NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

LegisStat

Priority: Child Maltreatment | September 18, 2024

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Hearing Participants: Teresa Casados, Secretary Designate, CYFD

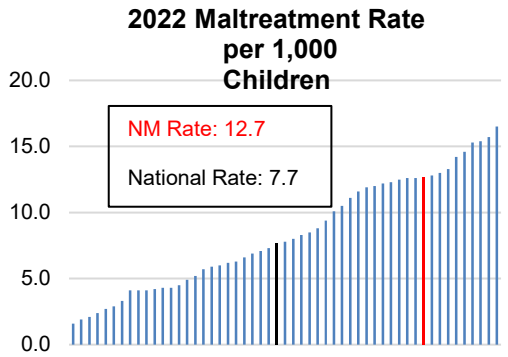
Topic Area: Child Welfare

New Mexico's child welfare system faces a variety of challenges, including high rates of child maltreatment and repeat maltreatment, high turnover and vacancy rates among child protective services workers, and insufficient numbers of resource homes (foster care providers) and treatment foster care (TFC) placements. Evidence-based options and programs may prevent maltreatment and support families but are often not implemented in New Mexico. In addition, a professional, well-supported workforce can improve outcomes for children and families. Finally, both research and the *Kevin S.* settlement highlight the need to improve access to community-based services for system-involved children, including increasing numbers of resource homes (foster care providers). In recent years, New Mexico enacted legislation and significantly increased appropriations in support of these objectives, but the state has faced implementation challenges.

Key Takeaways

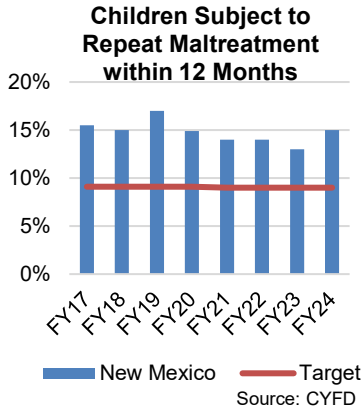
- New Mexico is one of only a few states that still does not have an approved Title IV-E Family First Prevention Services Act plan, missing out on an opportunity to receive federal funding to implement evidence-based prevention programs.
- While CYFD made some hiring progress in FY24, turnover among Protective Services remains high and inhibits system improvement. The state may not be fully leveraging federal funding for workforce training.
- While CYFD held recruitment events and devoted some resources to recruit resource homes, the number of community-based placements has remained flat over the last year.

Key Data



Source: ACF Child Maltreatment Report 2022

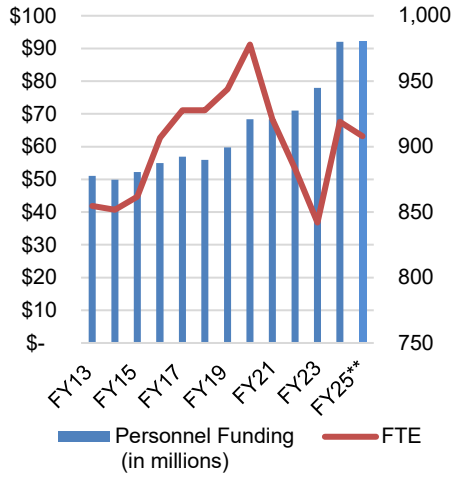
- The rate of child maltreatment in New Mexico is significantly higher than the national average. In 2022, 12.7 children out of every 1,000 children experienced maltreatment, a total of 5,817 children.
- The state, through Medicaid and other means, is investing to address root causes by increasing funding for behavioral health, substance use treatment, and other services significantly over the last several years.



Source: CYFD

- In FY24, New Mexico's repeat maltreatment rate was 15 per 1,000 children, while the national benchmark was 9 per 1,000 children. The state's rate of repeat maltreatment increased in FY24.
- If New Mexico had the same rate of repeat maltreatment as the national rate, roughly 360 fewer cases would occur annually.

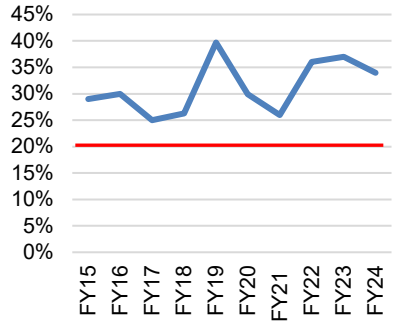
Protective Services Personnel Appropriations and Filled FTE



*As of June 1, 2024
**As of August 1, 2024
Source: LFC Files and SPO Tool Report

- A CYFD workforce development plan and survey developed several years ago noted Protective Services staff ranked workload, self-care, and compensation as the most pressing challenges facing staff.
- 2023 legislative appropriations included a $3 million special appropriation to implement the department's workforce development plan, $5 million to implement an appropriate placement salary adjustment among Protective Services workers, and nearly $3 million for additional staff. While CYFD held several recruiting events in FY24, less than $100 thousand of the special appropriation has been spent, and the Legislature reauthorized this appropriation for FY25.
- For FY25, the Legislature also appropriated $1.7 million through the GRO to pilot and evaluate an approach to incentivize front-line staff to obtain master's-level social work licensure.

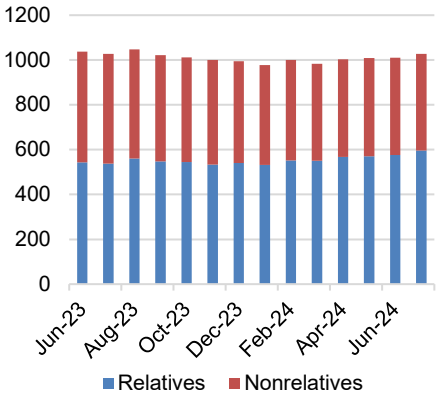
Turnover Rate for Protective Service Workers



Source: CYFD

- In the second quarter of FY24, the turnover rate among Protective Services workers was 34 percent. The agency's target is 20 percent.
- According to the Annie E. Casey Foundation, turnover rates among child welfare workers average between 20 and 30 percent nationally, while turnover rates at or below 12 percent are considered optimal in healthcare and human services. High turnover is associated with more placement disruptions, time in foster care, incidents of child maltreatment, and re-entries to foster care.

Resource Families 2023-2024



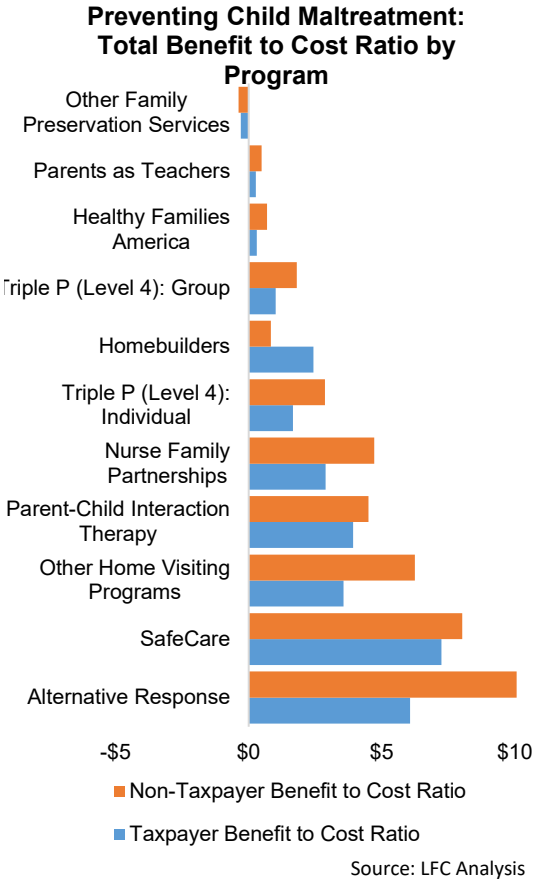
Source: CYFD

- As of July 2024, CYFD reported 1,045 active resource homes, 41 more than were active in July 2023.
- Of the active resource homes in July 2024, 596 (57 percent) were placements with relatives or kin, a rate that is better than the national average of 44 percent.
- According to FY24 CYFD annual performance data, 73 percent of youth over the age of 12 in Protective Services custody were placed in the least restrictive, community-based environment. The performance target for this measure is 85 percent. In FY23, 91 percent of youth in Protective Services custody were placed in a least restrictive, community-based setting.

Performance Challenge: Preventing Child Maltreatment and Repeat Maltreatment

LegisStat Recap

The May 2023 LegisStat hearing focused on child maltreatment, and committee members asked about goals for reducing child maltreatment as well as the department's plans for implementing and improving the Comprehensive Addiction and Recovery Act (CARA) program and plans of self-care and alternative response. In the December 2023 hearing, the agency reported the department had received feedback from the federal government regarding the submitted Family First Prevention Services Act (FFPSA) plan and intended to resubmit. In June 2024, the agency reported continuing to work on a resubmission of the plan, and the sub-committee requested a copy and analysis from LFC staff. The agency reorganized the department and established a Family Services Division intended to focus on prevention.



Progress

Prevention and Early Intervention

In September 2022, CYFD 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 that are identified in the federal Title IV-E (foster care) clearinghouse, such as Healthy Families America, Child First, and SafeCare. As of summer 2024, the state's plan has not been approved but CYFD received feedback from the federal government and plans to resubmit. 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. For FY25, the General Appropriation Act provided a special appropriation of $200 thousand to CYFD to pay for technical assistance in revising and resubmitting the state's prevention program plan and to ensure the maximum draw down of federal funds within Protective Services. To date, CYFD is preparing but has not resubmitted the state's plan.

In FY24 the Legislature sought to equip the department to improve child outcomes by aligning the department's budget with national child welfare best practices and prioritizing evidence-based strategies for maximizing family unity and preventing the use of foster care, when appropriate. In FY24, the Legislature increased the Protective Services budget by 14 percent. In addition, the Legislature appropriated $15.9 million in federal TANF revenue to fund various evidence-based prevention and intervention services. Another $7.6 million in general fund revenue was available to match federal Title IV-E revenue if spent on programming with a strong evidence-base, as identified by the federal government. However, CYFD is largely not implementing evidence-based programs.

In addition, the Legislature made appropriations from opioid settlement revenue, including $1 million to implement plans of safe care (the CARA program) and $1 million to establish SafeCare Home Visiting, which is a service eligible for Medicaid reimbursement in New Mexico that may also be eligible for federal Title IV-E prevention funding. CYFD has reported continuing to explore SafeCare Home Visiting as a potential prevention program but reports workforce concerns and has not established the program to date. Both appropriations went unused and reverted. For FY25, the Legislature appropriated nearly $2 million for plans of safe care (CARA) to the Health Care Authority, following an LFC program evaluation that made this recommendation. During summer 2024, CYFD

posted 17 CARA-related positions and moved forward with hiring. As of August 1, four positions had been filled, and the agency was using TANF funding for the positions.

The draft Family First plan shared with LFC staff 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 the Early Childhood Care and Education Department (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 Clearinghouse. Federal feedback also asked the department to clarify how the agency will refer and then monitor the safety of any families referred to services delivered by ECECD, as required by the Family First Prevention Services Act.

For FY25, the Legislature maintained a relatively flat CYFD operating budget, including within Protective Services but made significant targeted investments for these prevention and early intervention programs through the Government Results and Opportunity Fund (GRO) special appropriations to pilot and implement programs over three years, including: $9 million to implement evidence-based prevention and intervention programs. This GRO funding should provide an opportunity to expand evidence-based programs and evaluate their outcomes. Appropriations should also bridge funding until federal reimbursement is available, if CYFD chooses to implement programs that are eligible for federal reimbursement.

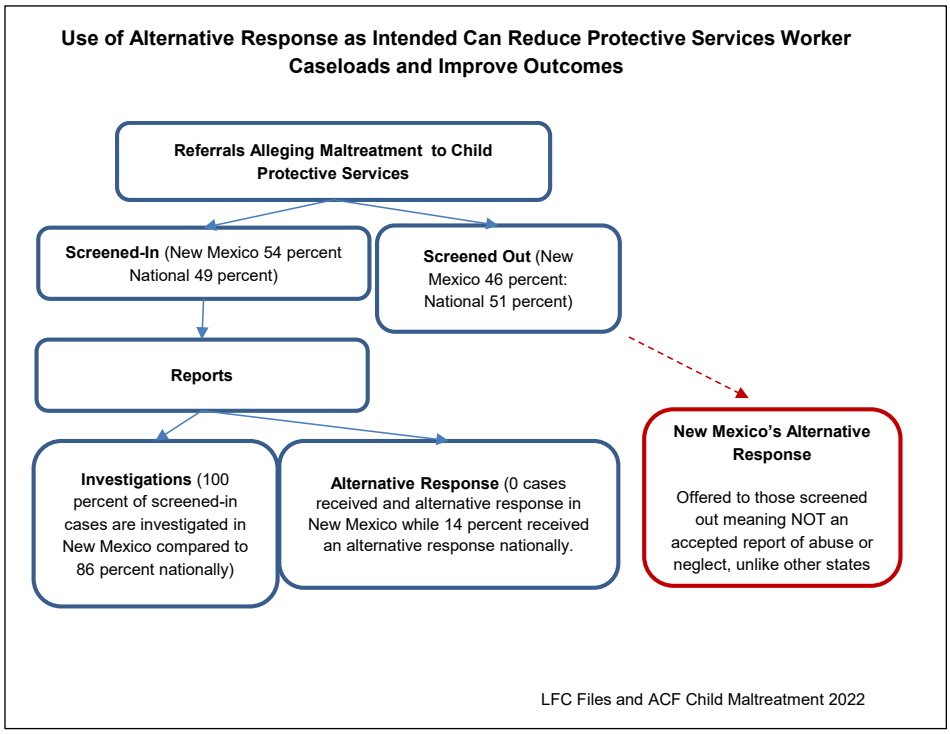
Summary of CYFD Proposed Title IV-E Families First Prevention Plan

Programs and Initiatives in CYFD's Submitted Title IV-E Families First Prevention Services Plan				
Program	**Program Description**	**Responsible Agency**	**Currently Operating in NM?**	**Title IV-E Rating**
Keeping Families Together	(Not an eligible Title IV-E Program) Supportive housing program operating in Bernalillo, Sandoval, and Valencia Counties CYFD proposes expanding to Dona Ana County.	CYFD	Yes	Not rated
Family Resource Centers	(Not an eligible Title IV-E Program) CYFD proposes working with ECECD to establish Family Resource Centers in three locations	CYFD	In progress	Not rated
Family Connections	(Not an eligible Title IV-E Program) In-home parent skill-based program The plan proposes expanding this service and evaluating outcomes	CYFD	Yes	Not rated but recommended for review
Motivational Interviewing	Substance use prevention and treatment service Plan proposes CYFD will deliver the service to parents/ caregivers	CYFD	Yes	Well-supported
Healthy Families America	Home visiting program Plan proposed ECECD will use General Fund to pilot and implement the model among 60 families. The model is already eligible for Medicaid reimbursement, though ECECD has struggled to enroll families in Medicaid home visiting.	ECECD	Yes	Well-supported
Child First	Home visiting program Proposed ECECD expand this home visiting model	ECECD	Yes	Supported
SafeCare	Home visiting program SafeCare is not currently operating in New Mexico. However, the plan proposes ECECD implement the model, and SafeCare is already eligible for Medicaid reimbursement.	ECECD	No	Supported
Family Spirit	Home visiting program The program is designed to serve Native American mothers. The plan proposes reaching out to Tribes and Pueblos to seek support for the program before considering expansion.	ECECD and CYFD	Yes	Promising

Source: LFC

Alternative, Multi-Level, 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 and 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 appropriation, and continue to monitor the family directly. New Mexico has been implementing a pilot model that refers some families for external services but does not follow evidence-based models with fidelity and only serves families who are screened out for investigation.



LFC analysis suggests alternative response may have a return on investment of roughly $12 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 with fidelity to evidence-based models or as outlined in state statute, but CYFD is instead implementing a model that focuses on referring screened-out cases to community services.

In 2024, the Legislature appropriated $4.2 through the GRO to pilot and evaluate implementation of differential response in accordance with statute. CYFD also reports differential response may be eligible for Title IV-E prevention funding if the state implements a program model listed in the federal clearinghouse and the overall state plan is approved. 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.

Performance Challenge: Meeting Child Welfare System Workforce Needs

LegisStat Recap

Previous LegisStat hearings included questions related to CYFD workforce development and whether the agency is implementing the workforce plan developed following the *Kevin S.* lawsuit. The committee also wanted to know more about whether the CYFD workforce is licensed and credentialed at a sufficient level and what might be done to improve the professionalization of the workforce. During the June 2024 LegisStat hearing, CYFD reported roughly 7 percent of the Protective Services workforce is composed of licensed social workers. Committee members also asked about other options for improving the effectiveness and efficiency of the existing workforce and if the department had plans for the $3 million appropriation for the department's workforce plan. The secretary reported the CYFD paused plans to recruit social workers from out of state because the agency faced a budget shortfall in FY24 because Title IV-E revenue collected is significantly below budgeted levels.

Progress

Workforce shortages continue to hamper the state's efforts at addressing childhood maltreatment. New Mexico faces high demand for social workers, caseworkers, and investigators, causing high caseloads and, in some cases, potential missed opportunities to prevent maltreatment. Recruitment and retention challenges impact the workforce because child welfare work is stressful, exposure to trauma is common, and the job is emotionally taxing. CYFD has not focused Protective Services recruitment on licensed social workers and has reduced education requirements for workers over time, citing social worker shortages.

For FY24, appropriators worked to address workforce challenges by including funding for appropriate placement salary adjustments, ensuring the salary structure is internally aligned, and adding funding to fill at least 60 full-time positions in the Protective Services and Behavioral Health Services programs for FY24. Also addressing workforce, the Legislature included a $3 million nonrecurring special appropriation to support the department's workforce development plan, to improve supports for front-line workers who experience secondary trauma, expand training and professional development, increase in and out of state recruitment campaigns, provide recruitment incentives for licensed social work graduates, and improve mentorship and leadership development within the department.

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. In addition, the department held rapid-hire events to recruit staff and fill vacant positions. However, turnover remains a significant challenge, and the agency's annual turnover rate among Protective Services case workers was 34 percent in FY24. The FY25 Protective Services personnel budget ($92.5 million) should fund roughly 962 employees at an average cost of $98 thousand per employee. As of August 1, Protective Services had a headcount of 908, though CYFD's ability to fill positions up to the budget level is impacted by realizing federal revenue below budgeted levels.

As of September 1, CYFD has spent less than $100 thousand of the $3 million special appropriation to implement the workforce plan. This appropriation was reauthorized for FY25, with language noting a targeted effort focused on social workers. In addition, in 2024 the Legislature appropriated $1.7 million through the GRO for a three-year pilot to incentivize attainment of masters-level social work licensure to develop and retain caseworkers Protective Services.

Title IV-E Federal Funding

Projected shortfalls in federal Title IV-E revenue within Protective Services may hinder CYFD's ability to recruit frontline workers. The agency projects Protective Services ended FY24 with a $9.4 million shortfall because the agency collected less Title IV-E revenue than budgeted, particularly for Title IV-E foster care administration. Title IV-E allows state agencies to be reimbursed for 50 percent of eligible costs associated with the administration of foster care programs, with some administrative expenses eligible for higher reimbursement. CYFD is still working to understand the decrease in Title IV-E funding and plans to seek technical assistance to ensure the agency is maximizing the drawdown of federal funds.

Finally, CYFD may also be underleveraging federal Title IV-E funding for child welfare workforce training and development. 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 also allows states for costs associated with providing short and long-term training for their child welfare workforce. 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[i]. 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 projected to expend $2 million in Title IV-E training funds in FY24.

In New Mexico, Eastern New Mexico University, New Mexico Highlands University, New Mexico State University, and Western New Mexico University 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.

Performance Challenge: Ensuring Appropriate Placements for Youth in CYFD Custody

Recap

During the June 2024 LegisStat hearing the department noted the state has insufficient numbers of resource homes or foster care providers. CYFD reported holding over 120 resource home recruitment events that resulted in 19 new inquiries among potential resource home providers and acknowledged needing to rethink recruitment strategies. The department also reported moving forward with plans to open a multi-service (group home) for hard-to-place boys in Albuquerque with plans to open a similar facility for girls in care to alleviate the need for children to sleep in CYFD offices.

Progress

The number of children in foster care in New Mexico steadily declined from FY17 to FY23, when the trend reversed. In FY24, 872 youth entered foster care, 542 youth exited foster care, and a total of 2,106 children were in CYFD care in July 2024. The percentage of children who achieved permanency within 12 months has also declined since FY22, which may contribute to the current increase in children in care. In addition, New Mexico may be over-removing children because the number of children who experience a short-stay, a stay in foster care of less than 30 days, remains high; if counted with foster care entries, short stays would total 22 percent of all entries into foster care. Short stays may lead children to experience a traumatic removal that could have been avoided and are costly to the state. Short-stays may also further burden a system with insufficient numbers of resource homes.

New Mexico consistently faces insufficient numbers of resource homes or foster placements, though 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. The *Kevin S.* settlement agreement committed New Mexico to efforts to build out and expand community-based family placements for youth in custody, increase the number of resource families, increase the use of treatment foster care, and reduce the use of congregate care placements unless medically necessary.

To address the need to increase resource home placements in the state, CYFD reported in FY24 taking steps to restructure Protective Services to include a dedicated team in each county office focused on recruiting and retaining foster families. However, the number of licensed resource homes in New Mexico remained roughly 1,000, and resource homes often have multiple child placements. The number of licensed resource homes in New Mexico also 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.

For FY25, the Legislature made several targeted special appropriations to pilot and implement strategies that may increase community-based placements and improve access to behavioral health services for youth in custody, including: reauthorizing a $20 million appropriation to CYFD and HCA to build capacity and increase the number of behavioral health providers able to deliver evidence-based treatment services and $3.75 million over three year to pilot initiatives to recruit, train and support treatment foster care and foster care providers to support hard-to-place children. To date, the $20 million for behavioral health capacity has gone unused or used for purposes that will not build behavioral health provider capacity or be eligible for Medicaid reimbursement, as required by statutory language. In August 2024, CYFD released a request for application for providers to seek start-up funding for children's behavioral health services that will be eligible for Medicaid.

Congregate Care

While many states have historically relied on congregate care or group home settings for youth in custody, research, federal guidance, and clinical recommendations now suggest congregate care settings should be reserved for short-term treatment of children with acute behavioral health needs to enable stability in subsequent community settings. As such, federal policies no longer encourage placement in congregate care settings and, for example, the Medicaid program will only cover medically-necessary stays in accredited residential treatment centers, but not group homes, except in limited instances. Research suggests prolonged exposure to congregate care settings can place foster care youth at greater risk for negative life outcomes, including homelessness, incarceration, and substance use. According to Casey Family Programs, group and institutional settings for youth in foster care present roadblocks for timely permanency and cost up to 10 times more than placement in a family setting.

During the 2024 legislative session, CYFD shared plans to create a residential facility for hard-to-place youth in custody. At that time, LFC highlighted concerns, including the *Kevin S.* settlement, which specifies CYFD shall place youth in the least-restrictive, community-based placement and shall not place youth in congregate care settings unless medically necessary. LFC also flagged concerns about funding sources because Medicaid will not cover costs associated with group homes but will only cover placements in highly-specialized qualified residential treatment programs.

CYFD has used a portion of the $20 million behavioral health appropriation to open the multi-service home for boys in Albuquerque on the Youth Diagnostic and Development Campus (YDDC). While this approach may address short-term needs of youth staying in CYFD offices, placing youth in care in congregate care settings is counter to best practices and will not be eligible for federal reimbursement. The agency has mentioned plans to create a similar facility for girls in the southern part of the state.

> According to Chapin Hall, a child welfare research institute at the University of Chicago, states rely on congregate care settings to address two challenges: the need for emergency or first placements for youth 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 evidence-based strategies to address these two 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.

According to FY24 performance data, 73 percent of youth over age 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.

Hearing Questions

Child Maltreatment

- What is the status of the state's Title IV-E prevention plan, and what is the timeline for potential resubmission and approval?
- Which of the programs CYFD is implementing will be eligible for Title IV-E or Medicaid reimbursement?
- Which programs and services will not be eligible, and how much is the state spending on these programs, which are not evidence-based?
- Is CYFD planning to implement SafeCare Home Visiting, Home Builders, or other evidence-based programs previously implemented but that have stopped?
- What are CYFD's plans related to implementing differential response statewide, and what is the timeline?
- What is the status of the last annual report about multi-level response implementation, required by Section 32A-4-4.1

Workforce

- What actions has the department taken to date to address workforce shortages?

- How does the department plan to use the $3 million reauthorized appropriation for workforce development?
- How does the department plan to use the $1.7 million GRO appropriation to incentivize masters-level social work licensure?
- How many of the existing CPS workforce currently meets minimum qualifications for employment through years of experience as opposed to licensure and educational credentials?
- Is the Department looking at re-working Title IV-E contracts with higher education institutions to train more social workers for the agency?
- Is the agency pursuing other workforce development strategies that could be eligible for Title IV-E training funds?

Placements for Children in Custody

- What actions has CYFD taken to increase the number of resource (foster) homes in the state, and what have been the results?
- Are there other operational barriers to recruiting and retaining resource homes, and what actions has the department taken to address these problems?
- What actions have been taken to increase the number of treatment foster care (TFC) placements in the state, and what have been the results?
- How is CYFD planning to use the $3.75 million GRO appropriation to recruit, train, support, and retain resource families and treatment foster care providers?
- What outcomes will CYFD measure to evaluate the impact of these efforts?
- What other steps could New Mexico take to reduce placements in congregate care settings, and what are the barriers?
- What actions is CYFD taking to expand access to evidence-based behavioral health services for youth in care?
- CYFD used a portion of the $20 million for behavioral health capacity for the multi-service homes. How will these services be funded in the future, if they continue, given these services are not eligible for federal funding sources?

[i] 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.

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

Recap: LFC Child Welfare Policy Recommendations

Rachel Mercer Garcia, Principal Analyst, LFC
Child Welfare Subcommittee
September 18, 2024

Framework for Child Welfare System Improvement

Over more than a decade, LFC program evaluations, research, and analysis have recommended the following levers for system improvement:

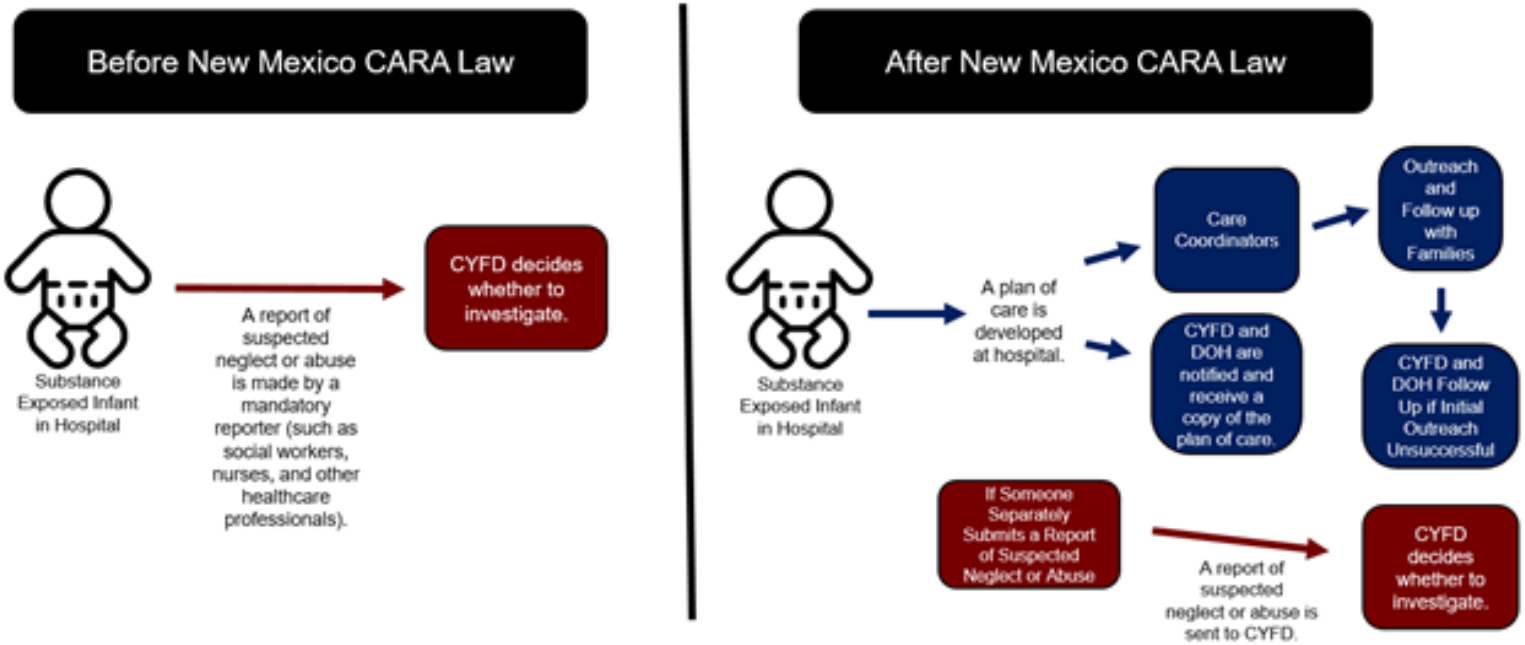
1. Implement **evidence-based prevention** and **early intervention programs** to support families and divert formal system involvement
2. Recruit, retain, support and develop a **professional** social work **workforce**
3. Expand **access to behavioral health and other community-based services** for children and adults, particularly **evidence-based** approaches
4. Strengthen **oversight** and **accountability** mechanisms

Many of these recommendations have been focused on implementation at the agency level, while several statutory changes have not been adopted.

Evidence-Based Prevention, Early Intervention, and CARA

CARA Law Enacted in 2019 to Comply with Federal Law

Figure 1. Change in Reporting of Suspected Abuse or Neglect Before and After New Mexico CARA Statute



Note: A report of suspected neglect or abuse to CYFD is different from CYFD receiving a notification of a plan of care. A report necessitates a CYFD family assessment and potential investigation. A notification of a plan of care does not necessitate a family assessment or potential investigation. Prior to the CARA law, CYFD reported to LFC that the birth of a newborn exposed to substances constituted substantiated child abuse or neglect.

Source: LFC Staff Review of Statute and Rule

2023 LFC Evaluation: CARA-related case management, screening, and identification of substance-exposed newborns should be improved.

- New Mexico's CARA law does not include monitoring of family's follow-through with plans of care, a recommended best practice.
- New Mexico hospitals are under-identifying substance-exposed newborns by up to 40 percent and differ in screening practices. Plans of care are established at birth but not prenatally.
- Hospitals often submit CARA plans of care with missing information, which could lead to insufficient case management.
- Many CARA families are not aware a plan of care was created for them.
- The vast majority of CARA families are not receiving support services or substance use treatment; almost half of families with a plan of care are not referred to substance use treatment and only 15 percent accept referrals.

CARA Recommendations and Progress to Date

Recommendation	Progress	Notes
The Legislature should consider amending statute to include references to implementing prenatal plans of care		
Adopting statute that makes HCA the lead agency for CARA		In FY25, $1.9 million was appropriated to HCA related to CARA implementation. No legislation relating to CARA changes was passed.
CYFD should promulgate rules requiring birthing center staff to report families if referrals for substance use treatment for illegal drugs are declined		CYFD has not promulgated rules but is hiring CARA-related positions.
Promulgate rules requiring hospitals and birthing centers require a referral to early intervention or evidence-based home visiting for every CARA family		
Implement differential response statewide in line with best practices		The Legislature appropriated $1.4M annually for 3 years through the GRO. CYFD is seeking technical assistance from Casey Family Programs to implement.
HCA should require hospitals to universally screen pregnant women using SBIRT		HCA has not required universal SBIRT but has created a new billing code hospitals may use when developing a CARA plan
Direct MCO care coordinators to monitor completion of specific action steps and services agreed to by the family in the plan of care and notify CARA navigators		HCA issued a LOD to MCOs directing the placement of care coordinators in certain birthing hospitals and requiring specific care coordinator activities prior to discharge and requires care coordinators to submit follow-up assessments and create transition plans. CYFD has posted 18 CARA-related positions and has hired 4 as of August 1.
Improve portal functioning for case management		

Legislative Recommendations: Prevention and Early Intervention

The Legislature

- Use appropriation language and performance measures to target the implementation and evaluation of evidence-based prevention and early intervention programs.
- Amend the CARA statute to make HCA the lead agency and consider additional statutory changes proposed if not accomplished through rule, including:
  - Requiring referrals to home visiting and early intervention programs
  - Requiring CYFD conduct a family assessment if families refuse substance-use related services for illegal substance use.

Oversight and Accountability Mechanisms

Oversight of Child Welfare Systems

Federal Oversight Mechanisms

- States are required under the Child Abuse Prevention and Treatment Act (CAPTA) to establish **citizen review panels** (also known as foster care or substitute care review boards).
- States must also establish **child fatality review panels** to review, learn from or prevent child fatalities.
- The federal Administration of Children and Families provides comprehensive oversight of state child welfare agencies, but the scope is limited and driven by federal reporting (data lags 2 years).

NM Oversight Mechanisms

- **Substitute Care Advisory Council (SCAC)** is housed within RLD but scope is limited and reporting has been inconsistent (FY23 report reviewed 242 case review for the period 2022-2022, following no annual reports).
- New Mexico **Child Fatality Review** is housed within DOH and releases, non-identified, aggregate data and descriptive risk information in an annual report. Historically, reporting has been inconsistent with gaps in publication years. Reports for last two years are published online.
- Other oversight mechanisms include internal case reviews or investigations conducted by AOC or CYFD, though reports are not publicly available. (Ex. CYFD inspector general).
- Performance and oversight data is published in quarterly desktop reports published by CYFD online, but metrics reported over time have decreased.

Child Welfare Oversight Functions in Other States

According to NCSL, **Children's Ombudsman and Child Advocacy Offices** are an increasingly common form of statutory oversight in other states.

As of May 2024, **33 states have established children's ombudsman or child advocate offices** with duties and purposes specifically related to child welfare.

Duties of these offices vary by state and typically include:

- Investigating complaints from citizens and families
- Recommending system-wide improvements to benefit children and families
- Monitoring placements, programs, and departments responsible for providing services to children.

CYFD has an internal Office of Children's Rights, but the Office has gone without committed staffing.

Recommendations to Strengthen Child Welfare System Oversight

- **Move SCAC** to be administratively attached to the Administrative Office of the Courts and **strengthen oversight and reporting functions** (Ex. Increased minimum number of reports, annual review of certain types of cases, strengthening CYFD feedback and response requirements.)

- Consolidate functions of existing oversight and any newly proposed oversight mechanisms to **avoid duplication of efforts and improve coordination**.

- **Strengthen Accountability in Government Act performance measures** (Ex. Multilevel response/ differential response measures)

Risk Management Recommendations

2023 Risk Management Program Evaluation

- Under rule, New Mexico agencies are required to establish and implement procedures for the investigation, analysis, and evaluation of incidents and losses, but agencies are not required to document that they perform post-hoc reviews.

- Implement best practices from other states: **through statute, direct all agencies to appoint a loss prevention review** in the event of a death, serious injury, or other substantial loss.

CYFD Costs

- Since 2021, the state has paid $21.2 million for legal settlements on behalf of CYFD.
- CYFD's liability insurance will increase by $1.5M in FY26 to a total of $5.6M.

Children, Youth & Families Department

STATE OF NEW MEXICO

Family First Prevention Services Act

Title IV-E Prevention Plan

TABLE OF CONTENTS

Section 1: Introduction/Overview

Collective Goal for New Mexico: Coordinated systems across New Mexico to prevent and reduce future child maltreatment in New Mexico and enhance family and child well-being.

Purpose

The purpose of the Family First Title IV-E Prevention Plan is to provide trauma-informed and evidence-based interventions to children and families to prevent the need for foster care placement and prevent the trauma of unnecessary separation of children from their families. The Title IV-E Family First Prevention and Services Act (FFPSA) allows for the optional use of Title IV-E funding for time-limited prevention services for families needing mental health and substance use intervention and treatment services and in-home parent skill-based programs. These services must be evidence-based prevention programs and will be provided to children determined as foster care candidates and their parents and kin caregivers. The New Mexico Children, Youth, and Families Department (CYFD) is electing to implement the Title IV-E prevention program as indicated by the submission of this plan. New Mexico did not have a Title IV-E waiver project in place prior to the passing of the Family First Prevention Services Act (FFPSA). Thus, the focus of this plan is to build upon the Prevention and Early Intervention programming within the state of New Mexico.

Introduction

The State of New Mexico values families and communities and believes children are served best when they can safely remain in their homes with their families and in their communities. Supporting our children is a shared responsibility between families, their communities, and supports within the state. A family being able to receive support from within their community before a crisis occurs is vital. These supports may be concrete services such as food, housing, and employment assistance or maybe supportive services such as in-home parenting support, substance use disorder assessment and services, mental health assessment and services, and other services the child or family has been assessed as needing. Currently, CYFD provides these areas of support through various community partners and internal programming spread throughout the agency. New Mexico CYFD recognized that its prevention programs were dispersed across multiple divisions within the agency, leading to fragmented services and limited accessibility for families. To address this, CYFD consolidated prevention programs under the Family Services Division. The purpose of the move was to reduce barriers families face and streamline their access to services. By streamlining services, New Mexico has developed pathways to prevention services that provide support to families in all areas of the state. The New Mexico Prevention Pathway includes community providers, CYFD internal prevention services, and support from other state agencies. It supports the primary goals of the Title IV-E Prevention Plan.

Primary Goals of the Title IV-E Prevention Plan

Prevent Entry into Foster Care and Reduce Likelihood of Future Child Maltreatment: When possible, reduce further trauma to children and families by keeping them safe and together by providing evidence-based trauma-informed services through home parent skill-based programs, mental health treatment services, substance abuse prevention and treatment services based on mental and physical health needs, and economic supports. This goal also aligns with New Mexico's 2025-2029 Child and Family Services plan goal to "reduce occurrence of repeat maltreatment of children and youth."

Assess, Engage, and Follow Up with Families in Crisis: Prevent Entry into Foster Care and Reduce Likelihood of Future Child Maltreatment: When possible, reduce further trauma to children and families by keeping them safe and together by providing evidence-based trauma-informed services through home parent skill-based programs, mental health treatment services, substance abuse prevention and treatment services based on mental and physical health needs, and economic supports. This goal also aligns with New Mexico's 2025-2029 Child and Family Services plan goal to "reduce occurrence of repeat maltreatment of children and youth."

Assess and Engage Pregnant and Parenting Youth to Ensure Better Outcomes and Prevent Homelessness: Ensure pregnant and parenting youth receive the right services to fit their needs and address basic needs such as housing, transportation, childcare, parenting supports, utility assistance, access to medical and dental health services, SNAP, early education services, and education and vocational opportunities.

Support Kinship Care: Help families engage with relatives and kinship caregivers by providing a support system while receiving prevention services to prevent entry into foster care and reduce the likelihood of future maltreatment.

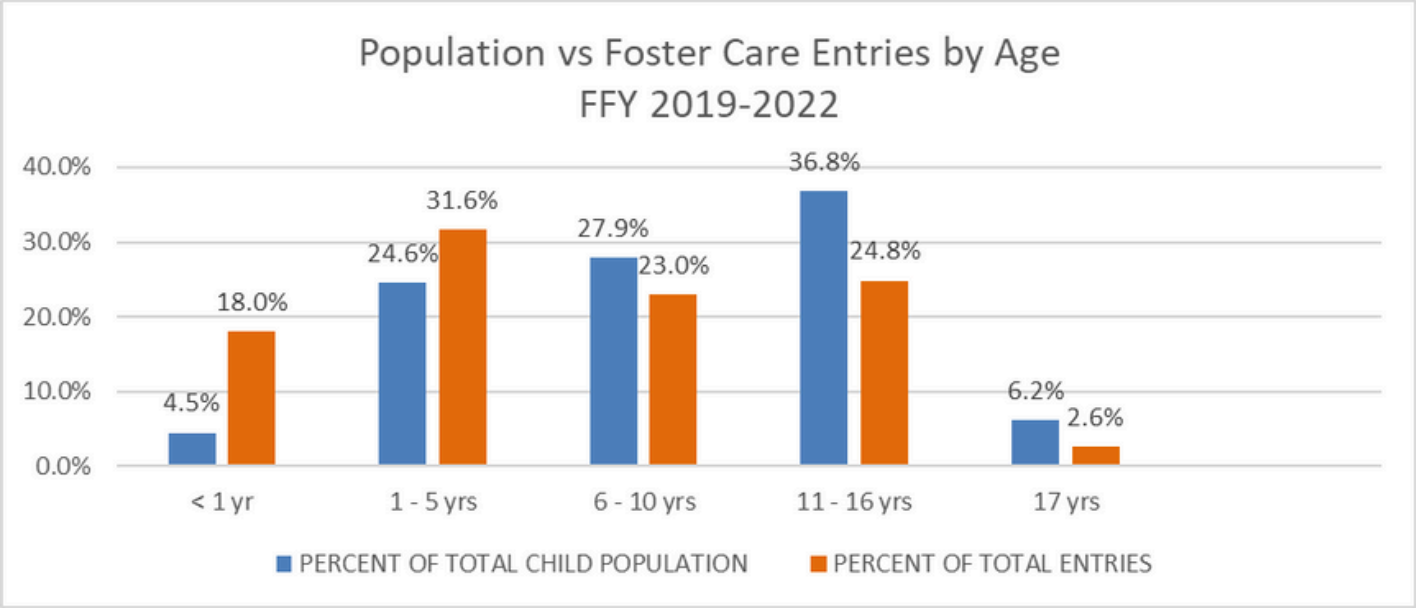
These primary goals align with New Mexico's Thriving Families Prevention Plan Prenatal to Three, a plan developed to improve maternal and infant health and early education outcomes by strengthening coordination and collaboration between the physical health, child welfare, and early childhood systems in New Mexico. CYFD is collaborating with multiple state agencies on the Thriving Families Plan to support the prevention of child maltreatment of children ages three and under and to support early intervention through prenatal services. CYFD and the Early Childhood Education and Care Department (ECECD) have collaborated to ensure services and strategies for prevention within the Thriving Families Prevention Plan are incorporated into the FFPSA Prevention Plan. These collaborations include New Mexico's Comprehensive Addiction and Recovery Act (CARA) program and the creation of Family Resource Centers. Each of these areas will be discussed later. New Mexico's first five-year IV-E Prevention Plan will outline the actions and resources needed to expand and build on existing programs and strengthen the capacity to carry out prevention work across the state. The collaboration between CYFD and ECECD has the potential a lasting impact on the well-being of New Mexico's families and children.

The five-year FFPSA IV-E Prevention Plan will outline the actions and resources needed to expand and build on existing programs and strengthen the capacity to carry out prevention work across the state. The State of New Mexico values families and communities and believes children are served best when they can safely remain in their homes with their families and in their communities. Supporting our children is a shared responsibility between families, their communities, and supports within the state. A family being able to receive support from within their community before a crisis occurs is vital. These supports may be concrete services such as food, housing, and employment or maybe supportive services such as in-home parenting support, substance use counseling, behavioral health needs, and other services. CYFD has provided these areas of support through various community partners and internal programming spread throughout the agency.

Within CYFD the Family Services Division houses the prevention services which make up the prevention pathway for New Mexicans.These prevention services, offered by community providers, CYFD internal prevention services, and support from other state agencies, play a crucial role in supporting the primary goals of the Title IV-E Prevention Plan. This comprehensive approach ensures that all families receive the necessary support and services, thereby contributing to the prevention of child maltreatment and entry into foster care.

Data on Children Entering Foster Care in New Mexico

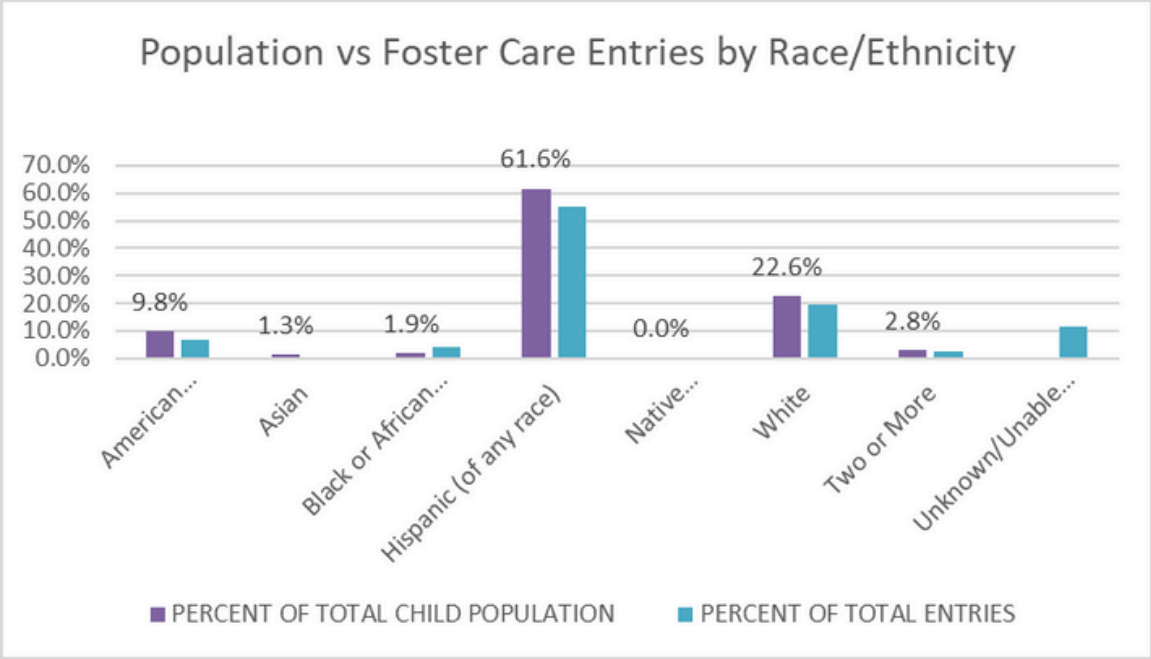
To inform our FFPSA Title IV-E prevention plan, NM reviewed both qualitative and quantitative data available for children and families in New Mexico. This included reviewing risk factors, services available, maltreatment and repeat maltreatment data, and program-specific data.



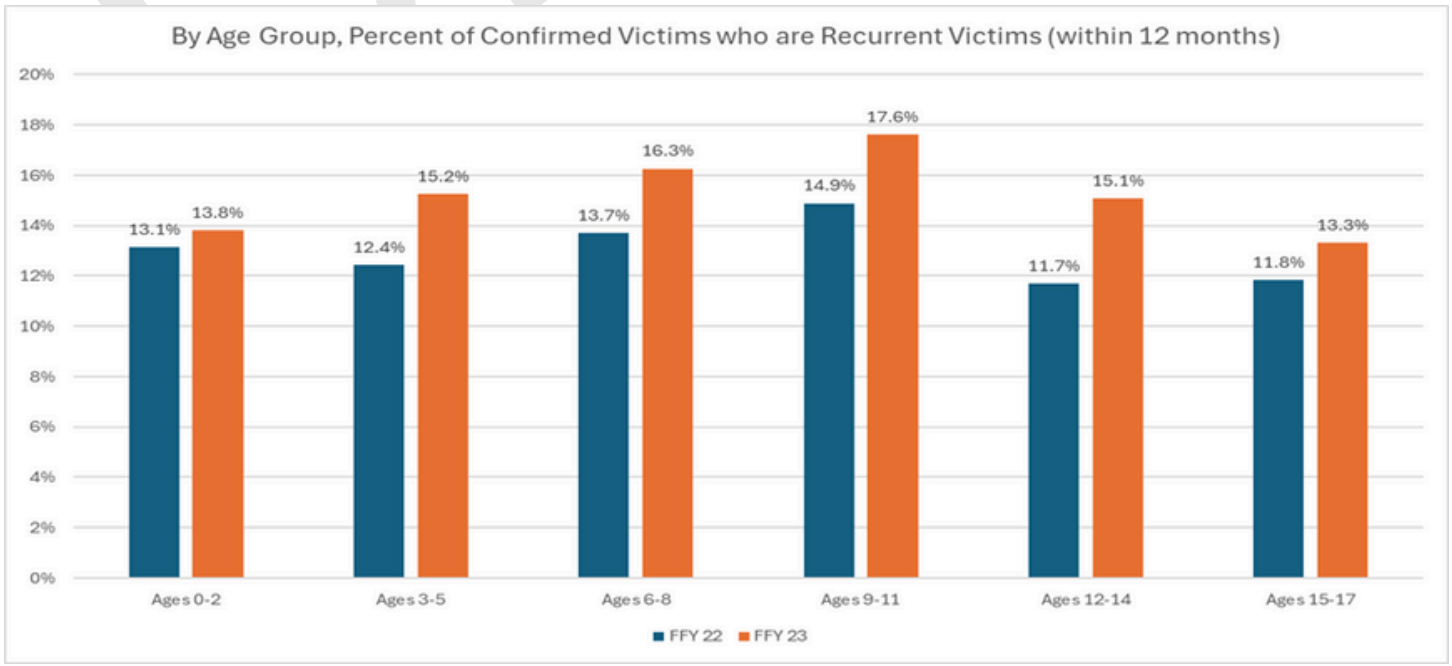
Source: CFSR Data Profile New Mexico Supplemental Context Data - February 2024

NM CYFD recognizes that a combination of individual, family, community, and societal factors contribute to the risk of child maltreatment and increase the likelihood of entry into foster care. A review of New Mexico's data shows 49.6%of children entering care were aged 0-5, with 18% of those children under 12 months old. Additionally, children aged 0-5 appear to be entering foster care at a disproportionate rate compared to the total population of children in that age group in the state.

Data regarding entries into foster care by race and ethnicity show there is disproportionality of entry into foster care among African American and Hispanic children. As CYFD moves through the first five years of the prevention plan, work will be done to identify and reduce these inequities through establishing partnerships with New Mexico's Office of African American Affairs and Hispanic and Latino Community leaders. CYFD will continue to partner with the 23 Tribes, Pueblos, and Nations in implementing the State's Indian Family Protection Act to keep Indian Children with their families and kin. Over the next five years, CYFD will seek input from the New Mexico Tribal Indian Child Welfare Consortium on implementing the Title IV-E Prevention Plan and will work to ensure prevention services are provided in a culturally appropriate way, sensitive to Native American traditions and beliefs.



When examining New Mexico's maltreatment data, it's essential to understand the risk factors that increase the likelihood of maltreatment. By doing so, we can develop or expand programs that reduce these risks within families. This proactive approach not only prevents families from entering the child welfare system but also significantly reduces repeat maltreatment by providing targeted early intervention services to families already known to the child welfare system, instilling hope for a better future. This aligns with the goals within New Mexico's 2025-2029 Child and Family Services Plan to "reduce occurrence of repeat maltreatment of children and youth," and "increase family engagement with prevention and intervention services for children who are risk of entering or re-entering foster care."



Risk factors are characteristics that may increase the likelihood of child maltreatment, and they may or may not be direct causes. A single factor does not cause child abuse and neglect. A combination of individual, family, community, and social factors contribute to the risk of child maltreatment and increase the likelihood of entry into foster care as indicated in the table below.

Risks For Maltreatment

Individual Risk Factors

Children:
younger than 5 years of age; and who experience special needs that may increase caregiver burden.

Caregivers:
with drug or alcohol issues; with mental health issues;
who don't understand children's needs or developmental stage;
who were abused or neglected as children;
who are young or single parents or parents with many children; with low education or income;
experiencing high levels of parenting stress or economic stress;
who use spanking and other forms of corporal punishment for discipline;
in the home who are not a biological parent; and
with attitudes accepting of or justifying violence or aggression.

Family Risk Factors

Families:
that have household members in jail or prison;
that are isolated from and not connected to other people (extended family, friends, neighbors, community);
that experience other types of violence, including relationship and domestic violence; and with high conflict and negative communication styles.

Community Risk Factors

Communities:
with high rates of violence and crime; with high rates of poverty and limited education and economic opportunities.
with high unemployment rates; with easy access to drugs and alcohol;
where neighbors don't know or lookout for each other/low community involvement among residents; with few community activities for young people; with unstable housing and where residents move frequently; and where families frequently experience food insecurity.

Source: https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

In efforts to decrease the risk of child maltreatment, there are common protective factors that can be built up at the individual, family, and community levels through:

- **Strengthening Economic Support to Families:** Provide information and outreach through warm hand-off referrals for Women, Infant, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Energy Assistance Program (LIHEAP), housing assistance, transportation, employment opportunities, or adult education/skill development programs.
- **Changing Social Norms to Support Parents and Positive Parenting:** Using statewide campaigns, such as New Mexico's Safe Sleep Campaign, Moments Together, and providing community-based parenting support groups or parenting education classes. Breaking generational beliefs about discipline that could be harmful to a child's safety and well-being.
- **Providing Quality Care and Education Early in Life:** Ensuring families are aware of early education programs in their communities. Providing easy access to enrollment and assisting with food or transportation needs to assist with attendance. Engaging parents and families in the participation of their child's early education experience and provide education to parents and families about healthy child development and positive learning environments.
- **Enhancing Parenting Skills to Promote Healthy Child Development:** Implement evidence-based in-home parent skill-based programs rated within the Title IV-E Prevention Clearinghouse and use of community resources to lift-up parent support groups. Provide tools and skills in the home and in communities to engage parents in adapting and improving parenting styles.

- **Increasing Access to Evidence-Based Mental Health Treatment Services, Substance Abuse Prevention and Treatment Services, and In-Home Parent Skill Based Programs:** Lessen harm and reduce future risk and trauma by strengthening existing programs, especially in rural areas of the state, to make services more accessible to families. Increase access to physical and mental health treatment services, and substance use prevention and treatment services through building up community supports to address the needs of their families and children. Incentivize community-based service providers to use evidence-based programs rated within the Title IV-E Prevention Clearinghouse to engage and work with families with the highest needs.

Source: https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

Information pulled from monthly county case reviews support evidence that when CYFD can engage parents and focus on protective factors, the more likely parents feel supported in their ability to be resilient and respond to their children's needs and recover from difficult situations in a way that strengthens the family. In the development of the FFPSA Prevention Plan, data from the Protective Factors Survey administered by the Community Based Prevention Intervention and Reunification, community-based providers were utilized in understanding areas where additional prevention supports were needed. *The Protective Factors Survey, 2nd Edition (PFS-2), is designed for use with parents and caregivers participating in family support and child maltreatment prevention services. The survey results are designed to:

- provide agencies with a snapshot of the families they serve,
- measure changes in family protective factors, and
- help identify areas where staff can focus on increasing protective factors for each family.

***Protective Factors Survey (friendsnrc.org)**

The prevention services continuum recognizes that some families need more intensive services than others. It consists of three different levels: Primary, Secondary, and Tertiary prevention.

Primary Prevention-Primary prevention consists of activities targeted toward communities. These activities are meant to impact families before any allegations of abuse or neglect occur.

Secondary Prevention-Secondary prevention consists of activities that target families that have one or more risk factors. These activities are meant to impact families before any allegations of abuse or neglect occur.

Tertiary Prevention-Tertiary prevention consists of intensive services that target families where child maltreatment has already occurred with the goal of preventing a recurrence of maltreatment.

The following are examples of the different programs within New Mexico and where they fall along the prevention continuum.

Primary Prevention Services

- Statewide Safe Sleep Campaign
- Public Awareness Activities/Community Events
- Public Training on Recognizing and Reporting Child Abuse and Neglect
- Parent Education Classes Open to the Community
- Parent Support Groups
- First-Time Parent Programs
- Increase Access to Childcare and Early Childhood Education Programs
- Increase Early Assessment/ Screening and Early Intervention Services
- Expand Family Outreach to Differential Response Program
- Home Visiting
- Early Intervention (Part C)
- Perinatal Case Management

Secondary Prevention Services

- CARA Program and Creation of Safe Plan of Care
- Family Support Services
- Increase Access to Medicaid and Increase Engagement of Families with Managed Care Organization Care Coordinators
- Increase Access to Childcare and Early Childhood Education Programs
- Increased Access to Teen Parenting Programs
- Access to Cell Phones, Transportation, Clothing, Bassinets, SNAP, WIC, TANF, affordable housing, etc.
- Increase Access to Services for Families who have Children who have Specials Needs (Medical Needs and Developmental or Cognitive Delays)
- Kinship Navigator Program
- Expansion of Differential Response Program
- Home Visiting

Tertiary Prevention Services

- Case Management Services provide to identified Foster Care Candidates and their families.
- Expansion of prevention services using evidence-based programs for:
- Intensive Family Support Services (IFSS)
- CYFD In-Home Services Program
- Home Visiting Programs
- Kinship Navigator Program
- Stabilize placement with kinship caregivers through Navigation Services
- Provide case management services to children and families post guardianship and adoption to prevent children coming back into custody.

Further discussion specific to the Title IV-E Prevention Plan expansion, structure, and other elements begins in Section 2.

CYFD Behavioral Health Services and Trauma-Responsive Care in Service Delivery

The Children, Youth and Families Department (CYFD), the Early Childhood Education and Care Department (ECECD),the Health Care Authority(HCA), the Public Education Department (PED), the Department of Health (DOH), and the Behavioral Health Collaborative (BHC) are committed to building and implementing a system of care that utilizes collaborative decision making to guide interagency efforts to coordinate delivery of care to children and families in a trauma-responsive manner. A trauma-responsive system of care is one that identifies, recognizes, and understands the effects of trauma and provides appropriate services and supports to the child and family. A trauma-responsive system of care must also serve other stakeholders, including families and people who work for or on behalf of children, youth, and families. CYFD is the behavioral health authority for all children in New Mexico. CYFD Behavioral Health Services (BHS) is the lead on the State's children's behavioral health policy in collaboration with other State Agencies including the ECECD, HCA, PED, DOH, and BHC. BHS staff provide technical assistance and consultation with service providers and CYFD colleagues serving children and youth who are:

- At-risk of entering CYFD custody
- Involved with CYFD
- Post-CYFD involvement
- Never involved with CYFD

The table below provides the approximate number of children, youth, and/or adults who participated in programs funded by Behavioral Health Services, or who received clinical consultation by BHS Community Behavioral Health Clinicians (CBHCs). The increase in Fiscal Year 2020 is primarily due to the transfer of Domestic Violence Services to BHS. However, a decrease in numbers served between years does not necessarily imply that individuals did not receive services, as it may also imply that individuals accessed services through Medicaid instead of state general funded services through BHS.

	FY22	FY23
Number of Individuals Served by BHS Funded Program	17,983	15,515
Number of Individuals Served by BHS Community Behavioral Health Clinicians (CBHCs)	1,383	1,858
Number of Individuals Participated in Training Provided or Funded by BHS	6,863	11,257
Total Served by BHS	**26,299**	**28,630**

CYFD Behavioral Health Services Programs

Community Behavioral Health Clinicians (CBHC): The CYFD BHS Community Behavioral Health Clinicians (CBHCs)are Masters-level New Mexico licensed Social Workers and Counselors who engage with Juvenile Justice and Protective Services (PS) teams. CBHCs have experience and knowledge regarding the behavioral health needs of children and families and provide clinical consultation to teams using a trauma-responsive, culturally sensitive lens. CBHCs are guided by evidence-based and best practices to support the team approach in developing and identifying treatment modalities and clinical interventions for CYFD involved youth. CBHCs play an essential role in CYFD's commitment to decrease out-of-home and out-of-state placements and improve access to trauma-responsive community-based behavioral health services and supports.

Licensing & Certification Authority (LCA) Bureau: The LCA Bureau monitors compliance with state and federal regulations for the six child and youth Medicaid behavioral health services operated by in-state Medicaid providers. The LCA monitors regulatory compliance in the areas of active treatment, quality of care, trauma-responsive care, health and safety, personnel requirements, and other service delivery regulatory standards. The LCA licenses Medicaid facility-based providers as well as non-Medicaid Children's Crisis Shelters operating in New Mexico. The LCA licenses and certifies additional services identified by Behavioral Health Services. The LCA's regulatory purview includes monitoring the implementation of best practices such as trauma responsive care and service delivery within the children's behavioral health system. The LCA monitors regulatory compliance of the following:

- Accredited Residential Treatment Centers (ARTC)
- Non-Accredited Residential Treatment Centers (RTC)
- Group Home Services (GHS)
- Treatment Foster Care (TFC)
- Day Treatment Services (DTS)
- Behavioral Management Services (BMS)
- Children's Crisis Shelters
- Multi-Service Homes
- New or Innovative Programs, such as the Young Parent Home

Program and Finance: The BHS Program and Finance team supports the development and implementation of New Mexico's behavioral health service array for children. It provides support to the division with administrative, quality management, and financial oversight functions. In addition, BHS managers and staff provide technical assistance to providers, provide monitoring, and oversight to program implementation, and administer Federal grants to support the startup of evidence-based and best practice services throughout New Mexico. The goal is for the new and expanded services to be sustainable via Medicaid billing or other state and federal funding sources.

Shelter Care Programs: BHS oversees four distinct models of shelter care: These include:

- **Facility Based Shelter:** Facility Based Shelter provides immediate, short-term care for children and adolescents up to age 18. Facility-based shelter is intended to provide temporary care for children and adolescents and to find a more permanent placement place of residence within 90 days.

- **Community Based Shelter:** Community Based Shelters are CYFD licensed Treatment Foster Care (TFC) homes that temporarily house children and adolescents for up to 60 days in a home environment.

- **New or Innovative Programs:** New or Innovative Programs are a statutory subset of Children's Shelter that provides alternative congregate models of care for special populations.

    - **Young Parent Home:** This unique program serves six young expectant or parenting mothers from the ages of 13 to 21 and their minor children. There is no time limit on how long the young mothers can stay in the young parent home; the purpose is to provide the mothers and children with a long-term stable home environment. Young parent homes provide mothers with clinical services such as individual and group therapeutic treatment, case management services, and refers small children and babies to more age-appropriate services as needed. In Fiscal Year 2021, CYFD issued a statewide Request for Application (RFA) for a new Young Parent Home for up to six young expectant or parenting mothers from the ages of 13 to 21. As of the submission of this prevention plan, a provider has not yet been selected.

    - **Safe House:** BHS released a RFA for the Safe House in Bernalillo County for young people ages 14 to 18. This program will provide services for some of the most vulnerable sub-populations of youth, Domestic Minor Sex Trafficking (DMST) survivors.

- **Multi-Service Home:** A Multi Service Home does not have time restrictions and is not meant to be a temporary placement. It allows a congregate care environment to be created for special populations when the need for medically based treatment is not present.

Domestic Violence: CYFD FS provides funding, program support, oversight, and standards for immediate shelter and supportive services for survivors of domestic and dating violence and their dependents, including specialized services for abused parents and their children. Accounting for approximately 55% of all public and private domestic violence funding in New Mexico, CYFD-funded service providers served 10,800 survivors and their dependents in Fiscal Year 2021. In addition, supplementary funding supports the Children's Capacity Building Project, which is an ongoing effort to enhance the quality and depth of responses to children in domestic violence programs throughout New Mexico.

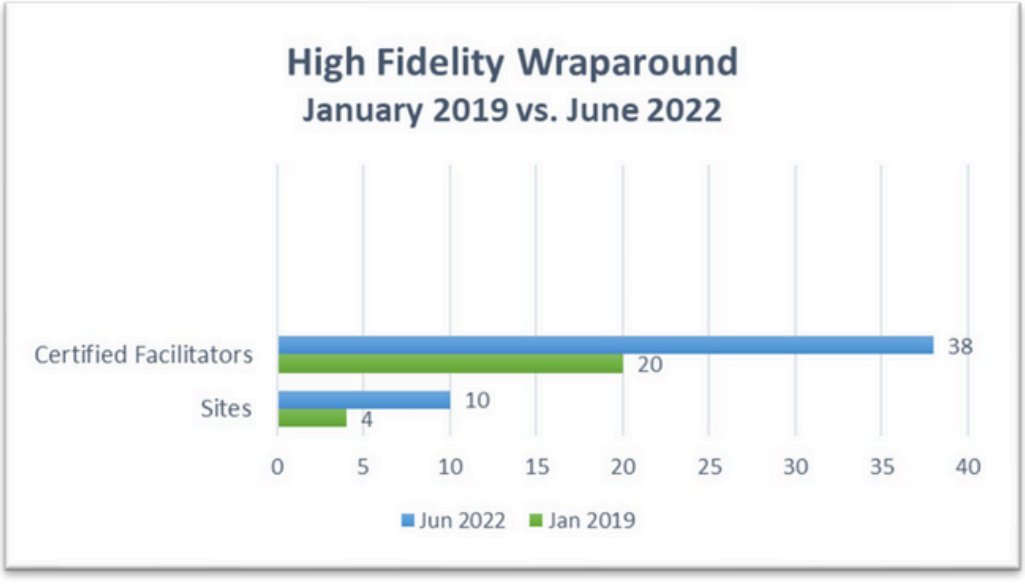
CYFD also provides oversight and funding for Domestic Violence offender treatment programs that work toward reducing future incidents of domestic and dating violence. One innovative project is the implementation of the Safe and Together Model in New Mexico, which focuses on culture change within Protective Services to focus on the perpetrator's pattern of abuse and partnering with protective parents. The goals of this model are to reduce the number of removals from the home and increase safety of children in families experiencing domestic violence. As part of the implementation, a recent Safe and Together pilot project was launched in Doña Ana County to better integrate the model into Protective Services practices. The results of the pilot were dramatically increased communication and collaboration between the domestic violence service provider and CYFD Protective Services and improved engagement with survivors of domestic violence. CYFD Domestic Violence programming oversight moved out of the Behavioral Health Division and into the Family Services Division in FY25. This programming aligns with the previously identified primary goals of the FFPSA plan.

Enhancing Behavioral Health Treatment Services

CYFD and HSD are working in tandem to build a statewide, community-based mental health system that all children and families will be able to access. The system will include a full spectrum of community-based services that work toward preventing youth homelessness and keeping families together. Some of the key programs important to the Title IV-E Prevention Plan include:

NM High-fidelity Wraparound: CYFD BHS oversees the development, implementation, and expansion of the NM High Fidelity Wraparound (HFW) model. HFW is a form of intensive care coordination for children with significant behavioral health needs and multi-service involvement. It is a team-based, collaborative process for developing and implementing individualized plans. HFW is not an evidence-based practice (EBP), although the principles of HFW are supported by evidence from the research base. Between January 2019 and June 2022, the number of certified HFW facilitators increased from twenty to thirty-eight, and the number of HFW sites increased from four to ten in eight counties across the state:

- Guidance Center of Lea County(Lea County)
- Mental Health Resources(Roosevelt County)
- New Day (Bernalillo County)
- All Faiths (Bernalillo and Valencia Counties)
- Desert View (San Juan and McKinley Counties)
- La Casa (Chaves County), and
- UNM Behavioral Health(Sandoval County)

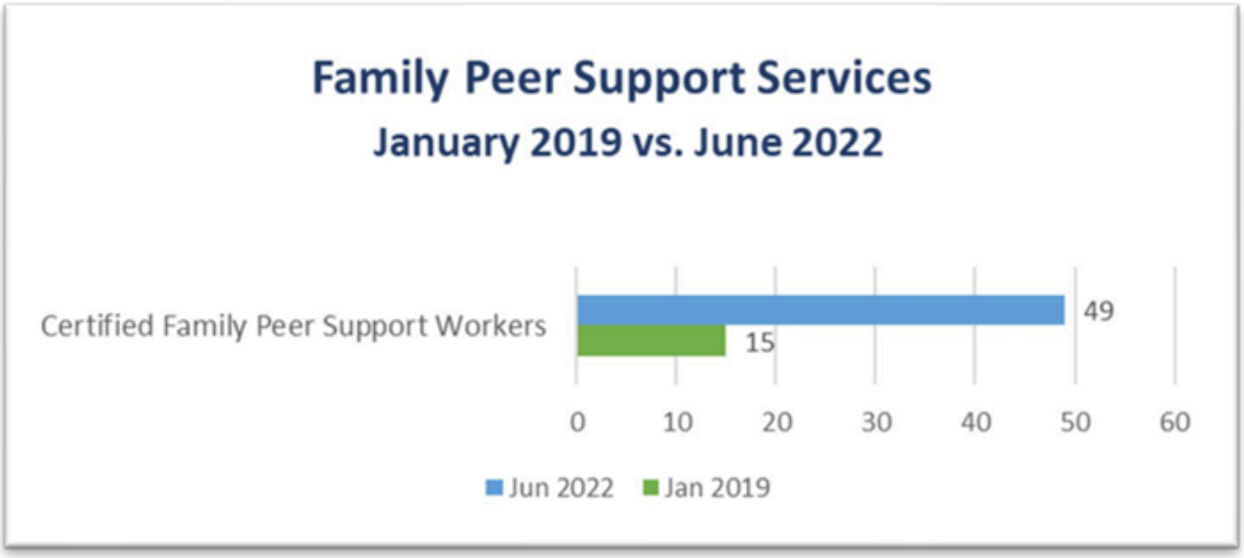


Outcomes of HFW include lower costs of community-based care versus out-of-home placements and fewer out of state placements. HFW also increases access to more community-based services, improved school attendance and performance, increased behavioral and emotional strengths, improved clinical and functional outcomes, reduced suicide attempts, and decreased contacts with law enforcement. To be eligible for HFW, all the following criteria must be met:

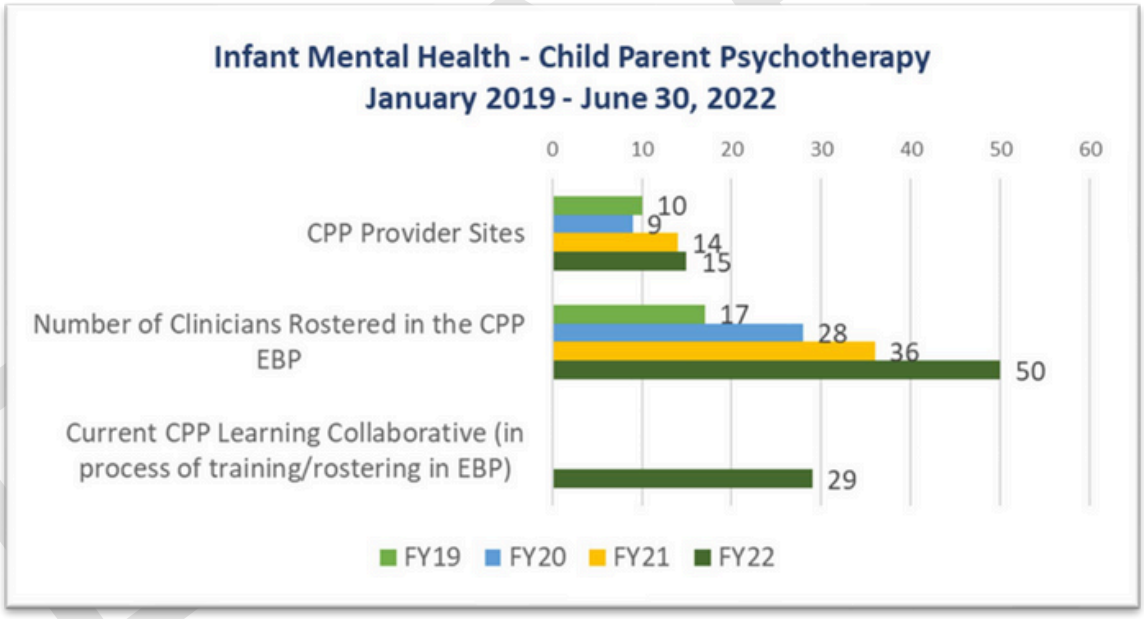
- Children and youth must be ages 4-21 years
- Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) determination has been completed
- Current or historic multi-system involvement (i.e., two or more systems involvement including Protective Services, Juvenile Justice, special education, or behavioral health)
- Risk of an out-of-home placement, or previous out-of-home placement, incarceration, or acute hospitalization within a two-year period prior to evaluation
- Functional impairment in education, vocation, , housing, legal, and/or intellectual and developmental disability.

A workgroup was formed to develop and guide the State's plan to ensure access for eligible youth and families to HFW statewide, with priority placed on Children in State Custody. The workgroup is composed of leadership and core staff from CYFD and the Human Services Department (HSD) with support from the New Mexico State University (NMSU) Center of Innovation for Behavioral Health and Wellbeing (the identified training and program implementation support entity for HFW), as well as other key community stakeholders such as the Evaluation and Data team at the University of New Mexico. Throughout 2020 and 2021 the initial plans were created to ready the system for this expansion, including the development of a proposed per member/per month rate for Medicaid, the Provider Application process, and identification of an ongoing Steering Committee. In addition to the CYFD and HSD representatives, the Steering Committee actively engaged with all three Managed Care Organizations to ensure that the process of expanding the number of providers will flow smoothly upon approval of the Medicaid Rate.

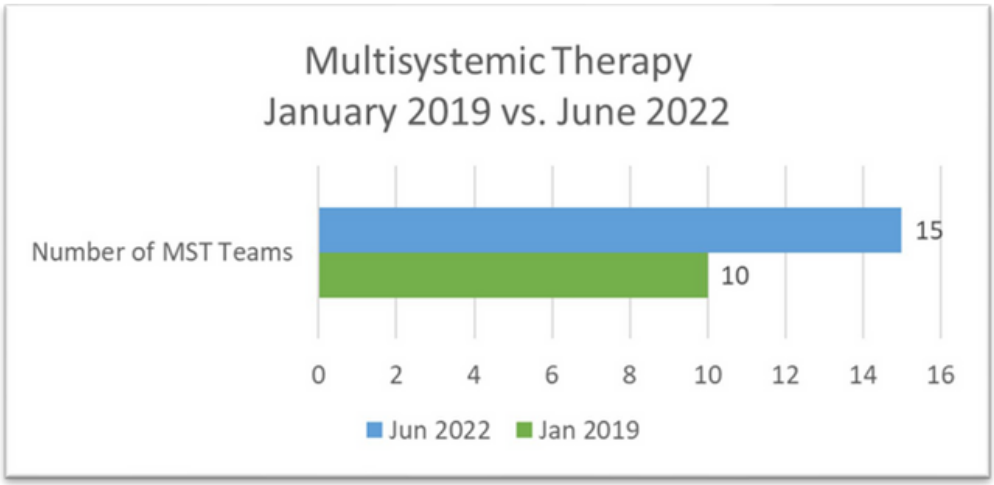
F**amily Peer Support Services:** Family Peer Support Services (FPSS) is provided by Family Peer Support Workers (FPSWs), primary caregivers who have "lived experience" raising a child who experiences emotional, behavioral, mental health and/or substance use challenges. FPSWs have experience navigating child-serving systems and have received specialized training to empower other families raising children with similar experiences. FPSS contributes to positive family outcomes through social support and empowerment. Between January 2019 and June 2022, the number of trained and certified FPSWs increased from fifteen to forty-nine.



Infant Mental Health Child-Parent Psychotherapy: Infant Mental Health Child Parent Psychotherapy (IMH CPP) provides therapeutic services for infants and young children, ages 0 to 5, who have experienced trauma or are experiencing mental health, attachment issues, or behavioral problems. IMH CPP provides clinical treatment to any infant, including those in CYFD custody, and their caregivers to restore and repair their relationships. IMH CPP targets the caregiver-infant relationship as the vehicle for restoring and protecting the infant's or young child's mental health. IMH CPP Providers prioritize referrals from CYFD's Protective Services that include infants and young children and their families who are receiving In-Home Services or who have had an unsubstantiated investigation due to allegations of maltreatment. Between January 2019 and June 2022, the number of IMH CPP sites in New Mexico increased from ten to fifteen and the number of clinicians rostered in the IMH CPP through the University of San Francisco has increased from seventeen to fifty. There are currently twenty-nine clinicians actively participating in the eighteen-month long CPP learning cohort to be rostered. IHM CPP could be a positive support to foster candidates who are substance exposed infants with a CARA plan of care.



Multisystemic Therapy: Multisystemic Therapy (MST) is an evidence-based program for youth between the ages of 12-17 years old. It has been shown to reduce criminal offending, out-of-home placements, and behavioral health problems while improving family functioning. While MST services are billed to Medicaid, CYFD BHS supports statewide expansion through technical assistance and training to new teams. Between January 2019 and June 2022, MST Teams increased from ten to fifteen.



Behavioral Health Planning Council (BHPC)

CYFD BHS collaborates with the BHPC through the Child and Adolescent Subcommittee (CASC) on a variety of initiatives such as bringing up community-based resources like High-Fidelity Wraparound, Family Peer Support Services, Youth Peer Support Services, Multisystemic Therapy and Functional Family Therapy (FFT). The BHPC continues to meet bi-monthly.

Increased Outreach and Engagement through Medicaid Managed Care Organizations

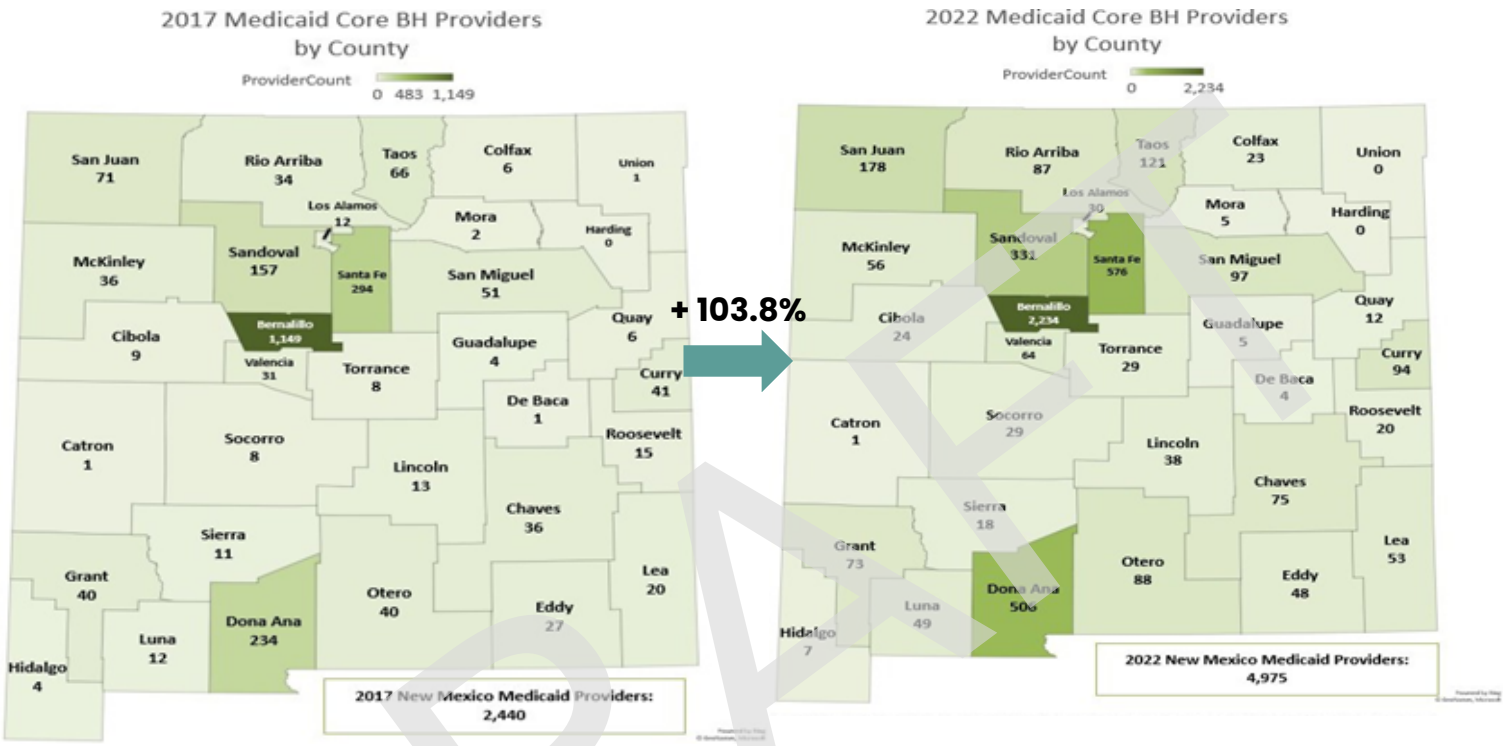
A key element of the prevention plan will be the increased outreach and engagement by Medicaid Managed Care Organizations' (MCOs) Care Coordinators with children and families. Currently three MCOs in New Mexico provide Medicaid: Blue Cross Blue Shield, Presbyterian, and Western Sky. CYFD, HSD, DOH, and ECECD have begun an intensive cross agency collaboration to improve knowledge of how each system works. Improved communication and collaboration are critical to ensuring families and children are provided the services they need to thrive safely within their homes without the need for out of home placement. Increased communication and collaboration have been critical in the development of Plans of Care for mothers who use substances and their substance exposed newborns. Care Coordination services play a large role in reaching mothers, fathers, and extended family members to connect them with the needed services in their community. Care Coordinators work with CARA Navigators within CYFD,ECECD, and DOH to increase service engagement, offer assistance with connecting to services free of stigma, and reduce stress on the family.

New Mexico has also been working to increase the number of behavioral health providers accepting Medicaid payment for services. CYFD and HSD have made efforts to increase the number of evidence-based and evidence-informed practices across the state that can be paid through Medicaid. New Mexico has begun planning the development of Medicaid rates and implementation of evidence-based and evidence-informed programs such as:

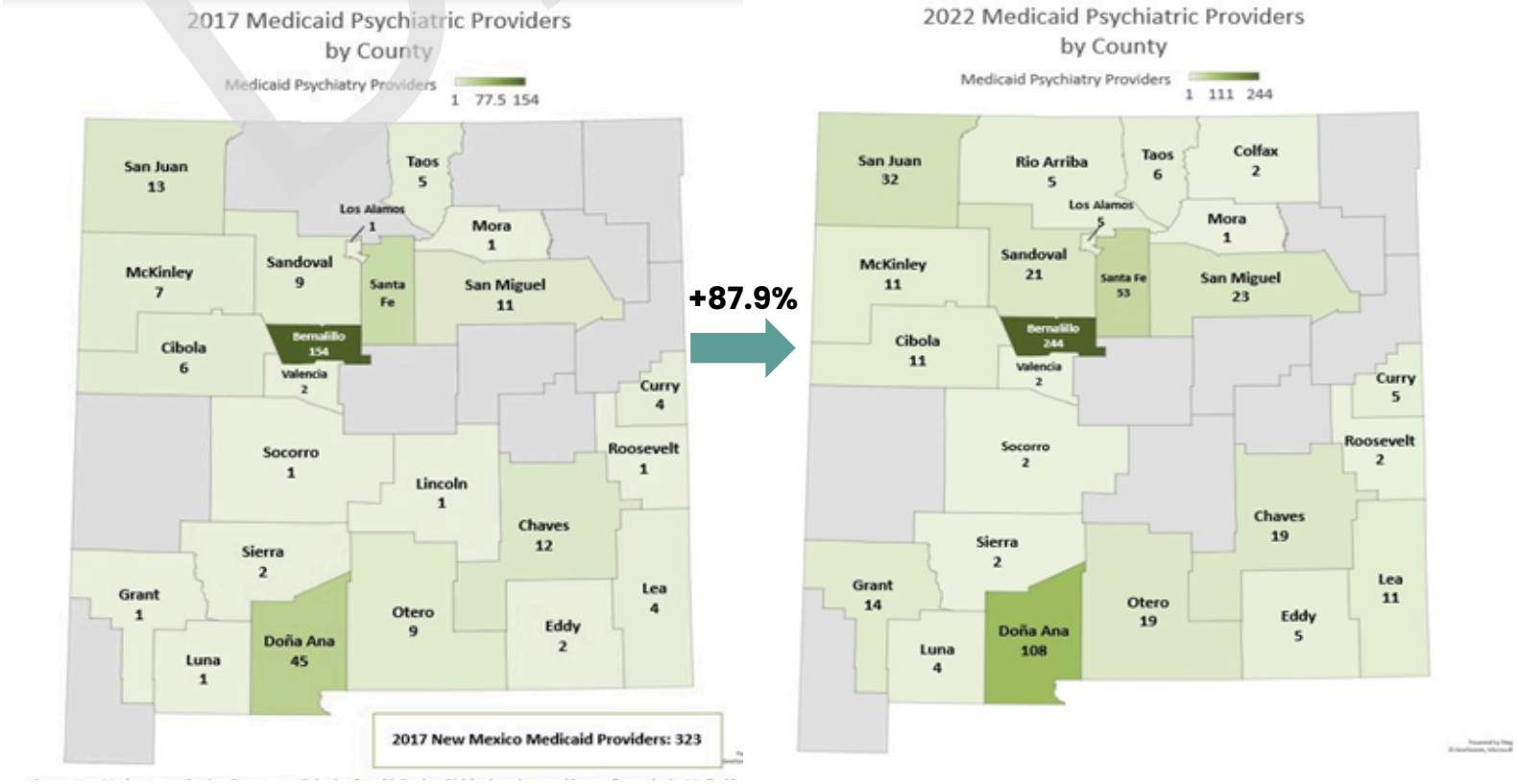
- High-Fidelity Wraparound Services
- Multisystemic Therapy (MST)
- Dialectical Behavioral Therapy(DBT)
- ·Functional Family Therapy(FFT)
- ·Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
- ·Eye Movement Desensitization and Reprocessing (EMDR)

Between 2017 and 2021 there has been an increase in providers across the state.

DISTRIBUTION OF MEDICAID 'CORE' BH PROVIDERS



DISTRIBUTION OF MEDICAID BH PRESCRIBERS



Prevention and Early Intervention Pathway

As mentioned, CYFD recognized the need to bring prevention and early intervention programming across the agency into the Family Services Division. The programs have been removed from what is often a reactive system of protective services and placed in a more proactive system. Funding for these prevention and early intervention programs are largely federal funds and supported through a mix of Title-B, Subpart II (Promoting Safe and Stable Families), Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention and Treatment Act (CAPTA), Temporary Assistance for Needy Families (TANF) and state general funding. The goal of CYFD prevention programs is to create a continuum of prevention services and programs that support safer home environments by improving access to monetary and food assistance programs, improving parenting skills, increasing access to mental health, substance, and behavioral health services, and increasing access to early childhood education and care services to keep families intact and to reduce the trauma of removal from the home. Over the next five years, CYFD will work closely with internal staff, stakeholders, and community providers to expand these programs. This expansion will include tertiary intervention services to engage high-risk and high-needs families and prevent the occurrence of or further occurrence of child maltreatment, reinforcing our dedication.

The CYFD Prevention Pathway consist of multiple programming within the Family Services Division. This division is focused on prevention and early intervention programming with CYFD. The prevention program within Family Services are as follows:

Community Based Prevention, Intervention, and Reunification Programs (CBPIR):
CBPIR programs are contracted services with community-based providers across the state funded primarily through federal funds using Title IV-B, Subpart II (Promoting Safe and Stable Families), and CBCAP funding. In addition to federal funding, state general funds also support these programs.
The CBPIR programs consists of primary and secondary prevention programs and reunification programs. Primary services focus on promoting child abuse awareness though prevention activities such as media campaigns, educational presentations, or community wide events associated with Child Abuse Prevention Month every April.

Secondary services focus on Family Support Services and Intensive Family Support Services. Family Support Services provide support to:

- Families in need who have children aged 0-5 years old who do not have an open CYFD investigation. These families may also have a CARA Plan of Safe Care and may need additional support in engaging in services on the plan of care. Services are provided for up to six months and in some cases, can be extended for an additional three months.
- Families who have a substantiated or unsubstantiated case of child abuse or neglect and need continued support and case management services to prevent the likelihood of future child abuse and neglect. Services are provided for up to six months. If a danger indicator/complicating factor exists after six months, a team meeting will occur to determine the next steps.

The Intensive Family Support Services program is currently considered a secondary prevention program. It currently targets families with substantiated cases or unsubstantiated cases of abuse or neglect who need intensive support and therapeutic services such as medical, mental, and behavioral health services to prevent the likelihood of repeat maltreatment and the removal of the child. Services are provided for up to nine months and extensions can be granted if the family needs more time to achieve their goals. This program will be expanded to serve foster care candidates and their families using evidence-based programs. (See Section 3: Service Description and Oversight)

Time LimitedReunification (TLR) and Family Reunification Services provide additional support to families whose children returned home on a Trial Home Visit after being in foster care for less than 12 months, or for children returning home from foster care or other out of home placement for the purpose of reunifying with their parents, other family members, or fictive kin, and relative guardian.

The CBPIR providers are essential to New Mexico's array of prevention services. The providers are trusted members of their community, and the stigma associated with receiving supportive services is not as great when accepting services from a trusted community provider. CYFD reviews the performance measures and results of the Protective Factors Survey to better understand the community providers' success with families. A review of FY23 showed that providers are doing well in engaging families with services but could be stronger in supporting protective factors.

FY23 Community Based Prevention, Intervention & Reunification Performance

Performance Measure	% of Families
Families served that engaged in services for at least 31 days	88%
Families served that were not the subject of a new substantiation within six months of services	97%
Families served that did not have an entry into foster care during or within 6 months of close of service	96%
Reunification families who were not the subject of a substantiation within six months of receiving services.	93%
Reunification families who did not have a re-entry into foster care within six months of receiving services.	99%

New Mexico Snap Shot Community Providers Protective Factors Survey FY23

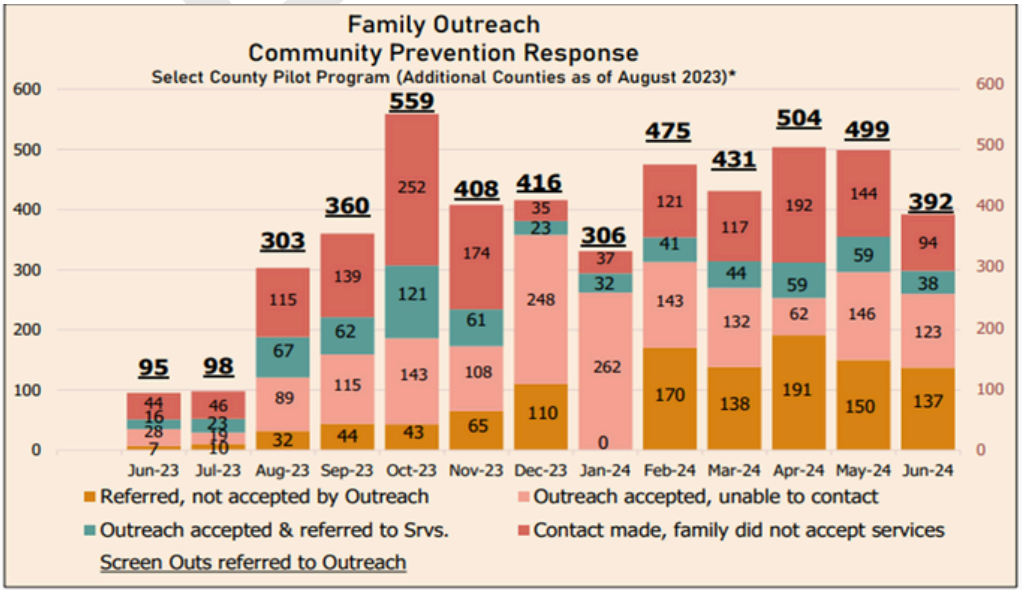
Protective Factor	% who Improved
Family Functioning / Resiliency	80%
Nurturing and Attachment	68%
Social Supports	70%

In the past, CYFD has allowed the contracted community providers to select the evidence-based curriculum they use with families they serve. This autonomy allows providers to be the experts on selecting the curriculum for the communities and families they serve. This changed slightly in January 2024 when CYFD required community providers to utilize the Family Connections model for families receiving Intensive Family Support Services. This decision was made to align providers with CYFD's internal program for In-Home Services, which also utilizes Family Connections. CYFD will review the data for performance measures and protective factors to determine the impact of the change to Family Connections on community providers.

Family Outreach:
Family Outreach is a family-centered approach based on an assessment of safety, risk, and protective capacity that recognizes each family's unique strengths and needs and addresses these in an individualized manner rather than using a "one size fits all" approach. The hallmark of Family Outreach is both its flexibility and family engagement. Family Outreach advocates provide New Mexico families with earlier and more meaningful responses to emerging signs of family problems. Family Outreach utilizes community resources to help families before difficulties escalate and child removal is required. Family Outreach currently serves all but eight counties in New Mexico. CYFD is making ongoing efforts to locate community providers in the counties that are currently without a provider.

Referrals for Family Outreach may come through Statewide Central Intake or from the community. When Statewide Central Intake (SCI) receives a report regarding child abuse and neglect that does not meet statutory criteria for investigations, but the family is identified as needing additional support or resources, the report is sent to CYFD's Family Outreach unit. When a report is received by the Family Outreach unit, a Family Advocate is assigned to the family and will attempt to engage the family in services. Participation in services and referrals to resources is voluntary. If the family agrees to services, they can advocate for their needs using a comprehensive Family Questionnaire. The Family Outreach worker sends the questionnaire to a community-based agency within their county, and a warm-referral meeting is scheduled to introduce the family and community provider and connect to services or resources. The community provider works with the family to provide and connect them with needed resources such as housing, budget management, clothing, food, mental and behavioral health, and in-home parenting support services.

The Family Outreach program has moved to the Family Services Division from the Protective Services Division. With this move, the Family Outreach program has expanded in how referrals are received. The program is now available to all families rather than coming strictly through the SCI line. By allowing additional referral avenues for Family Outreach, more families can receive case management support from community providers.



Family Outreach is Track one (Prevention Response) of the multi-level response. Traditional differential response is generally thought of as Track two, Collaborative Response. Track three is the Traditional Response to child abuse allegations.

Source: CYFD Protective Services June 2024 Desktop Report

Child Welfare: Multi-Level Response

Track 1: Community Prevention Response	◦ Referral does not meet the statutory requirements for abuse and neglect ◦ Family linked to needed services ◦ Family connected to community ◦ Engagement with community supports is voluntary
Track 2: Collaborative Response	◦ Referral is assessed low-moderate risk ◦ Multi-disciplinary response with child welfare and community ◦ Family engages in services and is re-assessed for determination (time limited 30-60 days) ◦ Family supported by CYFD and connected to community supports
Track 3: Community Prevention Response	◦ Referral is assessed moderate-high risk ◦ Family assigned to investigation ◦ Child assessed unsafe and case is opened (45 days) ◦ Supports provided dependent on outcome of investigation

Track 2's collaborative response is currently being designed with the technical assistance from subject matter experts at the Casey Family Program. The New Mexico model is being designed to focus on reports made to State-wide Central Intake (SCI) that are identified as non-emergent neglect referrals. These cases will be diverted from a traditional investigative response (Track 3) to a multi-level response (Differential Response) as identified in HB376. "If a report alleging neglect or abuse meets the criteria established pursuant to Section 32A-4-4.1 NMSA 1978, the department may assign the case to the multi-level response system." Families will be informed of the SCI report and a family assessment will occur to determine the risk and safety of the child, needs of the family and services that may be necessary to support the family's well-being. Families involved within track 2 of multi-level response will work closely with their dedicated family services specialist who will help them connect to community resources and programming as needed. This connection to programming may include ECECD's home visiting services, Family Outreach services or other prevention programming to support the family's well-being. Follow-up with the family will occur 30, 60,90, 6-month and 1 year after the referral to ensure the family receives the resources identified and support the family in re-engaging if needed due to life circumstances. The Multi-Level Track 2 response will begin in a pilot phase within FY25. The program will expand to state-wide as resources allow.

Keeping Families Together (KFT):
The Keeping Families Together (KFT) program is a cross-departmental effort between CYFD and the Health Care Authority (HCA) through an intergovernmental agreement. Through Temporary Assistance for Needy Families (TANF) funding, the agreement provides for supportive housing to reduce the likelihood of child abuse and neglect and prevent foster care placement among homeless or inadequately housed families within Bernalillo and Chaves counties. In addition, the KFT program provides free or low-cost housing, case management services, and supportive services such as counseling, substance use prevention and treatment services, medical services, mental health services, assistance in obtaining public assistance benefits, parenting education and skill development, assistance in obtaining employment, and access to educational or vocational training programs.

Comprehensive Addiction and Recovery Act (CARA) Program for Substance Using Caretakers and Substance Affected Newborns:

In 2016 the Child Abuse Prevention and Treatment Act (CAPTA) was amended to mandate state child welfare agencies begin reporting to the Administration for Children and Families (ACF) the following under the Comprehensive Addiction and Recovery Act (CARA):

- Number of newborns with substance exposure
- Number of newborns with substance exposure for whom a "Plan of Care" has been created (referred to at the Federal level as "Plan of Safe Care")
- Number of infants with a Plan of Care (POC) for whom referrals were made to appropriate services, including services for affected family members or caregivers.

Initially, New Mexico Department of Health (DOH) and Children, Youth and Families Department (CYFD) team members lead the effort in developing the tracking and evaluation for CARA. The team, along with the Human Services Department (HSD) and the Medicaid-Managed Care Organizations (MCOs), tracked and evaluated plans of safe care and provided outreach to families who had accepted a plan of safe care. In 2022, the Early Childhood Education and Care Department created and filled a CARA Navigator position to work collaboratively with CYFD, DOH, and HCA.

In 2019 New Mexico passed legislation (HB230)that brought New Mexico into compliance with CARA amendments to CAPTA. Key components of HB230 include:

- Ensuring that CYFD and DOH are notified when a baby is born with substance exposure.
- Establishing that a notification of substance exposure is not a report to CYFD for child abuse or neglect.
- Ensuring that pregnant individuals who disclose use of alcohol, nicotine, drugs, or medications (including prescribed usage) will be offered supports through a plan of care prior to discharge from the hospital.
- Requiring that CYFD create policy and procedures for statewide implementation of a plan of care process for any newborn with substance exposure and specifying that substance use alone is not an automatic reason to refer to Child Protective Services.

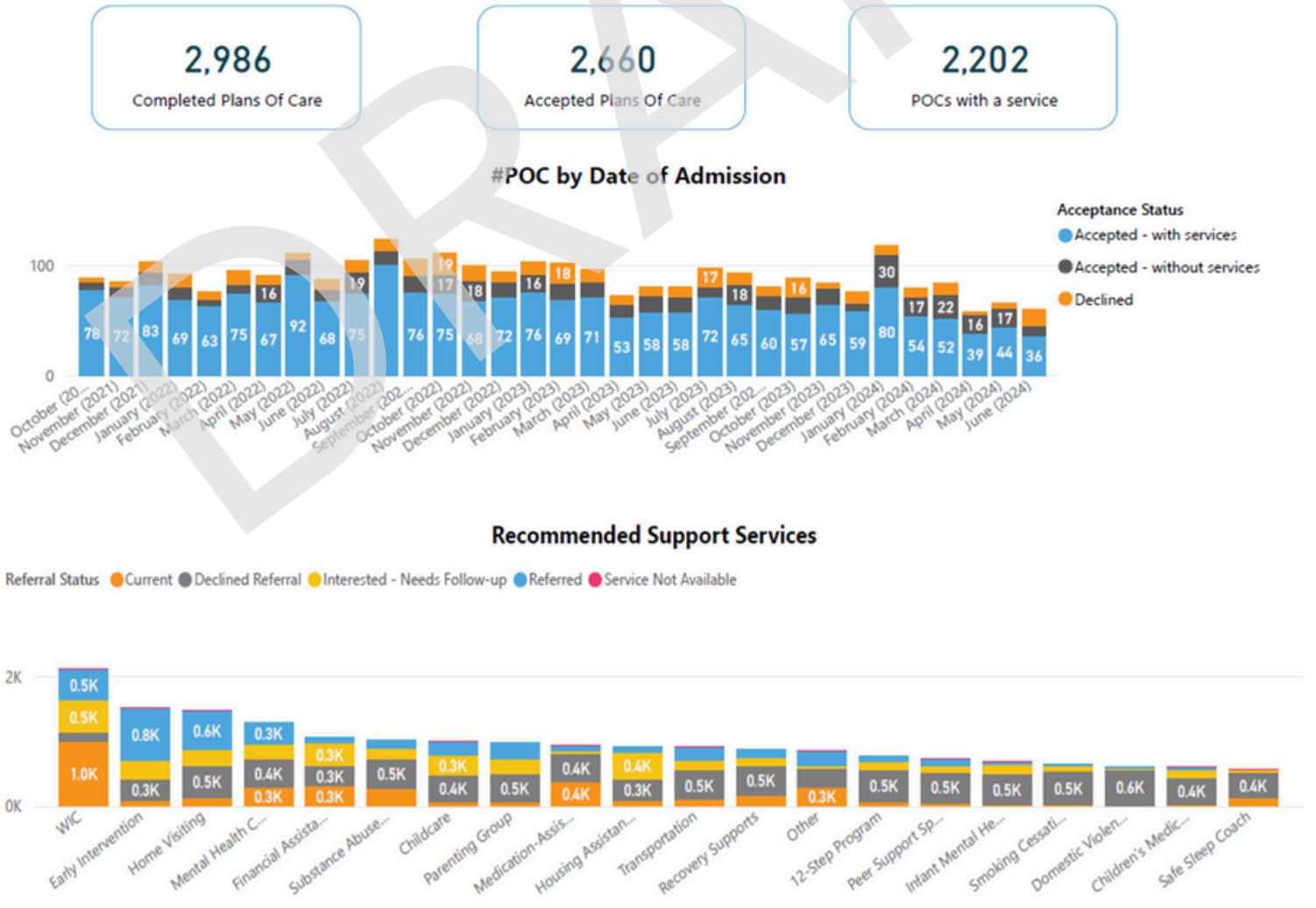
Requiring care coordination services to be offered to every family with a plan of care, either through the MCOs (for Medicaid-eligible children) or through Children's Medical Services.

New Mexico Plan of Safe Care & Notification requires that CYFD must be notified of any newborn identified with substance exposure. The notification is accomplished by providing a copy of the plan of safe care or notification form to the CARA Programs at CYFD and DOH via the CARA portal. Substance Exposures include alcohol, marijuana, nicotine, drugs, and medications, including prescribed and controlled substances. Birthing Facilities and Hospitals in NM are required to offer a CARA Plan of Safe Care to every family of a newborn when substance exposure has been identified. The DOH Maternal Child and Health Epidemiology Team has developed a list of ICD 10 codes to assist hospitals in identifying newborns who may be referred for a plan of care. This is only one way a hospital may identify newborns and families, or identification may also occur through self-report, maternal prenatal records, verbal screening, and toxicology screens.

The CARA program at CYFD has been moved to the Family Services Division. The program is designed to complement the program designed within HCA to support families with a plan of safe care. The CARA program within CYFD utilizes CARA navigators to support families with intensive case management services. These navigators play a vital role in the process, as they are responsible for supporting families with a plan of safe care. Families with a plan of safe care will be visited by the CARA navigators if they do not engage with their assigned Care Coordinator within the first three days after birth.

A CARA navigator will contact the family and arrange a home visit to complete a comprehensive family assessment. The assessment will address areas where the family is in need of additional support, such as substance use disorder treatment, safe sleep education, concrete services, early intervention (IDEA Part C), and home visiting. The CARA navigator will work with the family to obtain and engage in support. CARA navigators will utilize the SafeCare curriculum. The CARA navigator training includes Motivational Interviewing, SafeCare curriculum, cultural humility, ICWA/IFPA, providing trauma-informed care, and identifying safety and risk using the SDM tool.

An average of 100 plans of safe care are received each month. Care Coordinators and CARA Navigators assist in healthcare navigation and connection to services for food, housing, and a broad array of social services. Since July 2019, over 2,800 plans of care have been received by the CARA Program Team. Families who decline a plan of safe care receive a follow up visit from a CARA Navigator to discuss the information they received from the hospital and to educate them about the services available through the plan of safe care.



Source: NM Department of Health CARA Evaluation Data

A data review indicates that the primary resource requested and accepted is WIC. At the same time, many families are referred to the Family Infant Toddler Program (Early Intervention Part C) and home visiting. In FY25, the Cara Navigator role was changed to include supporting a family's engagement in their plan of safe care by visiting with the family in their home and the community, identifying their needs and long-term goals, and putting in place services to support those goals and ensuring their infant's safety. The CARA navigator will work with the family's Managed Care Organization Care Coordinator to attain these supports. As mentioned previously, in FY25, the CARA Navigators will be trained in SafeCare. SafeCare is recognized in the Title IV-E Clearinghouse as "Supported." SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. SafeCare is designed for parents and caregivers of children birth through five who are either at risk for or have a history of child neglect and/or physical abuse. The program aims to reduce child maltreatment. Trained and certified providers deliver the SafeCare curriculum. The curriculum includes three modules:

- The home safety module targets environmental neglect and unintentional injury risk factors by helping parents/caregivers identify and eliminate common household hazards and teaching them about age-appropriate supervision.
- The health module targets risk factors for medical neglect by teaching parents/caregivers how to generally identify and address illness, injury, and health.
- The parent-child/parent-infant interaction module targets risk factors associated with neglect and physical abuse by teaching parents/caregivers how to interact with their infant/child positively and how to structure activities to engage their children and promote positive behavior.

In Home Services Program/Family Connections:
During Fiscal Year 2022, CYFD Protective Services rolled out phase one of Family Connections. Family Connections is an evidenced-based family preservation and prevention model developed by ACTION for Child Protection that has been implemented in various states throughout the United States. Family Connections serves families who are at-risk for Foster Care entry and who are willing to participate in voluntary prevention services. The Family Connections intervention is provided to families free of charge and in their own home environment or out in the community . A Family Connections Specialist will meet with the family to conduct a
comprehensive assessment of needs before developing a family plan based on mutually agreed upon goals that address family functioning and child safety and wellbeing. The Family Connections Specialist will continue to monitor and support the family with coordination of services in addition to in-home interventions provided by the certified Family Connections Specialist. This program can last up to 180 days plus any additional extensions approved by a supervisor. This is a group effort that includes the family and their support network, and the overall goal is to reduce the risk of future maltreatment and entry into the foster care system. This program will be expanded to serve foster care candidates and their families. (See Section 3: Service Description and Oversight)

Kinship Guardianship Navigator Program:
CYFD launched a Kinship Navigator Program that provides support and services to kinship caretakers to avoid children and youth re-entering foster care. The goal of the Kinship Navigator program is to increase stability in the family setting, allow children to remain connected to family and culture, and reduce the long-term effects of childhood trauma. This program provides the support the kinship family needs to be successful and prevent children from coming back into foster care. The Kinship Navigator program:

- Assists in determining the needs of the family and the services they may be eligible to receive.
- Provides information and resource referrals for local, state, and national services.
- Provides education and training related to kinship care, on such topics as caregiving, self- care, mental health, legal assistance, social media and current technologies, child development, childhood trauma, financial planning, taxes, and cultural competency.
- Assists in completing guardianship packets to help caregivers register children for school and apply for medical services.
- Collaborates with civil legal service providers to refer caregivers to legal services such as obtaining guardianship or custody orders, child/parent visitation, public benefits and financial matters, assistance with negotiations, housing, and culturally appropriate legal services to immigrant caregivers.
- Assists with access to federal, state, and local benefits including, but not limited to Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Supplemental Security Income (SSI), New Mexico Housing Authority programs, Income Support Division(ISD), Medicaid, Child Support, Respite care, Guardianship Assistance, Legal Assistance, Child Care Assistance, and access to Educational Services.
- Assists in access to therapeutic services, either in-house or through community-based services.
- Assists in access to Behavioral Management Services.
- Assists in access to Individual and Family Therapy.
- Provides case management and Peer Support Services.

Any individual who is a relative, godparent, member of the child's tribe or clan, or an adult with whom the child has a significant bond (fictive kin) who is raising the child, because the parents
are unable or unwilling, qualifies for the program. The individual does not need to have legal guardianship to qualify for services.

Section 2: Child and Family Eligibility for the Title IV-E Prevention Program

The FFPSA defines a "child who is a candidate for foster care" as a child who is identified in a Title IV-E prevention plan as being at imminent risk of entering foster care (without regard to whether the child would be eligible for Title IV-E foster care maintenance payments, title IV-E adoption assistance or title IV-E kinship guardianship assistance payments), but who can remain safely in the child's home or in a kinship placement as long as the title IV-E prevention services that are necessary to prevent the entry of the child into foster care are provided. A "child who is a candidate for foster care" includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement. Currently in NM a child who is a foster care candidate is a child who is at imminent risk for removal from their home and must meet the federal definition of a child, which is found in Section 475(8) of the Social Security Act. This definition includes "an individual who has not attained 18 years of age." At the option of the state, an individual age 18 and up to age 19, 20, or 21 who meets education and employment criteria in Section 475(8)(B)(iv) of the Social Security Act may be eligible for IV-E prevention services.

New Mexico has identified candidates for foster care prevention services as children who have met the following criteria and require prevention services to remain safely in their homes:

- Children identified as needing services through a screened-in State-Wide Central Intake (SCI) report and subsequent investigation that may result in a substantiation.
- Children identified as needing services through a screened-in SCI report who underwent a family assessment via a multi-level response (Differential Response).
- Infants who tested positive on a toxicology screening at birth, or mother discloses substance use during pregnancy. during pregnancy [CM1] [MS2]
- Pregnant or parenting youth currently in foster care or who have aged out of foster care or who have been dismissed from foster care within the past five years.
- Children who have been dismissed foster care through achieving their permanency goals of reunification, guardianship, or adoption in the past and are at risk of disruption.
- Siblings of children in foster care who remain in the family home with identified safety concerns and are at risk of entering foster care.

Participants in New Mexico's extended foster program, known as the Fostering Connections Program, may qualify as foster care candidates and therefore be eligible for IV-E prevention services under the following circumstances:

- If they entered into an adoption or guardianship assistance agreement after the youth attained age 16, and they meet the state's education and employment conditions under the Fostering Connections Program.
- If the youth's adoption or guardianship arrangement is at risk of disruption or dissolution and that would result in a foster care placement.
- If a youth is pregnant or parenting while in foster care and is over the age 18, the youth may be eligible for IV-E prevention services if the youth meet the state's education and employment conditions under the Fostering Connections Program and has not yet attained age 22.

Eligibility Determination

Foster Care candidates may be identified through the CYFD investigation process, through the multi-level response assessment process or through the Family Services Division referral process.

Allegations of abuse or neglect are screened in for investigation by CYFD's Statewide Central Intake. During the investigation, the investigation worker assesses the child and family using the SDM safe and risk assessment tool. If the risk assessment is determined moderate to high and the allegations are substantiated, the investigation worker considers the severity of the allegations, family history with CYFD, family support system, current family circumstances, and the family's willingness to engage in services to determine if the child is a foster care candidate and eligible for Title IV-E prevention services. Through the multi-level response, a report is received through Statewide Central Intake and is routed away from investigation to the multi-level response unit if it meets the eligibility criteria. The family services specialist completes a comprehensive family assessment to determine the level of services required by the family for the child to remain safely in the home and to support the family's well-being. A CARA navigator will review the families plan of safe care and complete a comprehensive family assessment and the SDM safety and risk tool for families where the child is born substance exposed. For families who are referred to Family Services via the Family Resource Centers, Family Outreach or other programming, the determination will be made if the families meet the criteria identified in the definition of a foster care candidate.

The investigation worker refers the child and family to the Family Services Division. The family's need will determine the program best identified to support the family. The service array includes In-Home Services(IHS), Intensive Family Support Services (IFSS), the CARA program if the child is born substance exposed. If a family has a child aged five or under they may also be referred to an ECECD home visiting program that utilizes Healthy Families America or Child First. These families will continue to have a Family Services Specialist assigned for case management and to determine risk/safety.

The Family Services Specialist works with the family to develop the family well-being plan and assist the family with the successful completion of the plan so that the child may remain safely in the home and circumvent removal from the home and placement into foster care, if engaged in HIS or IFSS services, the IHS and IFSS provider will utilize Family Connections with the family. The CARA program will utilize SafeCare curriculum. ECECD's home visiting programs will utilize Healthy Families America with families.

Eligibility for Title IV-E Prevention Services will be documented in each family's "Family Well-Being" plan, which the family services specialist will develop with the family. The plan must include the evidence-based program being used and list any additional services that assist the family toward the successful completion of their plan. Eligibility for the IV-E Prevention Program is not linked to whether a child would be eligible for Title IV-E Foster Care Maintenance Payments, but rather is based on the risk of entering foster care or risk of re-entry into foster care due to an adoption or guardianship disruption or dissolution. A child cannot be simultaneously in foster care and be determined a candidate for foster care. Once a child enters foster care, reimbursement for Title IV-E prevention services ends. New Mexico's foster care candidacy definition and eligibility determination expands exiting prevention services such as In-Home Services (IHS) and Intensive Family Support Services (IFSS).

Prior to the Title IV-E Prevention Program, New Mexico linked foster care candidacy to children and families referred to CYFD's In-Home Services (IHS) program who have been determined to be conditionally safe and their risk of maltreatment was assessed to be moderate or high. New Mexico's current definition for foster care candidate in the New Mexico Administrative Code at 8.10.6 NMAC is "a child who is at serious risk of removal from home where PSD is either pursuing the child's removal from the home or making a reasonable effort to prevent the child's removal from the home." This definition will be expanded to include the current safety and risk assessment tool (Structured Decision Making) for families identified as "safe with a plan". Special consideration will be given to children who are ages 0-5 who are identified with moderate risk and either "safe" or "safe with a plan". Special consideration is being given to children ages 0-5, as they have shown to be the greatest risk for removal from the home and recurrence of maltreatment.

Section 3: Service Description and Oversight

CYFD will work with several sister state agencies, community-based service providers, and Tribes and Pueblos to build a continuum of prevention services designed to address physical and mental health needs, economic needs, educational needs, and treatment needs of parents, kinship caregivers, expecting or parenting youth, and children. The Title IV-E Prevention Program will enable CYFD to build tertiary prevention services for families and children identified as foster care candidates. The goal is to build upon the existing In-Home Services (IHS) program and Intensive Family Support Services (IFSS) program internally to CYFD and with our contracted Community Based Prevention, Intervention and Reunification (CBPIR) service providers, the CARA program, and the multi-level response program. CYFD will also work with the Early Childhood Education and Care Department (ECECD) to expand their home visiting programs to address the needs of high-risk families prenatally and with children ages three and under.

Foster care candidates and their families will be assessed for needs and services that are directly related to the safety, permanence, or well-being of the child in that home. Under the Title IV-E Prevention Program, state may choose from evidence-based programs within the Title IV-E clearinghouse under three categories of prevention services and programs: Mental Health Treatment Services, Substance Abuse Prevention and Treatment Services, and In-Home Parent Skill Based Programs.

Expansion of Prevention Services

Addition of Tertiary Prevention Efforts: To prevent entry into foster care and the recurrence of maltreatment, Title IV-E Prevention Program funding will be used to support tertiary prevention efforts by expanding CYFD's In-Home Services (IHS) Program, Intensive Family Support Services (IFSS) Program, CARA programming, multi-level response programming and ECECD's Home Visiting Programs by adding more intensive home visiting models. IHS, IFSS will utilize Family Connections, an evidence based program not yet recognized within the Title IV-E clearinghouse but recognized as "Promising" within the California Evidence-Based Clearinghouse for Child Welfare, CEBC » Program › Family Connections (cebc4cw.org) and Home Visiting will utilize evidence-based programs within the Title IV-E clearing house to address the behaviors and circumstances that put a child at risk for maltreatment and removal from their home. Additionally, New Mexico will support substance abuse prevention and treatment services, mental and behavioral health treatment services, domestic violence services, and housing assistance for both the candidate and their family. For foster candidates aged 0-3, there will be a focus on early intervention services, childcare services and early child education services. The primary goal is to offer intensive home-based services to candidates and their families through the development of a family well-being plan and engaging the family through the use of evidence-based models. The family prevention plan will list the evidence model to be used and list additional services or programs the child and family may need or may be interested in. The IHS, IFSS, or Home Visiting worker assists the family in obtaining needed services and with making and attending needed medical and behavioral health appointments. The IHS, IFSS or Home Visiting worker will work with Managed Care Organization Care Coordinators in making warm referrals to other services in the community.

The addition of a higher level prevention effort will likely reduce the number of children and families who have repeated referrals, reduce the number of children aged 0-5 from entering foster care, and reduce the rate of re-entry into foster care. Title IV-E Prevention Program funding will allow CYFD to incentivize community-based providers to utilize evidence-based practices to work with the highest risk and highest needs families and increase the number of employees performing prevention work around the state.

Over the next year, work will be done with community-based service providers and stakeholders around the state to identify where prevention services are needed most and how to support those service providers in implementing chosen evidence-based programs and meeting the needs of foster care candidates and their families. Expansion In-Home Services Program into Family Connections Program:

- **CYFD will expand the Family Connections** program to work with children and their families who have been identified as at-risk for Foster Care entry and who are willing to participate in voluntary prevention services. The Family Connections intervention is provided to families free of charge and in their own home environment or out in the community. CYFD will request additional In-Home Services positions to increase engagement and effective service delivery of this model across the state.

- **Expansion of Community Based Prevention, Intervention and Reunification Programs:** CYFD plans to incentivize community-based providers with support from Title IV-E Prevention Program funds to utilize selected evidence-based programs and to work with identified foster care candidates and their families. Currently, CBPIR contracts are utilizing Title IV-B, SubpartII funds, Community-Based Child Abuse Prevention (CBCAP), and state general funding to support IFSS. The RFP for new contracts will still require the use of Primary and Secondary Prevention Services, but the implementation of the Title IV-E Prevention Plan will add the use of Tertiary Prevention Services using identified evidenced programs in this plan.

- **Work with and Support the Expansion of Home Visiting Programs:** Home visiting is a voluntary program that can provide short or long-term support to families from the prenatal period to five years of age. Home visiting programs can be provided at the primary, secondary, and tertiary prevention levels. NM is developing a continuum of home-visiting models to meet the diverse needs of our communities and populations. These will range from brief post-partum support (Family Connects) to standard models (Parents as Teachers, Nurse-Family Partnership, First Born) to more clinically focused models for higher-risk families (Healthy Families America, Child First). The goal is not only to support foster care candidates and their families but to have home visiting available universally to all families in New Mexico.

- **Expand Keeping Families Together:** This is a cross-departmental effort between CYFD and the Health Care Authority (HCA) through an intergovernmental agreement. Through Temporary Assistance for Needy Families funding, the agreement provides for supportive housing to reduce the likelihood of child abuse and neglect and prevent foster care placement among homeless or inadequately housed families within Bernalillo and Chaves counties. Based on funding availability, CYFD will be expanding the program to other counties within the state to provide intensive case management and housing support.

- **Development of Family Resource Centers:** Family Resource Centers will be developed in counties with the highest rate of child maltreatment and repeat maltreatment. CYFD and ECECD have identified four initial counties to support Family Resource Centers: Chaves, Dona Ana, Rio Arriba and Valencia. Family Resource Centers are community driven centers where parents and children in the community can access formal and informal support to promote health and well- being.

There are 10 common elements that typically underscore the work of a Family Resource Center:

- Family Resource Centers operate using a set of standards or a framework for implementing programs and assessing outcomes.
- Are welcoming spaces that can be utilized by all community members.
- Partner with families and community members using multi-generational and family centered approaches.
- Provide services and support that are strength-based approach, are culturally sensitive and linguistically competent to reflect the families and communities being served.
- Are prevention focused and improve parent's skills and children's protective factors.
- Coordinate, implement, and make referral to a multitude of services in order to provide individualized and group-based support to address families complex and concrete needs.
- Develop parent and community leadership to support advocacy efforts and family and community resilience.
- Have a diverse, high-quality and well-trained staff.
- Are an integral part of the community — serving as a link between families, schools, support services, and the community — and sustain strong partnerships with a variety of other community-based providers, system leaders, and key stakeholders in order to adequately address local needs.
- Are reflective and adaptable to address the specific needs of the community in which they are located.

Source: Casey.org/family-resource-centers/

In addition to these common elements, many FRCs provide or can make referrals for the following services:

- Comprehensive case management, including assessments, crisis intervention, and ongoing support and referrals to resources and services.
- Concrete supports, including assistance with housing, public benefits, educational pursuits, employment, food, clothing, childcare, health care, and transportation.
- Differential response programs, family reunification activities, and, to some extent, foster care and adoption support.
- Treatment programs addressing substance abuse, mental health, and domestic violence issues.
- Parenting education and supports, including family navigation services, parenting classes, fatherhood programs, home visitation services, peer support groups, crisis counseling for parents, and parent drop-in programs.
- Formal services for children and youth, including early care and education services, screening for developmental delays and disabilities, and local playgroups and after- school programs.

Source: Casey.org/family-resource-centers/

Prevention Services Pathway: Family Services Division

As previously mentioned, CYFD has pulled together prevention services throughout the agency into the Family Services Division. These services are designed to support families and increase their stability and well-being. The services, often referred to as Family Preservation services, will be offered throughout our state and provide various levels of support dependent on the family's needs. We recognize that not all families receiving prevention services will meet the "foster care candidates" criteria and thus will not be claimed under Title IV-E. Nonetheless, these families will receive prevention services as needed to support their family's well-being. By supporting families to know where to turn in a crisis or how to find help when they find themselves in stressful situations or need additional support, we can help reduce the family's stress. By helping our families do better, we, in turn, help our communities do better.

I**dentify Foster Care Candidates:** Foster care candidates will be identified by CYFD through a screened-in abuse and neglect referral assigned for investigation or through a family assessment completed within the multi-level response framework. Foster care candidates are children determined at immediate risk for removal as evidenced by:

- Moderate to High-Risk rating on the New Mexico SDM Safety and Risk Assessment Tool
- Ability of the child to remain safely in the home if prevention services/ family prevention plan are accepted by the child's family
- Pregnant and parenting youth(including fathers) in foster care are automatically eligible for Title IV-E prevention services.

Children identified as foster care candidates, and their families will receive:

- **Children Aged 0-5:** Foster care candidates ages 0-5 and their families will be referred to ECECD's Home Visiting program for parenting education
- **Children born substance exposed:** Children born substance exposed who are not actively engaged with care coordination and other community providers will be referred to the CARA program within CYFD.
- **Children Aged 0-3:** Foster care candidates ages 0-3 will be referred to the Family Infant Toddler (IDEA Part C) program
- **Children and Youth Aged 6-17:** Foster care candidates that are ages 6-17 will be referred to the In-Home Services (IHS) or Intensive Family Support Services (IFSS) program for prevention planning services. IHS and IFSS workers will also support any foster care candidates and families under age 6 who are appropriate for ECECD's Home Visiting Program.
- **Pregnant and Parenting Youth:** Pregnant and Parenting youth may be referred to services that best fit their need. The youth's fostering connections worker will work with the youth in seeking services to address the needs of the youth's family and child.
- **Eligible Adults Participating in Fostering Connections Program:** The Fostering Connections worker will work with eligible adults in choosing the services that best fit their needs. This may include supportive housing, continued Medicaid coverage, access to educational and training vouchers, and other community support services.

Identify Prevention Workers: For the purpose of serving foster care candidates and their families, New Mexico is identifying "family services specialists" as In-Home Services workers, Intensive Family Support Services workers, CARA Navigators, multi-level response workers, and Home Visiting workers. These are the workers who will work with foster care candidates and their families to develop a family well-being plan that mitigates children entering foster care and reduces the likelihood of future child maltreatment. These workers will be trained and supported in the chosen evidence-based models and resources, and ongoing technical assistance and training will be provided to effectively perform their duties. These workers will monitor safety and report progress toward case closure. These workers will also work with their communities to connect children and families to supportive services such as housing, transportation, access to medical and dental care, access to childcare services, and educational services.

Use of Evidence-Based Models: New Mexico has selected four evidence-based programs from the Title IV-E Clearinghouse: Healthy Families America (Well Supported), Child First (Supported), SafeCare (Supported), and Motivational Interviewing (Well Supported). All these models will require ongoing evaluation and Continuous Quality Improvement (CQI) efforts by both ECECD and CYFD. CYFD has also chosen to continue Family Connections through Action for Child Protection. Family Connections is currently rated in the California Evidence-Based Clearinghouse as a promising practice. Family Connections has also been recognized as a curriculum to be considered for review by the Title IV-E clearinghouse. New Mexico will not seek Title IV-E reimbursement for the Family Connections program until it has been recognized in the IV-E clearinghouse as a promising, supported, or well-supported practice. New Mexico has explored the use of other evidence-based curriculums/models currently in the IV-E clearinghouse. However, concerns regarding workforce capacity, the cost to a community provider, age-served limitations, and cultural sensitivity have prevented the selection of a model other than Family Connections at this time. New Mexico will review new curricula/models as they are added. New Mexico is also reviewing outcome data for Family Connections to ensure this model continues to be positive for families across the state.

CYFD is committed to the well-being of families across the state. We intend to support CBPIR providers to utilize evidence-based curriculums and approaches to support the communities they serve. CBPIR providers are the experts for their communities and may use a combination of evidence-based curriculums with their Family Support Services and Reunification services. As of January 2024, the CBPIR providers are to use Family Connections for Intensive Family Support Services. The first year of the Title IV-E Prevention Plan will allow CYFD to evaluate how well Family Connections is working for families across the state. In the event the outcomes are not as expected, CYFD will develop a community provider workgroup to identify an evidence-based curricula that providers can implement to fidelity that achieves positive outcomes for families served.

Family Well-Being Plan: A comprehensive family well-being plan will be developed by CYFD with families engaging in prevention services. This plan, which will be completed after the initial intake and screenings, will include goals to support the parent/child relationship and the child's safety. All family well-being plans must include one of the chosen evidence-based programs, with the potential for additional services as needed. For those foster care candidates with a Comprehensive Addiction and Recovery Act (CARA)Plan of Safe Care, the plan of safe care will be integrated into the family well-being plan. The family well-being plan will identify the safety indicators that brought the family to the attention of CYFD, the protective factors of the parent or caregiver, and the strategies and services put into place to prevent the removal of the child from the home. The plan will identify goals and timelines, observations, engagement strategies, recognition of family supports and strengths, identification and discussion of community resources, and evaluation to work toward the successful completion of the plan.

Monitoring Safety: Throughout the delivery of prevention planning services, CYFD will use the Structured Decision Making (SDM) Safety and Risk Assessments to frequently monitor and document the ongoing safety of the child or children in the home. Ongoing safety and risk assessments will support the family specialists' decision-making on whether children can remain safely in their homes and will also help track progress toward the successful completion of the family well-being plan. Family Services Specialist will have a contact within the family's home on a minimum of a weekly basis. The home visit frequency will be determined by the identified risks and curricula being used.

Title IV-E Funding Pass through to ECECD: Through an Intergovernmental Agreement, CYFD will pass through to ECECD the 50% reimbursement for program, administrative, and training costs associated with Healthy Families America and Child First who are serving children identified as foster candidates by CYFD. For children and families enrolled in these programs, CYFD will develop the family well-being plan and complete the safety monitoring with the community provider and the family. The ECECD home-visiting provider will utilize Healthy Families America or Child First to work with the family. ECECD will collect data regarding curriculum usage, outcomes, length of engagement, and any other data needed as required by the Administration of Children and Families. CYFD and ECECD completed joint process mapping to ensure information was gathered and shared with CYFD and that duplicity of efforts was not occurring.

Title IV-E Prevention Services Clearinghouse

Title IV-E agencies may claim reimbursement for mental health prevention services, substance abuse prevention and treatment services, and in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling rated in the Title IV-E Clearinghouse. Currently, 80 models/curricula listed on the federal Title IV-E Prevention Services Clearinghouse meet the promising, supported, or well-supported EBP requirements to be eligible for IV-E reimbursement. Of those programs, 32 are listed for in-home parenting skill building. Of those 32, eleven (11) well supported in-home parent skill-base well supported, eleven (11) supported and ten1(10) promising. It should be noted that CBPIR providers are utilizing the Nurturing Families curriculum, which is under review by the Title IV-E clearinghouse. If it does receive at least a "promising" rating, NM will review expanding this curriculum for IFSS families. Currently, the curriculum is utilized with Family Support Services programming, and these children would not meet the definition of foster care candidates.

As noted above, New Mexico has selected four Title IV-E Clearinghouse evidence-based programs and one non-IV-E Clearinghouse Evidence-Based Model. CYFD's In-Home Services Family Connections Program is not yet listed in the Title IV-E Clearinghouse. However, Family Connections has been listed as a program for consideration in the Title IV-E clearinghouse. (Programs and Services Recommended for Review | Title IV-E Prevention Services Clearinghouse (hhs.gov) New Mexico has selected programs based on cultural sensitivity, provider capacity, child and family needs, and the state's Medicaid plan. Many services are fundable through Medicaid, and the Family First Prevention and Services Act requires IV-E to be the payor of last resort. At least 50% of the amount expended by the state for a fiscal year for Title IV-E reimbursement must meet the "well supported" practice criteria in the Title IV-E Prevention Services Clearinghouse. The remaining expenditure can be spent on either "supported" or "promising" programs.

Selected Title IV-E Clearinghouse Services (Promising, Supported, Well Supported)

Program or Service	Rating	Service Category	Program or Service Documentation	Target	Status in NM
Healthy Families America (HFA)	Well-Supported	In-Home Parent Skill Based Program	The Best Practice Standards are implemented in conjunction with the State/Multi-Site System Central Administration Standards. Healthy Families America. (2018) Best practice standards. Prevent Child Abuse America. Healthy Families America. (2018). State/multi- site system central administration standards. Prevent Child Abuse America.	This program is designed to serve the families of children who have increased risk for maltreatment or other adverse childhood experiences (ACES). Services may begin at birth and continue for a minimum of three years. *HFA may begin prenatally at ECECD, however, prenatal support services are not a part of New Mexico's prevention plan services.	ECECD is implementing this program as part of its expansion of the Home Visiting Program. ECECD has reserved state general funds to do a pilot and implement the model among 60 families.
Motivational Interviewing (MI)	Well-Supported	Substance Abuse Prevention and Treatment Service	Miller, W. R., & Rollnick, S. (2012). Motivational Interviewing: Helping people change (3rd ed.). Guilford Press.	MI will be used with adults (parent's/caregivers) who have identified as being ambivalent for change and whose current behaviors may compete with attainment of their personal goals. The clinical strategies used may be used to promote behavior change with a range of target populations and for a variety of problem areas.	Training in MI is provided through CYFD Behavioral Health.
SafeCare	Supported	In-Home Parent Skill Based Program	Lutzker, J. R. (2016). SafeCare provider manual (version 4.1.1).	SafeCare is designed for parents/caregivers of children 0-5 who are either at risk for or have ahistory of childneglect and/or abuse.	CYFD will implement as part of its CARA program

Program or Service	Rating	Service Category	Program or Service Documentation	Target	Status in NM
Child First	Supported	Mental Health Treatment Service and In- Home Parent Skill Based Program	Lowell, D., Parilla, R., Soliman, S., & DiBella-Farber, K. (2019). Child First training manual. Child First, Inc. Lowell, D.,Parilla, R., Quieroga, S., Theriault, A., & Davino, A. (2020). Child First toolkit. Child First, Inc.	Child Firstis provided to families with young children 0-5 years of age. The program targets children with social-emotional, behavioral, developmental, or learning problems. These children usually come from families experiencing trauma and adversity. Many of these families also experience multiple social, economic, or psychological challenges (e.g., depression, substance misuse, intimate partner violence, abuse and neglect, homelessness). Child First may begin prenatally at ECECD, however, prenatal support services are not a part of New Mexico's prevention plan services.	ECECD is implementing this program as part of its expansion of the Home Visiting Program. The Child First model builds the workforce for CPP (Child-Parent Psychotherapy), which will help support and sustain Infant Mental Health and Infant Early Childhood Mental Health consultation services.

Service Overview

Healthy Families America

Service Description	Healthy Families America (HFA) is a home visiting program for new and expectant families with children who are at risk for maltreatment or adverse childhood experiences. HFA is a nationally accredited program that Prevent Child Abuse America developed. The program's overall goals are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. HFA includes screening and assessments to identify families most in need of services, offering intensive, long-term, and culturally responsive services to both parent(s) and children, and linking families to a medical provider and other community services as needed.
Level of Evidence (well supported, supported, promising)	Well Supported

Service Category	**In-Home Parent Skill Based Programs**
Version of Book or Manual	The Best Practice Standards are implemented in conjunction with the State/Multi-Site System Central Administration Standards. Healthy Families America.(2018) Best practice standards. Prevent Child Abuse America. Healthy Families America.(2018). State/multi- site system central administration standards. Prevent Child Abuse America.
Outcomes Expected to Improve	Improved parent-child relationships and improving family functioning by reducing risk and building protective factors.
Target Population and How the Service will meet their needs	Families are eligible to receive HFA services beginning prenatally or within three months of birth. This program is designed to serve the families of children who have an increased risk for maltreatment or other adverse childhood experiences. HFA was selected for use in New Mexico for families who demonstrated a higher risk for child maltreatment and were in need of a more intensive home visiting model. HFA builds a strong foundation for safe and secure relationships between caregiver and child, maximizing opportunities for all children to reach their full potential. Families enroll voluntarily in HFA as early as prenatally or at birth
Dosage	Services begin as early as prenatally and continue for at least three years. For the first six months after birth, families are offered at least one in-home visit per week, approximately an hour in duration. After six months, families may move to less frequent visits (bi-weekly and then monthly). Movement to less frequent visits depends on the family's needs and progress, and in times of crisis, visit frequency can increase.
How Evaluated	CYFD is requesting a waiver from a rigorous evaluation for HFA, which has been designated by the Title IV-E Prevention Services Clearinghouse as "Well-Supported." CYFD will collaborate with ECECD to follow established procedures to monitor, compile, assess, and report fidelity and outcomes as part of the ongoing effort to monitor the effectiveness of the intervention.
Plan to Implement	The selection of HFA will commence in Grant County through Gila Regional's Beginning Years Program and in Bernalillo County through The University of New Mexico Center for Development and Disability NICU HATCH (Helping All to Come Home) program. ECECD will pilot the use of HFA with 214 families

CQI and Fidelity Monitoring	HFA requires all staff to attend a specialized four-day core training based on role (assessors, home visitors, and supervisors). Supervisors attend one additional day for the core training and an optional three-day training focusing on building reflective supervision skills. Program managers must attend core training plus three training days focused on implementing the model to fidelity using HFA's Best Practice Standards. HFA's comprehensive accreditation and training program is designed to ensure affiliates implement the HFA model to fidelity. HFA also offers supplemental online training, advanced training, and on-site technical assistance. ECECD will provide program support and monitoring of agencies (affiliates) needed to implement the HFA model to fidelity. ECECD will collect information from the providers that documents that each home visitor completed the foundational training. ECECD will utilize the home visiting data base used by providers to track case management and model implementation data to monitor programs. CYFD will collaborate with ECECD to review the data to measure compliance with critical practices, fidelity monitoring, and outcomes.

Child First

Service Description	Child First, formerly Child and Family Interagency Resource, Support, and Training (Child FIRST), is a home-based intervention that promotes healthy child and family development through psychotherapy and care coordination. Child First is provided by a clinical team that includes a mental health clinician and a care coordinator. There are seven major program components: (1) The clinical team starts by engaging and building trust with the family. (2) The clinical team then conducts a comprehensive assessment through clinical history, assessment measures, and observations in the child's home and other primary environments (e.g., early care and education). The purpose of this component is to help the clinical team understand the child's health and development, the child's important relationships, and the challenges that interfere with the caregivers' ability to support their child's development. (3) The clinical team and family co-develop a plan of care that is informed by the assessment and used to guide program components 4 through 7. (4) The mental health clinician delivers a trauma-informed treatment, Child-Parent Psychotherapy, to the caregiver(s) and child to strengthen the parent-child relationship and increase the child's and caregiver's social-emotional well-being. (5) The clinical team promotes self-regulation and executive functioning capacity by mentoring caregiver(s) on how to focus their attention, plan, organize, and problem-solve. (6) If children are in early care and education environments, the mental health clinician consults with their teachers and caregiver(s) to enhance their understanding of the child's behavior and to coordinate efforts with the home intervention. (7) The care coordinator works to immediately stabilize the family and connects family members to community-based services to decrease stressors and promote healthy development, as identified in the plan of care.
Level of Evidence (well supported, supported, promising)	Supported

Service Category	**Mental Health Treatment Service In- Home Parent Skill Based Program**
Version of Book or Manual	The Child First Training Manual is implemented in conjunction with the Child First Toolkit. Lowell, D., Parilla, R., Soliman, S., & DiBella-Farber, K. (2019). Child First training manual. Child First, Inc. Lowell, D., Parilla, R., Quieroga, S., Theriault, A., & Davino, A. (2020). Child First toolkit. Child First, Inc.
Outcomes Expected to Improve	Child First is designed to help families become stronger and healthier. Rigorous research shows children were less likely to have language difficulties and less likely to have aggressive an defiant behaviors. Mothers had lower levels of depression and/or mental health problems, and families showed a significant increase in access to community services and support.
Target Population and How the Service will meet their needs	Child First is provided to families with young children (prenatal through age 5 at entry). The program targets children with social-emotional, behavioral, developmental, or learning problems. These children usually come from families experiencing trauma and adversity.
Dosage	Child First is typically delivered over the course of 6 to 12 months. During the "assessment period" (first month), sessions occur twice weekly with both the mental health clinician and care coordinator. These sessions last about 90 minutes. After the assessment period, sessions occur at least once a week with each staff member. Sessions may occur with staff members together or separately depending on the unique family circumstances. These sessions last about 60 to 75 minutes. Sessions may be more frequent or extend beyond 12 months based on need.
How Evaluated	CYFD will collaborate with ECECD and follow established procedures to monitor, compile, assess, and report fidelity and outcomes. This thorough process is part of the ongoing effort to monitor CYFD's rigorous evaluation. The impact of the program will be measured using a quasi-experimental design approach, comparing outcomes for caregivers who participated in the program to a matched group who did not participate, to assess the effectiveness of the intervention.
Plan to Implement	Child First is will be piloted by two ECECD contracted providers in Bernalillo County, Youth Development Inc (YDI) with four teams and UNM CDD with two teams. Each team has a clinician and care coordinator.

CQI and Fidelity Monitoring	The clinical team consists of a mental health clinician and care coordinator that jointly deliver the intervention to the family. Licensed mental health clinicians must have at least a master's degree and be knowledgeable in early childhood development and relationship-based psychodynamic interventions. The care coordinator must have at least a bachelor's degree and 3 years' experience working in the home and community. The clinical supervisor must be a licensed mental health clinician with 5 years of psychotherapeutic experience. Staff must be multi-lingual and reflect the ethnic composition of the community. They must also have substantial experience working with young children and with ethnically diverse, multi-challenged families. Both clinicians and care coordinators must complete the Learning Collaborative training provided by Child First within a 6- to 8-month period. The training is comprised of four in-person Learning Sessions lasting 2 to 4 days each when offered in-person (expanded over a longer period when offered virtually). Child First also provides Distance Learning, which consists of five online training modules before and interspersed between the Learning Sessions. Additional training is provided by role. Care coordinators complete training on the Abecedarian Approach. Clinical supervisors complete training on reflective clinical supervision and skills for leading program sites. Clinicians and clinical supervisors must also complete a three-session training in Child-Parent Psychotherapy over a period of 12 months. The first session lasts 4 days and the remaining two sessions last 2 days. New staff at established agencies may complete Staff Accelerated Training (STAT) covering the Learning Collaborative content in four 1- to 2-day sessions over a period of 4 months. The Child First State Clinical Lead provides reflective clinical consultation for all affiliate sites (in-person or virtually) weekly during the 6- to 8-month training period and biweekly after training ends. The Child First State Clinical Lead also leads a Supervisors' Network meeting monthly. Agencies participate in an accreditation process after operating for at least 1 to 2 years to certify the agency is implementing the program with fidelity to the model. ECECD will collect information from the providers that documents that each home visitor completed the foundational training. ECECD will utilize the home visiting data base used by providers to track case management and model implementation data to monitor programs. CYFD will collaborate with ECECD to review the data to measure compliance with critical practices, fidelity monitoring, and outcomes. More information about CQI and fidelity monitoring can be found in the Evaluation Strategy section of this document.

Motivational Interviewing

Service Description	MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen person motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. Key qualities include: • MI is a guiding style of communication, that sits between following (active listening) and directing (offering information and advice). • MI is designed to empower people to change by drawing out their own meaning, importance, and capacity for change. • MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy.
Level of Evidence (well supported, supported, promising)	Well Supported
Service Category	**Mental health** **Substance use prevention** **In-home parenting skills**
Version of Book or Manual	Miller, W.R. & Rollnick, S. (2012). Motivational Interviewing, Third Edition: Helping People Change. Guilford Press.
Outcomes Expected to Improve	Improve positive interactions between parents and children Improve behavioral challenges and educational attainment Reduce risk behaviors (substance use) Improve connection to essential community services
Target Population and How the Service will meet their needs	MI was selected because it engages individuals and assists them in exploring and resolving their ambivalence about change. It can be used in many contexts and addresses mental health, substance use, and parenting skills needs through identification of a path to behavioral change using the individual's own motivations. CYFD's target population for this technique include families receiving prevention services to support making changes in behavior to reduce risk.
Dosage	Services begin as early as prenatally and continue for at least three years. For the first six months after birth, families are offered at least one in-home visit per week, approximately an hour in duration. After six months, families may move to less frequent visits (bi-weekly and then monthly). Movement to less frequent visits depends on the family's needs and progress, and in times of crisis, visit frequency can increase.

How Evaluated	CYFD is requesting a waiver from a rigorous evaluation for HFA, which has been designated by the Title IV-E Prevention Services Clearinghouse as "Well-Supported." CYFD will collaborate with ECECD to follow established procedures to monitor, compile, assess, and report fidelity and outcomes as part of the ongoing effort to monitor the effectiveness of the intervention.
Plan to Implement	CYFD intends to use MI as a core component of prevention programming. MI is utilized by CBPIR direct service professionals and CYFD in-home family services specialists to support caregivers in expressing empathy through reflective listening, supporting self-efficiency, optimism, motivation for change and working through resistance to change. CYFD will collaborate with ECECD Home Visiting to train ECECD home visitors in MI over the course of the first year of the prevention plan. Once trained, ECECD home visiting will utilize MI beginning in year two of the plan. MI will be used in conjunction with evidence-based programming.
CQI and Fidelity Monitoring	CYFD has selected the Behavior Change Counseling Index (BECCI) instrument to conduct fidelity monitoring. CYFD will collaborate with Motivational Interviewing training leads, in conjunction with the Motivational Interviewing Network of Trainings (MINT) to develop a strategy for monitoring fidelity and measuring outcomes. CYFD will select a statistically valid sample of cases for which MI was employed for supervisors to complete the BECCI quarterly. CYFD has provided documentation that the state meets the continuous quality improvement requirements included in subparagraph 471(e)(5)(iii)(II), including 1) how the state plans to implement the services or programs, 2) how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved, and 3) how information learned from the monitoring will be used to refine and improve practice. More information about CQI and fidelity monitoring can be found in the Evaluation Strategy section of this document.

SafeCare

Service Description	SafeCare focuses on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of child unintentional injury, and keeping children as healthy as possible. SafeCare is a brief, evidence-based skills training program for caregivers of children under the age of 5.
Level of Evidence (well supported, supported, promising)	Supported

Service Category	**In-Home Parent Skill Based Programs**
Version of Book or Manual	Lutzker, J. R. (2016). SafeCare provider manual (version 4.1.1).
Outcomes Expected to Improve	Improved parent-child relationships and improving family functioning by reducing risk and building protective factors.
Target Population and How the Service will meet their needs	SafeCare is designed for parents/caregivers of children 0-5 who are either at-risk for or have a history of child neglect and/or abuse
Dosage	SafeCare is designed to be completed in approximately 18 sessions, though some parents may need fewer or more sessions to master new skills. During this time, providers deliver three curriculum modules, with each module lasting for six sessions. Providers typically meet with clients weekly for about 50 to 90 minutes.
How Evaluated	CYFD will follow The National SafeCare and Training Research Center (NSTRC) training for providers on quality assurance and fidelity monitoring. CYFD will also evaluate the impact of the program by using a quasi-experimental design approach, comparing outcomes for caregivers who participated in the program to a matched group who did not participate, to assess the effectiveness of the intervention.
Plan to Implement	SafeCare will be piloted within New Mexico with the CARA program. Cara Navigators will be trained, coaches identified and trained, and the assurance and fidelity monitoring trained by NSTRC.
CQI and Fidelity Monitoring	Training begins with a four-day workshop in which trainees learn to engage caregivers, utilize structured problem-solving techniques, and implement the three SafeCare modules (Health, Safety, and Parent-Child/Infant Interaction training). Following the training workshop, trainees are paired with a SafeCare Coach for additional in-field support. Each provider trainees is required to pass an applied certification process, which involves audio reviews of recorded family sessions and coding the sessions for fidelity. Once trainees demonstrate mastery of SafeCare skills in the field (defined as meeting an 85% session fidelity standard across their sessions), they are granted certification as SafeCare Providers. The National SafeCare and Training Research Center (NSTRC) allows six months for a Provider to complete the required fidelity checks. Following certification, SafeCare Coaches or Trainers conduct monthly fidelity-monitoring and coaching decrease to a quarterly basis with a provider passes their two-year anniversary as and active providers. Within the first year, the NSTRC trains agency staff to conduct their own quality assurance/fidelity monitoring.

ECECD Home Visiting in collaboration with CYFD selected Healthy Families America and Child First as evidenced-based curriculums to use during the initial phase of the Family First Prevention Plan. Healthy Families America is recognized as well-supported, while Child First is recognized as supported in the Title IV-E Prevention Services Clearinghouse. These chosen curriculums will support the primary outcomes identified by New Mexico Home Visiting.

New Mexico passed the Home Visiting Accountability Act in April 2013 which created a framework for standards based home visiting, ensuring a level of quality and consistency in home visiting programs across the state. These standards aim to improve the health, well- being, and self-sufficiency of eligible families. The Act requires an outcome measurement plan to monitor outcomes for children and families receiving home visiting services. New Mexico Home Visiting has six primary outcomes:
Goal 1: Babies are Born Healthy
Goal 2: Children are Nurtured by their Parents and Caregivers
Goal 3: Children are Physically and Mentally Healthy
Goal 4: Children are Ready for School Goal 5: Children and Families are Safe
Goal 6: Families are Connected to Formal and Informal Supports in their Communities
Medicaid and Early Childhood Home Visiting Report2021.pdf (rtsclients.com)

Healthy Families America supports parents to be more confident in their role as parent, improves child safety and prevents maltreatment, promotes healthy child development, enhances family well-being by lowering parenting stress and connecting families to community services. (HFA Evidence of Effectiveness 2022)

Healthy Families America reports the evidence-based curriculum:

- Strengthens Parent-Child Relationships:
  - HFA parents are more confident as parents and more likely to parent in ways that promote healthy child development. They interact more positively with their children and create safer and higher-quality home environments.

- Promotes Healthy Child Development:
  - HFA children show enhanced cognitive development and have fewer behavior problems. By the end of first grade, more HFA children excel academically and fewer are retained or receive special education services

- Enhances Family Well Being:
  - HFA moms show improved mental health, lowered parenting stress, and increased avoidance of risky behaviors(including reducing alcohol and marijuana use by nearly half and increasing the use of condoms by almost 40%).
  - HFA reduces barriers and connects families with essential community services, including referrals to health services and links to economic supports such as TANF and SNAP benefits.

Child First seeks to intervene at the earliest possible time with families to prevent and to heal the effects of trauma and adversity. Child First works to heal and protect young children from trauma and adversity by supporting the development of a nurturing and responsive parent-child relationship. (Implementing Child First 2020)

Child First works to heal and protect young children from trauma and adversity by supporting the development of a nurturing and responsive parent-child relationship.

- Child Outcome
  - Decreased child abuse and neglect
  - Improved social-emotional development (mental and behavioral health), language and cognitive development, and executive functioning
- Parent Outcome
  - Reduced depression, post-traumatic stress disorder, and other mental health problems
  - Decreased parenting stress, improved executive functioning, and increased parental education and employment
- Family Outcome
  - Decrease the family's psychosocial and environmental stress(the social determinants of health)
  - Increase their connection to comprehensive, growth-promoting, community-based services and supports

CYFD will utilize SafeCare in its CARA program as the curriculum is designed for children birth to five. SafeCare is rated as "Supported" by the Title IV-E Prevention Services Clearinghouse and focuses on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of child unintentional injury, and keeping children as healthy as possible The program targets behaviors to promote a safe, stable, nurturing relationship, and encouraging social and emotional health in children. It also targets risk factors associated with neglect and physical abuse. SafeCare addresses three primary goals in Child Welfare: Safety, Permanency, and Family and Child well-being. (National SafeCare Training and Research Center)

CYFD utilizes Motivational Interviewing as a communication tool when working with parents. Motivational Interviewing is a guiding style of communication between following and directing. It is designed to empower people to change by drawing out their own meaning, importance, and capacity for change. Motivational Interviewing is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy. Miller, W. R., & Rollnick, S. (2012). This engagement style helps to develop trusting relationship and is based on the point of view and experiences of the client.

Motivational Interviewing is utilized by community-based family service specialists and CYFD family service specialists to support caregivers in expressing empathy through reflective listening, supporting self-efficiency, optimism, motivation for change, and working through resistance to change. CYFD will collaborate with ECECD Home Visiting to train ECECD home visitors in Motivational Interviewing over the course of the 1st year of the prevention plan. Once trained, ECECD home visiting will utilize Motivational Interviewing beginning in year two of the plan. Motivational Interviewing will be used in conjunction with evidence-based programming.

Family Connections, Healthy Families America, Child First, and SafeCare have their own criteria for fidelity review. Healthy Families America Best Practice Standards (BPS)describe expectations for fidelity to the HFA model. They are structured around the twelve research-based critical elements upon which the HFA model was designed. Child First affiliate sites that have completed Learning Collaborative training and have been operating for at least one year will undergo a comprehensive assessment by the Child First Quality Enhancement Team to determine the site's adherence to the Child First model. Family Connections programs will participate in an assessment of fidelity every six months. CYFD will support each of the identified evidence-based curriculums as needed in the fidelity reviews required by the curriculum purveyors. Fidelity review reports will be submitted to CYFD for review via ECECD home visiting program or CYFD Family Services. CYFD Family Services personnel will attend on-site fidelity review meetings when applicable.

Section 4: Evaluation and Waiver Request

Evaluation and Data Collection:

CYFD uses a multi-pronged approach in reviewing prevention programs' success. By utilizing program assessment, CYFD engages in self-evaluation and uses the findings to inform and improve the planning and implementation of program activities to achieve desired outcomes more effectively. Our evaluation processes assess program activity results and provide information essential to improving them. Comprehensive evaluation plans look at practices on multiple levels and from many angles. CYFD uses Continuous Quality Improvement (CQI) [MS1] to help programs determine their success and identify areas that need change. This ultimately increases positive outcomes for the children and families we serve.

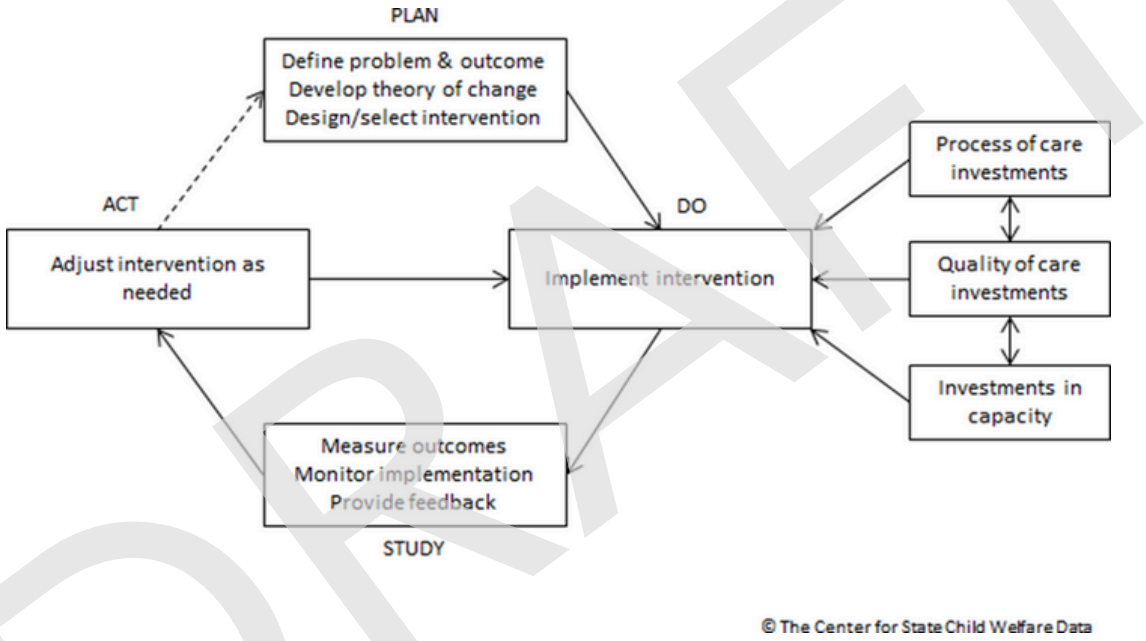
Each evidence-based program must have a well-designed and rigorous evaluation and CQI strategy. CYFD and ECECD will collaborate in developing or using contracted outside services to evaluate chosen evidence-based programs. CYFD will be evaluating programs to determine the following:

- Are children/families being referred to prevention services?
- Identification of reason for referral, county, family demographics, child and parent demographics.
- Are we equitability serving children/families referred for prevention services?
- Are children and families referred to prevention services engaged in services? If so, what is the length
- of time for engagement?
- What is the level of engagement by families with services identified in their family well-being plan? Home
- Visits Completed, service engagement with external resources.
- Is evidence-based curriculum being delivered with fidelity?
- Are risk factors being reduced?
- Is the family's connection with community services improving?
- What services were needed by the family not present in the family's community?
- What is the percentage of families who successfully completed their family well-being plan?
- What is the percentage of repeat maltreatment for families engaged in prevention services?
- Repeat maltreatment percentage by evidence-based curriculum used.
- Are families receiving services reporting improvement in protective factors?
- Are children receiving services not entering foster care?
- Are families receiving services reporting that they feel prevention services have improved their families' well-being?
- Are families reporting satisfaction with the curriculum/model used for prevention services?

Continuous quality improvement reviews will occur with each program identified within the prevention plan. This CQI review will be performed by develop a process in which the agency will report required data to the Administration for Children and Families. For a child or youth who receives prevention services, CYFD will collect and report the following data from ECECD, CYFD In-Home Services or CYFD CBPIR providers on a quarterly basis:

- The specific services provided to the child and/or family
- The total expenditures for each of the services provided to the child and/or family
- The duration of the services provided
- The child's placement status at the beginning, and at the end, of the 12-month period that begins on the date the child was identified as a "child who is a candidate for foster care" in a prevention plan
- Whether the child entered foster care during the initial 12-monthperiod and during the subsequent 12-month period
- Basic demographic information (e.g., age, sex, race/Hispanic Latino ethnicity

CYFD will be utilizing the above-identified data points for our CQI process to determine how we are doing and where we can do better. It is imperative for CYFDto understand what works and does not work and where gaps in service exist. By evaluating each program, we can evaluate our current practices and work to improve our systems and processes to achieve our number one outcome of reducing maltreatment of children. CYFD utilizes the CQI process to create a culture of continuous improvement for our familiesand communities we serve. The CQI process for the Title IV-E Prevention Plan will utilize the Plan-Do-Study-Act cycle. As identified by The Center for State Child Welfare Data, the Plan, Do, Study, Act unfolds in the child welfare context as identified below:



Source: The Basic CQI Cycle | The Center for State Child Welfare Data (chapinhall.org)

CYFD will work with our internal Office of Performance and Accountability in the evaluation process for prevention programming selected that is not identified as "well supported" in the Title IV-E Clearinghouse. New Mexico will be seeking a waiver request for the following well-supported services on the Title IV-E Prevention Services Clearinghouse: Healthy Families America and Motivational Interviewing.

The evaluation for all selected programs will use a rigorous evaluation process that will include methodology types, data collection plans, tools, research questions, and a CQI feedback process. The evidence-based programming previously identified has various evaluation processes that will be used to ensure fidelity. Through this process, CYFD will use the data collected to review the programs' outcomes and the impact on repeat maltreatment and entry into foster care.

The evaluation process will also review how the prevention programs work for families and practitioners. ECECD and CYFD will review data and identify whether the data being collected informs programs on barriers or challenges experienced by families and practitioners. What are the critical issues being seen? Is the data being reviewed by the right people at the correct intervals to give a clear picture of programs observing success and challenges? Are programs addressing barriers to ensure families receive needed services regardless of race, gender, language spoken, income, schedule, disability, and other factors? Are the evidence-based models selected meeting the needs of families? Once collected and analyzed, is the data being utilized to improve programs and outcomes for families?

Proposed Data Analyses

Analysis of the data will describe the parents/caregivers who participate in prevention services and characteristics of their families such as social connections, parental resilience, knowledge of parenting and child development, and other protective factors.

The analyses on implementation data collected will include a descriptive statistical analysis of program participation and measures of prevention services involvement. Statistical information will be reported in frequencies (e.g., percent participation), measures of central tendency (e.g., mean, median, model participation length) and variability. Analyses will be performed to analyze cases/families by cross-tabulating demographics and program completion status (e.g., Chi-square). The IV-E Clearinghouse criteria for analyzing results will be reference for best practices of data analyses. The evaluation will also include the following practices, which will compare areas of the state for performance:

- Data analyses conducted to ensure data errors are minimal (e.g., detecting missingness patterns, attrition, and inspection of data reporting protocols)
- Exploratory data analyses will ensure the data are feasible for ongoing collection and data analyses of outcomes (e.g., inspect non-normality, violation of homogeneity of variance, outlier patterns)
- Test of the relationship between the child welfare involvement and groups identified within the analyses as comparable (i.e., complete vs. incomplete, by reason). These analyses will be performed to examine short-term and long-term outcomes using program level data (e.g., child and parent measures) and state administrative data (e.g., entry into foster care).
- Baseline equivalence analyses to compare served clients to other clients not referred to the program or who are served by other CYFD family services. This approach follows the What Works Clearinghouse, which performs an omnibus test of differences between groups on the following selected variables: child age at enrollment, child gender, caregiver race/ethnicity, caregiver marital status, caregiver work status, caregiver education, household income, family's receipt of public assistance, caregiver substance use, family involvement in child welfare (prior). This approach to baseline equivalence will help to mitigate potential false-positive discovery.

Lastly, CYFD will use data from its case management system to answer the question, To what extent did the families remain in child welfare services at completion of the training and six months after.

Evaluation Question	Measure and Evaluation Hypothesis	Data Source/ Means of Verification
Q1. Who are the caregivers enrolled in the prevention program?	Parent/caregiver age, gender, ethnicity, highest education completed, marital status, housing status, employment Child Welfare Past Trauma	Individual data on intake forms CYFD data management data
Q2. What are the characteristics of families whose caregivers enrolled in the prevention program?	Family composition Child age, gender, race, ethnicity	CYFD data management data

Q3. To what extent did the prevention program improve the protective factors of the care givers	Degree of parent/caregiver protective factors upon entry of program. Degree of parent/caregiver protective factors upon exit of program.	Pre/Post Protective Factors Surveys
Q4. To what extent did the families remain involved in child welfare services at completion of the training and six months after?	Child safety Child welfare involvement	CYFD data management data

Waiver Request

CYFD is implementing two evidence-based programs that the Title IV-E Prevention Services Clearinghouse has rated as "well-supported," specifically Healthy Families America and Motivational Interviewing. New Mexico requests a waiver to conduct a rigorous evaluation of each program for those services. This request is consistent with section 471(e)(5)(C)(ii) of the act because the Clearinghouse itself has determined that the evidence of the effectiveness of each program is compelling. CYFD is submitting Attachment II, Request for Waiver of Evaluation Requirement for a Well-Supported Practice, for the following well-supported services for which the evidence of effectiveness of the practice is compelling. Documentation of that evidence is also provided below. CYFD's signed Request for Waiver for Evaluation Requirements for Well-Supported Practice documents have been submitted to the Children's Bureau as separate attachments.

New Mexico has chosen Healthy Families America as a model for home visiting programs housed within ECECD. This decision was made due to its best practice standards and its adaptability in implementation. This adaptability is crucial for New Mexico, as it empowers our local providers to use their knowledge of their communities to support cultural sensitivity [SP1] while adhering to the HFA model, rather than being constrained by a rigid curriculum. Evidence has shown that HFA is culturally respectful and fosters positive relationships between parents and children. HFA allows home visitors to focus on relationships, not a curriculum, which aids in connecting with families. HFA also supports the provider agencies in implementing the model to support fidelity of practice. HFA has well established positive outcomes for children and families experiencing a wide variety of underlying problems. HFA has also shown to have positive impact in diverse geographical areas with families of diverse cultural backgrounds In reviewing possible models, NM found other states with similar census (Arizona and Colorado) to have had success in utilizing HFA. For example, Arizona has shown positive results in utilizing HFA as a model within their Health Families Arizona program. The Arizona study also found [SP1]Culturally responsive practices positive results in comparison to the control condition on use of safety practices, parenting attitudes (e.g., inappropriate expectations), reading to children, use of resources, reduced alcohol use, and greater maternal education and training. (Lecroy and Davis 2016). HFA has shown effectiveness with multiple target populations that share characteristics within New Mexico's populations which in turn aligns with the population identified as a target population within NM's FFPSA Prevention plan. For example, HFA has shown positive outcomes for children under age one.NM has a high percentage of infants entering foster care as compared to older children.

Healthy Families America Summary of Findings in the Title IV-E Clearinghouse is as follows: Title IV-E Clearinghouse: Healthy Families America (hhs.gov)

Summary of Findings

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child safety: Child welfare administrative reports	0.05 1	5 (43)	5522	Favorable: 0 No Effect: 43 Unfavorable: 0
Child safety: Self-reports of maltreatment	0.15 5	4 (44)	2044	Favorable: 5 No Effect: 38 Unfavorable: 1
Child safety: Maltreatment risk assessment	Not Calculated	1 (7)	180	Favorable: 0 No Effect: 7 Unfavorable: 0
Child safety: Medical indicators of maltreatment risk	-0.10 -3	3 (11)	1895	Favorable: 0 No Effect: 11 Unfavorable: 0
Child permanency: Out-of-home placement	0.10 3	2 (7)	1146	Favorable: 5 No Effect: 2 Unfavorable: 0
Child well-being: Social functioning	0.04 1	1 (2)	897	Favorable: 0 No Effect: 2 Unfavorable: 0
Child well-being: Cognitive functions and abilities	0.08 3	3 (9)	1555	Favorable: 2 No Effect: 6 Unfavorable: 1

Child well-being: Physical development and health	0.09 3	2 (6)	816	Favorable: 0 No Effect: 6 Unfavorable: 0
Child well-being: Delinquent behavior	0.64 23	1 (1)	793	Favorable: 1 No Effect: 0 Unfavorable: 0
Child well-being: Educational achievement and attainment	0.20 7	1 (3)	577	Favorable: 1 No Effect: 2 Unfavorable: 0
Adult well-being: Positive parenting practices	0.12 4	4 (27)	1518	Favorable: 3 No Effect: 24 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.12 4	4 (19)	2053	Favorable: 3 No Effect: 16 Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.09 3	3 (15)	1876	Favorable: 0 No Effect: 15 Unfavorable: 0
Adult well-being: Family functioning	-0.06 -2	4 (32)	2132	Favorable: 3 No Effect: 28 Unfavorable: 1
Adult well-being: Economic and housing stability	-0.08 -3	3 (6)	1876	Favorable: 0 No Effect: 5 Unfavorable: 1

Note: For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group, and a negative number favors the comparison group. Effect sizes for some outcomes were not able to be calculated by the Prevention Services Clearinghouse. The findings reported for this program or service are derived from eligible, prioritized studies rated as moderate or high on study design and execution and do not represent the findings from all eligible studies of the program or service.

New Mexico is requesting a waiver to the rigorous evaluation process for HFA and instead utilize HFA's strong accreditation process that offers a foundation for Continues Quality Improvement. CYFD and ECECD would utilize the information received from the HFA accreditation site visits and implement the necessary supports need by providers to achieve fidelity to the model supporting families to achieve high outcomes. CYFD and ECECD would review child safety data, adherence to completion of the family well-being plan and overall engagement.

Motivational Interviewing (MI)

The effectiveness of Motivational Interviewing (MI) has been demonstrated through at least 30 studies and inclusion as evidence-based in multiple clearinghouses, which, when considered together, led CYFD to conclude that the program's effectiveness is compelling for New Mexico's child welfare population. For example, this conclusion is supported by the Title IV-E Prevention Services Clearinghouse's Summary of Findings, which reflects findings from two studies that were eligible for review. It is also supported by the California Evidence-Based Clearinghouse for Child Welfare Office, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the U.S. Department of Justice, and the Pew's Results First Clearinghouse. The review by Pew's Results First Clearinghouse found favorable outcomes in areas of safety, targeting caregivers of children referred to the child welfare system and in use with adolescents.

MI is a collaborative, goal-oriented style of communication that pays particular attention to the language of change. It is designed to strengthen a person's motivation for and commitment to a specific goal by eliciting and exploring their reasons for change within an atmosphere of acceptance and compassion. The broad applicability of MI, beyond supporting individuals with a substance use disorder, is a key factor in CYFD's decision to expand it to include mental health and parent-skilled-based training services. A 2018 literature review of MI used in child welfare found evidence in 12 studies that MI effectively improved a variety of outcomes, including parenting skills, parent/child mental health, retention in services, substance use, and child welfare recidivism. (Shah, Jeffries, et al. (2019)

Family service specialists at CYFD will play a crucial role in the expansion of MI. They will be trained to use MI to engage parents and caregivers, motivating behavioral change, ensuring service completion, and increasing family well-being plan attainment. Their responsibilities will include setting individualized family goals related to improved parenting skills and mental health and building engaging relationships through the use of open questions, affirmations, reflective listening and summarizing.

Motivational Interviewing Summary of Findings in the Title IV-E Clearinghouse is as follows:
Title IV-E Clearinghouse: Motivational Interviewing (hhs.gov)

Summary of Findings Title IV-E Clearinghouse

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child well-being: Substance use	-0.01 0	5 (33)	1634	Favorable: 0 No Effect: 43 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.00 0	3 (5)	1464	Favorable: 0 No Effect: 5 Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.16 6	15 (109)	6066	Favorable: 16 No Effect: 91 Unfavorable: 2
Adult well-being: Parent/caregiver criminal behavior	-0.01 0	2 (7)	1610	Favorable: 0 No Effect: 11 Unfavorable: 0
Adult well-being: Family functioning	0.10 4	1 (1)	777	Favorable: 0 No Effect: 1 Unfavorable: 0
Adult well-being: Parent/caregiver physical health	0.00 0	4 (10)	2158	Favorable: 0 No Effect: 10 Unfavorable: 0
Adult well-being: Economic and housing stability	-0.02 0	1 (1)	777	Favorable: 0 No Effect: 1 Unfavorable: 0

Note: For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group and a negative number favors the comparison group. Effect sizes for some outcomes were not able to be calculated by the Prevention Services Clearinghouse.

CYFD is committed to continuous quality improvement through contract monitoring and measuring implementation fidelity and outcomes of evidence-based programs and services rated as “well-supported,” “supported” or “promising.” On a periodic or ongoing basis, New Mexico’s contracted evidence-based providers submit data to their program proprietors to report fidelity to the model, ensuring programs re implemented as defined by policy guidance, and outcomes are positively achieved. Using data reported to the proprietors, reports are transmitted highlighting fidelity and client outcomes, as well as practice strengths and areas needing improvement. New Mexico will seek support from the Motivational Interviewing Network of Trainings (MINT) to develop a CQI strategy. New Mexico intends to implement the Behavior Change Counseling Index (BECCI) instrument to increase the skills of caseworkers and provider staff in the practice of MI and monitor fidelity.

Section 5: Monitoring Child Safety

The Family First Prevention Services Act (FFPSA) requires states to monitor child safety for foster care candidates while the candidate and their family are receiving Title IV-E prevention services. New Mexico will use the Structured Decision-Making Safety and Risk Assessment to assess safety and risk throughout prevention services being put in place.

The purpose of the Structured Decision Making®(SDM) safety assessment is to (1) help assess whether any child may be in imminent danger of serious harm that requires a protective intervention and (2) determine what interventions should be initiated or maintained to provide appropriate protection. The safety assessment provides structured information concerning the danger of imminent serious harm or maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention (safe), may remain in the home with continued safety interventions in place (safe with a plan), or must be placed out of the home (unsafe).

The SDM risk assessment classifies families into low-, moderate-, or high-risk groups based on the group's overall probability of experiencing future CYFD involvement. Families classified as high-risk have significantly higher rates of subsequent referral and substantiation than families classified as low-risk. The risk assessment identifies the likelihood that a family will have repeat system involvement in the next 18 to 24 months. Offering preventive services to a high or moderate-risk family will likely reduce the risk of repeat system involvement. If a family's risk is not reduced at the end of the program period, an extension for services to continue may occur with CYFD.

ECECD's programs are designed for long-term support of a family and may continue until a child is five years old. CYFD family service specialists will complete the safety assessment tool for all children determined to be candidates for foster care. For families referred to ECECD for Healthy Families America or Child First, the family service specialist will be the secondary worker for the family. The specialist will consult with the provider agency on a minimum of a monthly basis to review the family's progress and engagement. The family service specialist will complete the SDM assessment every quarter if the home visiting provider reports that the family is engaged in the program. For families who are intermittent in their engagement, the safety will be assessed on a monthly basis, and staffing will occur with the home visiting provider and CYFD to determine if the home visiting services are appropriate or if a more intensive program is needed. At any time, the provider agency may report concerns regarding the child's safety to CYFD.

Each evidence-based curriculum chosen has identified assessments to identify areas for the family support worker to offer intervening support. These assessments will be completed as indicated by the curriculum used. In addition, home visiting utilizes assessments such as the Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), designed for home visitors to measure healthy parenting practices and relationships (Roggman et al., 2013a, 2013b). Initial observations of parenting behavior using the PICCOLO can be completed once children are at least four months old, and follow-up screens are given after six months of parenting curriculum and activities have been delivered. These follow-up screens measure the development of new strengths in parenting behaviors over time. Home visiting programs use screening tools to assess risk and support protective factors for child maltreatment, such as secure attachment, family stability, access to health care and social services, and social connectedness. These assessment tools include the Relationship Assessment Tool (RAT) or Hurt, Insult, Threaten or Scream (HITS) Tool for Intimate Partner Violence Screening. ECECD also tracks data that examines the relationships between home visiting services and maltreatment prevention. Of those families receiving home visiting services for at least six months in FY21, 0.62 percent had one or more protective service substantiated abuse or neglect referrals during their participation period.

This continues a trend in reduced substantiated referrals after enrollment in home visiting, from an initial 1.94 percent in FY18. If home visitors identify safety concerns or suspect abuse or neglect, they must complete a report to Statewide Central Intake at Child Protective Services. In addition, the Home Visiting Accountability Act requires measurement of the improved coordination of referrals of families to community resources and support for families. Connecting families to social support services is part of each family's goal-setting and planning process, which is informed by screening tools and questionnaires to identify risks (Heinz & Breidenbach, 2020). Appropriate referrals and follow-ups on those referrals within a month should occur regularly. Home visitors make referrals to various services and agencies, including primary care providers, behavioral health services, early intervention programs, intimate partner violence services, and child protective services. (New Mexico Annual Home Visiting Outcomes Report Fiscal Year 2021 Home Visiting | Early Childhood Education & Care Department (nmececd.org)

Section 6: Consultation and Coordination

CYFD recognizes the importance of coordinating its Title IV-E prevention program with other state agencies working with children and families. CYFD coordinates with the Department of Health, the Early Childhood Education and Care Department, and the Health Care Authority. Community-based service providers are also vital in providing a continuum of prevention services to children and families across the state. CYFD will work with community providers to expand the prevention services targeted at identified foster care candidates and their families. Title IV-E prevention dollars will supplement existing prevention programs by creating tertiary responses, which are advanced interventions designed to prevent the escalation of issues, using trauma-informed, evidence-based practices. New Mexico Tribes, Pueblos, and Nations are also important stakeholders in ensuring that culturally appropriate approaches to prevention are provided for Native American families and children and that those services and providers respect the autonomy and authority of each Tribe, Nation, and Pueblo to provide culturally relevant and traditional healing practices.

CYFD works collaboratively with other state agencies within the Children's Cabinet on the Thriving Families Plan. The goal of this plan is to coordinate systems across the Children's Cabinet to prevent and reduce child maltreatment in New Mexico and enhance family and child well-being."

CYFD, ECECD, DOH, HCA, and other state agencies will coordinate efforts around parent education, referrals, and funding to ensure prevention services are available to all families before encountering the child welfare system.

In addition, CYFD works collaboratively with the HCA to coordinate the Keeping Families Together program and other prevention programming through the use of Temporary Assistance to Needy Families (TANF) funds. The KFT program targets families with children ages 0-17 who have had, are currently involved, or due to their circumstances, may become involved with the New Mexico CYFD and are experiencing homelessness. KFT is designed for a contracted community agency to coordinate and assist families in obtaining housing, case management, vocational or educational development, employment, and other supportive services to meet the identified needs and ensure the family's safety. Staff with CYFD and HCA meet regularly to ensure services are occurring optimally and to discuss innovative ways to expand the program to support more families in need of housing.

CYFD is working with HCA, DOH, and ECECD in New Mexico's response to the Comprehensive Addiction and Recovery Act (CARA), which requires the state to report the number of infants born exposed to substances and the number of those infants that received a Plan of Safe Care.
In response to this federal law, NM passed a state law in 2019 requiring Plans of Safe Care to be offered by birthing hospitals to all infants born exposed to substances. The state law also requires that hospitals report to CYFD and that CARA families on Medicaid receive care coordination through their Managed Care Organization (MCO).
CYFD coordinated with the University of New Mexico Research Center to host focus groups to understand better why some high-risk populations in New Mexico are not practicing infant-safe sleep behaviors. Populations of interest include mothers of infants with unstable housing, young mothers of infants, immigrant/refugee mothers of infants, Black/African American mothers of infants, American Indian mothers of infants, and mothers of infants that have a Plan of Safe Care.
Consultation between CYFD, HCA, DOH, and ECECD has occurred throughout the development of New Mexico's FFPSA prevention plan. This consultation will continue as New Mexico reviews adjusts and expands prevention services within the state. Addendums to the Title IV-E prevention plan will occur as innovative programs and adjustments to current programs are made to enhance prevention services.

Stakeholder Meetings

A series of statewide stakeholder meetings were held in December 2021, January 2022, and April 2022. The meetings (1) explained that IV-E funding could be used to prevent unnecessary removals of children from their homes and support families by addressing factors that may be contributing to the need for a family prevention plan and CYFD intervention in the home, (2) familiarized stakeholders with the requirements of the Title IV-E Prevention Plan, and (3) described the scope of reimbursable activities that could be supported with IV-E prevention funding. Over the next five years, stakeholder input will be critical to successfully implementing the IV-E prevention plan. Key stakeholder groups will include:

- Community-Based Prevention and Intervention service providers
- Domestic Violence Services Community Providers
- Administrative Office of the Courts and Judges and Contract Attorneys for children, youth, and caregivers
- Human Services Department and Managed Care Organization Care Coordinators
- Medical and Behavioral Health Professionals that Specialize in Substance Use Disorder
- New Mexico Tribal Indian Child Welfare Consortium (NMTIC) and the 23 unique Tribes and Pueblos across the State

- Office of African American Affairs
- Department of Health Children Medical Services and Infant and Maternal Health
- Early Childhood Education and Care Department
- Governor's Children's Cabinet

This document is a living document and is subject to change to best serve children and families across New Mexico; the plan seeks to guide implementation of selected evidence-based programs and assist in building out capacity to effectively deliver and monitor the effectiveness of those services. In addition to convening stakeholder workgroups, CYFD will ensure that all divisions across the agency work in tandem to implement the prevention plan, including fiscal and technical aspects of implementation over the next five years.

Statewide Safe Sleep Campaign

In the Spring of 2022, New Mexico revived the work on a statewide safe sleep campaign to reduce Sudden Unexpected Infant Death (SUID) by increasing knowledge and acceptance of safe sleep practice through:

- Consistent messaging in all safe sleep educational materials
- Consistent education and messaging on breastfeeding and safe sleep
- Coordinated strategies amongst state agencies and service providers across the state

The vision is that all stakeholders in New Mexico collaborate to ensure all babies sleep safely each night and each naptime, and that breastfeeding is supported. Collaborating partners and partners include, but are not limited to CYFD, DOH, ECECD, the University of New Mexico Prevention Research, community partners and service providers, and medical professionals across the state. A media campaign will commence in the nest year to include TV and radio ads, social media ads, and updated flyers and educational materials.

Thriving Families Plan

CYFD is collaborating with the New Mexico Children's Cabinet and the Early Childhood Education and Care Department (ECECD) on the State's Thriving Families Prenatal-to-Three (PN3) plan.
The Thriving Families PN3 Plan focuses on strategies for primary, secondary, and tertiary prevention of child maltreatment, including intervention and education for families with children prenatal to age three. This plan is led by ECECD in conjunction with the New Mexico Children's Cabinet and will complement efforts within CYFD's Title IV- E Prevention Plan.

New Mexico Children's Cabinet and Theory of Change

In January of 2019, under Governor Michelle Lujan Grisham's leadership, the New Mexico Children's Cabinet was revived with a renewed focus on children and a dedication to improving outcomes. The Children's Cabinet is comprised of state agency Secretaries and is led by the Governor's Office Children's Cabinet Director. The purpose of the Cabinet is to analyze and make recommendations for the design and implementation of programs and services that will best support positive outcomes for maternal and infant health, early education, and child welfare. New Mexico will utilize a theory of change to:

Decrease family stressors through connection to comprehensive, culturally relevant, equitable services and supports that meet the family's individual needs

Provide education and promote responsive, nurturing, protective relationships between a child and their parents or caregivers

Decrease the percent of NM children who experience maltreatment, abuse or neglect

The Children's Cabinet Director will inform and oversee New Mexico's Thriving Families Prevention Plan. State agencies participating in the Children's Cabinet and supporting New Mexico's Prevention efforts include:

- **Aging and Long-Term Services Department (ALTSD)**
- **Behavioral Health Collaborative (BHC)**
- **Children, Youth and Families Department (CYFD)**
- **Department of Finance Authority (DFA)**
- **Department of Health (DOH**
- **Department of Workforce Solutions (DWS)**
- **Early Childhood Education and Care Department (ECECD)**
- **Economic Development Department (EDD)**
- **Higher Education Department (HED)**
- **Human Services Department (HSD) - Health Care Authority (HCA)**
- **Indian Affairs Department (IAD)**
- **New Mexico Corrections Department (NMCD)**
- **Office of African American Affairs (OAA)**
- **Public Education Department (PED)**

Family Resource Centers

The Thriving Families PN3 plan includes expansion of home visiting and the creation of Family Resource Centers. Family Resource Centers are community-based or school-based, flexible, family-focused, and culturally sensitive hubs of support and resources that provide programs and targeted services based on the needs and interests of families. Family Resource Centers support the development of strong communities of support for parents and caregivers. Family Resource Centers will be piloted in the six highest risk counties and will provide a comprehensive service delivery model that yields a wrap-around case management structure inclusive of all state resources. The Family Resource Centers will increase awareness, knowledge, and access to equitable prenatal to age three supportive services and resources through community navigators who will connect families to resources and services and provide case management services. Agencies will provide co-located staff so the community navigators can make warm handoffs to the needed supports and services while reducing barriers for families served.

Tribes, Pueblos, and Nations

Title IV-E Prevention Services will include services to Indian children and Native American families. CYFD will work with the 23 Tribes, Pueblos, and Nations across the state to obtain input to ensure services and programs are culturally appropriate and meet the needs of the individual Tribes, Pueblos, and Nations in the State. This document is a living document and is subject to change to best serve children and families across New Mexico and to ensure that the States Indian Family Protection Act is recognized and followed.

Tribal outreach/focus groups will need to be planned during the implantation phase. We anticipate coordinating these outreach/focus groups with the assistance of NMTIC, the CYFD Office of Tribal Affairs, and tribal liaisons from other relevant state agencies like HCA, ECECD, and the Department of Indian Affairs. Our goal is to ensure IV-E prevention plans, programs, and services are available to Native American families and that input is received and heard when it comes to supporting Indian Child Welfare Act (ICWA) workers from each of the 23 Tribes, Pueblos, and Nations across the State. CYFD will work with its Office of Tribal Affairs and Tribal Project Coordinator to coordinate engagement and collaboration with Tribes and Pueblos.

Section 7: Child Welfare Workforce Support and Training

The beauty and strength of New Mexico lies in its rich cultural and ethnic diversity. As New Mexico is home to 23 sovereign nations, this diversity is not just a feature, but a crucial element that compels CYFD to incorporate a demographically representative workforce into its statewide recruitment plan. This workforce, reflective of the families it serves, is not just a goal, but a necessity. It will be a part of every level of recruitment, ensuring that our staff is as diverse as the families we serve. CYFD will work to ensure family service specialists meet qualifications that meet the fidelity of the evidence programs selected, provide training and coaching on developing family well-being plans for children and families, and conduct ongoing safety and risk assessments. ECECD will ensure that contracted providers utilizing Healthy Families America or Child First also employ a recruitment plan that supports hiring home visitors who are representative of the areas they serve. CYFD and ECECD will work together to align training curriculums on assessing child and family needs, engaging families in participation in services, increasing knowledge in accessing and delivering needed services, and overseeing and evaluating the continued appropriateness of services.

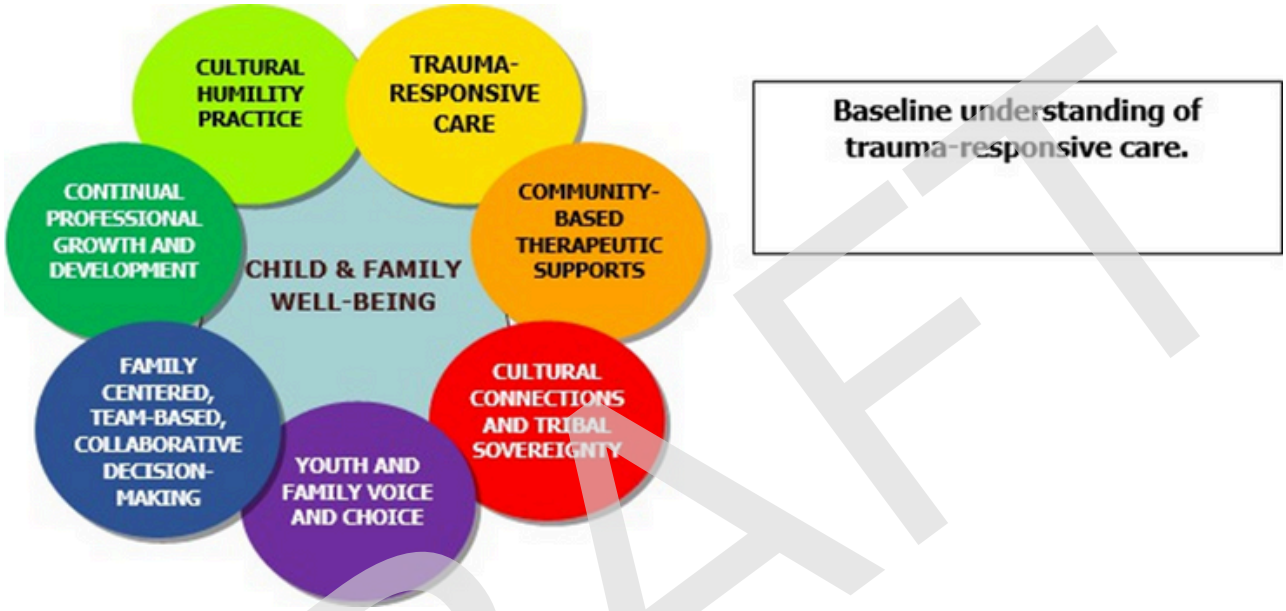
CYFD is aware that new staff come to the agency with a wide array of prior knowledge and experience. Workers need more focused training and coaching that is specific to the knowledge, skills, competencies, policies, and procedures related to their specific job within the agency. We have designed a comprehensive training program to ensure that they are fully prepared for their roles within CYFD. This program, which includes an overview of CYFD and the Family Services Division, prevention services within the state, the importance of collaboration with other state agencies and community resources, FFPSA and foster care candidate eligibility, principles of family engagement, SDM tool and safety and risk, family well-being plan development using a strength-based approach, CQI process for programs within Family Services, targeted curriculum training for the program they implement and Motivational Interviewing training, is designed to equip our staff with all the necessary skills and knowledge. In addition to the specific training for Family Services, the employees receive New Employee Onboarding training, including cultural humility, ICWA/IFPA, Trauma Informed Care, and bias recognition. In-home service personnel will receive Family Connections training and mentorship before working independently with families. In addition, the Graduated Caseload plan is woven into the design to begin giving workers manageable experiences, training and coaching before carrying a full caseload and is aligned with the Child Welfare League of America (CWLA) standards. As additional training is needed, supervisors will engage in coaching tools and techniques to strengthen practice proficiency in their staff. To ensure that a prevention lens is embedded in practice, supplemental training will reinforce skill development in translating the need for services or supports, especially to prevent safety issues.

CYFD's training focuses on skill building related to recognizing bias, racial justice outcomes, adaptability, and flexibility. Training through a prevention lens will reinforce skill development in translating the need for services or support to improve families' well-being.

ECECD will be responsible for providing ongoing staff development and education for providers. CYFD will conduct training for all ECECD Home Visiting providers on the Family Services Department programming, access prevention services for all families in New Mexico, and collaborative opportunities to provide wrap-around support for families receiving home-visiting services. In addition, Home Visiting providers will have access to Motivational Interviewing and Trauma-Responsive care training.

CYFD, along with our partners at HCA, is building a supportive and trauma-responsive system of care. The system will support and serve all stakeholders, including families and persons who work with children, youth, and families. All stakeholders within the NM child welfare system must participate in trauma-responsive training.

This training will support the workforce's understanding of the impact of trauma on child development, behavior, impact on parent/caregivers, and parenting. The training will support skill development to respond effectively and prevent re-traumatization.



Retaining employees begins with a structured onboarding process. CYFD is consistently working to improve its onboarding process. New employees undergo rigorous 5-week training to develop their knowledge and skills, including two weeks of on-the-job training. New Employee Training (NET) has been redesigned to be more experiential and align with current adult learning best practices. CYFD also developed a New Employee Onboarding (NEO) track. Combined, they are a 6-week comprehensive start for the new employee. As a result, the new format engages learners in a cycle of learning and application with greater job-specific focus. CYFD also has an extensive organization-wide training requirement on topics such as Trauma-Responsiveness, Motivational Interviewing, Cultural Humility, ICWA and other child welfare best practices.

Current pre-service training for new employees includes role-specific instruction and coaching; however, over the last few years, it has become clear that workers need more focused training and coaching that is specific to the knowledge, skills, competencies, policies, and procedures related to their specific job within the agency. The Workforce Development Bureau's Regional Coaching Unit has added to its existing coaching model role-specific coaching and mentoring. Each coach has developed expertise in one Protective Services field role (Investigation, Permanency or Placement). Building expertise includes re-training of the use of the structured decision-making (SDM) and Safety Organized Practice (SOP) tools and attending a train-the- trainer training facilitated by CYFD contractors Evident Change to improve the ability to assist in coaching and mentoring field staff. The skills and knowledge building around SDM and SOP by all the coaches allows each coach to tie safety measures and tools into their role-specific coaching, regardless of the role.

CYFD is in the process of recruiting for a new position within the agency to support the creation, implementation, and ongoing support of the Indian Child Welfare Act and Indian Family Protection Act training needs.

This position, an Indian Child Welfare Training Coordinator, will provide support to the Office of Tribal Affairs Director on training matters as it relates to ICWA and IFPA. The Office of Tribal Affairs works closely with the Nations, Pueblos, and Tribes to ensure compliance with the federal requirements of the ICWA, the state requirements of the IFPA, and other laws governing child welfare. Additionally, the ICWA/IFPA Training Coordinator will support the agency's efforts in meeting the deliverables in the Kevin S. Settlement Agreement, the New Mexico Children's Code, and the New Mexico State-Tribal Collaboration Act. The Office of Tribal Affairs also provides supportive services and technical assistance to the CYFD workforce within the Behavioral Health Services Division, Juvenile Justice Services Division, Family Services Division, and Protective Services Division. The Indian Child Welfare Training Coordinator will work with the agency's workforce to build up their professional knowledge and practice through training, coaching, and development of materials in collaboration with the Nations, Pueblos, Tribes and the Workforce Development Bureau. The Indian Child Welfare Training Coordinator will train and coach at the individual, group, and community levels to provide knowledge and skills of best practice approaches when working with native children, families and Tribal partners with a focus on compliance with ICWA and IFPA standards; and to ensure the workforce is able to facilitate culturally responsive support.

CYFD is in the process of hiring an ICWA/IFPA Trainer/Coach in the Office of Tribal Affairs. The Trainer/Coach will provide small group and one-on-one coaching that includes activities to increase the knowledge, skills, and abilities of our workers related to ICWA and IFPA implementation. Activities may consist of group coaching, manual/guide creation, unit meetings or training, and community liaisonmeetings. Additionally, the position may provide case-specific guidance and problem-solving. The incumbent will ensure that staff know best practices with native children and families, that practice is compliant with ICWA and IFPA; and that the workforce can facilitate culturally responsive interventions and support. All employees will be able to self-refer or be referred or mandated by their supervisors for coaching on specific areas of need.

Section 8: Child Welfare Workforce Support and Training

Overseeing caseload size and type is essential. Manageable caseloads and work loads can make a significant difference in a worker's ability to spend adequate time with children and families and on completing critical case activities, and ultimately having a positive impact on outcomes for children and families. New Mexico will manage caseloads by utilizing the nationally recognized strategy of managing "workloads" rather than caseloads. Workload is defined as the amount of work required to successfully manage assigned cases and bring the case to resolution. Caseload and workload can be reviewed when new case assignments are given and in monitoring child and family progress and overall worker progress.

Utilizing the workload strategy, the prevention workers' case load size will vary depending on curriculum used, family needs, worker experience and qualifications. It is essential each prevention worker has a manageable caseload to ensure the family is receiving the level of support needed for the child to remain safely in their home. The CYFD In-Home Services prevention workers and community-based prevention workers utilizing the Family Connections curriculum have a recommended caseload of size of 1:8. If a prevention worker is seeing a family multiple times a week, the caseload will be adjusted lower (workload) to ensure the worker is able to connect with each family and spend adequate time with the children and families they are supporting.

Prevention workers in other programs, Keeping Families Together, CARA Program, Multi-Level response will follow the same methodology for workload management. Workloads are tracked and monitored by division leadership. The Prevention & Intervention Bureaus within the Family Services Division will monitor caseloads for community providers to ensure they are within the guidelines of the respected curriculum being utilized.

CYFD's In-Home Services personnel utilize Family Connections curriculum. To achieve fidelity, case load sizes average eight families. Within CYFD, a worker will be considered ready for an independent caseload when they are able to move through a case from start to finish with minimal direction from their supervisor. Independent workers know the steps and processes needed to complete a case, and they know where to find relevant information (e.g., Intranet, policy, and procedures). While the worker is independent, the supervisor continues to provide education, administration guidance, and support.

Fidelity criteria focus on performance of intervention components rather than caseload size when using evidence-based curriculums. While each evidence-based curriculum has a standard recommended caseload, the variables that exist within families and their needs must be considered when determining the size of caseload or the actual workload of the prevention worker. ECECD has chosen to utilize Child First and Healthy Families America curricula. The recommended caseload size for Child First is 12-16 families per team (1 Mental Health/Development Clinician and 1 Care Coordinator). Healthy Families America has a recommended caseload size of 15-20 families. Every provider will achieve fidelity to their chosen curriculum.

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