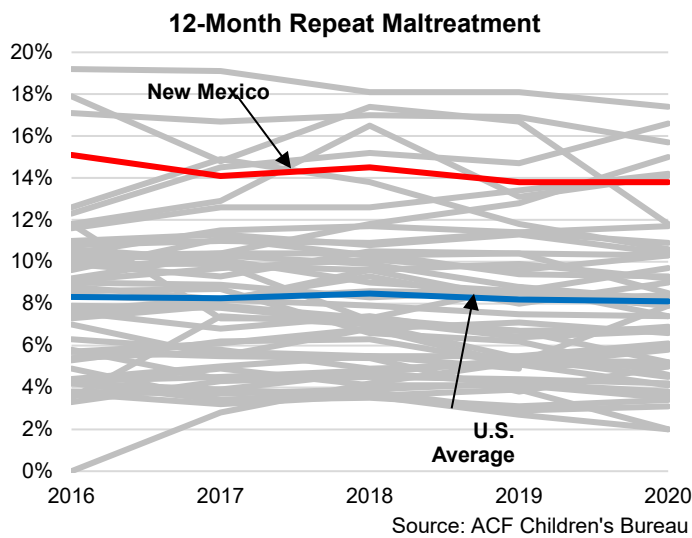




Topic Area: Repeat Child Maltreatment

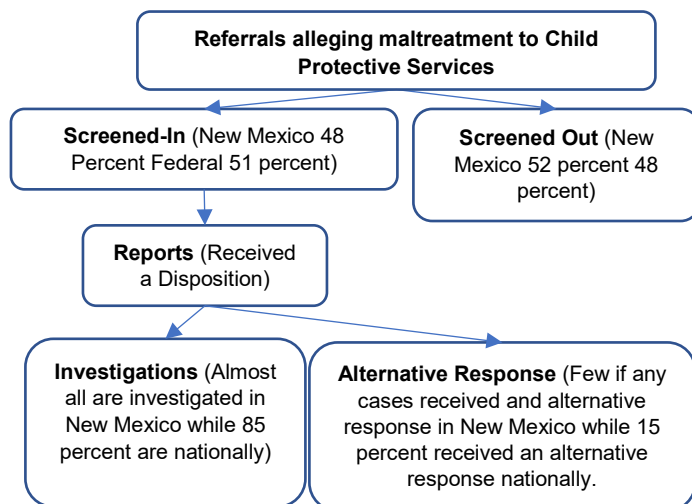
Over the long-term, repeat child maltreatment causes physical, psychological, and behavioral consequences leading to negative outcomes for individuals and society. New Mexico consistently ranks among the top six states for repeat maltreatment occurring within 12 months of an initial allegation. There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

Key Data



- If New Mexico had the same rate of repeat maltreatment as the national rate, there would be close to 360 fewer cases annually.
- Leading drivers of child maltreatment include parental substance abuse, poverty, domestic violence, parental history of trauma, and other behavioral health issues.
- The state, through Medicaid and other means, is investing to address these drivers such as increasing funding for behavioral, substance abuse, and other services significantly over the last several years.

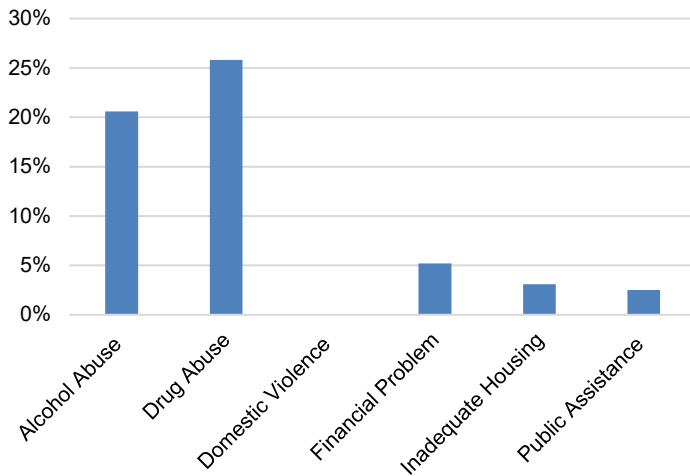
Usage of Alternative Response Can Reduce Protective Services Worker Caseloads



LFC Files and ACF Child Maltreatment 2021

- New Mexico did not start its alternative response (like) pilot, known as Family Outreach and Community Engagement (FORCE), until 2021.
- In traditional alternative response (AR) models, the process is split into two tracks: investigation and assessment. When a report of suspected child abuse or neglect is received, an initial assessment determines whether the concerns are serious and whether the case should be assigned to the traditional CPS track or whether an alternative response track is appropriate.
- If AR is appropriate, CPS works to connect the family to resources and continues monitoring the family.
- AR can help to reduce the number of cases that are formally investigated and open for ongoing CPS involvement, which can help to reduce caseloads for CPS workers.

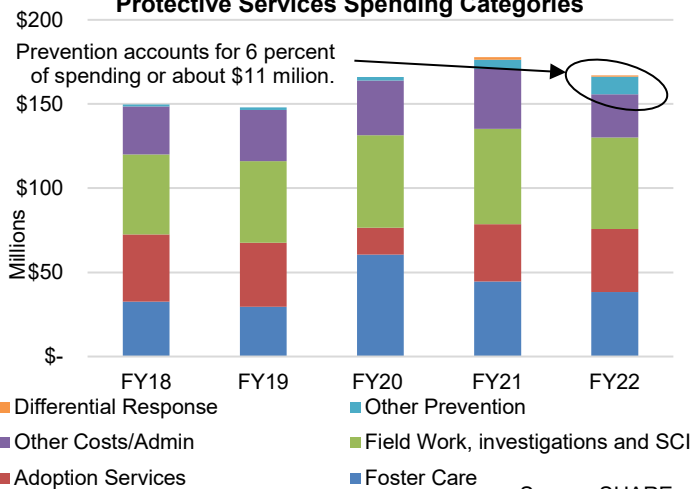
Child Victims With Caregiver Risk Factors 2021



Source: ACF Child Maltreatment 2020

- By far the two leading risk factors for child maltreatment are caregiver alcohol and drug use.
- In 2019, New Mexico enacted legislation to coincide with the federal Comprehensive Addiction and Recover Act plans of safe care, requiring healthcare providers that observe newborn drug exposure or fetal alcohol spectrum disorder to develop a plan of safe care before discharging to the caregivers of newborns.
- Reducing the likelihood families will end up in the child welfare system by targeting prevention services at families with alcohol and drug use prenatally or immediately upon birth is likely to have the greatest impact.
- The strategy potentially also positively affects CPS worker caseloads.

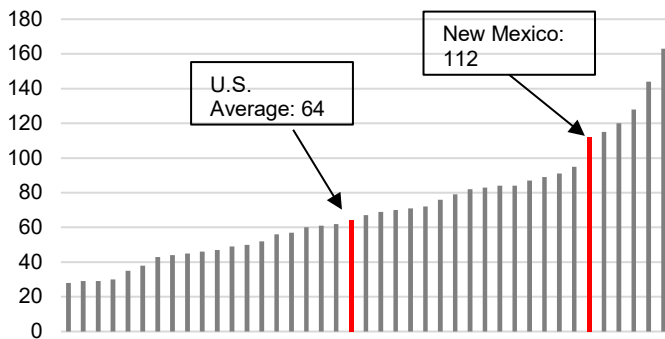
Protective Services Spending Categories



Source: SHARE

- FY24 appropriations to Protective Services included an increase of 14.1 percent which included a \$15.9 million TANF transfer from the Human Services Department.
- Appropriations address workforce salary competitiveness, prevention programming, support for youth aging out of foster care, and several other areas.
- Spending on prevention within the Protective Services Program was about 6 percent of total expenditures in FY22, but the amount has grown significantly since FY18.

National Caseloads of Investigations and Alternative Response Workers 2021*



*Completed Reports per Investigation and Alternative Response Worker, some states do not report

Source: ACF Child Maltreatment 2021

- Workforce shortages are a constant issue in New Mexico's child welfare system, including social workers, caseworkers, investigators, and other workers in the service provider network.
- To address these shortages, for FY23 the Legislature appropriated \$20 million to CYFD and HSD to develop more behavioral health provider capacity and \$50 million to higher education institutions to increase social worker teaching faculty endowments to expand programs and graduates.
- For FY24 appropriations included \$3 million to implement the department's workforce development plan, \$5 million to implement an appropriate placement salary adjustment, and nearly \$3 million for additional staff.

Performance Challenge: Preventing Repeat Child Maltreatment by Expanding Evidence-Based Prevention and Intervention

LegisStat Recap

At the previous Children, Youth and Families Department’s LegisStat hearing in December 2022, the committee was interested in the department’s actions surrounding federal Comprehensive Addiction and Recovery Act (CARA) plans of safe care, what was being done to expand and pilot the department’s alternative response system as required in Section 32A-4-4.1 NMSA 1978 and enacted in 2019, and when the federal government was going to accept the state’s Families First Prevention Services Act (FFPSA) plan, allowing the department to leverage Federal Title IV-E revenue for prevention services.

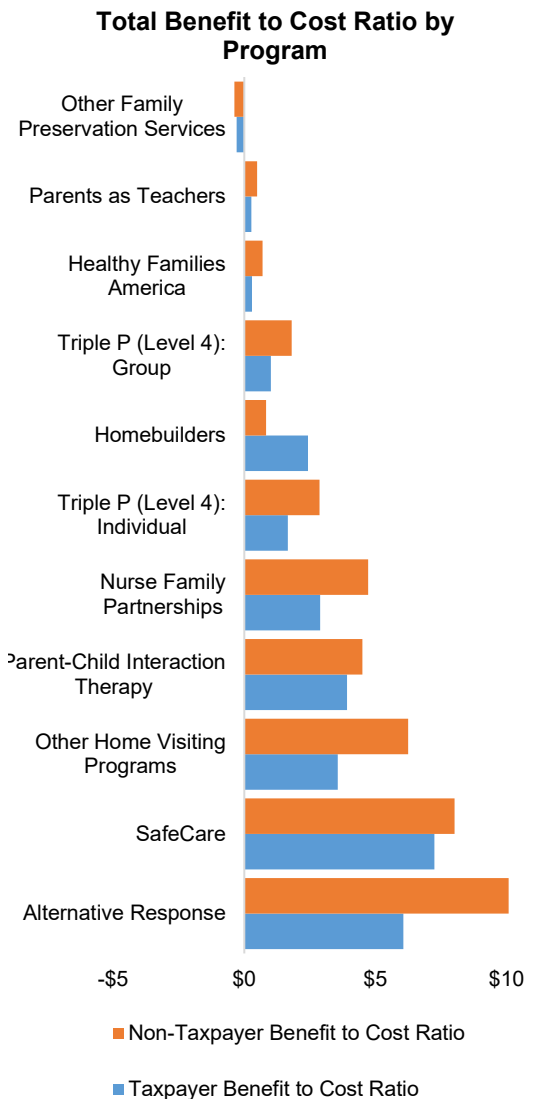
Progress

Since the December LegisStat hearing, both the executive and the legislature proposed Protective Services reforms, including amending the state’s statute governing Comprehensive Addiction and Recover Act plans of safe care, establishing a child welfare system oversight entity within the Attorney General’s Office, shifting responsibility for removing children from law enforcement to the department, and an executive order that created an Advisory Council and restructured parts of the department.

Since the executive order, the department convened a policy advisory committee to recommend reforms and created a new website that includes a dashboard, expected to be updated monthly, that reports on several measures such as the number of children in state custody and their status, foster placement, office stays for children in custody, and several other metrics.

Additionally, for 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 trends and prioritized evidence-based strategies for maximizing family unity and preventing the use of foster care, when appropriate, consistent with needed improvements in response to the *Kevin S.* lawsuit settlement. A total of \$15.9 million in federal TANF revenue was included to fund various evidence-based prevention and intervention services. Another \$7.6 million in general fund revenue will be matched with federal revenue for well-supported, supported, or promising prevention programming. With a 14.1 percent increase in all funds to the Protective Services Program, it is in the executive’s hands to improve performance through the adoption or expansion of more evidence-based prevention programming and to make workforce recruitment, retention, and development improvements.

Another opportunity to expand prevention programming is to continue following through with the federal Families First Preventions Services Act (FFPSA) plan the department submitted to the federal government last fall. The purpose of the plan is to begin using federal support to stand up prevention and intervention programs with federal funding including programs that are on the federal Title IV-E clearinghouse such as Healthy Families America (Well Supported), Child First (Supported), Safe Care (Supported).



Source: LFC Analysis

Since the last hearing the department also expanded its alternative response like program to San Miguel, Mora, Lea, Otero, Sierra, Socorro, and Lincoln Counties. The program, also known as Family Outreach and Community Engagement (FORCE), is meant to be an evidence-based approach to prevent child maltreatment and avoid costly and more traumatic interactions with the child welfare system by diverting families into services rather than putting the families and children through traumatic removals, when appropriate. Spending on the program slowed from \$1.5 million in contractual services in FY21 to about \$600 thousand in FY22. Currently, the lowest level of response is being implemented. The department needs to consider expanding to two additional levels of response for families with greater need and expanding in the larger population centers where there is a substantial need and more providers for these types of services.

In December, the committee also had questions related to the department's implementation of CARA plans of safe care. The department provided data showing that between October 1, 2020, and September 30, 2021, there were 1,163 plans of care established for infants with symptoms consistent with prenatal drug exposure, withdrawal symptoms, or fetal alcohol spectrum disorder. Of these, 24 percent had a report for concerns of maltreatment with half of those receiving a subsequent investigation and the other half screened out for further action.

Suggested Questions

- What is the department's timeline to fully implement an alternative response system?
- What is the department's timeline to implement the evidence-based prevention programming they received appropriations for? (Including supportive housing, adoption services, foster care services, multilevel response system implementation, services for youth aging out of foster care, family support services, family preservation services, and other evidence-based prevention and intervention services.)
- When will the state know whether the federal government has accepted its Title IV-e Families First Prevention Services Act plan?
 - Has the state been in talks or negotiations about how to implement the plan?
- Can CYFD commit to setting a goal to reduce repeat child maltreatment from 14 percent to closer to the national average of 8 percent?
- When can the state expect to see a plan, report, or recommendations from the advisory committee that was created by the governors' executive order?
- For CARA plans of safe care:
 - Is the department collecting data on how many families received a plan, how many accepted the plan, how many followed through with the plan, whether families that received a plan were later subjects of a protective services investigation, what kinds of services were offered in the plans, and which hospitals or birthing providers offered plans of safe care?
 - Are the plans of safe care based on a national model?
 - What kind of support is CYFD offering to hospitals to develop plans that are appropriate?
 - What is included in MCO contracts for safe care plan care coordination?
 - What will be included in Turquoise care MCO contracts related to plans of safe care and care coordination?
 - Is the state working with providers to institute the plans prenatally?

Performance Challenge: Meeting Child Welfare System Workforce Needs

LegisStat Recap

The December LegisStat hearing included many questions related to CYFD workforce development such as whether there is a plan to address compensation, training, and loan forgiveness. The committee also wanted to know more about whether the workforce is licensed and credentialed at a sufficient level and what could be done to improve the professionalization of the workforce. At that hearing, the then Secretary Barbara Vigil committed to reducing the turnover rate to 20 percent and promised to provide data related to the education, licenses, and credentials of the workforce, so the Legislature could better assess workforce needs.

Committee members also asked about other options for improving the effectiveness and efficiency of the existing workforce. Some members wanted to know whether alternative response programs could be used to improve the efficiency of the workforce. Lastly, members wanted to know about strategies to attract more workers from out of state and whether the department had considered these strategies.

Progress

Workforce shortages continue to hamper the state's efforts at addressing childhood maltreatment. There continues to be high demand for social workers, caseworkers, and investigators causing high caseloads and, in some cases, missed opportunities to prevent abuse. Much of the shortage is due to poor recruitment and retention because working in the child welfare system is stressful, exposure to trauma is common, and the job is emotionally taxing. Additionally, many people recruited by the department have a skills, education, and licensure mismatch and leave due to a lack of training.

Since the December hearing, the department has taken a few actions to address the shortages such as increasing salaries for certain hard-to-fill front-line positions and is working to gather licensure and education data of Protective Services workers. The department also started work on a case load analysis to target resources where they are needed the most.

Appropriators worked to equip the department to address some of its 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.

Suggested Questions

- What is the department's timeline for implementing the workforce development plan?
- What are the specifics on how the department plans to use the \$3 million appropriated to implement the plan?
- What percentage of the CPS front line workforce is comprised of licensed social workers or other related fields?
- What percentage of the CPS workforce met the minimum qualifications for employment through years of experience as opposed to licensure or educational credentials?
- What options are there to use the existing workforce more effectively and efficiently?
- What options are available to the state to improve retention?
- What options are available to the state to better prepare the next generation of child welfare workers?
- What can the department do to build a pipeline of social workers into Child Protective Services?