on participant outcomes related to poverty level, workforce participation, health, and education outcomes outside of improved well-being, typically self-reported, while less rigorous studies report mixed results.^v In relation to child maltreatment, one study causally linked the Alaska Permanent Dividend Fund to a decrease in child abuse and neglect referrals by 10 percent for families who received at least \$1,000.^{vi}

Since 2021, two GBI projects have concluded in New Mexico. One of these projects, spearheaded by New Mexico Appleseed, focused on unhoused students in the communities of Cuba and West Las Vegas. This initiative found those individuals who received the cash transfer (as well as tutoring and social-emotional support) had high retention and graduation rates, as well as high grade point averages, as reported by their school district. However, the study had no control group to allow for a comparison. Simultaneously, the Santa Fe Community College (SFCC) also conducted a pilot with a focus on parents enrolled in a certificate or degree program at SFCC and making less than 65 percent of the average median income. Results from this initiative are not yet released. There are two other pilots currently collecting data, one is statewide and focuses on immigrants. The other is for low-income individuals in Las Cruces and is set to be evaluated by New Mexico State University's Crimson Research. Generally, participants report positive experiences, however, evaluations focusing on medium- and long-term impacts are not available.

Broadly, peer-reviewed research demonstrates that income support programs, like the Earned Income Tax Credit and Temporary Assistance for Needy Families (TANF) is associated with reductions in child maltreatment.^{vi} However, the research demonstrating this connection tends to be correlational and not causal. Additionally, researchers found that even while these anti-poverty programs are correlated with reductions in child abuse and neglect, program uptake is a significant barrier that needs to be addressed. Ultimately, LFC reports have noted investments in income support and other programs to support families in New Mexico have tended to outpace program uptake.

Poverty is a risk factor for child maltreatment; a variety of studies have demonstrated a correlation between poverty and risk of maltreatment. At the same time, research concludes child maltreatment and placement into foster care results from an accumulation of adversities, not simply poverty.^{vii} Furthermore, in October 2018, the New Mexico Supreme Court in the case *State of New Mexico ex rel v. Heather S*, overturned findings in a lower court case of neglect and clarified New Mexico’s definition of neglect, which requires a court to consider whether a parent or caregiver is providing for what is essential to child well-being, and then determine if this is because of parental actions or lack thereof, not as a result of poverty.^{viii}

Other familial factors, including high rates of adverse childhood experiences (ACEs), also likely contribute to child maltreatment. A U.S. Center for Disease Control and Prevention study in the mid-1990s first found a strong relationship between adverse experiences and a child’s development and long-term risks. Reducing the number of adverse experiences—at risk families often have more than one—can break negative generational cycles and improve health and well-being. According to the New Mexico Department of Health, roughly 25 percent of New Mexicans have four or more ACEs, and 67 percent of adults in New Mexico have one or more ACEs.^{ix} A variety of economic and social factors in New Mexico, including high rates of poverty, substance use, domestic violence, unmet behavioral health needs, unstable housing, along with a large share of New Mexicans with multiple ACEs are likely connected to high rates of child maltreatment in New Mexico.



New Mexico Child Welfare Trends

New Mexico experiences rates of child maltreatment and repeat maltreat that are persistently higher than national rates. 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.

At the federal level, the Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caregiver that results in death or serious physical or emotional harm.”

All states are required to report data about child maltreatment to the federal Administration of Children and Families, though definitions vary by state.

Similarly, in FY24 New Mexico’s repeat maltreatment rate, which measures the rate at which children with a substantiated case of abuse or neglect have another substantiated case within 12 months, is also persistently higher than the national average; In FY24, New Mexico’s repeat maltreatment rate was 15 percent, while the national benchmark was 9 percent. The state’s rate of repeat maltreatment increased in FY24. Mirroring national trends, neglect is the most commonly reported form of child maltreatment in New Mexico, accounting for roughly two-thirds of all child maltreatment cases.

The number of children in foster care in New Mexico steadily declined between 2017 and 2022, and the rate of children in foster care in New Mexico has trended lower than other states. At the same time, according to data published by the Annie E. Casey Foundation, New Mexico has historically had a lower rate of placement in foster care, compared to national averages. The declining number of children in care reversed in 2023, and the number has continued to grow. In August 2024, 2,094 children were in foster care.

The demographics of children in foster care in federal fiscal year 2022, the most recently published, are listed below.

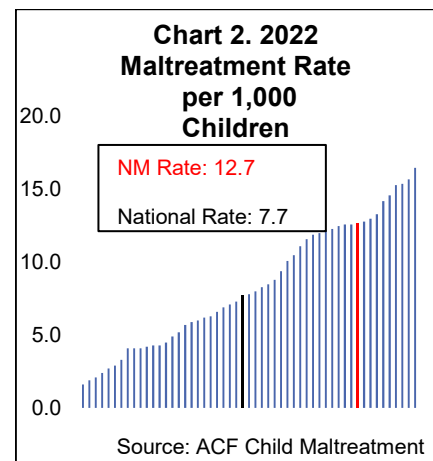


Table 2. Race and Ethnicity of New Mexico Foster Care v. New Mexico Child Population (Federal Fiscal Year: FFY October 1 – September 30)

	Children in Foster Care FFY22 (N=1,800)	Children Entering Foster Care FFY22 (N=945)	Child Victims FFY22 (N=5,817)	NM Child Population FFY22 (N=459,513)
American Indian/ Alaska Native	6%	8%	9%	10%
Asian	0%	0%	0%	1%
Black or African American	4%	3%	2%	2%
Native Hawaiian/ Other Pacific Islander	0%	0%	0%	0%
Hispanic (of any race)	64%	61%	57%	62%
White	21%	20%	17%	23%
Unknown	2%	4%	12%	0%
Two or More Races	3%	3%	2%	3%

Sources: 2022 NM AFCARS Report and 2022 ACF Child Maltreatment Report

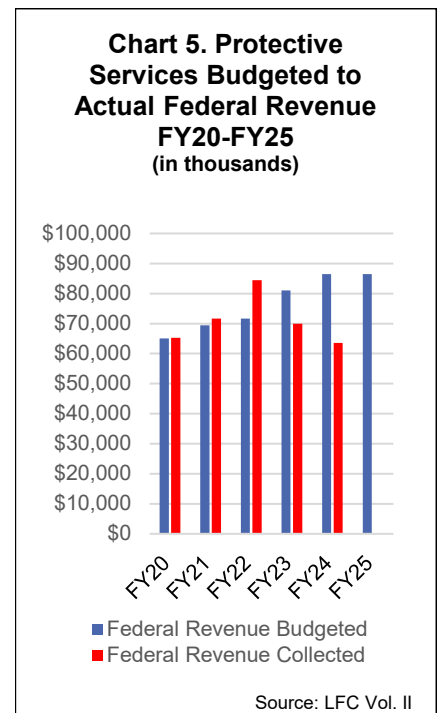
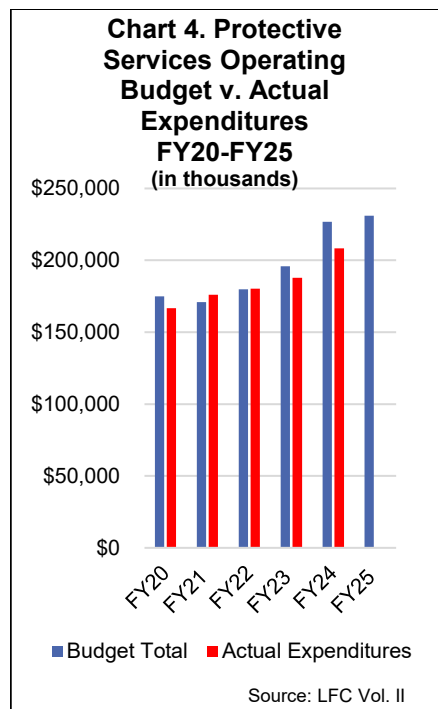
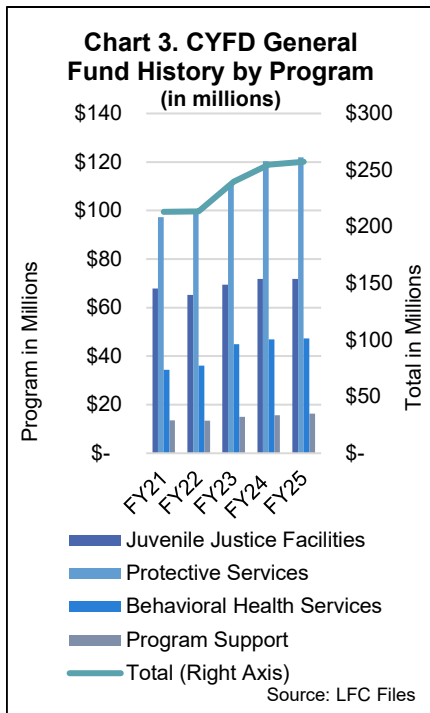
Children, Youth and Families Budget

Between FY20 and FY24, general fund appropriations to CYFD grew by \$49 million (24 percent), while spending at the agency did not keep pace, and the agency experienced large reversions. In FY23, CYFD’s operating budget was \$346 million, while actual expenditures were \$326 million, and the agency’s FY24 operating budget was \$384.5 million. In FY23 CYFD reverted \$9.7 million, and in FY22 CYFD reverted \$33 million. In part for these reasons, during the 2024 session the Legislature appropriated an FY25 CYFD operating budget that was relatively flat (\$389.2 million), compared to FY24.

However, in 2024 the Legislature also made a variety of three-year, targeted special appropriations through the Government Results and Opportunity (GRO) Fund, totaling \$18.6 million, to address systemic challenges within the state’s child welfare system, including workforce, community-based placements for foster youth, and evidence-based prevention and early intervention programs.

Following the 2024 legislative session, CYFD shared the Protective Services program was drawing down federal Title IV-E revenue at a level that was significantly below budgeted levels. As a result, CYFD ended FY24 with total spending of \$347.9 million, well below the \$384.5 million operating budget, but with a deficit of roughly \$9.5 million in Protective Services. CYFD is seeking technical assistance to review the agency’s Title IV-E reimbursement procedures and identify additional opportunities to maximize federal revenue.

Protective Services makes-up the largest portion of CYFD’s operating budget, totaling roughly \$231 million in FY25. In FY25 within the Protective Services operating budget, \$125.3 million, or 54 percent of budgeted revenue, was from the state’s general fund.



Child Welfare Workforce

A stable, professional workforce is essential to improve the state’s child welfare system.

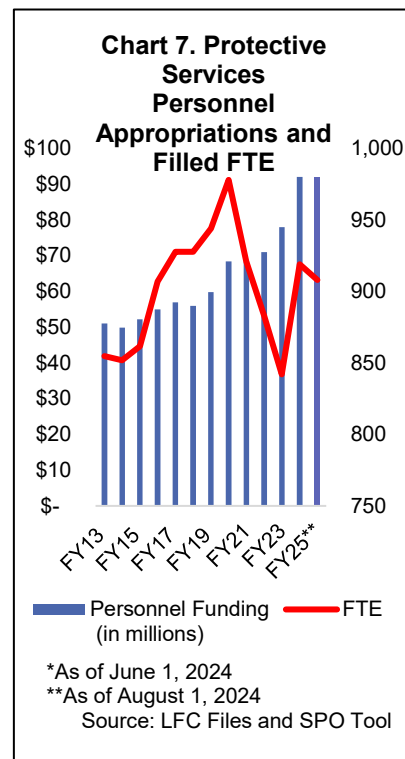
A stable, professional workforce is essential for a successful child welfare system. Yet New Mexico, like many other states, faces significant child welfare workforce challenges, including insufficient numbers of licensed social workers and high caseworker turnover, resulting in high caseloads and potential missed opportunities to prevent child maltreatment or reach permanency decisions for youth in custody quickly. According to the child-focused Annie E. Casey Foundation, while recruitment and retention in child welfare is a decades-long issue, workforce challenges have become more urgent following the Covid-19 pandemic.

The National Child Welfare Workforce Institute reports the components of a healthy child welfare workforce include manageable workloads, competitive salaries and benefits, positive organizational cultures, access to education and professional development opportunities, effective leadership, strong community partnerships, and inclusivity.^x

Child welfare workforce trends in New Mexico indicate acute recruitment and retention challenges.

According to the Child Welfare League of America, social work degrees are the most appropriate degrees for the child welfare field of practice and are linked with better outcomes for children and families and retention of child welfare staff.^{xi} However, New Mexico faces significant shortages in licensed social workers statewide. This shortage impacts the state’s child welfare agency. CYFD has not focused Protective Services recruitment on licensed social workers and has reduced education requirements for Protective Services caseworkers over time, citing social worker shortages. Current caseworker job postings require a bachelor’s degree in social work, education, counseling psychology, sociology, criminal justice, and any combination of education and experience may be substituted for the required education and experience. For example, a high school diploma and four years of experience qualify individuals for a caseworker position. Turnover and high rates of vacancies are persistent challenges within Protective Services. In recent years, the Legislature has increased appropriations for Protective Services staffing, but persistent turnover has hindered net progress toward increasing Protective Services staffing levels.

In FY24 the Legislature funded a nonrecurring \$3 million appropriation to support the CYFD workforce development plan, in response to the *Kevin S.* settlement, to include secondary trauma self-care support,



In June 2024, CYFD reported to the task force roughly 7 percent of front-line case workers in Protective Services were licensed social workers. Nationally, estimates of the share of licensed social worker workforce among front-line caseworkers is roughly 40 to 50 percent, according to the National Child Welfare Workforce Institute.

training and professional development, local recruitment campaigns, recruitment incentives for licensed social work graduates in New Mexico and other states to work in protective services, caseload improvement and cross-training, evidence-based core competency model development, and mentorship and leadership program development. This appropriation went largely unused and was reauthorized for FY25. 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 and holding rapid-hire events to recruit staff. In addition, the Legislature has made significant investments in social work education, described later in this report.

Caseloads.

According to the Child Welfare League of America (CWLA), unmanageable caseloads and workloads impact workers’ ability to achieve positive outcomes for the children and families and contribute to case worker turnover. CWLA sets caseload standards that reflect the maximum number of cases for which a worker should be responsible. As part of the *Kevin S.* foster care lawsuit settlement agreement, the state committed to reducing child welfare caseloads. Specifically, CYFD committed no caseloads would exceed 200 percent of the caseload standards by December 2023. In January 2024, the co-neutral *Kevin S.* settlement monitors assessed 19 percent of caseworkers had caseloads that exceeded these standards. While in the aggregate, caseload data appears close to benchmarks, caseloads may vary widely by county and individual caseworker. CYFD provided the taskforce with data in June 2024 that indicates 17 counties, including Bernalillo, Dona Ana, San Juan, McKinley, and Santa Fe, had caseloads that far exceed benchmarks. Permanency placement worker cases exceeded benchmark standards in 13 counties, including Bernalillo, Dona Ana, and San Miguel. In June 2024, CYFD reported the agency needs to hire roughly 100 more full-time staff to meet caseload standards. CYFD requested funding to hire an additional 101 caseworkers in Protective Services within the agency’s FY26 operating budget request.

Table 5. Protective Services Caseworker Benchmarks

Investigations	12 active cases
Permanency Planning	15 children
Placement	25 licensed families
In-Home Services	8 active families

Source: CYFD Workforce Plan

Compensation.

In 2023, a legislative compensation study found that average caseworker salaries in New Mexico tend to exceed average salaries in benchmark states. In addition, on average salaries in investigation caseworker roles at CYFD tend to exceed those of planned permanency workers. CYFD has implemented a framework to reset investigation salaries but has not yet done the same for planned permanency workers. At the same time, licensed social workers may have opportunities for greater compensation outside of child welfare. To address recruitment and retention challenges, the state might further incentivize certain

Table 6. CYFD Caseworker Compensation

CYFD Role	CYFD Avg. Salary (in thousands)	Market Comparison Base Salary 50th Percentile	NM Variance to Market 50th Percentile
CPS Investigation Case Worker	\$61.4	\$40.9	50%
CPS Placement Specialist	\$71.7	\$47.2	52%
CPS Placement Sr Wkr	\$64.7	\$56.8	14%
CPS Placement Supv	\$72.1	\$65.3	10%
CPS County Office Manager	\$91.4	\$98.8	-7%
CPS Perm Plg Case Wkr	\$52.5	\$41.4	27%
CPS Perm Plg Sr Wkr	\$62.7	\$49.9	26%

Source: 2023 Compensation Benchmarking Study

hard-to-fill caseworker roles, both within the department and to compete with other states and industries seeking social workers. In 2024 the Legislature appropriated \$1.7 million for a three-year pilot to incentivize attainment of masters-level social work licensure to develop and retain caseworkers and directed CYFD to report to the Legislature about the number of licensed social workers in caseworker positions. CYFD reports implementing a 10 percent salary increase for licensed social workers within Protective Services and plans to track and evaluate the impact of this strategy on retention.

New Mexico should focus on strategies to train and retain a professional child welfare workforce.

CYFD has experienced high rates of Protective Services caseworker turnover, though the rate improved in 2024 and now hovers around 30 percent. The workforce plan developed in response to the *Kevin S.* settlement aimed to address factors contributing to high vacancies and turnover, including secondary trauma and burnout experienced by caseworkers, the need for trauma-informed training and development, and the need for other recruitment and retention strategies.

Nationally, average turnover rate estimates for child welfare workers range between 20 and 30 percent, which both impacts the ability of child welfare organizations to operate effectively and is costly. Nationally, on average, child welfare case workers remain on the job for 1.8 years.^{xiii} The Annie E. Casey Foundation reports high turnover directly impacts children and families served by child welfare agencies and is associated with more placement disruptions, time in foster care, incidents of child maltreatment, and reentries to foster care. Annual turnover rates at or below 12 percent are considered optimal in health care and human services.

CYFD exit survey data collected in 2023 highlighted factors related to lack of support from leadership and feelings of being overwhelmed and overworked as some of the main reasons for leaving the organization, and the taskforce discussed options for collecting, analyzing, and using exit survey data to inform retention strategies. The taskforce also discussed a variety of strategies that could reduce case worker burnout, including behavioral health support and wellness programs for caseworkers as well as using exit survey data and improving communication and training to address root causes of turnover.

To address workforce training needs, CYFD shared with the taskforce plans to partner with New Mexico Highlands University to establish a pilot child welfare academy, which will provide short-term training for all Protective Services staff. CYFD requested \$3 million for this purpose in the agency’s FY26 operating

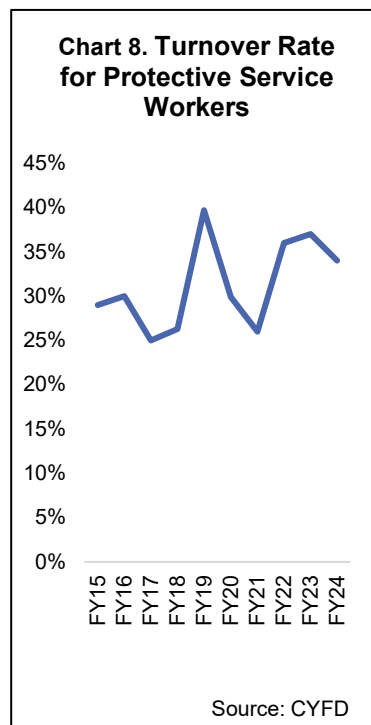


Table 7. 2023 CYFD Exit Survey Results: Most Frequently Reported Reasons for Leaving

Lack of support from leadership	19%
Overworked/ workload	8%
New Opportunity	8%
Too many cases/backlog	7%
Mental health	7%
Personal reasons	5%
Burn out	4%
Underpaid	4%
Not feeling valued	4%
Environment/ structure of the dept.	4%

Source: 2023 CYFD Exit Survey Report

budget. CYFD also reports plans to implement a workforce well-being program in partnership with a New Mexico healthcare provider network. The taskforce also discussed the importance of dedicated, consistent, and supportive training for caseworkers. Alongside any workforce development and retention strategies, the taskforce discussed the importance of identifying goals, evaluating implementation, and tracking outcomes to determine whether these strategies impact workforce outcomes.

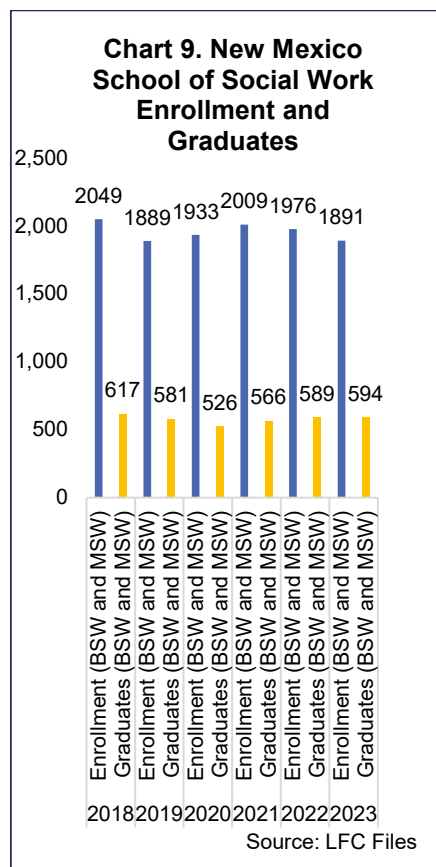
According to a systematic literature review conducted by the Institute for the Advancement of Social Work Research and the University of Maryland, professional commitment and level of education are the most consistent personal factors and supervisory support and workload are the most consistent organizational factors related to retention within child welfare.

Increasing Licensed Social Workers in the Child Welfare Workforce.

According to the Child Welfare League of America, social work degrees are the most appropriate degrees for the child welfare field of practice and are linked with better outcomes for children and families and retention of child welfare staff.^{xiii} However, New Mexico faces significant shortages in licensed social workers statewide. This shortage impacts CYFD’s workforce, and efforts to increase the number of licensed social workers working within Protective Services could improve workforce retention and outcomes for children and families.

Applications and enrollment have fallen among the state’s schools of social work; enrollment in bachelor’s level social work programs was up 2.9 percent between 2022 and 2023 but down 15 percent over the past five years. Higher education institutions’ enrollment in master-level social work programs fell 8.4 percent from 2022 to 2023 but experienced a net increase of 1.1 percent over the past five years. In SY23, a total of 1,891 students were enrolled in bachelor of social work (BSW) or master of social work (MSW) programs in New Mexico, and 594 students graduated with a bachelor’s or master’s degrees. Licensure exam passage rates have been cited as a barrier to increase the number of social workers in the state; while the BSW licensure exam pass rate lags the national average, MSW and LCSW passage rates in the New Mexico are on par with national rates.

To address social worker shortages across New Mexico, the state has increased spending on social work programs by 29 percent between FY19 and FY23. Over the past three years, the Legislature has appropriated \$80 million for social work endowments for faculty and financial aid. At a relatively conservative assumption of a 4 percent return, the endowments would provide \$3.2 million annually for social work programs, equivalent to a 44 percent increase on the combined total \$7.2 million in social work programs spending in FY23. These investments should position social work programs to increase faculty by about 50 percent and increase enrollment. However, initial funding distributions were delayed, and it is currently unclear how the funds have been distributed and unknown how funding increases will translate into additional faculty and graduates. In 2022, the Legislature also made an appropriation of \$10 million to the University of New Mexico to support the establishment of a school of social work in Albuquerque.



New Mexico could also redesign and better leverage existing workforce training programs, which are supported by federal funding. The Title IV-E of the Social Security act, commonly called Title IV-E, allows states to claim federal reimbursement for costs associated with providing foster care and adoption assistance to children who meet federal eligibility criteria. Title IV-E education programs, commonly referenced as “stipend programs” are delivered through partnerships between social work programs at institutions of higher education and state child welfare agencies. Title IV-E training programs provide stipends or tuition reimbursement for undergraduate and graduate social work education. The Title IV-E stipend program is the primary source of federal funding available to support the improvement of the child welfare workforce. Research suggests Title IV-E stipend programs successfully prepare licensed social workers to work in public child welfare, and participants have longer tenures in child welfare than nonparticipants.^{xiv} Title IV-E grants flow through CYFD, and federal data suggests federal Title IV-E grant expenditures for training have declined since 2020. In FFY20 CYFD reported \$3.2 million in federal Title IV-E training expenditures. CYFD is projecting \$2 million in FY24.

Table 8. Social Work Exam Passage Rates 2018-2021

	NM	US Average
BSW	57%	72%
MSW	76%	78%
LCSW	82%	82%

Source: National Association of Social Work Boards

In New Mexico, Eastern New Mexico University (ENMU) New Mexico Highlands University (NMHU), New Mexico State University (NMSU), and Western New Mexico University (WNMU) operate Title IV-E stipend programs that provide students with a stipend in exchange for up to five years of service at CYFD after graduation. If students do not complete their terms of service at CYFD, they must repay stipend awards. Currently, the schools of social work fund the match portion to draw down Title IV-E funds, and stipend amounts vary by school. For example, master’s students at WNMU can receive up to \$9 thousand, while master’s students at NMSU can earn up to \$24 thousand. The length of service commitment at CYFD depends on the student stipend award. The state may be underleveraging the Title IV-E program and could redesign the program and partnerships to train frontline caseworkers and increase the number of licensed social workers in Protective Services. CYFD reported to the taskforce in June 2024 a total of 33 stipend students worked at CYFD during the prior academic year. The taskforce discussed a variety of strategies to increase the number of licensed social workers working within CYFD, particularly prioritizing roles with supervisory responsibilities.

Stipend programs are funded by federal Title IV-E training program funds, which allows states to reimburse up to 75 percent of eligible training costs, multiplied by the state’s Title IV-E foster care penetration rate is roughly 0.49. A state’s Title IV-E foster care penetration rate is the percentage of children in foster care placement who are eligible for Title IV-E program reimbursement.

Workforce Recommendations:

The development and stabilization of the workforce is core to the functioning of the child welfare system. The state needs to focus on retention, as high rates of turnover undermine any recruitment efforts.

The Children, Youth and Families Department:

1. Consider implementing evidence-based hiring practices (ex. realistic job previews) which have been shown through research to improve hiring decisions and retention.
2. Collect and review exit survey and other employee data to inform retention strategies and report actions and outcomes annually.

3. Implement annual surveys of organizational culture (staff surveys) and leverage data to address organizational culture and develop data-informed recruitment strategies using validated tools to improve workforce retention.
4. Consider establishing an Accountability in Government Act explanatory performance measure related to caseworker caseloads (Ex. % of caseworkers with caseloads that meet CWLA standards).
5. Consider establishing performance targets for the percent of frontline Protective Services workforce who are licensed social workers and supervisors who are licensed social workers. Work with the Legislative Finance Committee and the Department of Finance and Administration to establish Accountability in Government Act performance measures related to these targets and report performance annually.
6. Track and evaluate the outcomes to support future funding requests of the \$1.7 million special appropriation to incentivize case workers to obtain masters'-level social work licensure and consider additional appropriations to recruit and retain social workers within CYFD, including increasing funding as the number of social workers increases.
7. Partner with institutions of higher education to redesign the Title IV-E contracts and develop both short and long-term child welfare workforce training, supported by Title IV-E training funds. Consider targeting recruitment for the existing Title IV-E stipend programs within existing CYFD staff and consider redesigning the stipend package to enhance appeal. Provide funding and FTE for program administration of the Title IV-E program.
8. Analyze agency spending, including seeking technical assistance to review Title IV-E administrative cost reimbursement claiming to identify opportunities to maximize the drawdown of federal revenue or reimbursement. Share analysis with the Legislature to inform agency appropriation recommendations. Consider reauthorizing the appropriation if additional technical assistance is needed in FY26.
9. Identify barriers that may prevent licensed social workers from direct practice when employed by the Department.

The Legislature Should Consider:

1. A return-to-work policy for licensed social workers to support recruitment of licensed social workers, as the state experiences demographic shifts.
2. LHHS and LFC tracking and evaluating the impact of the \$80 million allocation to increase the amount of social workers within CYFD through the allocation to create UNM's school of social work (focus on progress to increase the number of social workers) and continue to report on progress and outcomes.
3. Prioritizing appropriations to support CYFD to meet the caseload standards.

4. Amending statute to note leadership of the child welfare agency and Protective Services division should include child welfare or human services leadership experience. Look at examples of the leadership of the PRC, OSI, PED, and OFRA.
 - *Article XII Section 6 of the New Mexico Constitution notes “the department shall be a cabinet department headed by a secretary of education who is a qualified, experienced educator”.*
 - *OFRA must be overseen by a director who is licensed to practice law, has five years of experience in the field of representation of children or adults in abuse and neglect cases, and who has clearly demonstrated management and executive experience [\(32A-27-12\)](#).*
5. Providing funding and FTE for program administration of the Title IV-E program.
6. Reauthorizing the special appropriation to provide technical assistance if additional technical assistance is needed in FY26 for Title IV-E funding.

Prevention and Early Intervention

Research suggests children and youth thrive when they are able to safely live with their families in their communities. Federal policy and research encourages states to implement interventions to preserve families and divert placement in the foster care system when possible, though New Mexico as a state is not currently implementing robust, evidence-based prevention and early intervention services that could prevent the need for family separation and placement in foster care.

A variety of state agencies and programs are involved in preventing child maltreatment. At the primary prevention level, universally-available or income-based programs aim to support families far upstream. Meanwhile, secondary and tertiary prevention strategies are generally targeted to families with multiple risk factors that have come to the attention of child welfare agencies and aim to prevent imminent risks of child maltreatment and the need for family separation.

New Mexico has expanded primary and secondary prevention programs, though uptake is low in some cases

In FY23, New Mexico spent over \$10.1 billion of state and federal funds on income support programs – \$2.6 billion more than in FY19. Tax expenditures, including the Working Families Tax Credit, experienced the largest increase. However, childcare assistance had the second largest total increase at 122 percent between FY19 and FY24. While the connection between expansions of these programs and lowering child abuse and neglect is tenuous, there is some evidence that these programs do help to ameliorate poverty—particularly using the supplemental poverty measure. This may mean that while these programs do not have a direct effect on child maltreatment, they may stabilize families and reduce familial stress. However, the one exception is home visiting, as some models are directly connected to reductions in child maltreatment and other models have different focuses and outcomes.

Figure 3. Child Maltreatment Prevention Framework

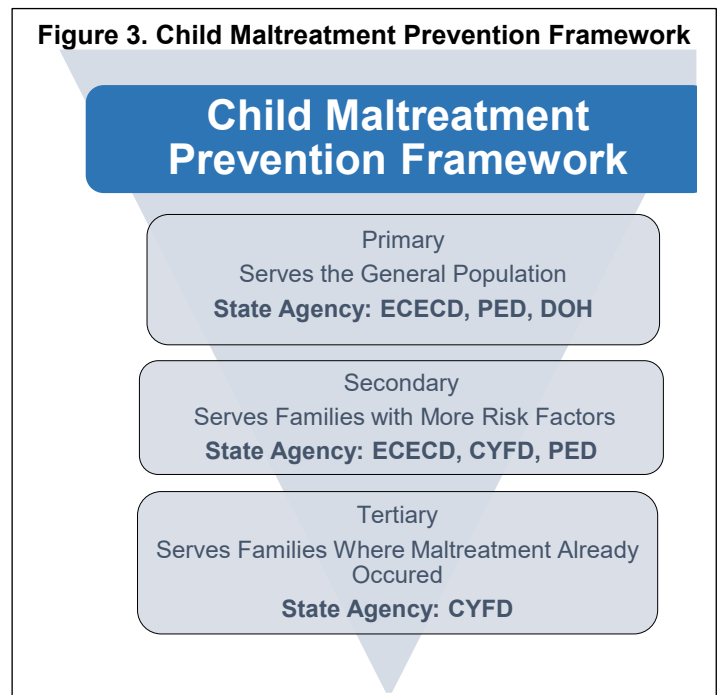


Table 3. Total Federal and State Expenditures on Income Support and Health Programs Increased, FY19 to FY24
(in thousands)

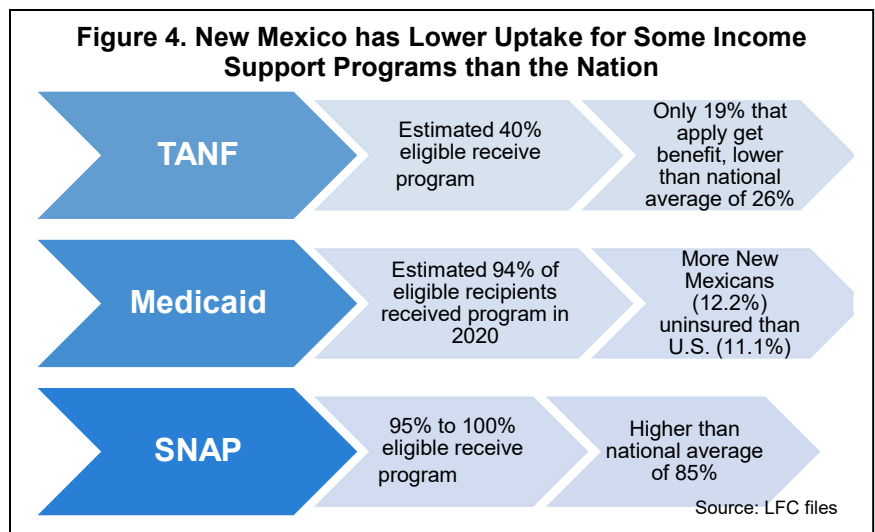
	FY19	FY20	FY21	FY22	FY23*	FY24*	\$ Change from FY19	% Change FY19-FY22
Tax Expenditures	\$100,054	\$139,372	\$153,246	\$156,855	\$228,437	\$431,037	\$330,983	331%
Income Support (TANF, General Assistance, and SNAP)	\$822,187	\$1,060,518	\$862,259	\$970,974	\$986,132	\$1,213,450	\$391,263	47%
Medicaid	\$6,502,825	\$6,502,825	\$7,305,680	\$8,432,631	\$8,692,358	\$8,795,254	\$2,292,429	35%
Child Care Assistance	\$139,000	\$148,500	\$158,400	\$155,100	\$216,500	\$308,897	\$169,897	122%
Total	\$7,564,066	\$7,851,215	\$8,479,585	\$9,715,560	\$10,123,427	\$10,748,638	\$3,184,572	42%

Note: FY23 and FY24 data are opbuds or budgeted. Tax expenditures are only from LICTR, WFTC and Childcare to prevent indigence. Tax expenditures for FY23 and FY24 are projections based using the projected increase from HB6 (2019), HB291(2021), HB163(2022) and HB547(2023) plus the previous 5-year average tax expenditures for WFTC, LICTR, and childcare credit to prevent indigence. See Appendix E. for general fund expenditures only.

Source: LFC Files, HB2

A variety of reports have highlighted barriers to accessing some of these programs. Though these programs potentially help stabilize families, uptake is generally lower than capacity in New Mexico, with the exception of childcare assistance.

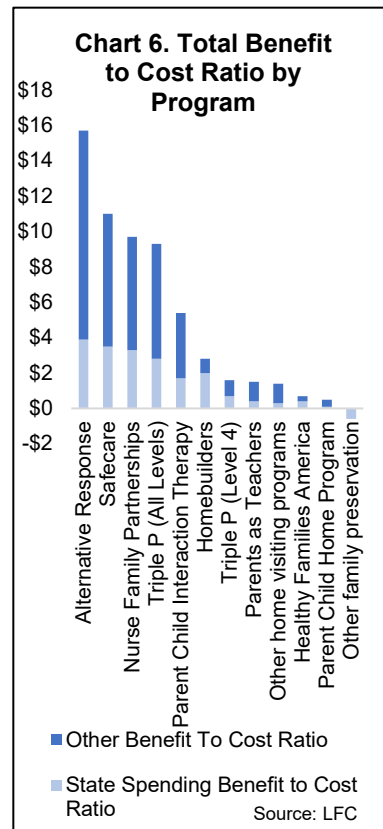
However, families making less than \$50 thousand a year are less likely to access childcare assistance than families making over that amount. Additionally, according to a study by the Early Childhood Education and Care Department (ECECD) 49 percent of families could not access childcare assistance when they needed it. Families further reported difficulties in finding childcare that met their needs, mainly due to challenges related to non-traditional work hours, transportation, children’s behavioral health needs, or lack of care in their area. When focusing on universal home visiting programs led by ECECD, most eligible children remain underserved. In FY22, only 6 percent of children under age 5 received services. Within other programs to assist families, uptake is generally mixed. When considering the Temporary Assistance for Needy Families (TANF) program, only about 40 percent of eligible families receive benefits. Both Medicaid and the Supplemental Nutrition Assistance Program (SNAP) have higher uptake—with SNAP having almost 100 percent of eligible families receiving the benefit.



New Mexico has gaps in its array of prevention and early intervention services, particularly evidence-based programs, that divert the need for foster care among low- to medium-risk cases.

Prevention Programs and Initiatives.

The federal government and much of the rest of the country is focusing on prevention and working to avoid unnecessary family separation, which can result in costly and traumatic placements in the child-welfare system. Federal policy and research encourage states to implement interventions to preserve families when possible, though research and evaluation in New Mexico has found the state is not implementing robust, evidence-based in-home services that could prevent the need for family separation. The federal Families First Prevention Services Act, enacted in 2018, authorized new uses of federal Title IV-E funding for certain eligible prevention programs in cases when children can remain safely at-home and avoid foster care. To receive federal Title IV-E prevention funding, the state must have an approved plan and implement programs identified by the federal Administration of Children and Families (ACF) as proven to reduce child maltreatment. States must implement programs listed within the federal Families First Prevention Services Act clearinghouse to receive federal reimbursement for funding. States cannot receive reimbursement for strategies and programs not listed in the clearinghouse, including the provision of concrete economic supports delivered to families. Several states are using Temporary Assistance for Needy Families (TANF) funding to provide concrete economic support, such as rental assistance, to families and several of these states target this strategy for families participating in evidence-based programs. As discussed above, CYFD has budgeted TANF funds to provide rental assistance to families, though there are concerns about implementation, particularly in FY24, and the outcomes associated with this strategy are unknown.



Within the child maltreatment prevention framework, secondary and tertiary prevention strategies are targeted to families with greater risk factors, such as plans of safe care or targeted home visiting programs, and intensive family preservation and behavioral health services for families. These programs and strategies are fundamental to improving child well-being, falling squarely within the purview of CYFD. Yet, New Mexico experiences significant gaps in the service array of programs within the secondary and tertiary prevention levels, particularly evidence-based programs, demonstrated through rigorous research to reduce child maltreatment.

The state has been slow to adopt prevention and early intervention services within the child-welfare system. In 2022, CYFD first submitted a federal Title IV-E Family First Preventions Services Act (FFPSA) plan. The purpose of the plan is to begin using federal funding to stand up prevention and intervention programs identified in the federal Title IV-E (foster care) clearinghouse, such as Healthy Families America, Home Builders, and SafeCare. To date, the state’s plan has not been approved; in December 2024 CYFD submitted another revised plan to the federal government. The state’s draft Family First Plan

Table 4. Expected Reduction in Child Maltreatment by Home Visiting Program
(in order of largest reduction in child maltreatment, then health)

Model	% Reduction Maltreatment Risk	% Improvement maternal or child health
Nurse Family Partnership	5-8%	1%-8%
Healthy Families America	1-3%	1%-4%
Child First	Unknown	10%-12%
Safe Care Augmented	1-3%	-1% to 2%
Parents as Teachers	Unknown	3%
Family Connects	Unknown	Positive impact but unknown % change

Source: LFC Files

notes Title IV-E Prevention Program funding will be used to support an expansion of CYFD’s existing in-home services and to expand evidence-based programs delivered by ECECD. The state’s plan notes CYFD will continue delivering a variety of programs the agency is already running, including Family Resource Centers, Community-Based Prevention and Intervention Programs, Keeping Families Together, a supportive housing program, and Family Connections, a home visiting program. None of these programs are currently eligible for federal Title IV-E reimbursement and are not currently rated in the Family First Prevention Services clearinghouse as evidence-based. Instead, the plan proposes ECECD will primarily be responsible for implementing the evidence-based programs listed in Families First Prevention Services. The current draft plan also now proposes CYFD will consider implementing SafeCare, an evidence-based home visiting program, and motivational interviewing, a form of counseling that aims to promote behavior change.

Family Services Division.

In FY25, CYFD reorganized the agency and created a new Family Services Division. The reorganization pulled prevention and early intervention services, which were previously housed within Protective Services, into a separate division within the agency. The new division will focus on prevention and early intervention efforts. CYFD reports the creation of the new division aims to reduce stigma associated with family engagement with Protective Services. (See Appendix B for CYFD organizational chart).

Multilevel, Alternative or Differential 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 or a family assessment. In an alternative response to the traditional investigation model, in lower risk cases, protective services workers conduct an assessment of a family’s needs, connect the family to resources or in-home services if appropriate, and continue to monitor the family directly. According to the Kempe Center at the University of Colorado School of Medicine, multilevel or differential response systems have a few core characteristics, described in Figure 5, and can improve outcomes within child welfare systems. Key elements of differential response are described in the graphic, developed by the Kempe Center.

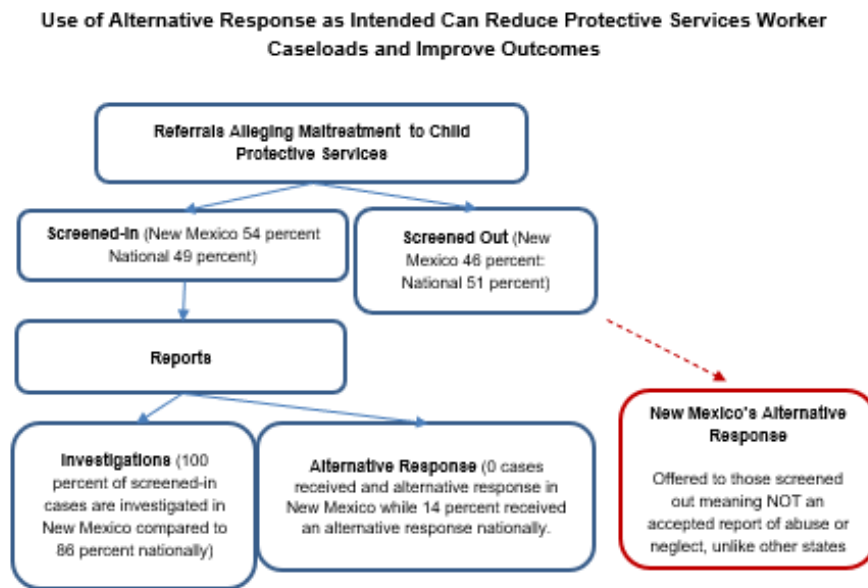
According to the Administration for Children and Families, 21 states have implemented an alternative or differential response system as of FFY2022, and on average 14 percent of child maltreatment cases referred to child protection services in these states received an alternative or differential response. LFC analysis suggests alternative response may have a return on investment of roughly \$12 to \$16 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 CYFD has not implemented differential response with fidelity to the evidence-based model or as outlined in state statute. Instead, CYFD has been implementing a model that focuses on referring screened-out cases to community services. The 2019 statute required CYFD to submit a plan to

Figure 5. Multilevel or Differential Response



Source: Kempe Center, University of Colorado School of Medicine

the Legislative Finance Committee and Department of Finance and Administration establishing a plan about how the multilevel response system pilots might be expanded and potential costs, and the statute required reporting. The timelines for these milestones have passed, and the taskforce discussed making updates to the statute, establishing new timelines for implementation, approaches to ensure pilot locations have sufficient populations to demonstrate and evaluate results, and restoring reporting articulated in statute.



LFC Files and ACF Child Maltreatment 2022

In 2024, the Legislature appropriated \$4.2 through the Governmental Results and Opportunity (GRO) Fund to pilot and evaluate implementation of differential response in accordance with statute. 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. However, no timeline for implementation has been shared, and the agency has not completed statutorily-required reporting in the last two years. As CYFD works to implement multilevel response in alignment with state statute, it will be important monitor implementation and track outcomes, specifically the prevention of subsequent interactions with CYFD and reductions in repeat maltreatment, to evaluate impact on children and families involved with CYFD.

Prevention and Early Intervention Recommendations:

The Children, Youth and Families Department:

1. Implement evidence-based or evidence-informed prevention and early intervention programs. Identify outcomes, identify comparison group not receiving intervention for outcome comparison, and track and evaluation implementation of all programs, particularly any programs that are not currently evidence-based. Key outcome measures should include prevention of future engagement with CYFD, prevention of repeat maltreatment, and prevention of entry into foster care. Report outcomes publicly and to the Legislature annually.

2. Prioritize the implementation of programs that are eligible for Title IV-E and Medicaid.
3. Implement a multilevel response (differential response) system statewide by end of FY28 in alignment with existing statute and evidence-based and evidence-informed approaches.
4. Track and evaluate outcomes associated with the concrete economic supports programs offered by CYFD (Ex. Keeping Families Together) to inform any future decisions about expansion. Specifically track any subsequent interactions with CYFD and entrances into foster care, following the receipt of service.

The Legislature:

1. Amend and update statute related to multilevel response, removing language about a pilot by 2022 and directing statewide implementation by FY28, connected to future appropriations; maintain statutory language that directs evaluation and reporting about progress and outcomes. By the end of FY25, CYFD shall share the promulgated rules and implementation timelines, and capacity needs of multilevel response to the Legislative Finance Committee, Legislative Health and Human Services Committee, the Courts and Criminal Justice Committee, Legislature, Department of Finance and Administration, and public.
2. Codify in statute the “reasonable efforts” (32A-4-7D) to preserve families may include the provision of evidence-based or evidence-informed prevention and early intervention services if appropriate, eligible for Title IV-E prevention funding/ listed or rated as supported or well-supported in the federal Title IV-E prevention clearinghouse, including access and referral to needed economic supports.
3. In partnership with the Executive branch, work to identify and address systemic gaps and barriers to existing social safety programs intended to ameliorate poverty, aiming to improve uptake (Medicaid, SNAP, TANF, etc). Research and evaluate innovative strategies to provide concrete economic support for families experiencing poverty.
4. Prioritize CARA statute amendments.

Community-based placements and services

Foster care is a temporary, court-monitored service provided by states to promote the safety, permanency, and well-being of children in cases when children cannot remain safely at home. The federal government oversees the administration of state foster care services through policy and program funding.

After a period of decline, New Mexico has experienced an increase in the number of children placed in foster care.

Previous LFC reports highlighted the Children, Youth and Families Department (CYFD) may potentially be over-removing children, and children are experiencing a high number of short stays in foster care, which may contribute to challenges to finding placements for youth in foster care. 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 many short stays in New Mexico are less than eight days. Short-stays may be removed from counts of entrances into foster care but included in removals described below. 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 children may experience a traumatic removal that could have been avoided, and they are costly to the state.

Therapeutic or treatment foster care (TFC) is a practice and clinical intervention that involves placing youth with foster families that have received specialized training for youth with severe behavioral health needs, youth with a developmental delay, or youth that 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. While certain models of TFC are evidence-based, national research finds states often do not implement evidence-based TFC programs.

The number of children in foster care in New Mexico steadily declined between 2017 and 2022, and the rate of children in foster care in New Mexico has trended lower than other states. The declining number of children in care reversed in 2023, and the number has continued to grow. In August 2024, 2,094 children were in foster care. Of these children, 43 percent were placed with relatives, 39 percent were placed in non-relative foster care, and 18 percent were placed in other settings, including residential treatment centers, congregate care settings, semi-independent living, or trial home visits. New Mexico tends to perform better than other states when it comes to placing youth in foster care with relatives or kin, which has been shown to lead to better outcomes in many cases.

According FY24 CYFD performance data, 73 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.

While the number of children in foster care has increased over the last five years, New Mexico lacks sufficient numbers of community-based placements, including foster care (resource home) families and treatment foster care providers.

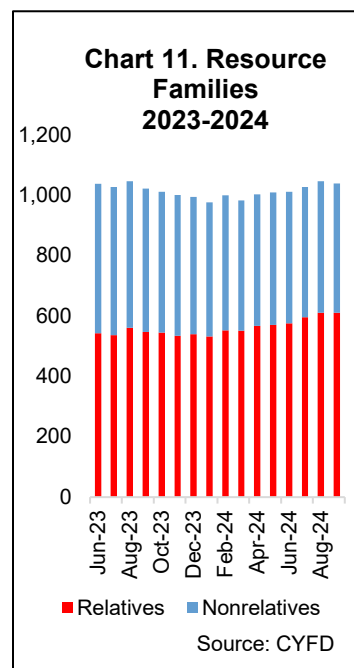
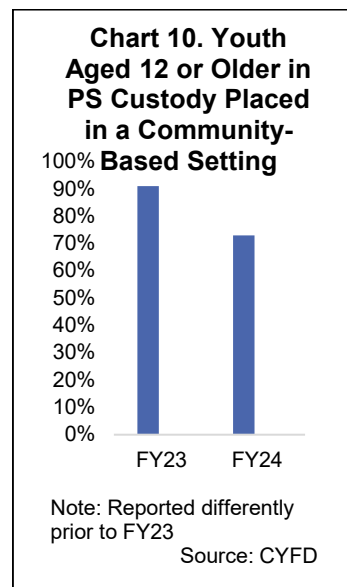
New Mexico has insufficient numbers of community-based placements and must focus on efforts to recruit, support, and retain foster families.

While many states have historically relied on congregate care or group home settings for youth in foster care, research, federal guidance, and clinical recommendations now suggest congregate care placements should be reserved for short-term treatment of acute mental health needs to enable stability in subsequent community settings. New Mexico has historically had lower rates of congregate care placements. Research suggests prolonged exposure to congregate care settings can place foster care youth at greater risk for homelessness, incarceration, substance use, and other negative life outcomes. According to Casey Family Programs, group and institutional settings for youth in foster care cost up to 10 times more than placement in a family setting and can prevent or delay a permanent placement. In contrast, the Child Welfare Information Gateway reports living with a family generally improves child and youth well-being, reduces trauma, and promotes normalcy.

As such, federal policies no longer encourage placement in congregate care settings, with alternatives being Medicaid funded stays in accredited residential treatment centers or licensed group homes that meet certain requirements for providing behavioral health treatment. The federal Families First Prevention Services Act (FFPSA) limits the use of federal foster care funds (Title IV-E of the Social Security Act) for children and youth placed in nonfamily settings and creates a new federal classification of congregate care: quality residential treatment programs (QRTP). These programs must meet certain federal requirements, and all other group care settings may only receive federal Title IV-E foster care maintenance payments for a maximum of two weeks.

According to Chapin Hall states have relied on congregate care settings to address two different challenges: the need for emergency or first placements for children 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 strategies to address these 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, like wrap around services.

In addition, the *Kevin S. et al v. Blalock, et al.* case filed in 2018 against CYFD and the Human Services Department (now the Health Care Authority) 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 care, increase the number of resource (foster) families in the state, increase the use of treatment foster care, and reduce the use of congregate care placements unless medically necessary. In addition, CYFD continues to struggle with children in care who lack placement and therefore live in CYFD office buildings, known as office stays. To ameliorate office stays, CYFD opened two group homes for youth in CYFD care in FY24. While this strategy may reduce office stays, group home placements are congregate care settings associated with poorer outcomes for children in care, and these facilities will not be eligible for federal reimbursement typically available to support the care of children in foster care.

Resource Home (Foster Care Provider) Trends.

Over the last year, the number of licensed resource homes in New Mexico remained relatively flat; in August 2023, 1,016 homes were licensed in New Mexico, and 1,070 homes were licensed in August 2024. The number of licensed resource homes in New Mexico experiences some churn; over the last year, an average of 60 homes were licensed and an average of 59 homes stopped accepting placements each month. In addition, CYFD may have open foster care placements but may experience a mismatch in geography, child need, and foster family. The taskforce described a variety of factors, including lack of communication with the department and program implementation concerns, that may be contributing to turnover among foster families.

Foster Care Maintenance Payments.

Licensed foster parents or resource home providers receive non-taxable, monthly maintenance payments as reimbursement for providing for children in their care. Monthly maintenance rates are established to cover typical, everyday expenses, such as food, transportation, personal care, clothing, hygiene, diapers, and other expenses. In addition, foster parents (resource homes) may receive reimbursement for occasional personal incidentals, such as activities, birthdays, graduations, vacations, or certain types of transportation, such as transportation to a child’s school of origin or medical appointments. Monthly maintenance rates vary depending on the child’s age and level of care. The taskforce discussed whether the current rates provide sufficient reimbursement to cover costs for providing for children and recommends further study of rates. (See Appendix C for details about current reimbursement rates).

Table 9. Basic Daily Foster Care Maintenance Payment for 2-Year-Old in Care

NM	\$20.91
AZ	\$22.64
CO	\$42.86
NV	\$28.21
TX	\$27.07
UT	\$17.10

Source: Child Welfare Agency Websites

Federal Title IV-E is the primary funding source for foster care because the federal government allows states to claim reimbursement for a portion of expenditures for eligible children placed in foster care at the federal Medicaid match rate (federal medical assistance percentage or FMAP). In New Mexico, the federal FMAP rate is roughly 72 percent. In FY24, New Mexico spent a total of roughly \$61 million for the care and support (foster care maintenance payments and adoption assistance) of children in CYFD care.

National Best Practices and Examples in Other States.

The Annie E. Casey Foundation highlights several strategies other states effectively used to recruit and retain foster care providers:

- New Jersey’s child welfare agency instituted units focused on recruiting, training, and supporting resource families in neighborhoods where children frequently enter care. These units include a support worker, a trainer, and a recruiter. The agency’s strategy involves market segmentation to target recruitment strategies to potential families based on common needs, interests, and characteristics using culturally-appropriate messaging.

- Oklahoma outsourced resource home recruitment to external agencies, including partnerships with non-profits and faith-based organizations. The state has also developed a foster care support network, led by resource families, to provide training and support.
- To support retention, the state of Washington conducts an annual foster parent survey and focus groups to understand the needs of resource homes and inform retention strategies.

Investments to Increase Community-Based Placements.

In 2024, the Legislature appropriated \$1.25 million annually for three years (\$3.75 million total) to pilot and evaluate strategies to recruit and retain resource homes (foster parents) and treatment foster care providers. CYFD shared a variety of strategies the department is planning to implement to increase resource homes and ensure that foster families are trained and have the resources needed to support children in care who have experienced trauma and have complex behavioral health needs. These strategies include piloting a model implemented in Oklahoma, called Foster Care+, increasing access to training, and providing opportunities for respite care.

While comprehensive foster family exit or other survey data was not shared with the taskforce, CYFD has collected data from foster care providers in the past, and a variety of anecdotal information discussed with the taskforce highlight operational, communication, training, and support challenges experienced by foster families. The taskforce discussed the need to use data to identify challenge and pain points experienced by foster families and focus on retention over recruitment, establishing goals, monitoring the implementation of new initiatives, and tracking outcomes to evaluate impact.

Medicaid is a critical lever to improving access to behavioral health services for children and youth in state care.

Children in New Mexico may enter the behavioral health system through several access points, including primary and behavioral health providers, the educational system, or involvement with CYFD. Within its role in providing care for children, CYFD is directly involved in managing children’s behavioral health services, and the agency is charged with overseeing behavioral health services for all children in New Mexico through the agency’s behavioral health division. Children’s behavioral health services are funded through a variety of revenue sources, with Medicaid being the largest. In addition, state general fund appropriations, state, and federal grants through the behavioral health division at CYFD are also funding sources.

Table 10. 2023 Health Rankings
 2023 New Mexico Health Rankings (Lower Rank is Better)

Behavioral Health			Physical Health		
	Rank	Rate		Rank	Rate
Overall Mental Illness Prevalence, Adults and Children	36		Maternal Mortality	38	31 per 100,000 live births
Adult Substance Use Disorder	32	17%	Low Birth Weight	39	9%
Youth with Major Depressive Episode	42	19%	Neonatal Abstinence Syndrome	41	13 per 1,000 birth hospitalizations
Youth Substance Use Disorder	47	8%	Mortality Rate, Women	49	261 per 100,000 women aged 20-44

Sources: State of Mental Health in America 2023 and America's Health Rankings

Access to Children’s Behavioral Health Services in New Mexico.

Medicaid is the largest payer of behavioral health in New Mexico, and 355 thousand children are currently covered by Medicaid. Children in CYFD care are eligible for Medicaid coverage. As of July 1, 2024, children in state care will be enrolled in the managed care program operated by Presbyterian. A variety of reports have highlighted significant shortages in behavioral health providers, gaps in the state’s behavioral health provider network, and patients experience challenges accessing timely care.

A 2016 LFC report on children’s behavioral health found the state spends a large amount (roughly 6 percent of Medicaid expenditures) for high-acuity care for a small number (less than 200) of clients and recommended expanding access to evidence-based, community-based clinical services. High-acuity care includes residential treatment centers and other inpatient behavioral health services.

As of 2023, Medicaid Managed Care Organizations (MCOs) reported a total of only seven treatment foster care (TFC) provider agencies in the state, operating in Bernalillo, Chaves, Cibola, San Juan, Sandoval, and Valencia Counties, though the number of beds was not reported. In August 2024, roughly 100 children in CYFD care were placed in treatment foster care.

The *Kevin S.* lawsuit alleged a variety of systemic failures within the state’s child welfare system, an absence of a trauma informed system and a failure to meet the behavioral health needs of children in care. The state committed to a variety of actions, including the implementation of the child and adolescent needs and strengths (CANS) tool, a behavioral health evaluation tool, to identify a child’s needs and strengths. The CANS tool should be a first step to identify services that may benefit a child or adolescent, but the state has not met targets related to administering the CANS tool. The taskforce discussed a variety of barriers and potential strategies, included in the recommendations detailed at the end of this chapter.

In the fourth quarter of FY24, CYFD performance data indicated 19 percent of Protective Services youth received consultation from a community health clinician. The target for this measure is 75 percent.

Investments to Expand Children’s Behavioral Health Capacity in New Mexico.

The state has made significant investments to improve access to children’s behavioral health services in the state, but the impact of these recent investments is not known.

- New Mexico invested roughly \$60 million over the last two years to increase payments made to behavioral health providers in the Medicaid program, with the goal of improving access to behavioral health services.
- The Health Care Authority began paying enhanced Medicaid reimbursement rates for providers that deliver evidence-based behavioral health services, including multi-systemic therapy (MST), trauma-informed cognitive behavioral therapy (CBT), and functional family therapy (FFT).
- Beginning in July 2024, the Health Care Authority has increased Medicaid reimbursement rates for behavioral health services for children in CYFD care, including treatment foster care and residential treatment centers.
- In 2022, Legislature appropriated \$20 million to build behavioral health provider capacity, specifically to support the start-up costs of providers who could then bill Medicaid for services. However, the appropriation has gone largely unused or used for purposes outside of the legislative intent. The appropriation was re-authorized in FY25 but spending to date has not been used for strategies that increase numbers of Medicaid-eligible behavioral health providers. For example, this is the funding source for the newly opened CYFD multi-service home (group home), which is not Medicaid-eligible. CYFD shared with the taskforce this appropriation has now been fully spent.

Access to children’s behavioral health services remains a frequently cited challenge in New Mexico, including for children in state care, and the taskforce discussed a variety of strategies the state could take to improve access and outcomes, particularly for children in state care, discussed in the recommendations below. Ultimately, New Mexico requires coordinated leadership to develop a comprehensive system of care and improve access to children’s behavioral health in the state. The taskforce recommended establishing specific actionable

The Health Care Authority (HCA) reports working with CYFD to develop community mobile crises services to provide rapid responses to children experiencing mental health crises.

goals, measuring and reporting progress toward meeting these goals. The group also discussed levers within Medicaid to improve access for children in care.

Community-Based Placement Recommendations:

The state should prioritize recruitment and retention to improve the availability of community-based placements for children in care. Leverage the \$3.75 million in special appropriations CYFD received through the Government Results and Opportunity (GRO) Fund during the 2024 legislative session. The strategies described below should be particularly focused on placements for children and youth who may currently lack placements, have experienced multiple placements, or at-risk of placement instability.

The Children, Youth and Families Department:

1. Dedicate resources at the county or regional level (either FTE or contractual services) to foster care recruitment, training, and support, employing research-informed practices and feedback from current foster parents to shift strategies as needed.
2. Use exit and other survey data collected from foster families to improve the system; consider a third-party administrator for additional surveys. Results collected from surveys should be publicly reported on website, and CYFD should develop an action plan in response to data and track implementation of strategies.
3. Develop an expedited licensing and training process for returning foster families; develop a timeline for process development and report progress about implementation.
4. Explore opportunities to connect foster (resource) families with additional support services.
5. Develop a support model for foster families. Consider partnering with an external organization to implement the program, addressing concerns expressed by foster families.
6. Establish grievance pathways to include: an impartial, ombudsman-like, approach for concerns and a pathway for logistical questions and concerns among foster (resource) families.
7. Publish an articulation of the different levels of foster care aligned to the needs of children and qualification for these levels, including traditional foster care, a Foster Care + program, treatment foster care (Medicaid eligible). Promulgate rules related to the Foster Care + program (eligibility for the program, licensing for the program, training requirements, reimbursement rates, etc). Report to LHHS and LFC about these rules, publish licensing standards online, program outcomes, including target number of beds and children served, and outcomes, and updates about program implementation by the end of FY25.
8. Regularly monitor and create mechanisms to prevent over-placement.
9. Ensure every child in state care receives a CANS (behavioral health assessment) within 45 days of entering care and are referred to appropriate behavioral health services. Incorporate training about the administration of the CANS tool into the anticipated child welfare academy training. Work with the Legislative Finance Committee and Department of Finance and Administration to

establish an Accountability in Government Act (AGA) measure related CANS timelines and outcomes.

The Health Care Authority and Behavioral Health Collaborative:

1. Work with the Legislative Finance Committee and Department of Finance and Administration to establish an Accountability in Government Act (AGA) measure related to number of children in state care who receive a timely (30-days) well-child visit after coming into state care.
2. Build capacity to meet the behavioral health needs of children in care; get an approved behavioral health workforce development plan (reference Kevin S. appendix D, implementation target 1.1 and appendix 2.1 to identify gaps and targets for behavioral health providers identified in the settlement agreement, which defined specific services). Analyze, report, and track progress toward the plan and closing gaps and building capacity, including numbers of children's behavioral health providers available by geography and whether these services are meeting the needs of children in care.
3. To measure progress toward building capacity for children's behavioral health services, HCA should add performance measures in the contract for the managed care organization (MCO) for children in state custody (CISC) to track the performance, availability, and penetration rate of behavioral health services for children in care.
4. Track and report the following about placement initiatives related to: 1) least restrictive placements, 2) out-of-state placements 3) number of young people without home placement (i.e. office stays) 4) volatility of placements 5) acute care days and measure the impact of placement initiatives on the following outcomes for children in care, including: 1) reductions in levels of acute placements, 2) time to permanency, 3) number of children who age out of care.
5. Pursue single credentialing to streamline providers' contract process with Medicaid managed care organizations and extend Medicaid-licensed providers' reach to provide care continuity and remove barriers to services for children who may move in and out of state custody, and their families.
6. The authority should consider adding performance measures in the contract for the MCO for children in state custody (CISC) to track the availability of services for CISC, including average length of time to receive a behavioral health appointment. May also want to consider making additional timeliness standards for CISC. Enforce financial penalties for failures to meet network adequacy standards, particularly timeliness standards.
7. Consider approaches to strengthen contractual standards for care coordination, shifting toward outcome focused measures (Ex. was the child able to access timely services? Prevention of more acute forms of care, etc). Monitor and enforcement of contracts with MCO related to care coordination.

The Legislature should consider:

1. Providing funding for CYFD to conduct a rate study related to the costs and reimbursement rates for the provision of community-based placements (foster care and treatment foster care).

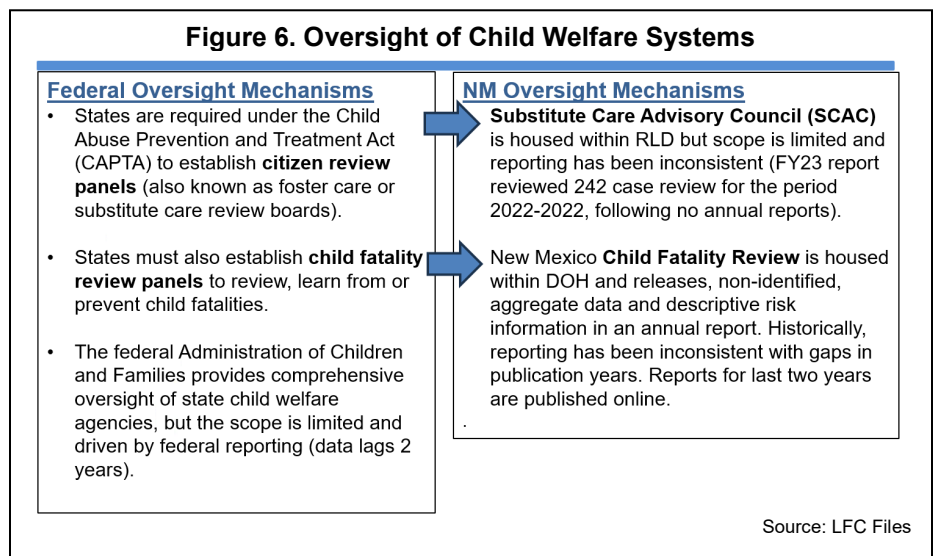
2. Ensure the statutory functions of the Behavioral Health Collaborative, including the identification of services gaps and system coordination, are fulfilled.

Child welfare system oversight and accountability

A variety of federally mandated and state-created external mechanisms exist to provide oversight of child welfare and protection agencies. Across the U.S., states have adopted an array of approaches with wide variations in each entity’s statutory authority, member appointment processes, duties, and the extent of jurisdictional powers. Within New Mexico, existing mechanisms for oversight and accountability have gaps and should be enhanced to drive system improvement and better outcomes.

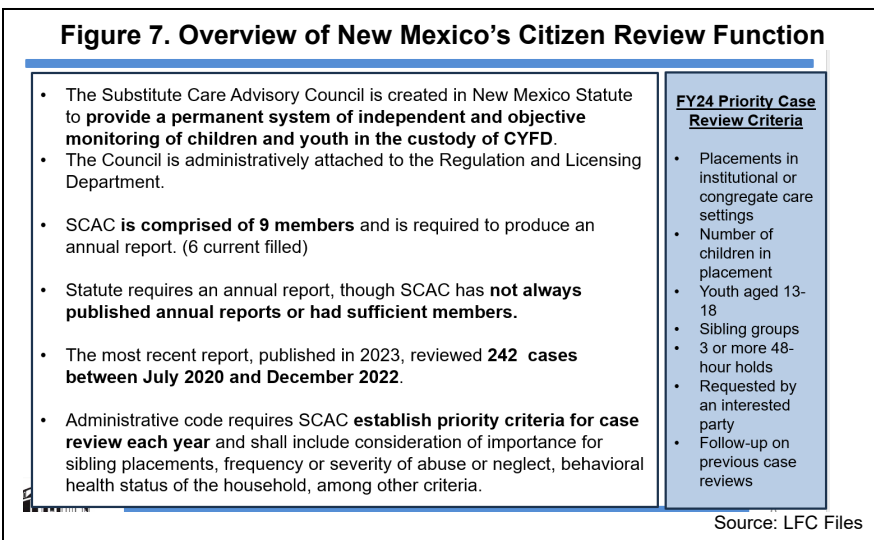
Oversight and accountability of New Mexico’s child welfare system could be strengthened.

The federal government establishes several requirements for child welfare agencies, which are overseen by the federal Administration of Children and Families (ACF). These include citizen review panels, which are required by the federal Child Abuse Prevention and Treatment Act (CAPTA), child fatality review panels, and comprehensive reviews conducted by ACF. While New Mexico meets these federal requirements, these systems and mechanisms have limitations.

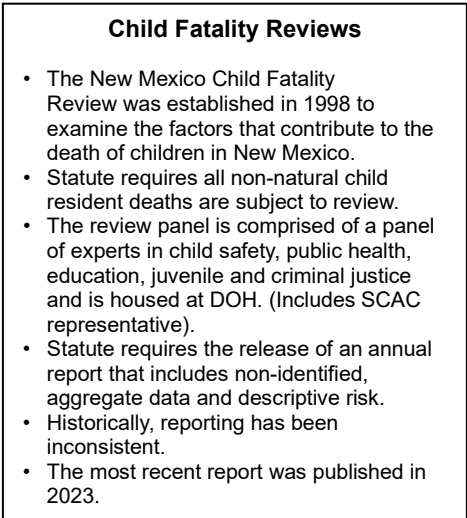


In New Mexico, the federally mandated CAPTA citizen review panel function was codified in the 2016 Citizen Substitute Care Review Act §32A-8-1 *et seq.* and its duties are performed by the Substitute Care Advisory Council (SCAC). SCAC is administratively attached to the New Mexico Regulation and Licensing Department in accordance with §9-1-7 NMSA 1978 and conducts its evaluations through oversight of the regional substitute care review boards’ monitoring of children placed in CYFD’s custody and identification of systemic policy issues related to substitute care. SCAC is mandated to produce an

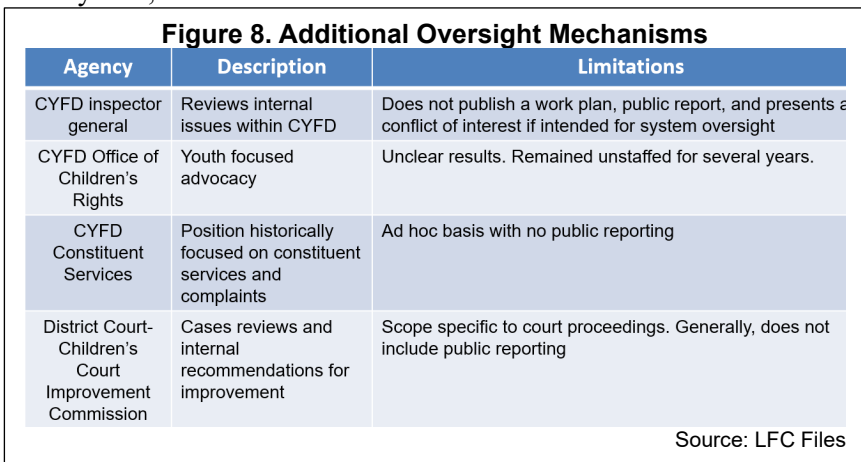
annual report; however, due to issues maintaining sufficient membership, reports have not always been filed. In addition, the number of cases reviewed annually by SCAC does not provide a representative sample. For example, SCAC reviewed 242 cases reviewed from July 2020 through December 2022, and SCAC reviewed 54 cases which involved 101 children in FY24, less than 5 percent of children in foster care in a single month in New Mexico in 2024. Previous iterations of the SCAC reviewed all cases annually.



New Mexico also has a Child Fatality Review (NM-CFR) board that examines factors involved in all non-natural child deaths throughout the state, including both intentional (e.g., suicides, homicides) and unintentional (e.g., drowning, suffocation, motor vehicle crashes) injuries. Like SCAC, the NM-CFR has not always produced annual reports. The SCAC and NM-CFR review system processes to provide stakeholders with a better understanding of the circumstances surrounding child maltreatment and/or deaths, identify systemic gaps related to risk and protective factors, and develop actionable recommendations for child welfare system improvements. While the SCAC and NM-CFR models do satisfy the federal CAPTA citizen review panel mandates, gaps and limitations still exist regarding child maltreatment case review factors, child welfare agency responses to CRP reviews, performance measures tracking, public reporting requirements, implementation of citizen review panels and other entities’ recommendations, and risk management approaches.



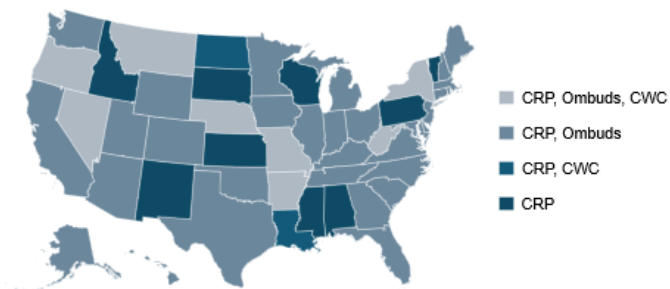
Additionally, while New Mexico has a variety of internal oversight mechanisms within CYFD and the District Court system, these entities present with inherent limitations and conflicts of interests with respect to public accountability, and system oversight and improvement. The CYFD Inspector General, for example, does not publish a work plan or public report, and its location within the agency it is intended to provide oversight for demonstrates a clear conflict of interests. Similarly, although CYFD’s Office of Children’s Rights (OCR) is focused on complaints about violations of foster children and youth’s rights, it was unstaffed for several years and its results



are unclear. CYFD's Constituent Services position performs its duties ad hoc with no public reporting, and its Office of Constituent Affairs is limited to addressing complaints of harassment, discrimination, or retaliation committed by a CYFD employee and grievances filed by biological and resource parents with no public reports produced. Finally, the District Court's Children's Court Improvement Commission's scope is limited to court proceedings with no public reports of their findings and recommendations.

The state may look to models in other states as examples to strengthen oversight and accountability systems.

Child Protection Agency Oversight Mechanism Combinations Used, by State



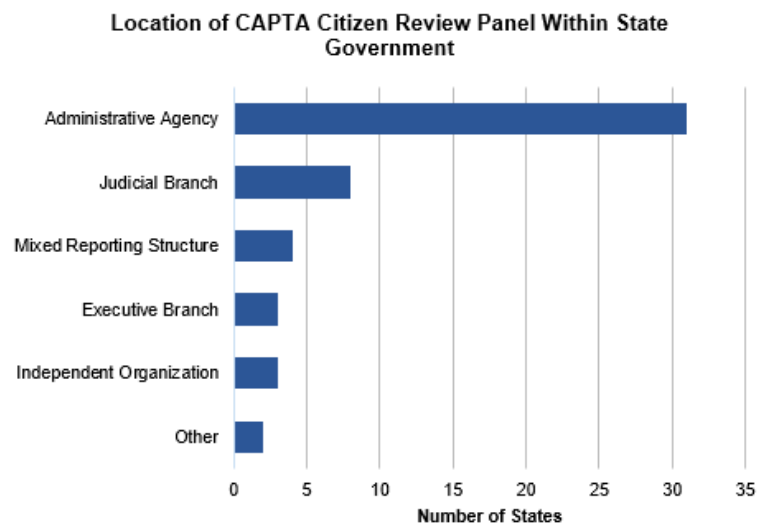
Seeking to improve child welfare system oversight and performance, other states have pursued a variety of approaches to strengthen oversight and accountability. These include enhancing citizen review panel expectations and reporting, creating ombudsman functions to investigate and respond to individual concerns, and establishing oversight commissions to govern or make recommendations about system improvement.

Strengthening Citizen Review Panels

New Mexico's statutory language provides more prescriptive language about the priority cases that the state's citizen review panels should review than most states. NMSA 1978, § 32A-8-4 (G) and NMAC § 8.26.7.12 specifically identify the minimum factors that shall be weighed in the designation of cases for SCAC review to include sibling placements, frequency and severity of neglect or abuse, behavioral health status of household members, placement of children in households where they have no relatives, demographics, and trend data.

Notably, however, New Mexico's factors do not identify any case-related timeframes that trigger SCAC review or establish minimum expectations for case reviews, while several states have implemented such requirements. At least five states have factors involving the length of time that a case is open as requiring CRP review. Supplementing New Mexico's existing case review designation factors with a specific timeframe mandate (e.g., child maltreatment cases in care for more than 6 months) would strengthen the state's existing oversight model by adding an impactful dimension for triggering mandatory case reviews.

Most states house the required citizen review panel functions in a health and human services agency, the judicial or executive branch, or an independent entity. New Mexico is the only state to house its citizen review panel in a regulatory and licensing agency. LFC reports have recommended relocating SCAC from the Regulation and Licensing Department and administratively attaching it to the Administrative Office of the Courts to streamline and enhance SCAC’s oversight, coordination, and accountability efforts. In addition, this positioning would provide independence from the executive branch of government.



Accountability in Government Act (AGA) and Performance Monitoring

The New Mexico Accountability in Government Act (AGA) provides government agencies with a framework for delivering responsive, cost-effective services. The AGA uses the state budget process to require establishment of performance measures for evaluation of government agencies. State agencies must report quarterly to the Legislative Finance Committee (LFC) and the Department of Finance and Administration (DFA).

However, although this process allows for the creation of agency report cards using the reported performance measures, they are limited; report card metrics are driven by budgeting criteria and do not reflect data from case reviews, for example. While the LFC does perform in-depth program evaluations of various state agencies, these are completed via an entirely separate process and on an ad hoc basis. The taskforce discussed a variety of ways CYFD could supplement performance reporting or strengthen AGA measures, including reporting about meeting caseload standards, more detail about demographics and placements for children in care, multilevel response implementation, and other measures to strengthen the agency’s reporting, transparency, and public accountability. The taskforce also discussed several reports previously publicly reported by CYFD the agency has ceased publishing.

Risk Management

Under rule, New Mexico agencies are required to establish and implement procedures for the investigation, analysis, and evaluation of incidents and losses. However, state agencies are not required to document the performance of post-hoc reviews following an incident or loss. Since 2021, New Mexico has paid \$21.2 million for legal settlements on behalf of CYFD. In FY26, CYFD’s liability insurance premium costs are projected to increase by \$1.5 million in FY26 to a total of \$5.6 million. In 2023, the LFC conducted a program evaluation of the state’s risk management practices and division and recommended New Mexico implement best practices from other states to require post-hoc loss reviews. The evaluation recommended through statute, New Mexico could direct all state agencies, including CYFD, to appoint a loss prevention

review in the event of a death, serious injury, or other substantial loss to document lessons learned and prevent future losses.

Oversight Models in Other States: Ombudsman and Commissions

New Mexico is one of only nine states that do not have additional external oversight beyond the federally-required citizen review panels and child fatality reviews. The majority of states have now established an additional oversight mechanism, typically in the form of an oversight or governance child welfare commission (CWC).

According to data from the National Conference of State Legislatures (NCSL), 40 states have created Ombudsman offices with a range of duties and powers including investigation of complaints, access to confidential records, issuing subpoenas, releasing periodic reports, and recommending systemic improvements to Legislatures and other stakeholders (e.g., Colorado's Child Protection Ombudsman). Of those 40 states, at least eight have implemented child welfare commissions (CWC) in addition to their Ombudsman offices and the federally mandated citizen review panels. Ombudsman offices are generally focused on independently investigating and responding to individual grievances within child welfare systems, and they may serve a system improvement function of making publicly-available recommendations for system improvement. At least two other states have added external oversight through a child welfare commission, in addition to the mandatory citizen review panel, but have not created an Ombudsman office.

Typically, state child welfare commissions are long-term bodies with appointed members who work to address broad child welfare issues and can provide stability and leadership across executive administrations. Some states have created child welfare commissions for short-term oversight and governance functions, and these commissions sunset. Child welfare commissions may be tasked with permanent and direct oversight of the state child welfare agency's leadership, or they may have limited functions, such as investigation of specific concerns. Some commissions include membership from the child protective agency while maintaining its external oversight status (e.g., New York's 2021 Blue Ribbon Commission on Forensic Custody Evaluations), while others provide governance of state child welfare agencies.



Colorado's Child Protection Ombudsman (CPO):

- Independent from state child welfare agency
- Investigates and resolves public's concerns with child protection system
 - Opens ~25 cases/week (~1300 cases/year)
- Collaborates with lawmakers, professionals, and other stakeholders to advance legislation and public policies for systemic improvement
- Solicits input from families and stakeholders
- Maintains Public Policy Advancement Center for transparency in CPO projects:
 - Multidisciplinary task forces
 - Stakeholder groups and discussions



Blue-Ribbon Commission on Forensic Custody Evaluations:

- Temporary commission assembled for 6 months (June-December 2021)
- Investigate role of forensic custody evaluations in cases of domestic violence or child abuse in light of evaluations that preceded filicide
- Develop recommendations to Governor on if and how forensic child custody evaluations should be used in the New York state court system



Oklahoma Commission on Children and Youth (OCCY):

- Helps create quality systems for children, youth, and families
- Brings accountability, independent oversight to child and youth systems
- OCCY Commissioners:
 - Meet to approve strategic plans
 - Coordinate efforts between agencies
 - Make recommendations to governor, legislature, and child-focused agencies

States have pursued models through which commissions establish criteria and/or select leadership of the state's child welfare agency, and New Mexico has such a model in place for the oversight and governance of the Office of Family Representation and Advocacy (OFRA), which provides legal representation for children and respondents involved in children's court cases. The state could consider similar models to provide consistent leadership and oversight of the state's child welfare system and could also consider whether such a function persists or sunsets.

While the taskforce reviewed several models and examples of oversight and accountability mechanisms in other states, the information contained in this report is not exhaustive. In addition, research and evaluation about system outcomes associated with different oversight and accountability mechanisms is limited and not robust.

Oversight and Accountability Recommendations:

The Legislature must prioritize statutory changes to strengthen oversight and accountability for child-serving systems. Meaningful, transparent, oversight of the child-serving systems is needed to continue to promote change and improve outcomes for children and families in New Mexico.

The Legislature should consider:

1. Examining the placement of Substitute Care Advisory Council (SCAC) within the Regulation and Licensing Department and strengthen oversight functions in statute by increasing minimum number of reviews to a representative sample, codifying required reviews of certain types of cases, updating council membership to ensure expertise and independence, and requiring CYFD formal written response and actions plans to recommendations within 90 days. SCAC reports should aid the courts in their oversight role of foster care caseloads;
2. Requiring SCAC to deliver a copy of the annual report to the Legislative Health and Human Services Committee, the Courts and Criminal Justice Committee, and the Legislative Finance Committee by November 1 of each year;
3. Directing all agencies to appoint a loss prevention review in the event of a death, serious injury, or other substantial loss through the state's risk management program;
4. Creating a permanent grievance review function for people involved with the child protective services (employees, foster parents, and foster youth);
5. Supporting the creation of an oversight function to provide system oversight across the child welfare system (courts, behavioral health, CYFD) that will focus on outcomes of the system, recommendations for system improvement, development of leadership criteria and nomination. This oversight body should provide an integrating function, reviewing, distilling, and overseeing system reporting. This function may sunset, while ensuring sustained oversight and progress across executive transitions; and
6. Streamlining and consolidating oversight functions if developing new oversight or accountability mechanisms that examine child welfare and child wellbeing systems.

The Children, Youth and Families Department:

1. Propose Accountability in Government Act performance measures related to multilevel response implementation, as required by statute.
2. Institute and continue quality service reviews within CYFD.

Juvenile Justice

Since 2008, New Mexico has been a leader in juvenile justice system improvement, implementing evidence-based approaches, which improved system outcomes.

New Mexico's juvenile system improvement is based on the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI), which is designed to safely reduce reliance on secure confinement with continuous juvenile system improvement. New Mexico began implementing the program in 2008 partially driven by an American Civil Liberties Union argument. The "Cambiar" model in New Mexico juvenile justice refers to a shift away from punitive confinement and towards a more rehabilitative approach, focusing on community-based services, education, and evidence-based practices to reduce recidivism rates, with the core idea being to prioritize rehabilitation and regionalization over punishment.

A LFC progress report focused on juvenile justice facilities and reintegration centers found that although CYFD made progress on numerous recommendations from a 2016 LFC program evaluation, per client costs continued to rise as the number of juveniles in the system declined but the state did not make corresponding levels of staffing and budgetary change.^{xv} The report recommends continuing to evaluate the Juvenile Justice Services budget, staffing, and facilities plan to identify efficiencies and move resources upstream, when possible.

Additionally, the progress report found that CYFD made strides to the outcomes of youth released into the community, but more could be done to leverage reintegration programs. CYFD implemented or made progress on 11 out of the 17 recommendations from the 2016 LFC program evaluation. CYFD has worked to create Accountability in Government Act performance measures for recidivism of youth on juvenile probation and worked with the Council of State Governments in the Juvenile Justice Improvement Initiative but has not addressed all the LFC recommendations from the 2016 evaluation. CYFD joined the New Mexico Supreme Court and leaders from all three branches of state government to launch the Statewide Juvenile Justice Improvement Committee to perform a comprehensive review of New Mexico's juvenile justice system. The work from this committee should help improve outcomes and performance monitoring.

The LFC progress report ultimately recommended that CYFD continue to evaluate the JJS budget to identify opportunities to achieve staffing efficiencies. Based on efficiencies, CYFD should redistribute JJS

Key Elements of the Cambiar Model

1. Interagency collaboration between stakeholders, parents, community, and others to coordinate reform activities
2. Use of accurate data to diagnose and understand the system problems, identify solutions, and drive program decisions
3. Reliance on objective admission criteria and instrument to guide detention admission decisions
4. Utilization of alternative to detention to provide youth with community-based services while awaiting adjudication
5. Reform case processing in order to accelerate movement of delinquency cases, reduce unnecessary delays, and ensure interventions and timely and appropriate
6. Reduce the use of secure confinement for "special" detention cases, such as parole violation
7. Commit to reducing racial and ethnic disparities by implementing practices and policies that eliminate structural or personal biases
8. Improving and monitoring conditions of confinement by conducting routine facility

The Consolidated Appropriations Act of 2022 will require states to provide certain behavioral health services to incarcerated youth under state Medicaid programs and provides opportunities to expand some services with state waivers.

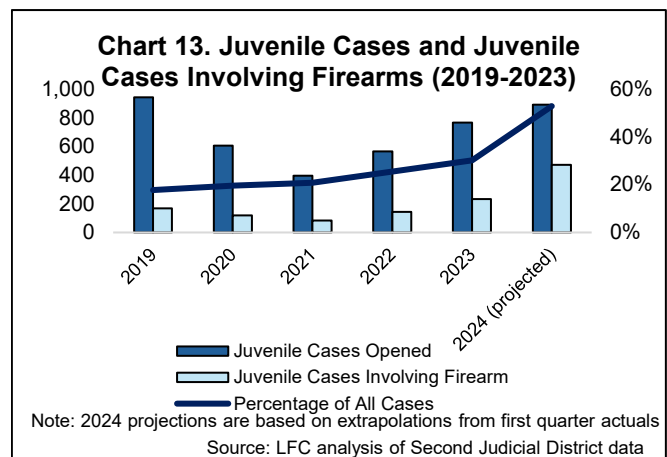
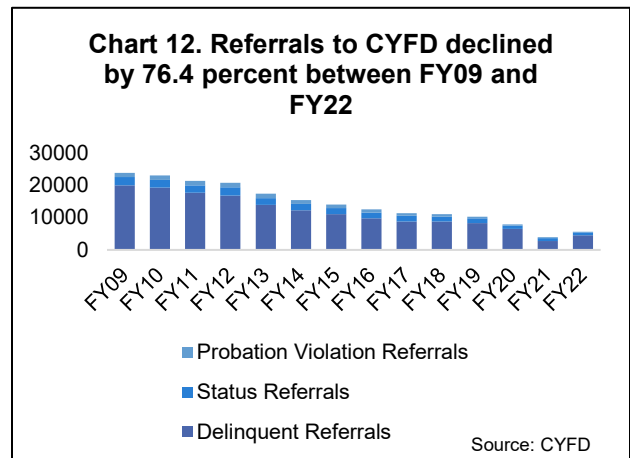
- States are required to provide screenings, diagnoses, and referral services for all incarcerated youth 30 days prior to release, and states must provide case management services as well.
- States have the option to cover additional behavioral health services for youth pending the disposition of charges.
- The new Medicaid provisions go into effect January 2025.

funding, moving funds and staff towards upstream services. Additionally, given projections of continued declines in incarcerated youth, CYFD should update its facilities master plan with one that is consistent with the principles and goals of the Cambiar model. Moreover, CYFD should continue steps to improve monitoring of services and outcomes among external providers. Finally, CYFD could provide direct evidence-based services, particularly behavioral health, and leverage Medicaid to do so.

New Mexico has experienced a recent uptick in juvenile crime and erosion of previous system reforms.

A referral to CYFD is the entry point to the juvenile justice system for a youth in New Mexico. While a youth does not have to be arrested to be referred to CYFD, nearly all referrals are made by police. Once referred, a youth is assigned to a Juvenile Probation Officer (JPO), who decides either to refer the youth to a children’s court attorney or handle the case informally. Court proceedings can lead to either commitment or probation; cases handled informally can lead to field supervision, diversion, or behavioral health services.

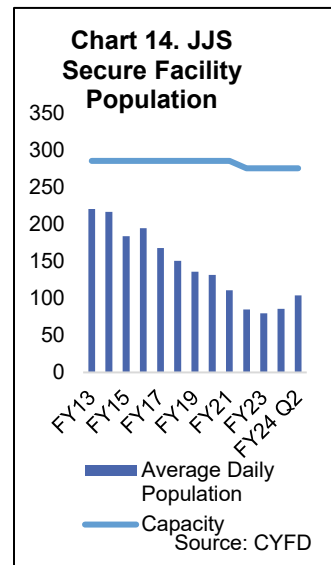
The LFC’s 2023 progress report found that since 2008, New Mexico has implemented a series of evidence-based reforms within juvenile justice, including using data to diagnose and understand system trends, relying upon objective admission criteria and risk-assessment tools to guide detention admission decisions, and using alternatives to detention to divert low-risk cases away secure confinement and providing services in a community-based setting. Because of these reforms, between FY09 and FY22, juvenile justice referrals to CYFD declined from 23.9 thousand to 5,600, a drop of 76.4 percent. The pandemic saw the number fluctuate, falling sharply from nearly 8,000 in FY20 to below 4,000 in FY21, then increasing to 5,600 in FY22, the first rise in referrals in more than 10 years. Moreover, recidivism rates among youth fell between the same period, although to a lesser degree. In FY24, 86 percent of youth discharged from field supervision did not recidivate in the following two years, effectively the same rate as FY23. In FY24, 34 percent of youth discharged from a secure facility did not recidivate in the following two years, a worsening relative to FY23 rates (55 percent). Additionally, taskforce members heard from the children’s court reform taskforce, which is considering changes to the children’s code, and previous leadership of juvenile justice services, which provided context and information about the state’s approach to system improvement and results experienced since 2008. The group also noted proposals for significant changes to the children’s code, aiming to address juvenile crime.



Since 2008, the secure juvenile population has declined significantly and state-run secure facilities for juveniles are under capacity. However, the census for the secure juvenile population increased within the last year, reversing a decade-long trend. Over the last two years, some data suggests certain types of crime may be ticking up with overall crime, particularly in Bernalillo County. Statewide data about juvenile crime in the last year has been unavailable. CYFD reported to the taskforce an increase in referrals and severity of crimes to juvenile justice as a contributing factor but did not share specific data with the taskforce.

The taskforce discussed the need for and opportunities to enhance publicly available data to better understand current juvenile justice trends, make evidence informed decisions, and enhance accountability.

New Mexico should seek to quantify and support crossover youth.



National research indicates that dually-involved youth make up a large proportion of youth involved in the juvenile justice system. Between 7 percent and 29 percent of youth with a history of involvement in the child welfare system are estimated to also touch the juvenile justice system at some point. Startlingly, national estimates suggest 45 percent to 83 percent of youth in the juvenile justice system also have a history of child welfare involvement.

Within New Mexico, the number of crossover youth is unknown, but youth involved in the foster care system are at greater risk future substance use, homelessness, and involvement with the justice system. The state has the ability to track and examine data and trends related to dually-involved youth but has not collected this information in over a decade. A 2015 study found 23 percent of the Juvenile Justice Services clients in New Mexico had a history of substantiated Protective Services involvement and 34 percent had some interaction with Protective Services. CYFD has not publicly reported more recent data. CYFD could match data between protective services and juvenile justice services but has not done so in over a decade. CYFD is currently working to replace the state’s comprehensive child welfare information system (CCWIS) and reported to the taskforce that the new IT system should make this sort of data matching easier. The taskforce discussed opportunities to begin tracking crossover youth and providing dedicated resources and interventions for these young people within CYFD.

Juvenile Justice Recommendations:

Overall, the taskforce recommends the state move carefully and thoughtfully if considering juvenile system reform and study juvenile justice to make data-informed future decisions. The state should implement evidence-based and trauma-informed programs.

The Children, Youth and Families Department:

1. Continue to evaluate the Juvenile Justice Services budget to identify opportunities to achieve staffing efficiencies and move funding and staff towards upstream services (recognizing there are variances in caseloads).
2. Continue to improve monitoring of services and outcomes among external providers (JJ has historically been able to collect data in databases, continuums can look at outcomes).

3. Continue annual JJAC and Juvenile Justice annual report and publish on the public-facing website.
4. Consider leveraging Medicaid funding to provide direct evidence-based or evidence-informed behavioral health services, including behavioral health (Ex. MST and FFT).
5. Continue to use a validated risk-assessment tool and maintain JPO discretion for certain types of offenses. Important to maintain the perspective of the JPO in the decision-making process.
6. Replicate previous analysis to quantify crossover youth, track outcomes among this population, and find opportunities to support this population and prevent future system involvement.
7. Bring together the association of DAs, courts, and juvenile justice services —focused collaboration about decisions to bring charges.

The Health Care Authority:

1. Consider additional waiver amendments that will allow the state to expand the behavioral health services provided to juvenile justice populations, as allowed under the federal Consolidated Appropriations Act of 2022.

The Legislature:

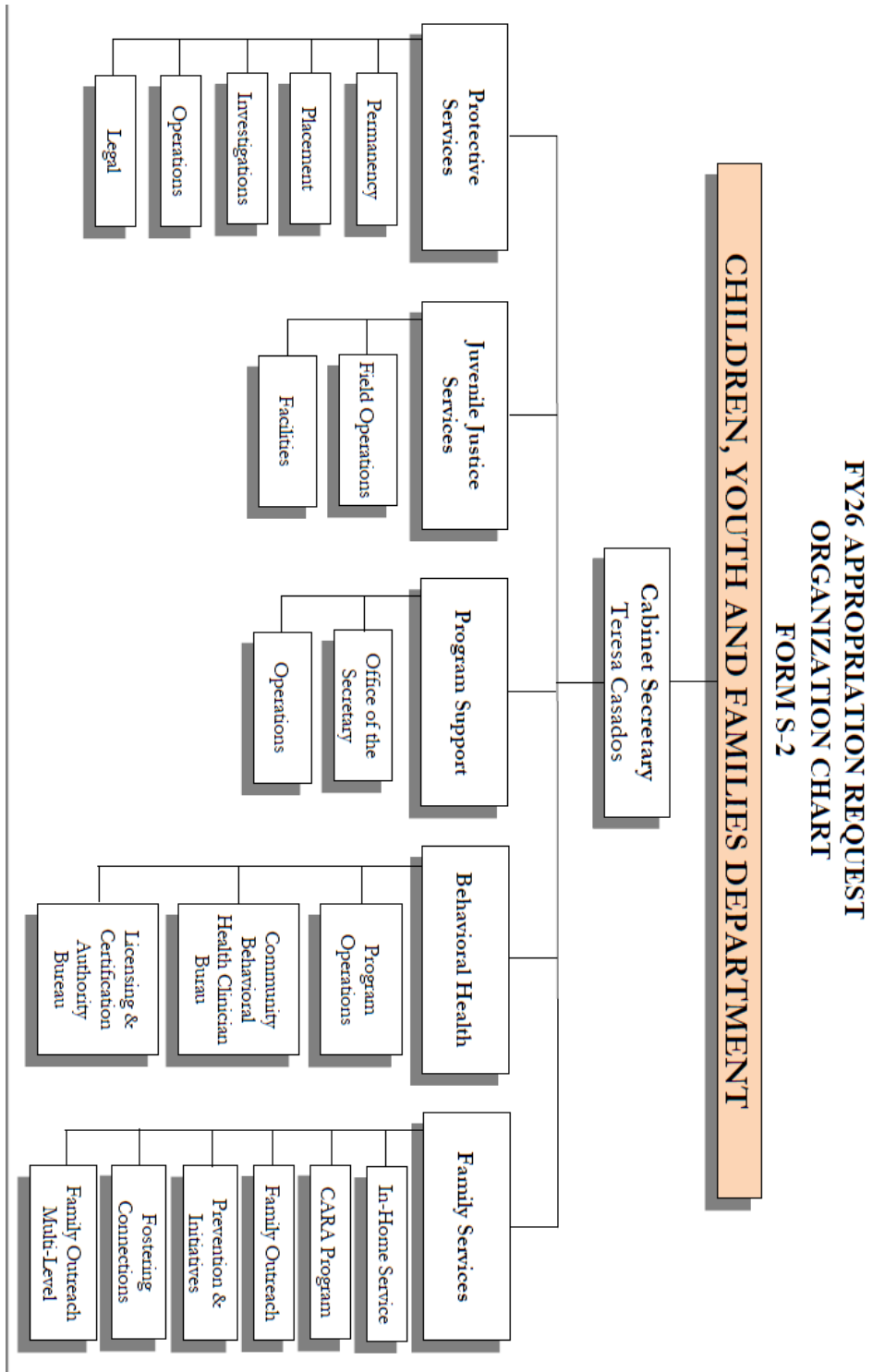
1. Direct LFC or another entity to conduct an updated program evaluations of JJS to figure what is going on with juvenile justice(trends, program outcomes, future changes needed).
2. Consider a change to the community-corrections fund to permit the use pre-adjudication to potentially expand the eligible population.

Appendix A: Taskforce Membership

Summary
Senate Memorial 5 creates a taskforce, convened by LFC, to make recommendations about improvements to the state's child welfare system. The Memorial notes the taskforce is to be comprised of 12 members, six of which are appointed by a variety of elected officials and stakeholders. The taskforce is charged with examining the state's child welfare and juvenile justice systems and making recommendations by November 2024. Listed below are appointed and recommended members of Senate Memorial 5 taskforce.

Role	Name	Background
Governor appointment	Secretary Teresa Casados	Teresa Casados is the Cabinet Secretary of the Children, Youth and Families Department. Prior to her role as Secretary, she was the Chief Operating Officer for the Office of the Governor. Within the Bill Richardson administration, Secretary Casados served as the Director of Operations and Human Resources and as the Deputy Chief of Staff.
Speaker of the House appointment	Representative Eleanor Chavez	Representative Eleanor Chavez represents the 26 th House district in New Mexico in Bernalillo County. Representative Chavez holds a BA in Social Work from the University of Washington and an MSW from the University of Washington School of Social Work. Representative Chavez has served on the New Mexico Public Education Commission and has served as the Director of the National Union of Hospital and Health Care Employees. Representative Chavez chairs the House Enrolling and Engrossing Committee and is a member of the House Health and Human Services Committee, House Labor, Veterans' and Military Affairs Committee and the interim Legislative Health and Human Services Committee.
House Minority Floor Leader appointment	Barbara Tedrow	Barbara Tedrow is the owner of the Gold Star Academy and Child Development Center, Smiling Faces Child Care Center, and F.A.C.E.S First Home Visiting Program. She lives in San Juan County, and she serves on the state's Early Childhood Education and Care Department Advisory Council.
Senate President Pro Tempore appointment	Senator Linda Lopez	Senator Linda Lopez represents the 11 th Senate district in New Mexico in Bernalillo County. Senator Lopez earned a bachelor's and master's degree in business administration from the College of Santa Fe. Senator Lopez sponsored Senate Memorial 5 and is a member of the Senate Tax, Business, and Transportation Committee and several interim committees, including the Indian Affairs Committee, and the Rules Committee. Senator Lopez is an advisory member of the Legislative Education Study Committee, the Courts, Corrections, and Justice Committee, the Legislative Health and Human Services Committee, and the Water and Natural Resources Committee.
Senate Minority Leader appointment	Marilyn Beck	Marilyn Beck is the Founder and CEO of the New Mexico Child First Network, which aims to improve foster care and the child welfare system in New Mexico. The organization provides resources, services, support, and training for foster parents. Beck is a former foster parent and has fostered more than 39 children, aging from newborn to 17. Marilyn holds a bachelor's degree from the University of New Mexico and graduate degree from George Washington University.
Supreme Court Justice appointment	Honorable Emilio Chavez	The Honorable Emilio Chavez is the Chief Judge of the Eighth Judicial District Court, which covers Colfax County, Taos County, and Union County. Justice Chavez was appointed to Eighth Judicial District Court in 2015, following a career as a prosecutor in Taos. Justice Chavez was born and raised in Albuquerque and earned a BA in economics from Grinnell College and J.D. from UNM School of Law.
Representative from the Kevin S. settlement	Jesse Clifton	Jesse Clifton is an attorney with Disability Rights New Mexico, which represented plaintiffs in the Kevin S. lawsuit and settlement. The Kevin S. Settlement was agreed upon in March 2020 in response to a lawsuit brought by 13 children in the New Mexico foster care system. Disability Rights New Mexico, and the Native American Disability Law Center. The Kevin S. Settlement requires the state to provide a trauma-informed system of care for children involved in the child welfare system. Jesse has also been involved in the implementation of settlement recommendations within a pilot program in Dona Ana County.

Appendix B: Children, Youth and Families Department Organizational Chart



Appendix C: Foster Care/ Resource Home Maintenance Payment Rates

Level 1: Basic Rate					
	Age	Daily Rate	28-Day Monthly Rate	30-Day Monthly Rate	31-Day Monthly Rate
Family Foster Home (Relative, Non-Relative, Fictive Kin)	0-5	\$20.91	\$585.48	\$627.30	\$648.21
	6-12	\$22.06	\$617.68	\$661.80	\$683.86
	13-17	\$22.95	\$642.60	\$688.50	\$711.45
Level 2: Enhanced Rate					
	Age	Daily Rate	28-Day Monthly Rate	30-Day Monthly Rate	31-Day Monthly Rate
Specialized Family Foster Home (Relative, Non-Relative, Fictive Kin)	0-5	\$27.09	\$758.52	\$812.70	\$839.70
	6-12	\$28.21	\$789.88	\$846.30	\$874.51
	13-17	\$29.08	\$814.24	\$872.40	\$901.48
Treatment Foster Care (TFC)	0-5	\$21.86	\$612.08	\$655.80	\$677.66
	6-12	\$22.55	\$631.40	\$676.50	\$699.05
	13-17	\$23.08	\$646.24	\$692.40	\$715.48
Level 3: Special Arranged/Exceptional Rate					
Specially Arranged					
A variable rate is calculated on an individual basis according to the needs of the child. A Level III assessment, review, and approval is needed prior to this rate going into effect.					
\$1,800 maximum depending on the score/needs on Level III Assessment. ARCA approved placements have their own rate of \$3,981.85.					
Other Rates					
Pregnant/Parenting Youth		Fostering Connections			
Add in Foster Care Maintenance Rate for 0-5 age based on parent's placement (for example, Basic Rate, Specialized Family Foster Home, etc). Variable rate based on needs of youth and children available.		Youth aged 18-21 years old, participating in the Fostering Connections program (Extended Foster Care): \$750 monthly.			



^{vii} Barth, R. P., & Xu, Y. (2023). Family poverty, family adversity, neglect, and entry into out-of-home care. *Journal of Public Child Welfare, 18*(4), 694–714. <https://doi.org/10.1080/15548732.2023.2248048>

^{viii} <https://caselaw.findlaw.com/court/nm-supreme-court/116632749.html>

^{ix} <https://www.nmhealth.org/publication/view/general/7848/>

^x The Workforce Development Framework. (2019). *The National Child Welfare Workforce Institute*. https://ncwwi.org/files/Workforce_Development_Framework_Brief.pdf

^{xi} DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review, 30*(9), 995-1008.

^{xii} Edwards, F., & Wildeman, C. (2018). Characteristics of the front-line child welfare workforce. *Children and Youth Services Review, 89*, 13-26.

^{xiii} DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review, 30*(9), 995-1008.

^{xiv} Benton, A. D. (2016). Understanding the diverging paths of stayers and leavers: An examination of factors predicting worker retention. *Children and Youth Services Review, 65*, 70-77.

^{xv}