



New Mexico  
Children Youth and  
Families Department

2020-2024

Child & Family Services Plan

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**PULLTOGETHER**.ORG

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New Mexico’s APSR, CFSP and CAPTA plans are posted on the CYFD website at:

<http://cyfd.org/about-cyfd/publications-reports>.

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## Overview

New Mexico's Children Youth and Families Department (CYFD) provides an array of services to New Mexico children and their families through our various specialized divisions. These Divisions include Early Childhood Services (ECS), Juvenile Justice Services (JJS), Behavioral Health Services (BHS) and Protective Services (PS). It is within our Protective Services Division (PSD) that we are committed to ensuring the safety and well-being of children who experience out of home placements due to safety threats in their own home.

## CYFD Mission / Vision

CYFD's mission is to partner with children, youth, families, and communities to achieve safety, healing, permanency, and wellbeing for all New Mexico children.

CYFD's vision is that every child and youth in New Mexico is nurtured in a safe, stable, permanent home, free from abuse and neglect and supported by healthy families and communities.

## CYFD Locations

CYFD Field Offices are placed throughout the State of New Mexico. The Offices within our New Mexico Counties are organized into five (5) Regions:

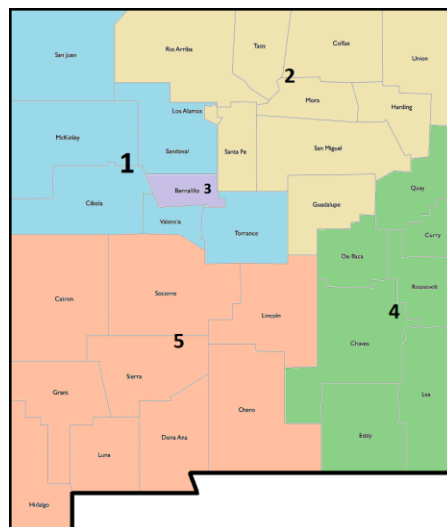
Region 1: Cibola, McKinley, San Juan, Sandoval, Torrance and Valencia

Region 2: Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, Santa Fe, San Miguel, Taos, Union

Region 3: Bernalillo

Region 4: Chaves, Curry, De Baca, Eddy, Harding, Lea, Quay and Roosevelt

Region 5: Catron, Dona Ana, Grant, Hidalgo, Lincoln, Luna, Otero, Sierra and Socorro



## Collaboration and Vision

### State Agency Administering the Programs

New Mexico's Children, Youth, and Families Department (CYFD)'s Protective Services Division (PSD) is the state agency designated to administer the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1), the Promoting Safe and Stable Families (PSSF) Program (Title IV-B subpart 2), Child Abuse Prevention and Treatment Act (CAPTA & CBCAP), the Chafee Foster Care Independence Program and Education and Training Voucher Program, and Title IV-E. As such, PSD is responsible for all child welfare services for children and families in New Mexico. In accordance with the New Mexico Statutes (NMSA 1978 Section 32A-4 et. seq.), the Division is mandated to receive and investigate reports regarding children in need of protection from abuse and neglect by their parent, guardian, or custodian, and to take action to protect those children whose safety cannot be assured in the home. In addition, the Division is committed to assuring the well-being of the children in its care and to providing permanency for those children as quickly and as safely possible.

PSD provides child protective services and other child welfare services in every geographic area in the state. Administration of the child welfare program is centralized, with direct services offered through county offices located within five designated regions. County office managers report to five regional managers who, in turn, report to the PSD Director. Additional detail on PSD structure is provided by the organizational chart below.

CYFD Administrative Services supports PSD. Administrative Services divisions include Budget & Revenue, Financial Management, Employee Support Services, and Information Technology Services. PSD also collaborates with the three other service areas that comprise CYFD: Early Childhood Services, Juvenile Justice Services and Behavioral Health Services.

The Office of the Cabinet Secretary includes the General Counsel's Office, the Inspector General's Office, the Constituent Affairs Director, the Native American Liaison, and the Director of Legislative and Community Affairs.

### Vision Statement

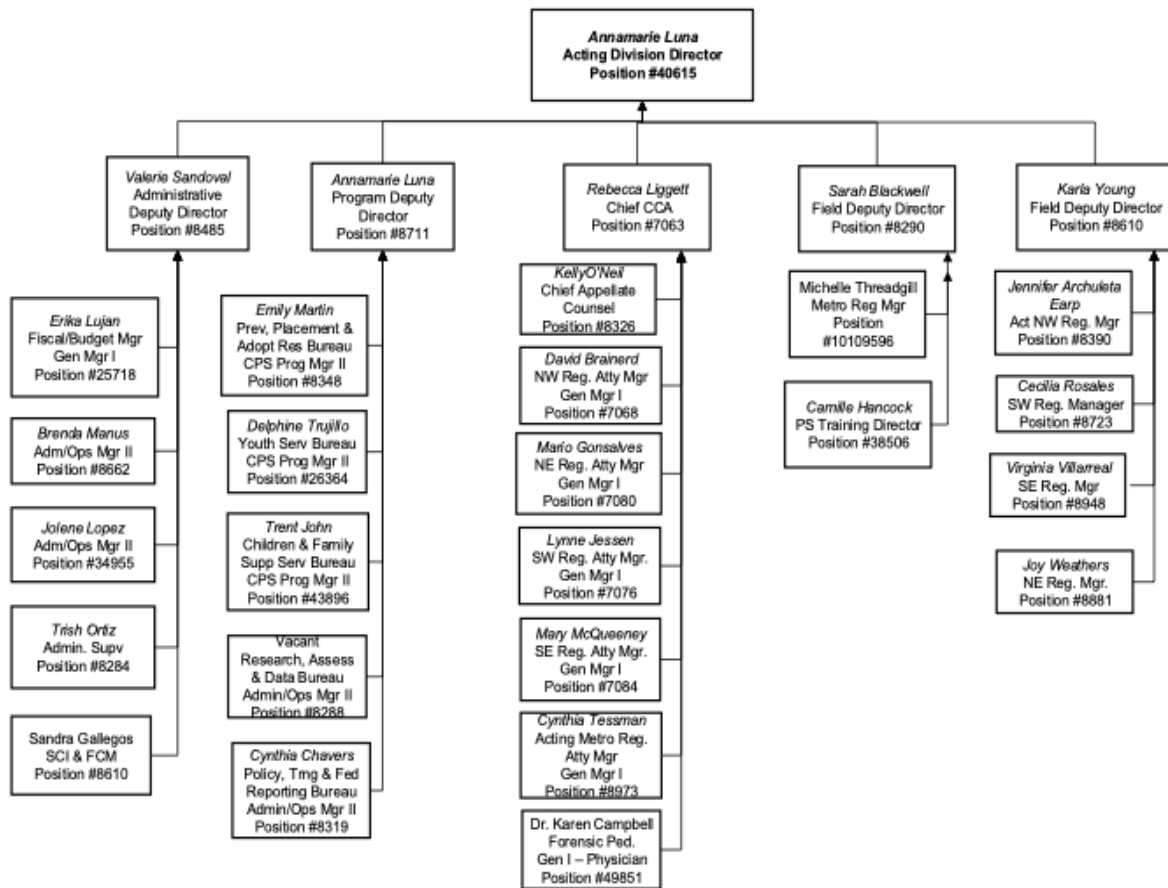
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# New Mexico CYFD Organizational Chart

## Protective Services Division Organization Chart June 15, 2019



## Collaboration

In developing the 2020-2024 CFSP, PSD has engaged in meaningful collaboration with a broad range of key stakeholders, including both institutional and community partners. Input for the 2020-2024 CFSP was solicited from community providers, tribal representatives, legal entities, youth, foster parents, relative foster parents, caseworkers, ect. CYFD will continue to host feedback sessions on progress to the CFSP and APSR yearly. Surveys have been and are currently being developed to receive feedback from foster parents and parents yearly. Much of the collaboration have included the following:

### *Intergovernmental Collaboration*

The new Governor has required all Cabinet Secretaries to work collaboratively to improve the lives of the residents of New Mexico. The Children's Cabinet is comprised of all the Cabinet Secretaries for agencies touching the lives of children. Significant progress has been made regarding Behavioral Health Services for Children with the Cabinet Secretary for CYFD, Human Services and Department of Health chairing the Behavioral Health Collaborative. The Behavioral Health Director for CYFD is the interim CEO for the Behavioral Health Collaborative and will represent the needs of the children within CYFD. The Public Education Department and CYFD are co-chairing a taskforce on educational stability for children in foster care.

CYFD is meeting monthly with all universities in the state to discuss improved collaboration with the goal of increasing the number of social work graduates choosing to work with CYFD.

House Joint Memorial 10 requires CYFD to convene a taskforce to make recommendations on improvements with foster parents. This taskforce will make recommendations for a Foster Parent Advisory Council. CYFD met with groups of foster parents to provide feedback for the CFSP. Townhall meetings will continue to occur with the first being held in Bernalillo County on 8/29/19 with approximately 50 foster parents participating. Feedback from this group was extremely positive regarding the shift in the relationship between CYFD and foster parents. Rates for foster parents are currently being reviewed as well as loosening the controls for incidental payments for children in foster care. Training for foster parents is currently being revised and moved to the training division of CYFD. A website is also being created to share resources for foster parents and improve communication.

### *Foster and Adoptive Parents*

Currently, PSD supports foster and adoptive parents by partnering with New Mexico State University and the Capacity Building Center for States (CBCS) to develop training for foster parents, and host two yearly statewide conferences. Recent training topics have included grief and loss, maintaining sibling and relative connections and trauma. Trainings and conference workshops are presented in both English and Spanish.

In preparing the 2015-19 Final Report and this 2020-24 CFSP, PSD held regional town hall meetings hosted by PSD managers. Each regional manager presented data regarding the CFSP and PIPs, as well as updates from their regions, and facilitated a question and answer session.

In 2020-24, PSD will continue to provide post-decree support services for adoptive families through the Fiesta Program, which is contracted through La Familia-Namaste, Inc. These services will be discussed in the Service Description section.

## *Youth*

Currently, PSD supports and is actively involved with Leaders Uniting Voices, Youth Advocates of New Mexico (LUVYANM), an organization of current foster care youth and foster care alumni. Members of LUVYANM plan the annual Independent Living Conference, developing the theme and program, planning workshops, and identifying speakers. Youth are also involved in planning and participating in the annual Children's Law Institute. PSD collaborates with LUVYANM to develop recommendations and strategies to improve outcomes for older children in care. Recently, the collaboration has focused on sibling rights, particularly in the areas of visitation and preserving connections post-adoption. The current focus of the collaboration is sibling rights, particularly in the areas of visitation and preserving connections post-adoption.

In 2020-2024, PSD will continue to work closely with the LUVYANM youth leaders to ensure that policy, program development, administration, and oversight are informed by youth perspectives, and that select youth-driven initiatives are implemented. PSD anticipates actively seeking input from LUVYANM in planning its implementation of new policies, including the extension of foster care, passed into law in April 2019 and to be implemented during the time frame of this CFSP. Future APSRs will detail collaboration with LUVYANM and other structures for facilitating youth input and participation.

CYFD will also continue to collaborate with NMCAN, a statewide youth engagement project to ensure that the department takes into account the experiences and wisdom of youth in developing and implementing policies. Additional information about the collaboration with NMCAN is provided in the Services Section below.

In the coming year, CYFD is committed to establishing an Office of Transition Age Youth and Youth Homelessness, which will include youth with lived experience as full-time, regular policy staff. The Office will be responsible for facilitating the department's direct engagement with transition age youth. Its first priority will be structuring and supporting the implementation of Extended Foster Care, as provided for by SB23, passed by the New Mexico State Legislature in March 2019.

## *Schools*

On December 6, 2012, the New Mexico Supreme Court ordered the establishment of a joint task force on education. The task force has submitted recommendations to the Governor, the Supreme Court Chief Justice, and the Secretaries of CYFD and the Public Education Department

related to the challenges and barriers in addressing the educational needs of children and youth in the child welfare system. The task force targets specific educational outcomes for improvement, identifies and implements solutions, and has developed a cross training plan and implemented a data system shared between child welfare, education, and the judicial system.

PSD represents child welfare as a participant on the New Mexico State Advisory Panel – Individuals with Disabilities Education Act (IDEA) Part C.

PSD has worked with the Public Education Department and the Department of Health Office of School Health to develop and disseminate an e-learning for school personnel on detecting and reporting child abuse and neglect.

In 2020-2024, PSD will continue to collaborate with Foster Ed, the CCIC, and Albuquerque Public Schools on the implementation of the Every Student Succeeds Act (ESSA).

### *Courts and Children's Court Improvement Commission*

Currently, PSD serves on the State's Children's Court Improvement Commission (CCIC) and many of its work groups, including the advisory groups for the CCIC training and data grants and new work groups on parent representation, education, and quality of representation and hearings. PSD initiatives that involve the court and court processes are discussed at CCIC meetings, and CCIC regularly seeks PSD's input on its own initiatives.

CCIC holds a training grant that is implemented by the Children's Law Center at the University Of New Mexico School Of Law and the New Mexico Administrative Office of the Courts (AOC). PSD, CLC, and AOC work together to design a Title IV-E-funded training program for judges, attorneys, Court Appointed Special Advocate (CASA) volunteers, and court staff. Training topics include maltreatment, trauma, and the social and emotional well-being of children who have been abused or neglected. PSD is represented on the CLC Advisory Committee.

PSD representatives also participate on the Children's Justice Act Advisory Group (CJAAG), which ensures coordination of the expenditure of Children's Justice Act funds to support the investigation and prosecution of child abuse, as well as services intended to mitigate the trauma to the child victim. Other CJAAG members include judges, attorneys, law enforcement, service providers, and advocates.

In 2020-24, PSD will continue to actively participate in CCIC. PSD is providing both data and qualitative information to the Court Improvement Project (CIP) for the project's updated strategic plan submitted in July 2018. PSD and the CIP have been partnering to collect and analyze the data related to delays to permanency, including evaluation of outcome data collected by CYFD, quality assurance case review data, and court data. In addition, the committee has collected information from stakeholders through focus groups around the state and surveys. The CIP is also working with PSD to identify and pilot promising practice initiatives. PSD will continue to partner with the CIP to provide mandatory training for new judges and attorneys working in the child welfare system.

PSD is also partnering with CIP on the Family Support Services Program (FSS). FSS is based on The Center for Family Representation in New York, and provides parents with open child welfare cases with an interdisciplinary team designed to improve parent and youth engagement, particularly with PSD case workers, foster parents, and service providers. The team consists of an attorney, a licensed social worker, and a peer mentor, all specially trained in the FSS Model.

The goals of FSS are to:

- Strengthen partnerships between state, tribal, and county, and community partners
- Effectively engage children, youth, and families;
- Focus concurrent planning on the achievement of timely permanency for children;
- Appropriately assess and mitigate safety and risk factors in families; provide timely and individualized services, resources, and supports for children in foster care and their parents; and
- Strengthen parents’ capacity to protect and provide for their children.

An FSS pilot program implemented in Valencia and Sandoval Counties achieved improved permanency outcomes for children and families as a result of meaningful parent engagement. PSD is currently expanding the FSS pilot program to serve Cibola, Bernalillo, McKinley and San Juan Counties (the 2nd, 11th, and 13th judicial districts), and test its efficacy across different subpopulations: urban/suburban/rural and Hispanic/American Indian.

The National Center for State Courts has been contracted as the evaluator of the FSS project, and The University of New Mexico’s Project ECHO has been contracted to develop training modules for attorneys, social workers and peer mentors, as well as other system partners such as judges and PSD workers.

### *Tribes and Pueblos*

Currently, PSD works collaboratively with the 23 Tribes and Pueblos located in New Mexico, as well as with those tribes whose members come into the care of the agency. Collaboration is provided for through a range of standing meetings and the formal structures led by the CYFD Native American Liaison.

Tribal input on the development of the 2020-24 CFSP was obtained through stakeholder meetings held in April and May 2019. Below is a list of tribal partners invited to the stakeholder meetings:

<b>Tribe or Pueblo</b>	<b>Representative</b>
Pueblo of Acoma	Governor Fred S. Vallo, Sr, Donalyn Sarracino, Sharon Young
Pueblo of Cochiti	Governor Joseph H. Suina
Pueblo of Isleta	Governor E. Paul Torres, Caroline Dartez

Pueblo of Jemez	Governor Joshua Madalena, Carla Sandia, Hennetta A. Gachupin
Pueblo of Laguna	Governor Richard B. Luarkie, Marie Alarid
Pueblo of Nambe	Governor Phillip A. Perez, Venus Mongofeds
Ohkay Owingeh	Governor Marcelino Aquino, Rodelle Thompson
Pueblo of Picuris	Governor Richard Mermojo
Pueblo of Pojoaque	Governor George Rivera
Pueblo of San Felipe	Governor Joseph E. Sandoval, Darlene J. Valencia
Pueblo of San Ildefonso	Governor Terry L. Aguilar, Sharon Serrano, Julie Sanchez
Pueblo of Sandia	Governor Stuart Paisano, Randall Berner, Kimberly Lorenzini
Pueblo of Santa Ana	Governor George M. Montoya, Nathan Tsosie
Pueblo of Santa Clara	Governor J. Michael Chavarria, Jacque Wright, Julie Bird, Terri Chavarria
Pueblo of Santo Domingo	Governor Oscar K. Lovato, Tori Garnat
Pueblo of Taos	Governor Clyde M. Romero, Ezra Bayles, Helena Concha
Pueblo of Tesuque	Governor Robert Mora, Sr., Jeannette Jagles
Pueblo of Zia	Governor David Pino, Victoria Herrera
Pueblo of Zuni	Governor Arlen P. Quetawki, Sr., Betty Nez, Marla Fastwolf
Jicarilla Apache Nation	President Ty Vicenti, Hilda Petago, Karen Keating, Susan Thompson, Rubesan Sandoval, Olivia Nelson, Violet Garcia
Mescalero Apache Tribe	President Danny Breuninger, Sr.
Navajo Nation	President Ben Shelly, Regina Yazzie, Irene Eldridge, Michele Jones
Navajo Nation Council	Johnny Naize
All Pueblo Council of Governors	Chairman Terry L. Aguilar (San Ildefonso Pueblo) and Secretary Vincent Toya, Sr. (Jemez Pueblo)
Five Sandoval Indian Pueblos	Director James Roger Madalena
Eight Northern Indian Pueblos Council	Executive Director Gil L. Vigil
Ramah Navajo	Vera Beaver, Loretta Martinez, Jemlisa Raplult
Southern Ute	Ann Hale

PSD conducted a Tribal Listening Session in April 2019 to better understand how well tribal communities are being engaged and consulted in the development of PSD policies and programs that may directly affect Native children and families. Some of the key learnings from that stakeholder listening session are as follows:

Whereas in the past CYFD delivered presentations to tribes, with no input from the tribes, communication, collaboration, and consultation have improved under the new tribal liaison, and the tribes appreciate being brought to the table where meaningful dialogue can take place. There is still inconsistency at the field level as some field level offices have been very proactive in inviting the tribes to FCMs and meetings—which has prevented some children from coming into care and has also resulted in some children being placed with the tribe—while other field level offices have not been communicative with tribes. Tribal stakeholders say more of their tribal members will attend meetings with CYFD if leadership continues to build relationships and ask for their input.

There is a marked difference now with the state coming in to ask for tribal stakeholders’ thoughts on practice, for example, rather than—as in the past—coming in to say how things would be done. While communication, collaboration, and relationship building have been received positively by tribal stakeholders, work remains to be done to ensure consistency in

these areas among all tribes. Tribes in a couple of counties express their concerns about institutional racism and a lack of consultation about cases. Most tribal stakeholders express appreciation that CYFD has demonstrated that it wants to work with the tribes and is getting tribal stakeholder input before implementing something. Tribes express they are now feeling heard.

Tribal stakeholders note the need for more training on ICWA and working with tribal communities. The consortium is willing to help with these trainings—which should include Native American history—and can go to individual field offices to provide them. Another barrier is the view of some tribal stakeholders that the system is punitive and negative so the system itself is seen as a barrier. Data sharing is another barrier. Tribal stakeholders expressed interest in better access to data from the state. Tribes are not equipped themselves to collect data and do not have the resources to purchase or maintain a database. Data systems must be approved by the tribal council, and there is some concern about data collection, with stakeholders asking who will have access to the information. Some tribes need help educating elders and the council on contemporary practices such as data collection. Tribal stakeholders noted that the database does not need to be complex but rather should be simple, uniform, and specific to their pueblos. Tribes are open to collaborating with CYFD on a database system they could also use, and need assurance that the state is willing to partner with them to make that happen.

In 2020-24, PSD will continue to honor and build the relationships with the tribal and pueblo communities throughout NM. PSD will continue to hold stakeholder meetings to obtain ongoing feedback and assist in identifying strengths, challenges, and progress towards goals. PSD will share the CFSP with tribal partners through the Native American Liaison and tribal contacts – tribal governors or presidents. PSD will request a copy of each tribe or pueblo’s CFSP through their governor or president and through the PSD Native American liaison.

The Federal Reporting Bureau Chief, Cynthia Chavers, is designated to be the Tribal Liaison. In this role, Ms. Chavers represents CYFD/PSD in several workgroups and consortiums, including the NM Tribal ICWA Consortium, the Tribal-State Judicial Consortium, and the NM Partners Group facilitated by Casey Family Programs. Ms. Chavers also serves as a consultant to field staff on ICWA cases and to the Professional Development Bureau on training needs of the agency.

Ms. Chavers is also responsible for the maintenance of any existing, and the creation of any new, Joint Powers Agreements or Intergovernmental Agreements between CYFD and the tribes. In addition, the IV-E unit has designated one Eligibility Determination Specialist, Justin Hunter, to serve as the liaison to the tribes requiring IV-E reimbursement for foster families who have been licensed by the tribe or pueblo.

PSD will work with these groups to address general concerns of the tribes; to increase the communication and collaboration between the state child welfare agency and the tribes; to ensure that best practices are widely known and accepted by field staff; to consult on cases when tribes request assistance in working with PS field staff; to provide training, education, and resources to CYFD’s tribal partners; and to continue to advocate for ICWA to be considered the “gold standard” in child welfare practice in NM.

PSD also continues to provide notification of any child welfare trainings to the tribes and pueblos through an email list serve. PSD offers basic training for all new tribal social services workers through the PSD Foundations of Practice training. PSD registers and arranges for all new tribal employees who wish to attend this training. In addition, PSD notifies the tribes and pueblos of the SAFE home study trainings that are coordinated by CYFD, and covers tuition cost when monies are available.

### *Service Providers and Other Community Partners*

Currently, PSD maintains a number of additional essential collaborations, each of which informed the development of this 2020-24 CFSP:

- PSD recently initiated a workgroup to develop standards, policies, and procedures related to the mental health of infants. The group is reviewing current policies and procedures specifically related to children age three and under and will make recommendations that address the needs of this population. This group will utilize the information obtained from two pilot projects in the state targeting infant mental health. These projects have developed teams in the community and courts that target infants and strategically work with parents to improve well-being and establish permanency for infants.
- PSD has collaborated with state and local law enforcement entities over the past several years to provide training in response to regulatory and practice changes. In the spring of 2013 an interdisciplinary forum was held on the use of multidisciplinary teams in all jurisdictions in the state. As a result of this forum many counties have started Multi-Disciplinary Teams, which will provide ongoing collaboration.
- Community PSSF providers across the state are contracted (through a competitive bid process) for Family Support, Family Preservation, Time-Limited Family Reunification, and Adoption Promotion and Support Services. Providers meet with PSD staff at least four times a year and participate in various trainings and other events on a regular basis. PSD staff provide technical assistance and training during site visits scheduled from March to June of each year.
- The Domestic Violence Unit Manager continues to hold stakeholder meetings with contracted Domestic Violence agencies as part of the Unit's site visit schedule. The meetings are held at the PSD county offices and include the county office manager and staff, and other relevant services providers. Discussion includes improvement in working relationships, improved communication and information sharing, gaps in services, cross training opportunities, and discussion about the warm hand-off strategy that PSD is implementing as part of the Program Improvement Plan.
- Foster and Adoptions Bureau (FAB) continues to strengthen the relationship between Licensing and Certification Authority (LCA). FAB and LCA continue to facilitate quarterly meetings with the Child Placement Agencies to continue the support and expectations of ESSA, reasonable and prudent parent standards, training, and ongoing efforts to maintain



sibling placements and relative connections. PSD continues to offer consultation through the Capacity Building Center for States at these meetings to promote the value of sibling and relative connections. Throughout 2018, the Foster and Adoptions Bureau offered technical assistance and trainings to private adoption agencies, treatment foster care providers, and community homes ensuring each agency follows New Mexico Child Placement Agency Regulations.

- A Foster and Adoptions Bureau representative continues to meet with the Adoption and Foster Care Alliance of New Mexico. This membership allows the representatives of the Alliance and FAB to discuss regulations and any new guidelines that may affect the field of adoptions in New Mexico. The collaboration is expected to continue.
- The Foster and Adoptions Bureau continues to work with Pegasus, New Mexico Voices for Children, Aging and Long Term Services, and the NM Human Services Department in continuation of the task force to address issues grandparents in New Mexico face in raising grandchildren. The task force provided recommendations to the New Mexico Legislative Finance Committee (LFC) and the Legislative Health and Human Services Committee (LHHSC). The New Mexico House and Senate reauthorized the task force through a joint memorial to continue working on issues faced by grandparents raising grandchildren through 2019. The task force continues to meet monthly and the work is ongoing.
- The prevention unit has been actively involved in developing CYFD's 5 year plan. As part of this process, the prevention unit held stakeholder meetings with community providers including CBCAP and PSSF contractors, community members, and other state agencies. The goal of these meetings was to gather feedback on the state's current practices regarding collaboration, training, and coordination of community resources. The prevention unit plans to incorporate ongoing stakeholder meetings to evaluate the effectiveness of our new prevention programming.
- In addition, community collaboration will play a prominent role in developing programming around the Family First Prevention Services Act (FFPSA). Currently, the PSD is involved in planning meetings with CYFD's Behavioral Health Division, Health and Human Services, and the Department of Health to begin mapping out the implementation of new statewide programming that aligns with FFPSA.

In 2020-2024, PSD will continue the collaborative efforts detailed above, and will detail additional emerging collaborations in future APSRs.

### *Public Input*

Currently, the Office of the Secretary and PSD each maintain a constituency liaison who address public concerns regarding the division or department. In addition, CYFD maintains a website, [www.cyfd.org](http://www.cyfd.org), which provides information about CYFD and its programs.

Also, as required by state regulation, a public hearing is held any time PSD proposes new policy for promulgation or for feedback on the Social Security Block Grant (SSBG) Title XX plan. The NM Citizen Review Board Project publishes an annual report which provides recommendations for systemic changes in the child welfare system. The PSD director's response to the Annual Report is included as an attachment to the CAPTA Plan.

In 2020-2024, PSD will continue to maintain a Constituency Liaison who addresses constituent concerns via telephone, letters, and referrals from the Protective Services Director's Office, Office of the Secretary, and Office of the Governor. The liaison is primarily responsible for ensuring that complaints and concerns are addressed by PSD in a timely manner. The majority of concerns received continue to come from birth parents, related to the PSD worker not returning their phone calls in a timely manner, not communicating clearly the steps the parent needs to take to reunify with their child, and difficulties a parent has with visitations. The second most common concern is from relatives, who are not being considered as a placement resource for their grandchild, nieces/nephew in state custody. PSD continues to believe that if birth parents are assessed and engaged appropriately and relatives or fictive kin receive information and communication regarding CYFD/PSD policies and procedures, constituent concerns will decrease. Between June 1, 2017, and May 31, 2018, PSD received a total of 784 constituent concerns. This was a decrease from the previous year.

## Assessment of Current Performance in Improving Outcomes

### Methodology

PSD assesses practice through regular comprehensive case review in order to obtain quantitative and qualitative data that can be used in conjunction with data from the state's management information system to accurately identify areas of practice strength and areas needing improvement.

Baselines for each safety, permanency and well-being outcome reported on in the 2015-19 CFSP and subsequent ASPRs were obtained using QA data from calendar year 2013. Baselines for SACWIS measures were obtained using the average of the first three quarters of state fiscal year 2014. All targets were calculated using a "bootstrapping" technique based on guidance outlined in the April 23, 2014, Federal Register Notice of Statewide Data Indicators and National Standards for Child and Family Services Review (FR Doc. 2014-09001).

PSD used QA data from calendar years 2011, 2012 and 2013 to calculate the mean and standard deviation. PSD used SACWIS data from state fiscal years 2012, 2013 and 2014 to calculate the mean and standard deviation. Targets were then calculated using the recommended four standard deviations above the mean. New Mexico's 2015 – 2019 Child and Family Services Plan set targets specifically for June 2019 of the Plan. PSD targets for each year as well as the five year period could be impacted by the CFSP items being reviewed differently. Any impact will be reported out in the first APSR.

In August of 2014, the PSD Quality Assurance Unit began using the new round three on-site review instrument (OSRI). Due to this switch, calendar year 2014 data includes only a partial year of data (August – December 2014).

Calendar year 2015 marked the first full year of QA data using the round three on-site review instrument (OSRI). Sections A, B and C below contain data for outcomes and items from 10 counties selected for review during the 2015 calendar, of which six were selected for review for round three of the Child and Family Service Review (CFSR). Bernalillo, Dona Ana, San Juan, San Miguel, Sandoval and Chaves counties were reviewed from April to September 2015 as part of the CFSR; results from the CFSR are included in the data roll-up for the Safety, Permanency and Well-being Outcomes tables below.

The calculations methods for the baselines and targets remain the same as those reported in the 2015 – 2019 Child and Family Services Plan, except for Item 6 on the round 3 OSRI, which is now a roll-up of several items that were on the round two OSRI. The target for Item 6 was calculated using the same “bootstrapping” technique based on guidance outlined in the April 23, 2014, Federal Register Notice of Statewide Data Indicators and National Standards for Child and Family Services Review (FR Doc. 2014-09001). PSD used percentages for Item 6 from calendar years 2014 and 2015.

### Safety Outcomes 1 and 2

	Baseline	CY 2014 Data	CY 2015 Data	CY 2016 Data	CY 2017 Data	CY 2018 Data	Target
<b>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.</b>							
At least 96.8% of cases reviewed will be rated as “substantially achieved” on Safety Outcome 1 of the CFSR-OSRI.	84%	91.8%	75%	89%	85.5%	85.1%	85.8%
<b>Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment</b>							
At least 96.8% of cases reviewed will be rated as a “substantially achieved” on Item 1 of the CFSR-OSRI.	84%	91.8%	75%	89%	85.5%	85.1%	96.8%
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>							
At least 75.4% of cases reviewed will be rated as “substantially achieved” on Safety Outcome 2 of the CFSR-OSRI.	49.7%	45%	45%	56%	53.2%	52.2%	75.4%
<b>Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care.</b>							
At least 98.6% of cases reviewed will be rated as “substantially achieved” on Item 2 of the CFSR-OSRI.	65%	53.3%	56%	51%	53.4%	46.4%	98.6%
<b>Item 3: Risk and Safety Assessment and Management.</b>							
At least 83.1% of cases reviewed will be rated as “substantially achieved” on Item 3 of the CFSR-OSRI.	55%	45%	48%	57%	57.1%	54.5%	83.1%

### **Safety Outcome 1**

“Children are first and foremost protected from abuse and neglect” decreased from a substantially achieved rating of 85.5% for calendar year 2017 to 85.1% in 2018. PSD has continued implementation of the pre-initiation staffing strategy targeting this outcome. The goal of the pre-initiation staffing process is to improve timeliness of initiation of investigation and the initial assessment of safety and risk through face to face supervision at the assignment of a report for investigation. Although the procedure for the pre-initiation staffing has been implemented statewide, there has been some inconsistency in the implementation of this practice. Barriers to achieving timely initiation have been primarily due to late initiations of Priority 2 reports.

### **Safety Outcome 2**

“Children are safely maintained in their homes whenever possible and appropriate” fell from 53.2% substantially achieved in 2017 to 52.8% in 2018. CYFD has continued to expand key initiatives including accessible childcare for children at risk of maltreatment and the warm hand-off. The warm hand-off strategy aims to link families to needed safety related services in a timely way. Although there continue to be some delays and gaps in services in more rural areas, particularly related to substance abuse treatment and domestic violence treatment, the agency has made strides in targeting contracts to areas of the state with the greatest need and clarifying performance measures for contract providers.

### **Ongoing Practice Improvement Efforts**

PSD continues to partner with the National Center on Crime and Delinquency (NCCD) and has implemented Safety Organized Practice and a new Safety and Risk Assessment tool. All PSD supervisors have been trained in Safety Organized Practice as well as the new Safety and Risk Assessment tools. Casey Family Programs and NCCD continued in 2018 to provide coaching in the county offices to build capacity. The new Safety and Risk tool was launched in May 2019. It is anticipated that improved assessment of risk and safety and better safety planning will improve this outcome.

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## Permanency Outcomes 1 and 2

	Baseline	CY 2014 Data	CY 2015 Data	CY 2016 Data	CY 2017 Data	CY 2018 Data	Target
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>							
At least 36% of cases reviewed will be rated as “substantially achieved” on Permanency Outcome 1 of the CFSR-OSRI.	32.2%	19.2%	26%	21%	25.6%	22.1%	36%
<b>Item 4: Stability of Foster Care</b>							
At least 79.2% of cases reviewed will be rated as “substantially achieved” on Item 4 of the CFSR-OSRI.	60.2%	55.3%	64%	61%	75.6%	74.7%	79.2%
<b>Item 5: Permanency Goal for Child</b>							
At least 95.4% of cases reviewed will be rated as “substantially achieved” on Item 5 of the CFSR-OSRI.	73.3%	56.5%	72%	61%	61.9%	64%	95.4%
<b>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</b>							
At least 58% of cases reviewed will be rated as “substantially achieved” on Item 6 of the CFSR-OSRI.	34%	34%	40%	43%	35.6%	34.7%	*58%
<b>Permanency Outcome 2: The continuity of Family Relationships and Connections is Preserved for Children.</b>							
At least 68.9% of cases reviewed will be rated as “substantially achieved” on Permanency Outcome 2 of the CFSR-OSRI.	42.4%	55.3%	52%	53%	57.8%	61%	68.9%
<b>Item 7: Placement with Siblings</b>							
At least 98.3% of cases reviewed will be rated as “substantially achieved” on Item 7 of the CFSR-OSRI.	81.3%	78.1%	84%	75%	79.1%	85.5%	98.3%
<b>Item 8: Visiting with Parents and Siblings in Foster Care.</b>							
At least 75.7% of cases reviewed will be rated as “substantially achieved” on Item 8 of the CFSR-OSRI.	44.1%	39.4%	52%	54%	50.6%	54.7%	75.7%
<b>Item 9: Preserving Connections</b>							
At least 95.5% of cases reviewed will be rated as “substantially achieved” on Item 9 of the CFSR-OSRI.	65.8%	52.2%	54%	50%	56.5%	57.6%	95.5%
<b>Item 10: Relative Placement</b>							
At least 87.9% of cases reviewed will be rated as “substantially achieved” on Item 10 of the CFSR-OSRI.	68.2%	73.9%	67%	61%	70.8%	55.3%	87.9%
<b>Item 11: Relationship of Child in Care with Parents</b>							
At least 75.4% of cases reviewed will be rated as “substantially achieved” on Item 11 of the CFSR-OSRI.	39.6%	53.3%	57%	72%	62.9%	62.5%	75.4%

### **Permanency Outcome 1**

“Children have permanency and stability in their living situations” decreased from 25.6% substantially achieved rating in 2017 to 14.6% in 2018. This is largely an area of concern for PSD, and there has been a lack of progress made in key initiatives related to this outcome.

PSD has trained supervisors statewide in the Collaborative Assessment and Planning (CAP) framework and all counties have implemented the 90 day staffing plan. NCCD and Casey Family programs have provided coaching to support implementation of the framework.

PSD has not made improvements in stability of foster care placements, however the agency has continued to focus on recruitment and support for relative foster homes.

Based upon case review data, PSD continues to do well establishing appropriate goals in a timely manner when children enter care, but there are concerns related to timely change of plan when reunification is no longer viable and timely motion to terminate parental rights.

PSD is working with the Court Improvement Project to address barriers presented by the courts related to change of plan and is closely monitoring change of plan through data reports to assist managing attorneys in providing supervision. This issue is most acute in the state’s metro area where high attorney caseloads and full court dockets present a challenge. In addition, the state’s adoption backlog cases (children who are freed and awaiting finalization) continue to inflate case numbers.

Over the past year, the Chief Children’s Court Attorney and the Field Deputy Directors have met regularly to staff these adoption backlog cases and move these children to permanency. The agency is seeing incremental progress as more of the long stayers (children in care 24+ months) are achieving adoption and guardianship. The Courts have been working with PSD to ensure these children are prioritized for permanency. It is anticipated that the outcomes related to permanency will improve as caseloads are reduced.

### **Permanency Outcome 2**

“The continuity of Family Relationships and Connections is Preserved for Children” saw improvement in the past year, from 57% in 2017 to 68.8% in 2018.

PSD has made improvements in the items related to frequent and quality visits with children in foster care and their mother, father and siblings placed in a different home, preserving connections and children relationship with their parents (outside of visitation).

The agency has been working on recruiting foster homes that can maintain siblings and has been working on trying to place siblings together since the onset of the case, however there was still a decrease in this item. The agency has made strides in having more frequent and quality visits

between children in foster care and their parents and also improving visits between children in foster care and their siblings placed in a different home.

The agency has been working on having more community visits and in the metro area changes have been made in regards to having more private visits between children and their families rather than meeting in one large room and have many families visiting with their children at the same time.

PSD continues to work with the Capacity Building Center for States to develop strategies related to these outcomes, monitor progress, and evaluate program initiatives.

Permanency outcome strategies and activities were developed based on the progress made since the first submission of Plan for Improvement in the 2015-2019 Child and Family Service Plan (CFSP), and the results of the Child and Family Service Review. Development of permanency strategies and activities also included information gathered from individual meetings with staff from the five regions within the state, information and data garnered from STEP (Striving Toward Excellence Program) and Office Hours experiments, and information learned from PSD's participation in the Diligent Recruitment grant. A number of activities are currently underway to improve safety outcomes for children. These activities are detailed in the most recent CFSR PIP below.

In 2020-24, CYFD has committed to two new strategies to improve permanency outcomes:

- A pilot with ALTSD to develop a subsidized guardianship program for children who are not federally eligible.
- The implementation of the federal option to allow Customary Tribal Adoptions for ICWA-eligible youth, increasing the cultural responsiveness of adoptions, including those that do not rely on the termination of parental rights. In early 2019, the New Mexico House of Representatives passed House Memorial 51, which recognizes the interdependence of CYFD and New Mexico's tribes and pueblos in providing for children who cannot remain safely at home, and commits the department to consulting and collaborating with New Mexico's Indian nations, tribes and pueblos to develop a tribal customary adoption plan, policies and procedures and to consider legislative recommendations for review and approval by New Mexico's Indian nations, tribes and pueblos and the Secretary of Children, Youth and Families. The memorial requires that the proposed customary adoption plan, policies and procedures and legislative recommendations be presented to the interim legislative committee dealing with Indian affairs by November 1, 2019. CYFD will include the plan in future APSRs.

## Well-being Outcomes 1, 2 and 3

	Baseline	CY 2014 Data	CY 2015 Data	CY 2016 Data	CY 2017 Data	CY 2018 Data	Target
<b>Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children’s Needs.</b>							
At least 48% of cases reviewed will be rated as “substantially achieved” on Well-Being Outcome 1 of the CFSR-OSRI.	26.4%	30%	43%	34%	35.7%	33.6%	48%
<b>Item 12: Needs and Services of Child, Parents, and Foster Parents</b>							
At least 51.5% of cases reviewed will be rated as “substantially achieved” on Item 12 of the CFSR-OSRI.	29.1%	33.3%	45%	38%	37.3%	33.6%	51.5%
<b>Item 13: Child and Family Involvement in Case Planning</b>							
At least 88.1% of cases reviewed will be rated as “substantially achieved” on Item 13 of the CFSR-OSRI.	58.4%	60.3%	64%	69%	68%	53.7%	88.1%
<b>Item 14: Caseworker Visits with Child</b>							
At least 93.5% of cases reviewed will be rated as “substantially achieved” on Item 14 of the CFSR-OSRI.	81.1%	68.3%	79%	77%	77.8%	76.1%	93.5%
<b>Item 15: Caseworker Visits with Parents</b>							
At least 65% of cases reviewed will be rated as “substantially achieved” on Item 15 of the CFSR-OSRI.	32.6%	35.6%	51%	43%	50.5%	44.6%	65%
<b>Well-Being Outcome 2: Children Receive Appropriate Services to Meet Their Education Needs.</b>							
At least 97.6% of cases reviewed will be rated as “substantially achieved” on Well-Being Outcome 2 of the CFSR-OSRI.	77.4%	91.7%	94%	86%	77%	65.4%	97.6%
<b>Item 16: Educational Needs of the Child</b>							
At least 97.6% of cases reviewed will be rated as “substantially achieved” on Item 16 of the CFSR-OSRI.	77.4%	91.7%	94%	86%	77%	65.4%	97.6%
<b>Well-Being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs.</b>							
At least 75.8% of cases reviewed will be rated as “substantially achieved” on Well-Being Outcome 3 of the CFSR-OSRI.	64.3%	64.1%	59%	66%	58.9%	51.9%	75.8%
<b>Item 17: Physical Health of the Child</b>							
At least 90.2% of cases reviewed will be rated as “substantially achieved” on Item 17 of the CFSR-OSRI.	76.9%	82%	66%	87%	72.8%	72.3%	90.2%
<b>Item 18: Mental/Behavioral Health of the Child</b>							
At least 87.4% of cases reviewed will be rated as “substantially achieved” on Item 18 of the CFSR-OSRI.	73.3%	66.7%	80%	67%	63.9%	53%	87.4%



### **Well-being Outcome 1**

Indicators for “families have enhanced capacity to meet their children’s needs” have not achieved the target.

Based upon case review by the QA team, the areas of concern include assessing for the needs of children and parents, engagement with parents and provision of services, gaps in services area particularly related to domestic violence, substance abuse and relapse prevention services and lack of providing services to address the needs of children, parents and foster parents.

PSD continues to anticipate that these items will improve as the 90 day staffing initiative and worker-parent visit strategy are fully implemented, but progress is slower than anticipated.

Based upon case review by the QA team, the areas of concern include lack of active case planning with parents and children in both foster care and in-home services cases.

There has been a continued lack of quality visits between workers and children and children above the age of 1 not being met with alone, however the agency has increased its frequency of visits and is continuing to work on addressing the quality of worker/child visits.

There are also concerns regarding both the frequency and quality of visits between caseworkers and parents. There is a lack of efforts made to visit with parents and also a lack of addressing case plans and barriers with parents which also affects addressing safety, permanency and wellbeing. PSD has continued to utilize the worker/parent visits strategy statewide and has integrated documentation in FACTS similar to how worker/child visits are entered. The focus of this strategy is to improve engagement with parents and ensure ongoing assessment by requiring the worker to visit parents at least monthly where they live. PSD continues to collect monthly data reports and monitor these visits. There has been a slow, but steady increase in the number of documented visits since data reporting became available. PSD continues to focus efforts on improving engagement skills and addressing worker safety concerns related to this practice through ongoing training.

### **Well-Being Outcome 2**

“Education needs of the child” has continued to decline. In 2016 this outcome was rated at 77% and is now at 63.6%.

Based upon case review, it was determined that in most instances the agency made good efforts around assessment of educational needs, but failed to make concerted efforts to advocate for needed services especially when there were changes in placement or school. It was determined, once again, that the agency often relies on the foster parent to advocate around education, but is not providing adequate case management, especially when there are changes. Additional efforts will need to be implemented to address this outcome.

### Well-Being Outcome 3

“Children receive adequate services to meet their physical and mental health needs” declined from 58.9% substantially achieved in 2017 to 50% in 2018.

With respect to physical health needs, in both In Home and Foster Care cases the agency made efforts to ensure there were timely well-child exams and dental visits, but did not make concerted efforts to ensure timely follow up with hearing tests, vision exams, and specialists.

As previously mentioned, in foster care cases, this follow up was often left to the foster parent with inadequate oversight by the agency. This oversight was impacted when there were placement changes. Similar issues related to agency oversight were identified related to addressing the mental and behavioral health needs of children in foster care. It was also identified that some of the behavioral health services that children were receiving were not adequate to address their needs, including specialized services for children with significant trauma history and sexual abuse history. Some of this was attributed to service array gaps in rural parts of the state.

Addressing these issues is a continued area of focus for PSD work with the Capacity Building Center in 2019. Although PSD has initiated work to revitalize the medical passport (Travelling File) to ensure continuity of care in the event of a placement change and is developing changes to FACTS to ensure better documentation and data collection related to the physical and mental health needs of children, there continue to be struggles with the agency documenting or collecting records in regards to children physical, dental and mental/behavioral health.

Well-being outcome strategies and activities were developed based on the progress made since the first submission of Plan for Improvement in the 2015-2019 Child and Family Service Plan (CFSP), and the results of the Child and Family Service Review. Development of these strategies and activities were also based on information gathered from individual meetings with staff from the five regions within the state, the Cabinet Secretary’s strategic plan, and PSD’s on-going partnership with the CYFD Behavioral Health Division. Further, these activities are detailed in the most recent CFSR PIP, as articulated below.

## Current CFSR PIP Results

### *Overall PIP Process and Findings*

New Mexico CYFD participated in the third round of the Child and Family Services Review (CFSR) in 2015. The state was approved by the Children’s Bureau to conduct a self-review. Upon completion of the review, CYFD implemented a comprehensive Program Improvement Plan aimed at improving key outcome areas identified in the review.

Since that review, CYFD has maintained an ongoing case review schedule utilizing the CFSR on Site Review Instrument (OSRI) and the same approved review procedures including a peer review process, random sampling, two levels of quality assurance oversight, and random oversight of reviewed cases by representatives of the Children’s Bureau.

New Mexico has not yet resolved all items identified for improvement in the PIP. The Children’s Bureau extended the state’s reporting period through March of 2020. CYFD proposes expanded case reviews from October 2019-March 2020 in order to ensure ongoing monitoring of the PIP and expand the opportunity to report case review results as part of formal PIP measurement.

### *Year by year measurements of program on 2015-19 CFSR PIP*

The following table presents year by year measurements of CYFD’s progress on the items included in the PIP.

CFSR Items Requiring measurement	Item Description	PIP Baseline	CFSR 2015 Results	CFSR 2016 Results	CFSR 2017 Results	CFSR 2018 Results	PIP Goal
Item 1	Timeliness of Initiation of Investigations of Reports of Child Maltreatment	70.3%	70%	83%	83.33%	85.11%	79.9%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	61.9%	62%	64%	62.79%	50%	71.5%
Item 3	Risk and Safety Assessment and Management	49.2%	49%	50%	58.33%	54.17%	57.2%
Item 4	Stability of Foster Care	65%	65%	69%	75%	68.75%	74.7%
Item 5	Permanency Goal for Child	73.7%	74%	58%	60%	67.39	82.8%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	40%	40%	35%	33.33%	33.33%	49.9%
Item 12	Needs and Services of Child, Parents, and Foster Parents	49.2%	49%	44%	38.89%	30.56%	57.2%
Item 12 a	Needs Assessment and Services to Children	84.6%	85%	78%	72.22%	54.17%	NA

Item 12b	Needs Assessment and Services to Parents	47.3%	47%	50%	40.68%	30.19	NA
Item 12c	Needs Assessment and Services to Foster Parents	89.7%	90%	88%	83.72%	64.44	NA
Item 13	Child and Family Involvement in Case Planning	64.1%	64%	75%	75%	53.13%	71.7%
Item 14	Case Worker Visits with Child	78.5%	78%	76%	80.56%	79.17%	85%
Item 15	Caseworker Visits with Parents	54.5%	55%	62%	60.34%	40.38	63.1%

### *Proposed Expanded PIP Measurement Plan*

In addition to the current on site case review schedule, CYFD proposes additional case review of the same six sites, from October 2019-March 2020. CYFD will utilize the same sampling process and review procedure approved by the Children’s Bureau for our CFSR and ongoing monitoring.

Review Dates	County	Region	Period Under Review	Sample Size
October 21-25, 2019	Bernalillo*	3	10/1/18-10/21/19	8 Foster Care 4 In Home (CYFD & Contract)
November 18-22, 2019	Dona Ana*	5	11/1/18-11/18/2019	8 Foster Care 4 In Home (CYFD & Contract)
December 16-20, 2019	San Juan*	1	12/1/18—12/16/19	8 Foster Care 4 In Home
January 2020 (Dates TBD)	Sandoval/San Miguel*	1 & 2	1/1/19-to date of review	8 Foster Care 4 In Home
February 2020 (Dates TBD)	Chaves*	4	8/1/19-date of review	8 Foster Care 4 In Home

March 2020 (Dates TBD)	Bernalillo*	3	3/1/19-date of review	8 Foster Care 4 In Home (CYFD & Contract)
48 Foster Care 24 In Home 72 Total				

### Ongoing CFSR PIP Goals and Strategies

The following are the CFSR PIP goals and strategies that are ongoing as of this writing. Full reporting on all CFSR PIP goals and strategies, including those that have been completed are contained in CYFD's 2015-19 Final Report.

**Goal A: Children are maintained safely in their home or in their foster care placements and will not experience repeat maltreatment.**

Strategy A1: Implement a pre-initiation staffing process to ensure timely initiation of investigation		
ACTIVITY	DUE DATE	PROGRESS
<i>Activity 5:</i> Share survey results with PSD management and make recommend adjustments to pre-initiation staffing process as needed.	11/30/2017 and On-going	<b>Completed.</b> The results of the survey monkey will be on the agenda for the PIP Strategies and Activities Review meeting schedule for January 17, 2018. The purpose of this meeting is to review the PIP strategies and activities to evaluate whether or not these strategies and activities are impacting our CFSR measures.  The results of the survey monkey were shared with PSD management during the PIP Strategies and Activities Review meeting. Results indicated that pre-initiation staffings are being done, but some staff felt the filling out the form was time consuming and spend more time filling out the form than holding an actual staffing. Staff stated they generally find pre-initiation staffings helpful, but would like to use a shorter form.

Strategy A4: PSD staff will improve communication and engagement with community providers to improve safety outcomes and reduce repeat maltreatment.		
ACTIVITY	DUE DATE	PROGRESS
<i>Activity 4:</i> Assess impact of "warm hand-offs" on repeat referrals.	On-going	<b>On-going.</b> Family Support Services, In-Home Services, and Time Limited Reunification contracts with PSD contain requirements for ensuring that PSD worker, and contractor service provider engage the parent or

		family when a referral is made. The PSD Community Services Bureau will begin looking at the impact of repeat referrals in those counties with these contracted service providers in comparison to those counties that do not have these types of contracted services. Additionally, the Community Services Bureau Domestic Violence Unit staff has been providing technical assistance to contracted Domestic Violence agencies across the state on the positive impact of warm-hand offs with clients. Many of the Domestic Violence agencies have implemented warm-hand offs when making referrals for their clients. This is especially beneficial for survivors of domestic violence who need the extra support in seeking out the appropriate referrals to obtain safety and shelter.
<u>Activity 5</u> : Review “warm hand-off” with PSD management and make adjustments as needed.	On-going	<b>Ongoing.</b> The warm hand off process will be evaluated and adjusted as needed once it is rolled out statewide with Safety Organized Practice and Structured Decision Making Model.  The warm hand off procedure will be reviewed to incorporate feedback from field staff and contracted providers as part of continuously improving this process.

**Goal B: Children will have permanency and stability in their living situations.**

Strategies and activities contained in Goal B were developed to positively affect Permanency Outcome 1, Items 4, 5, and 6; Permanency Outcome 2, Items 7, 8, 9, 10 and 11; Well-being Outcome 1, Items 14 and 15; and Systemic Factors Case Review System and Foster Parent Licensing, Recruitment and Retention.

Goal B strategies and activities were developed based on the progress made since the first submission of Plan for Improvement in the 2015-2019 Child and Family Service Plan (CFSP), and the results of the Child and Family Service Review. Development of Goal B strategies and activities also included information gathered from individual meetings with staff from the five regions within the state, information and data garnered from STEP (Striving Toward Excellence Program) and Office Hours experiments, and information learned from PSD’s participation in the Diligent Recruitment grant.

Strategy B1: Improve timeliness of permanency for children in care through streamline case staffing process and data informed decision making.		
ACTIVITY	DUE DATE	PROGRESS
<u>Activity 2</u> : Meet with Court Improvement Project and	12/31/2016 and On-going	<b>Completed.</b> Agency representatives are currently participating in a task force sponsored by the Court

<p>Administrative Office of the Courts to identify barriers that impede case progress and gather input to aid case staffing process.</p>		<p>Improvement Project specifically mandated with assessing the barriers to permanency and developing strategies to address barriers. The group has evaluated data from the agency and the court's information system to assess potential systemic barriers to permanency and conducted a qualitative review of the system based on a sample of cases out of Bernalillo County. The group is developing strategies to address barriers in three court jurisdictions (2<sup>nd</sup>, 6<sup>th</sup>, and 12<sup>th</sup>).</p> <p>CCIC has formed a sub group that is currently travelling around the state to identify potential barriers to permanency in the counties they visit, then to come up with strategies to improve time to permanency. Members of the CCIC worked on prioritizing work around ensuring timely permanency for children.</p>
<p><u>Activity 3</u>: Prioritize referrals to Time Limited Reunification providers to focus children with a reunification plan who have been in custody for 12 months or less.</p>	<p>On-going</p>	<p><b>On-going.</b> An RFP was released for competitive bids to provide time-limited reunification services beginning in July 2017. TLR services began in late July 2017 after awards were finalized in Dona Ana, Lea, Bernalillo, Sandoval and Valencia counties and services continued in these counties in FY 18.</p> <p>In February 2018, the contract with the community based provider in Valencia County was terminated due to a lack of referrals meeting the required timeframe. Recognizing this challenge, with the combined RFP, CYFD is expanding its reunification services to include children returning home from Foster Care or other out of home placements who are reunifying with their parents, other family members, or fictive kin, and anyone pursuing guardianship. In addition to this expansion, CYFD will maintain a focus on reunifying families in an expedited timeframe (less than 15 months) by retaining the TLR service model.</p>

<p>Strategy B2: Increase number of licensed foster homes in all regions through target recruitment and improved customer service.</p>		
ACTIVITY	DUE DATE	PROGRESS
<p><u>Activity 1</u>: Track progress in reducing time frames to licensure with the launch of foster parent navigators.</p>	<p>On-going</p>	<p><b>On-going.</b> Tracking of licensure timeframes for potential licensed foster families continues to be monitored. Prospective families are not readily engaging in support services offered by navigators after foster parent applications are submitted. This</p>

	<p>is possibly due to the high turnover of the contracted navigators.</p> <p>Ongoing evaluation of the services provided by contracted navigators has proven not to be beneficial in reducing licensing timeframes for prospective families.</p> <p>Therefore, the contractual funding portion of this program will cease at the end of fiscal year 18. However, the agency full-time navigator employees in collaboration with agency placement staff will continue the responsibility of providing support services to prospective families. Support service efforts will continue to be provided by the navigator employee on a more regionally assigned basis.</p> <p>Navigator efforts including both employed staff and contracted were evaluated quarterly to measure timeframes of licensure achievement. In 2018:</p> <ul style="list-style-type: none"> <li>● From January 2018 to March 2018 there were 55 families who achieved licensure.</li> <li>● Of the 55 families licensed this quarter 30 (55%) achieved licensure in less than 120 days.</li> </ul> <p>PSD has also developed a Statewide Foster Care State Plan outlining goals to assist PSD in recruiting and retaining foster homes statewide. These goals include:</p> <ul style="list-style-type: none"> <li>Goal 1: Ensure FACTS Data is entered timely and accurately</li> <li>Goal 2: License Foster Homes within 120 Days</li> <li>Goal 3: Increase the Number of Licensed Foster Parent Homes</li> <li>Goal 4: Increase the Retention of Current Licensed Homes</li> <li>Goal 5: Train CYFD Placement Staff to help support Foster Parents</li> </ul> <p>The plan requires that data entry into FACTS is done timely and correctly to ensure that the information extracted for recruitment and retention plans is useful. This data is being monitored through various reports and addressed with each county when needed. The goal is to have each county based recruitment team (CBRT) meet on a monthly basis to develop and update their retention and recruitment plans (RRP). Meetings in</p>
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		<p>each county have been taking place each month since January 2018. Feedback from these meetings are beginning to show service delivery gaps and where each county needs to improve.</p> <p>The plan also requires that PSD placement workers and supervisors receive job specific training on their various job assignments at the time of hire and throughout their career with CYFD. In March 2018 the agency hired a PSD Training Director and will soon be hiring regional trainers. The goal is to ensure that they have the skill set and resources to recruit and support foster and adoptive families. This includes licensing families within 120 days and maintaining a working relationship with licensed providers. PSD is in the process of developing a request for proposal for a web-based application / foster care software that will assist in tracking inquiries, have an online application for prospective foster parents, track application approvals, other required paper work until licensure. The goal is to cut down the amount of time PSD workers currently spend on completing paperwork to license a family so that they are able to spend more time building and maintaining working relationships with the prospective family and licensed families.</p>
<p><u>Activity 2:</u> Provide quarterly technical assistance to county recruitment teams in the maintenance of their county target recruitment plans.</p>	<p>On-going</p>	<p><b>On-going.</b> County Based Recruitment Team continue to meet monthly. The Foster Care and Adoption Bureau staff participates and provides feedback and guidance on data extraction, technical assistance, and strategy development. A statewide folder on the agency share drive was created for each county to save meeting minutes, staff sign in sheets, and recruitment and retention plans.</p> <p>In January 2018 the Foster Care Program Specialist met with each County Office Manager statewide to evaluate staff membership and participation in monthly County Based Recruitment Team meetings. Webinars were facilitated with each county office to identify barriers in the development and utilization of targeted recruitment planning concepts and worksheets. One barrier that was identified was difficulty with the data extraction required to complete the worksheets. There were discrepancies in data collection, and data was incorrectly entered into the agency database. It was determined that more training was needed, and that data collection needed to be consistent across the state.</p>

		<p>A small workgroup was created to review and make modifications to the targeted planning worksheets to align with agency data collection and to provide an evaluation component that will be beneficial to reporting on the goal achievement or barriers on a monthly basis. The worksheets are going through a final review and approval process. The revised worksheets were piloted in Luna and Sierra counties In May 2018. During the pilot it was identified that some minor changes are still necessary to help with data collection on worksheet #2. The workgroup will meet again in July 2018 to address the feedback and necessary changes to the worksheets that are still needed.</p>
<p><i>Activity 3:</i> Contract with a company who has the ability to provide a self-service mechanism in which prospective foster parents can check the status of their application/ licensing process. If funding is not available, PSD will develop an alternative method of notifying foster parents about the status of their foster parent application or licensure process.</p>	<p>On-going</p>	<p><b>On-going.</b> PSD is in the process of developing a request for proposal for a web-based application / foster care software that will assists in tracking inquiries, have an online application for prospective foster parents, track application approvals, other required paper work until licensure. The goal is to cut down the amount of time PSD workers currently spend on completing paperwork to license a family so that they are able to spend more time building and maintaining working relationships with the prospective family and licensed families.</p>
<p><i>Activity 4:</i> Create and launch a blended learning platform for RAFT to provide more flexibility in initial training for new foster parents.</p>	<p>On-going</p>	<p><b>Ongoing.</b> PSD implemented RAFT online as a blended learning curriculum for prospective foster and adoptive families with a statewide implementation beginning January 2017. The blended curriculum continues to give foster and adoptive families another training option in the licensing process. The website will continue to provide additional resources for families. PSD added Safe-Sleep E-Learning to the curriculum. As part of the PIP, PSD plans to add two more lessons which will include sibling relationships and relative connections. The website is not yet available in Spanish, however, the goal is to have it ready by the end of next fiscal year.</p> <p>The Foster care and adoptions will be working with the Research Assessment Data Bureau to develop a survey for staff and foster parents. The survey will evaluate the effectiveness of the blended curriculum.</p>

Strategy B4: Support and preserve family connections for children, and increase safe and appropriate kinship placements for children in foster care.

ACTIVITY	DUE DATE	PROGRESS
<p><u>Activity 2</u>: Based on information gathered from Activity 1, develop strategies and implementation changes in practice in engaging relatives</p>	<p>On-going</p>	<p><b>On-going.</b> The Relative Connections Team was formed in January 2018. The goal of this group is to improve overall communication, engagement and connections for relatives involved with PSD.</p> <p>Four subgroups were developed and include the following:</p> <ol style="list-style-type: none"> <li>1. Culture and Climate workgroup, this group will identify the culture of the agency and considerations that impact decision making in relative placements.</li> <li>2. Policy and Procedure workgroup, this group will be examining policies and procedures relative to relative engagement.</li> <li>3. Data workgroup, this group will dive deeper into the agency data surrounding relative placement. The group in collaboration with the CBSC developed a survey for supervisors with the objective of learning differences and similarities across counties in the areas of Initial Relative Assessments, genograms, ice breakers, relative search, worker attitudes, culture, and supports. The survey is slated to go out the first week of July 2018. Survey results will be analyzed and presented to all team members at the end of July 2018. Results will help PSD create a theory of change and subsequently program development and evaluation.</li> <li>4. Messaging Workgroup, the charge of this group is to examine how relative connections is messaged throughout policy, procedures, differences amongst regions and counties. Results from the survey will assist the group in drafting messages that will ultimately convey the work of the entire team.</li> </ol> <p>Chauncey Strong with the CBSC provided two presentations during the 2018 Children’s Law Institute. The workshops were “Unpacking the No” which addressed the importance of permanency and provided an overview of national data on older youth in foster care, major policy changes in foster care, definition of permanency, concept of</p>

		<p>permanency for youth, and strategies on how to change an initial “no” to permanency to “yes.”</p> <p>“My Brother’s Keeper” This workshop discussed sibling connections in foster care. It highlighted the value of sibling connections and presented strategies to successfully address sibling issues.</p> <p>PSD and BHS collaborated in FY 18 to develop and implement three sibling camps to ensure siblings who were not placed together had an opportunity to visit each other. Sibling Camps were provided by Santa Fe Mountain Center-a therapeutic adventure program. One sibling camp occurred in the northeast region and two sibling camps took place in Bernalillo county. All youth surveyed stated they enjoyed the camp and would attend again. The plan for FY 19 is to provide four sibling camps.</p>
<p><u>Activity 3</u>: Work with stakeholders to develop an advisory group to assist PSD in the ensuring relative connections are a priority within the division.</p>	05/31/2019	<p><b>Completed.</b> This activity is ongoing and continues to be in the work plan with the CBCS as part of the development and implementation of the relative connections team. PS has created and hired a Kinship Navigator who is tasked with supporting the relative connections advisory group.</p>

Strategy B5: Improve frequency and quality of visitation.		
ACTIVITY	DUE DATE	PROGRESS
<p><u>Activity 5</u>: Implement special population review protocol to assess frequency and quality of sibling visitation to include the re-evaluation of sibling separation</p>	<p>Beginning 6/30/2017 and On-going</p>	<p><b>Completed and Ongoing.</b> The review focuses on items 8 and 14 of the CFSR On Site review instrument. A random sample of children are selected for review. The sample was stratified to include both children placed in family settings and those placed in non-family settings. There is a three month period under review. The review of the metro region was completed in June 2017. A final report was issued and a debriefing held with executive management and county leadership.</p> <p>The SW region review was completed in September 2017 and a final report issued in October 2017. A random sample of 40 children were selected for review. The sample was stratified to include both children placed in a family setting and those placed in non-family settings. A debriefing was held with executive management and county leadership.</p> <p>The NW region review is currently underway and scheduled to be complete by the end of January</p>

		<p>2018. The NE and SE regional reviews are scheduled to be complete by June 2018.</p> <p>The QA Unit is in the process completing the NE and SE regional review. Results of the review will be shared with regional managers and PSD executive management.</p>
<p><u>Activity 6</u>: Use data from special population review inform supervisors, managers, and bureau chiefs.</p>	On-going	<p><b>Completed.</b> Results of the special population review will be shared with regional managers and PSD executive management.</p>

**Goal C: Foster and birth parents have enhanced capacity to provide for their children’s needs and children will receive services to meet their physical and mental health needs.**

Strategies and activities contained in Goal C were developed to positively affect Well-being Outcome 1, Items 12 and 13; Well-being Outcome 3, Items 17 and 18; and the Systemic Factor Service Array and Resource Development.

Goal C strategies and activities were developed based on the progress made since the first submission of Plan for Improvement in the 2015-2019 Child and Family Service Plan (CFSP), and the results of the Child and Family Service Review. Development of Goal C strategies and activities were also based on information gathered from individual meetings with staff from the five regions within the state, the Cabinet Secretary’s strategic plan, and PSD’s on-going partnership with the CYFD Behavioral Health Division.

<p>Strategy C2: Implement NM Wraparound CARES; provide training to support implementation and improve parental engagement in case planning</p>		
ACTIVITY	DUE DATE	PROGRESS
<p><u>Activity 1</u>: Provide Wraparound facilitator training in targeted areas.</p>	Ongoing	<p><b>On-going.</b> CYFD BHS was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care and subsequent Systems of Care Expansion grant (currently in year three of the four year grant) to develop and implement a sustainable Wraparound model for New Mexico; New Mexico Wraparound CARES (Comprehensive, Accessible, Responsive, Effective, and Strengths-Based). The New Mexico Wraparound CARES Immersion Program follows a training and coaching model. This intensive training and oversight prepares each participant to function fully and independently as a Wraparound Facilitator. Through the SAMHSA systems of care Expansion grant, BHS funds a</p>

		<p>Wraparound Unit consisting of two Wraparound Coordinators. This team provides training and a structured coaching process to Wraparound Facilitators both internal to the Department and externally with providers.</p> <p>In SFY'18 BHS finalized High-Fidelity Wraparound Facilitator credentialing with the NM Credentialing Board for Behavioral Health Professionals (NMCBBHP), to include the protocols for training, coaching, ethics, exams, and re-certification. In SFY'18, ten Wraparound Facilitators passed the NMCBBHP Wraparound credentialing exam; two of the ten were PSD staff. Eight additional Wraparound Facilitators will be invited to take the exam in June 2018.</p> <p>BHS is implementing two High-Fidelity Wraparound care management structures for children with complex behavioral needs and their families: (1) External structures through collaboration with behavioral health providers, as well as a collaborative demonstration project collaboration with a Managed Care Organization (MCO) and Provider and through two CareLink New Mexico Health Homes; and (2) Internal CYFD structure through dedicated positions within its Juvenile Justice Services (JJS) division.</p> <p>BHS continues to partner with two Managed Care Organizations and a provider in Bernalillo County to implement a demonstration of the High-Fidelity Wraparound Delivery and Financing Model to serve high-need and high-risk children, youth, and their families. In this model, the provider is paid a per-member, per-month (PM/PM) payment that includes a specific package of services and is sufficient to cover the costs of intensive care coordination and related activities. In January 2018, the target population for this initiative was expanded to include PSD's Youth Services Bureau to implement Wraparound with youth transitioning out of foster care, ages 18-21 years. This initiative was targeted to serve up to eighty PSD involved children and youth; fifty-one PS-involved children and youth have been enrolled since spring 2017.</p> <p>New Mexico began implementation of High-Fidelity Wraparound in two Health Homes on April 1, 2018. Health Homes are part of CareLink New Mexico (CLNM), a program to coordinate the integration of care for Medicaid beneficiaries with</p>
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		<p>a diagnosis of Serious Mental Illness (SMI) and/or Severe Emotional Disturbance (SED). Health Home services include Comprehensive Care Management, Care Coordination, Prevention and Health Promotion, Comprehensive Transitional Care, Individual and Family Support Services, and Community and Social Support Service Referrals. Through intensive Care Coordination, the CLNM Health Home will establish multidisciplinary teams for each member to develop integrated service plans that address behavioral health needs and all co-morbidities. Two of these Health Home sites will be using High Fidelity Wraparound as the care coordination model for vulnerable children and youth who meet the eligibility criteria. The two Health Home providers are Mental Health Resources (covering Quay, De Baca, and Roosevelt Counties) and the Guidance Center of Lea County (covering Lea County). The goals of the CLNM Health Homes are to:</p> <ul style="list-style-type: none"> <li>● Promote acute and long term health;</li> <li>● Prevent risk behaviors;</li> <li>● Enhance member engagement and self-efficacy;</li> <li>● Improve quality of life for individuals with SMI/SED; and</li> <li>● Reduce avoidable utilization of emergency department, inpatient and residential services</li> </ul> <p>As a complement to High-Fidelity Wraparound, CYFD developed a Family Peer Support model, to include curriculum development, training, implementation and certification. Family Peer Support Workers are primary caregivers who have “lived-experience” of being actively involved in raising a child who experiences emotional, behavioral, mental health and/or substance use challenges. This includes young people with neurobiological differences as well as those diagnosed with a serious emotional disorder or substance abuse disorder. Family Support Specialists have experience navigating child-serving systems and received specialized training to empower other families who are raising children with similar experiences. The Family Peer Support Worker uses a strengths-based and culturally sensitive approach that recognizes individual youth and family identity, cultural history, life experiences, beliefs, and preferences. CYFD began training Family Peer Support Workers, Supervisors and Trainers in spring 2018.</p>
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		<p>CYFD developed Family Peer Support Worker Certification through the New Mexico Credentialing Board of Behavioral Health Professionals. The first FPWS exam occurred in June 2018.</p>
<p><u>Activity 2</u>: Provide trainings that support staff participation in Wraparound statewide: NM CARES Decision Making, Youth Engagement and Family Engagement</p>	<p>6/30/2017</p>	<p><b>Completed.</b> NM CARES Decision Making: BHS provided a NM CARES Decision Making training face-to-face at each PSD field office statewide in SFY'17. This teaming model teaches participants to seek to understand the unique culture of each family and respect who they are individually. It is the families themselves that lead us to understand and their voice is paramount and choice in their treatment is heard and taken under advisement.</p> <p>Participants in the NM CARES Decision Making process learned:</p> <ul style="list-style-type: none"> <li>● The necessary skills and behaviors that effectively engage other team members</li> <li>● His/her strengths as a facilitator and opportunities to improve skills</li> <li>● Strategies, skills and behaviors needed to effectively engage youth and families</li> <li>● Effective facilitation skills to use with teams</li> <li>● Tools and strategies to use when facilitating a meeting or participating in a meeting</li> </ul> <p>In addition to the training, BHS also provides technical assistance to PSD staff, including co-facilitating team decision making meetings with PSD staff as needed. A laminated tool kit was distributed to each PSD staff that described specific steps in how to run a NM CARES Decision Making meeting.</p> <p>In last quarter of SFY'18, BHS met with PSD and the Professional Development Bureau, taking lessons learned from the initial NM CARES Decision Making training to explore development of a teaming training for PSD supervisors. BHS will continue to collaborate with PSD and the Professional Development Bureau to implement this training in SFY'19.</p> <p>High-Fidelity Wraparound 101: BHS provided Wraparound 101 training to PSD staff statewide. The Wraparound 101 training is designed to</p>



		<p>introduce the Wraparound process. It explains Wraparound in the context of our current service array and provides outcomes data. It then proceeds to define Wraparound and breakdown its philosophy as connected to its theory of change and Wraparound practice as connected to its core elements.</p> <p>Youth Engagement Training (YET): BHS developed a Youth Engagement Training (YET) curriculum developed by youth to enable them to train adults, professionals and other community members to start the conversation on strategic planning around youth engagement efforts. In order to successfully build youth-driven teams, the adults are taught key concepts regarding how to empower youth to advocate, recruit, and support each other as peers and equal partners. This curriculum is facilitated by an adult partner and youth who has lived experience navigating children’s systems (PSD, JJS, behavioral health, special education, etc.). To date BHS has trained over twenty-three Youth Trainers statewide (sixteen of those youth being recruited by PSD Youth Transition Specialist (YTS) staff) and seventeen adult co-trainers (ten of which are PSD YTS staff). YETs were offered at each of the five Days of Learning BHS provided in SFY’17 and at each PS county office statewide annually. YET was offered at the Children’s Law Institute in SFY’17 and Foster Parent Appreciation Conferences. At the end of FY 2017, there were 466 PSD staff trained in YET with an additional 100 foster parents, 154 JJS staff, 13 BHS staff, and 206 other child serving partners such as behavioral health providers and school staff. In SFY 18, an additional 108 PSD staff and 85 foster parents were trained in YET. In SFY’19, BHS will continue to provide YET trainings as requested by PSD.</p> <p>Family Engagement Training: BHS developed and provides Family Engagement Training to support staff by giving them information on the five core values (Genuineness, Active Listening, Trust, Respect and Empathy) in order to better their practice and to help engage families to promote better outcomes. In SFY’18 BHS provided Family Engagement Training to 48 JJS staff, 102 county detention staff, and 8 new JJS staff during their Core Training. In SFY’19, BHS will continue to provide Family Engagement trainings as requested by PSD.</p>
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## Systemic Factors

Available data and information that demonstrates the current functioning of the state's operational information system that readily identifies the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Based on data and input from families, children, and youth; tribes, courts and other partners; the state must include in the 2020-2024 CFSP a brief assessment on the progress to date to achieve or maintain substantial conformity with this systemic factor.

Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency's vision. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2020- 2024 CFSP (section D3) indicate where to avoid duplication

PSD is committed to maintaining a collaborative and cooperative child welfare system that is responsive to the needs of the clients and community in a professional and timely manner. PSD utilizes feedback from quality assurance reviews, constituents, and stakeholders in this effort.

PSD is committed to a process of continuous quality improvement through training, case review, data analysis, and employee evaluation to create a culture of accountability that aligns our behaviors with our child welfare practice model values and principles. This commitment is furthered by making efforts to be in conformity with the seven systemic factors identified in the CFSR. Systemic factors strengths and challenges were identified and developed in various stakeholder meetings and feedback was utilized in the development of the Plan for Improvement.

## Statewide Information System

The statewide information system is functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

CYFD has established an Enablement Team for the Comprehensive Child Welfare Information System (CCWIS) project. CYFD hired a full time CCWIS project manager to oversee the project and has established bi-weekly enablement team meetings. The enablement team includes representatives from the Protective Services Division, the Information and Technology Division, the Administrative Support Division, and the Office of the Secretary. CYFD intends to submit a Planning Advance Planning Document and notice of our intent to transition our current system to a CCWIS by the end of July 2018. In 2017 CYFD requested funding from the state legislature for CCWIS planning and \$500,000 has been appropriated. The Enablement Team and other CYFD

leadership attended two working session with Leading Agile in preparation for this project. The first visit, July 19-20, 2017 included training and focus groups resulting in a Site Assessment Report. The second visit occurred September 12-14, 2017 and included more in-depth training with Leading Agile and a site visit with the Children’s Bureau for technical assistance related to APD planning, CCWIS review, data quality, and budgeting. CYFD also sent representatives from the enablement team to the APHSA ISM conference in Maryland in October 2017.

In addition to these initial efforts related to CCWIS planning, PSD has made continued efforts to support our existing management information system through improved worker training and targeted development. The FACTS unit continues to provide new worker training on FACTS, one on one coaching and regular statewide webinars. A representative from the QA team now attends FACTS training assist in connecting practice with data entry in the system. The FACTS Team has targeted key training initiatives to address data quality needs including timely and accurate entry of placement information, caseworker visits, documentation of provisions related to Preventing Sex Trafficking, and ICWA. The FACTS unit has developed and implemented a schedule to engage subject matter experts in developing requirements related to AFCARS 2.0. In 2017 requirement were drafted related to ICWA data. Currently a workgroup is meeting to develop requirements and an improved training plan related to physical and mental health needs and services.

Over the past year, New Mexico has made the following updates to FACTS to support case management needs and data reporting requirement:

- Updated FACTS Data Extracts to support Results Oriented Management.
- Monthly management report to track worker-parent visits.
- Monthly management report to track key legal timeframes including change of plan and timeliness of motion to TPR.
- 10 year data extract for analysis of safety assessment and risk assessment validation.
- Management report for Fostering Connections.
- Preventing Sex Trafficking data and reporting requirements.
- Modification of childcare placements to prevent potential overpayments.

Ongoing IT Projects include:

- Ongoing updates related to the AIP
- Development and data reporting related to the 90-day staffing initiatives
- Development of a data exchange between PSD FACTS and Early Childhood’s information system EPICS.
- Development of payment history related to IV-E claiming

Systemic outcomes, strategies and activities were developed based on the results of the statewide self-assessment and stakeholder meetings held during the CFSR. The PSD Child and Families Services Coordinator and Quality Assurance Manager are currently working on a process

to improve evaluation of the seven systemic factors. Further, these activities are detailed in the most recent CFSR PIP, as articulated below.

ACTIVITY	DUE DATE	PROGRESS
<p><u>Activity 1:</u> Revise procedure to ensure that placement changes are updated within 48 hours in FACTS.</p>	<p>6/30/2017</p>	<p><b>Completed.</b> Added to permanency planning procedures:</p> <ul style="list-style-type: none"> <li>● PR 10 – Out of Home Placement; Paragraph 13 – Change of Placement.</li> </ul> <p>Revised Permanency Planning Procedures will be sent out to the field in early September that will include the requirement of transfer of medical/dental information.</p>
<p><u>Activity 2:</u> Revise procedure to ensure notification of hearing to foster care providers is sent at least 7 days prior to the hearing and that the hearing notice is being sent to the correct placement address.</p>	<p>6/30/2017</p>	<p><b>Completed.</b> Added to permanency planning procedures:</p> <ul style="list-style-type: none"> <li>● PR 13 – Case Planning; Paragraph 12.5 – Discharge Hearing.</li> <li>● PR 14 – Adjudication and Disposition; Paragraph 6 – Notification</li> <li>● PR 15 – Initial Judicial Review, First Permanency Hearing, and Subsequent Hearings; Paragraph 5 – Notification</li> <li>● PR 16 – Termination of Custody; Paragraph 8 – Discharge Hearing</li> </ul> <p>Revised Permanency Planning Procedures will be sent out to the field in early September that will include the requirement of transfer of medical/dental information.</p>
<p><u>Activity 3:</u> Revise procedure to include guidance to foster care providers around the 6 hours of required on-going training.</p>	<p>12/30/2017</p>	<p><b>Completed.</b> A Program Instruction Guideline (PIG) will be issued to field staff on December 28, 2017 informing staff that the additional six hours of annual foster parent training will be directed by the PSD Foster Care and Adoptions Bureau.</p>
<p><u>Activity 4:</u> With increase in placement workers, include completion of ICPC studies within 60 days.</p>	<p>6/30/2017</p>	<p><b>Completed.</b> PSD has started the standardization of placement workers responsibilities by providing Placement 101 training for all five regions. The training was provided by the PSD Foster Care and Adoption Bureau and aimed at Placement Supervisors and County Office Managers who directly supervise placement work. The training outlined the roles and responsibilities of placement workers and also included an overview of the role of adoption consultants, the process for completing Criminal Record Checks (CRC), and the process for Interstate Compact for the Placement of Children (ICPC) requests.</p> <p>Trainings were held:</p> <p>Region 1: 3/3/2017  Region 2: 2/21/2017  Region 3: 2/24/2017  Region 4: 2/16/2017  Region 5: 2/17/2017</p> <p>An additional webinar was held via Go-to-Meeting May 19, 2017 with placement workers, placement supervisors, and county office managers who supervise placement</p>

		workers to clarify the requirements for completing ICPC home studies within 60 days. The webinar was presented by the PSD ICPC coordinators within the Foster Care and Adoption Bureau. The ICPC coordinators provided clarification and tips in completing the ICPC home studies within 60 days.
<i>Activity 5:</i> Revise procedure to include that all field worker to receive 12 hours of training annually to include safety assessment and safety planning training every two years.	12/30/2017	<b>Completed.</b> A Program Instruction Guideline (PIG) will be issued to field staff on December 28, 2017 informing staff that that all field worker to receive 12 hours of training annually to include safety assessment and safety planning training every two years.

## Case Review System

### *New Mexico Substitute Care Advisory Council*

Case Reviews are overseen by New Mexico’s Substitute Care Advisory Council. The Council was created under Chapter 32 [32], Article 8 NMSA 1978. The purpose of the Act is to “establish a permanent system for independent and objective monitoring of children placed in the custody of CYFD. The Act establishes a nine-member Council to oversee the functions and procedures of the substitute care review boards. The nine-member Council is comprised of the Cabinet Secretary (or their designee) of the Department of Finance and Administration, Department of Health, Department of Human Services and the Public Education Department. The other five positions are appointed by the Governor: two public members with expertise in child welfare, two public members between the ages of 18 and 30 who have been in substitute care, and a children’s court judge.

Per the Act the Council, in consultation with the Committee, gave consideration to weighing the importance of the following in determining case selection criteria:

- sibling placements
- frequency and severity of neglect or abuse;
- behavioral health status of household members;
- placement of children in households where there are no relatives of the children;
- data related to demographics; and relevant trend data.

The Council adopted the priority factors of number of placements, length of time in custody, number of investigations by CYFD prior to custody, and allegations of sexual abuse, whether substantiated or not, in the selection of cases for review. The Council identified information needed for case reviews.

During FY 18, 116 cases representing 235 children (hereinafter “Group”) were reviewed in all five CYFD Regions and in all 13 Judicial Districts (see Appendix A). A case could include one or more children. Research has indicated there is a direct correlation of adverse childhood experiences

with a child's higher risk of disrupted neurodevelopment; social, emotional and cognitive impairment; adoption of health-risk behaviors; increased risk of disease; disability; social problems and even early death. A child entering the custody of CYFD has already experienced trauma; research has identified areas of concern where a child may be subject to further trauma while in substitute care, such as maltreatment, placement instability and separation from siblings. The following areas of concern were noted in cases reviewed:

#### Case management

- Prior investigations
- lack of case transfer continuity
- inadequate case plans

#### Placement Instability

- multiple placements
- sibling separation
- failed trial home visits
- failed adoption placements

#### Maltreatment While in Custody

- substitute care placement
- trial home visit

Moving forward, there are multiple opportunities to demonstrate commitment to collaborating around case review and overall system improvement. Based on the recommendations of the community Case Review council, the following goals have been established:

- Implementation of the recommendations in this report (see below);
- Continuation of the case review model established in FY 18;
- Increased frequency of sharing information;
- Hosting the annual National Citizen Review Panel conference.

The following are the recommendations of the Substitute Care Advisory Council regarding the improvement of New Mexico's Case Review system:

#### **Legislature:**

- Change member eligibility language in the NMSA 1978, Section 32A-8-1 etseq., Citizen Substitute Care Review Act 32A-8-5(C) to read: "A person who is employed, or a relative in the first degree of consanguinity or through marriage by the first degree of affinity of a person employed, by the children, youth and families department protective services division, a district court or a member of the Council shall not serve on a substitute care review board."

- Add language to NMSA 1978, Section 32A-8-1 et seq., Citizen Substitute Care Review Act to read: “the department of children, youth and families shall provide direct access to information deemed necessary by the Council to fulfill state and federal mandates.”

**Regulation & Licensing Department & Children, Youth and Families Department:**

- Until the Act is changed, revise the Joint Powers Agreement between the Children, Youth and Families Department and the Regulation and Licensing Department to include direct access to information deemed necessary by the Council to fulfill state and federal mandates and timelines to provide said information.

**Children, Youth and Families Department:**

- Revise 8.10.8.29 Court Appointed Special Advocate (CASA) and Citizen Review Board (CRB) and 8.10.8 NMAC PR 29 (5) Substitute Care Review to reflect the Substitute Care Advisory Council’s purpose, information to be provided to the Council, to include who provides the information, when to provide the information and how the information provided is tracked.
- Revise 8.10.3 PR 18 to include (1) independent team review for cases in which there have been two previous investigations, (2) established timelines to conduct and conclude the review, (3) specific considerations during the review and (4) documentation of the conclusions of the review and the impact on the determination of the current investigation.
- Create and distribute work plans for: Implementation of the Safety Organized Practice model including measurable objectives and evaluation and specific assessments for Trial Home Visits, best placement for any substitute care placement. Case planning for children in custody of CYFD to include measurable objectives, evaluation and specific formats for Transition Home Plans, Life Skills Plans and Individualized Adoption Plans.
- Provide documentation of psychotropic medication oversight as described in 8.10.8 NMAC PR 17(7).

**Council:**

- Provide more frequent reports and promote solution-focused discussions that lead to measurable actions.
- Prioritize the monitoring of state and federal initiatives related to the safety of children in substitute care.
- Collaborate with stakeholders to provide a national conference with opportunities to showcase the work being done in New Mexico and to learn from other states.

**Other Case Review Initiatives and PSD Case Review System Strengths**

- PSD has ongoing collaboration with the Administrative Office of the Courts (AOC) and judicial partners through participation in the Children’s Court Improvement Commission

(CCIC). The CCIC reviews barriers to permanency in select judicial districts and those districts implemented strategies to address those barriers. The CCIC is developing a plan to follow up with those judicial districts to see if the strategies were implemented and if they were effective in addressing the barriers to permanency.

- As part of its quality assurance (QA) review, PSD conducts a separate legal review on site every month at which data regarding frequency and timeliness of court hearings, TTPR and permanent guardianship proceedings and timeliness of permanency goals are evaluated. The legal review also looks at foster parent notification.
- PSD conducts 90 Day Staffings for its legal cases using the CAP Framework model. These 90 Day Staffings streamline cases and keep them on track throughout the life of a legal case. 90 Day Staffings were implemented to address the concern of timeliness of permanency for children.
- PSD continues to conduct Family Centered Meetings (FCMs) when appropriate at critical decision points such as decisions on whether to file a legal case, changes of placement for children in foster care, consideration of a change in a child's permanency plan, consideration of a trial home visit or discharge from custody.
- In accordance with the New Mexico Children's Code, cases are reviewed by the district court at least every six months for permanency.
- New Mexico has developed a legal form bank and timely updates forms to be utilized across the state to ensure compliance with the state and federal law.
- PSD is implementing Safety Organized Practice (SOP), which includes actively involving parents in the development and review of case plans.

### **Case Review System Challenges**

- Feedback gathered from stakeholder groups (foster parents, courts, CCA's, etc) have expressed notice of hearings to crucial case members is an issue. In order to address this concern, PSD will develop strategies to ensure notice of hearings are being given to foster parents and that foster parents are given the opportunity to participate in court hearings.
- The judicial system in New Mexico struggles with providing proceedings that consistently provide permanency, including PSD Children's Court Attorneys in areas with high caseloads and vacancy rates not timely filing motions for TPR or permanent guardianship, and courts continuing hearings due to overloaded dockets.
- Through the implementation of Safety Organized Practice, PSD will continue to increase the percentage of cases in which parents are actively involved in the development and review of case plans.



- PSD will develop strategies to timely and consistently address bringing in all parents with constitutional rights early in legal cases and addressing barriers to participation by incarcerated parents.

PSD continues to struggle with meeting Permanency Outcome 1, Items 5 and 6. The largest area of the state, the Albuquerque metro area, has a significant backlog in TPR motions that need to be filed. Albuquerque has filed over 150 TPR motions since October 2018 and hearings on those motions have been scheduled. Albuquerque is working to timely file and prosecute TPR and permanent guardianship motions in newer cases so that a new backlog is not created. Addressing the backlog will reduce caseloads which in turn will assist in improving permanency outcomes. PSD and its judicial partners with the AOC have worked to address barriers to permanency in other areas of the state. In the SW Region, meetings were held with the Children's Court Judge to address barriers to permanency, particularly in reunification cases.

## Quality Assurance System

Currently, the quality assurance system is functioning statewide to ensure that it is (1) operating in the jurisdictions with the services included in the CFSP are provided; (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety); (3) identified strengths and needs of the service delivery system; (4) provides relevant reports; and (5) evaluates implemented program improvement measures.

CYFD's QA Unit conducts monthly reviews in a different county each month as the primary component of the QA process. The reviews include the CFSR case review, a review of legal files, and a review of foster care provider records. While the structure of the review has not changed significantly over the past year, several initiatives have been implemented to develop and improve CYFD's CQI framework.

The goal of the QA Process is to support the agency's mission to improve the quality of life for children by supporting staff and stakeholders through a framework of Continuous Quality Improvement. Implementation of this framework is premised on the value that CQI requires active participation from everyone in the agency, as well as our stakeholders and partners, and that CQI thrives in a culture that supports continuous learning. Following is some of the strategies implemented to support this goal.

Throughout 2017, the QA team implemented the Quality Assurance Loop-Around (QALA) following each QA review. The purpose of this process was to support counties in implementing PIP strategies and promoting data driven and results oriented practice. At the end of the year the QA team partnered with the data unit to evaluate the project and solicited feedback from participants through survey and focus groups with county management. The results of the project were mixed. It could not be demonstrated that the counties that participated in QALA had improved outcomes. Qualitatively counties reported that increased training related to understanding data and the CFSR outcomes was beneficial. As a result of this evaluation, the

approach to QALA has been updated for 2018. A QA team member has been assigned as a liaison to each region and will reach out to county offices monthly to provide or arrange for support and training related to understanding data, utilizing ROM, understanding the CFSR Outcomes and PIP strategies, and best practice. The responsibility for developing and monitoring to county improvement plans has shifted to county and regional management.

In 2020-24, The QA Manager will coordinate the CQI County Improvement Plan (CIP) to include facilitation of initial QALA meeting and formal progress report meetings, track due dates, report all data and practices to executive management, assign RAD team members tasks to complete with the counties, communicate with county’s QALA teams regarding quality of their CIP and any recommendations that may apply, and co-facilitate the monthly CQI-CIP to provide to support counties in reporting their data and practices as needed. The CIP will include a measurement plan to evaluate outcomes and report progress. The RAD Bureau will be available for support through provision of technical assistance. The CQI team members will include County Management, STEP Team members from the County (if available), other county team members, a data unit staff person, a FACTS unit staff person, and any other identified internal or external stakeholders critical for success.

In order to assure compliance with CIP, Regional Manager and County Office Manager evaluations have been updated to include alignment of primary job assignments with CFSR outcomes, key child welfare outcomes, and implementation of CYFD practice initiatives. Manager evaluations include minimum benchmarks for identified outcomes:

<b>Performance Measure</b>	<b>Standard for Achievement</b>
Visits to each county office	At least Monthly
Monthly caseworker visits with all parents with a reunification plan in their place of residence	55%
Children with a reunification plan are returned home timely	40.5%
Children in care will be placed with safe and stable relatives	30%
Investigations will be completed timely	70%
Children will be safe from repeat Maltreatment	92%
Children with an adoption plan will achieve permanency timely	60%
All staff will receive a minimum of monthly individual supervision to address employee development	80%
Each county office will develop and implement a FC Recruitment and Retention Plan, including individualized retention goals	Individualized
All foster care applicants are licensed within 120 days of inquiry	95%
Each county office will develop and implement a worker moral and retention plan	Turnover Rate of less than 25% per year

Managers will attend all QA Review activities and develop and implement post review office improvement plans that address specific findings (QALA Plan)	Individualized
Managers will ensure adherence to CYFD policy and procedure and practice standards through training, coaching, and data review.	As required by CYFD Training Plan and determined through individualized assessment.
Managers will ensure timely and responsive customer service to families, foster parents, providers, and other stakeholders.	Review of payment data, constituent complaint data, and stakeholder feedback.

The Filed Deputy Director’s will review data measures monthly with Regional Managers and the resulting performance plans to monitor progress and provide support around program improvement. The Regional Managers will review data measures with the County Office Managers and ensure program improvement plans are developed and implemented based on the specific performance outcomes identified through data review and CFSR reviews. Achievement of these standards will influence the individual manager’s annual evaluation rating (Does Not Achieve Performance Standard, Achieves Performance Standard, Exceeds Performance Standard, and Exemplary).

Additional Practices and Strategies to be implemented in 2020-24 include:

Improved Information Sharing:

- Open Meetings: In an effort to promote CQI and the transparency of the review process, the QA Team has opened all review related meetings to county management, supervisors, and staff. County staff are invited to attend and participate in the planning meetings for the, case staffings during review week, debriefings, the QA roll-up meeting, the exit conference, and the post review meeting with the second level consultant reviewer. The placement and legal reviews are also open meetings. County staff have provided positive feedback about this change to process and have identified these meetings as important learning opportunities for staff.
- Timely Reports: The QA Team has committed to sending finalized reports to the county within six weeks of the review. This has been mostly achieved since transitioning to the OMS for the review process. The county is provided with the data from each review as well as the individual review instruments.

Improved Collaboration with both internal and external stakeholders:

- Two QA liaisons have been assigned to each county to support the county office in CQI activities before, during, and after the QA review. Liaisons assist the county in interpreting review results, identifying strengths and challenges, and developing strategies. QA Team members have also been assigned as liaisons for Legal, Placement, and Statewide Central Intake. The Legal and SCI liaisons meet with those programs

monthly after the review to discuss the review results as they relate to those program areas.

- The county STEP participants are invited and encouraged to attend all QA activities.
- Contract providers and contract managers are invited to attend QA meetings involving cases where services are provided through a contractor.
- The CFSR Coordinator facilitates a stakeholder meeting concerning the systemic factors on the first day of the monthly review.

#### Improved CQI Training and Outreach:

- Improved Peer Reviewer Training: The QA team convenes bi-monthly peer reviewer trainings to prepare agency staff, contractors, and Tribal partners to participate as peer reviewers. This is a comprehensive training that prepares participants to understand the CFSR outcomes and participate as a peer reviewer. To date nearly 200 participants have completed the training.
- Best Practice and the CFSR Discussion Group: This is a 2-4 hour discussion/training that the QA Team provides at the request of management or staff in a county office. The goal of this training is to provide an overview of the CFSR Outcomes and how to support improved outcomes through implementation of PIP strategies and best practice. Over the past year five county offices have been visited.
- Outreach to the County: Prior to each review, the QA Team hosts a one hour session with the review county to provide an overview of the review process and the CFSR Outcomes.
- Legal Review and Foster Care Provider Review Training: Each month the QA Team hosts a monthly webinar to discuss the legal review instrument and the foster care provider review instrument.
- CQI and Placement Meeting: At least quarterly, the QA Team hosts a statewide webinar with placement staff from around the state to discuss pertinent topics including CQI, targeted recruitment, the role of placement navigators, and full disclosure. At each meeting there is presentation of data to frame the discussion. There have been five meetings so far.
- Workgroups: The QA team members attend or facilitate various workgroups on numerous topics including ICWA, Safety Assessment and Planning, Supervision, Investigations, and SCI.

- The Post-Review CQI Plan/Quality Assurance Loop-Around (QALA): Following each Quality Assurance (QA) review, the QA manager will work with county managers to create a CQI team that will oversee the development and implementation of a county based program improvement plan (CIP) that directly correlates with the State Program Improvement Plan (PIP). The purpose of CYFD’s Program Improvement Plans is to promote data-driven and results-oriented practice within the context of continuous quality improvement to improve child safety, permanency, and well-being.

The QA data and the CFSR review data, as well as the information gathered during the legal and foster care provider reviews, were utilized to inform the PIP strategies specifically related to the safety, permanency, and well-being outcomes. These PIP strategies include:

1. Pre-Initiation Staffing
2. Ongoing training on safety assessment and management and review of the instrument , how it is used and revisions as necessary
3. Improved quality and quantity supervision
4. The “warm handoff” to services providers
5. Caseworker visitation with parents where they live at least monthly

## Staff Training

Currently, PSD has a training and staff development program that supports the goals and objectives of the Child and Family Service Plan (CFSP). The program includes the training for new employees, Foundations of Practice (FOP) and advanced training and professional development from the PSD Training and Coaching. Both are designed to support safety, permanency and well-being for children, as well as PSD’s CFSP Plan for Improvement goals.

The CYFD Academy for Professional Development and Training (APDT) is the initial training for the CYFD agency offering a blended learning environment, of e-learning, class instruction and experiential learning. They are tasked with developing the competency and ability of employees to perform well on the job.

In the spring of 2018, PSD created a new Training and Coaching program with the goal to provide initial and on-going training for PSD field workers, supervisors, managers, and support staff. This program is tasked with ensuring a highly competent workforce equipped to carry out the mission of the agency and to meet the safety, permanency and well-being outcomes of the CFSP. The program consists of a Training Director and six regionally based trainer coaches (RBTC) staff to provide ongoing skills development and address specific needs based on supervisor recommendations.

In order to achieve positive outcomes for New Mexico children and families the APDT and the Training and Coaching program work together to meet the need for skills-based, hands on learning for both workers and supervisors. They are complimentary programs that provide multiple paths for employees to gain knowledge and skills to be effective child welfare workers.

## *Initial Staff Training*

The training system is functioning as an effective statewide activity for initial training to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions.

The Academy of Professional Development and Training (APDT) provides initial training to all PSD employees via the Foundations of Practice (FOP) curriculum. New hires are required to take a mandatory five-week FOP upon hire with the agency.

FOP is designed for the new hire to receive fundamental skills and knowledge needed to achieve safety, healing, permanency, and wellbeing for all New Mexico children. In FOP, employees learn through e-learning, classroom training, experiential learning and on-the-job training. They are provided with training in areas of: family engagement, interviewing skills, professional documentation, child development, impacts of trauma, recognizing abuse and neglect, domestic violence, child welfare legal information and more. FOP is structured as one week of preparatory e-learning, three weeks of classroom learning and one week of on the job training. Each week of classroom learning is dedicated to a specific topic area:

- Week one covers e-learning prerequisites;
- Week two is Safety/Awareness Week;
- Week three the new hire returns to the regular work site and complete on the job trainings;
- Week four is Assessment week, and
- Week five is Legal week.

PSD Training and Coaching program has collaborated with APDT in modifying the FOP curriculum to include Safety Organized Practice, Structured Decision Making and Safe and Together as part of our Practice Improvement Efforts.

PSD Training and Coaching program RBTCs work with new employees to increase the retention and implementation of the knowledge and skills they receive in FOP. The RBTC works with the employee during on-the-job training week, they are an accessible way for the new employee to ask questions, practice newly developed skills and develop strong practices prior to working independently on caseloads.

## *On-going Staff Training*

The training system effectively ensures functioning statewide ongoing training that addresses the skills and knowledge needed to carry out duties with regard to the services included in the CFSP. Ongoing training is provided by APDT, PSD Training and Coaching program, or external nationally recognized and local expert consultants. Training needs for PSD as a whole are determined by the division leadership, which aligns with progress on the safety, permanency and well-being outcomes. Supervisors can also determine additional training needed for their team

or a particular employee. There are over 70 trainings available in the curriculum catalog to staff either online or in the classroom.

The PSD Training and Coaching program implements a training plan that focuses on providing competency based professional education and assessment of student mastery of key proficiencies, the competencies align with CYFD strategic planks and operating principles.

There are six competencies applied to curriculum across the board:

1. demonstrate ethical and professional behavior;
2. engage diversity and difference in practice;
3. engage with individuals, families, groups, organizations, and communities;
4. assess individual, families, groups, organizations, and communities;
5. intervene through making referrals to appropriate services; and
6. evaluate effectiveness of those services.

Additionally, the training plan includes integrated coaching strategies to support the work force. Coaching strategies include:

1. transfer of learning from training to practice;
2. implementation of evidence practices;
3. skill building;
4. problem solving and staying on track; and
5. modeling behaviors.

RBTCs are individuals with experience in child welfare and supervision that bring their expertise as well as advanced knowledge of the tools to their coaching with the workforce. Employees can self-refer to the RBTC if they feel they are having difficulty with a certain area or if they want to work on building their skill with a specific tool. A supervisor can also refer an employee to the Training and Coaching program if they have assessed a need for additional learning support. RBTCs increase the ability of the employee to be able to provide support to families, foster families and children/youth improving outcomes and interactions with the PSD.

Part of the ongoing training is to work with Supervisors to help them gain the skills in leadership and management for increased professional development and retention of their workers. Newly hired supervisors are required to take the APDT Foundations of Leadership training and HR supervision. Foundations of Leadership (FOL) is a 10-hour, intermediate training program that introduces skills and provides practice on key issues supervisors face. The skills taught include: Boundaries and Limit Setting, Leadership, Conflict Management, Self-care, Communication and Negotiation. This course presents beginning to intermediate level skills that managers need to lead their team effectively. For Human Resource courses on Managing Employee Performance (MEP, "employee evaluations"), union, and discipline, new supervisors take the HR supervision course provided by the New Mexico State Personnel Office (SPO).

The RBTCs also coach and train supervisors. The RBTC's coaching the supervisors in a way that models and builds skills for supervisors to utilize with their staff. The PSD Training and Coaching

program can offer through their various methods the opportunity for supervisor to build their supervision skills and/or learn how to build a more efficient and effective team.

### *Additional Trainings Offered to Staff:*

- Family Engagement Training: Behavioral Health Services (BHS) Division of CYFD provides Family Engagement Training to support staff across CYFD. This training includes information on five core values: Genuineness, Active Listening, Trust, Respect and Empathy. Engagement training guides field workers in their own practice and helps them to better engage families to promote better family wellbeing outcomes. In State Fiscal Year 2018, BHS provided Family Engagement Training to 48 JJS staff, 102 county detention staff, and 8 new JJS staff during their Core Training. In State Fiscal Year 2019, BHS will continue to provide Family Engagement trainings as requested by PSD.
- High-Fidelity Wraparound 101: BHS also provides Wraparound 101 training to PSD staff statewide. The Wraparound 101 training introduces the Wraparound process and explains Wraparound in the context of our current service array and provides outcome data.
- NM CARES Decision Making: This teaming model created by BHS that guides field staff to seek to understand the unique culture of each family they serve and respect each family's individuality. Field workers in the NM CARES Decision Making process learn:
  - necessary skills and behaviors that effectively engage other team members;
  - their own strengths as a facilitator and opportunities to improve skills;
  - strategies, skills and behaviors needed to effectively engage youth and families;
  - effective facilitation skills to use with teams; and
  - tools and strategies to use when facilitating a meeting or participating in a meeting.

In addition to the training, BHS also provides technical assistance to PSD staff, including co-facilitating team decision making meetings with PSD staff as needed. A laminated tool kit was distributed to each PSD staff that described specific steps in how to run a NM CARES Decision Making meeting.

- Youth Sex Trafficking (YST): YST was developed between PSD and BHS and rolled out to all PSD staff during the summer of 2018. YST is designed for child welfare professionals to build their capacity to identify, report and serve survivors of child sex trafficking. This training provides child welfare professionals with knowledge and skills that support effective implementation of Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L). 113–183.
- Safety Organized Practice: The term “safety-organized practice” (SOP) was first used by Andrew Turnell to describe an approach to day-to-day child welfare casework. The practice is designed to help all key stakeholders involved with a child—i.e. parents,



extended family, child welfare workers, supervisors and managers, lawyers, judges, other court officials, and even the child themselves. SOP helps workers to keep a clear focus on assessing and enhancing child safety at all points in the case process. This adapted approach integrates a strengths-and solution-focused child welfare practice approach with the Structured Decision Making® (SDM) system (a set of research-based decision-support assessments) to create a rigorous child welfare practice model. This training was given by both NCCD staff and selected T4T staff and trained out Regionally/Statewide.

- Structured Decision Making: This is a two-day Staff Training for the implementation of the New Mexico CYFD Structured Decision Making® (SDM) safety and risk assessments will provide participants an opportunity to increase their skill and consistency in using the tools and in partnering them with related tools and practices to inform and support key decisions during Assessments for decision making points in the life of a case. This training was given by both NCCD staff and selected T4T staff and trained out statewide.
- Structured Decision Making for Supervisors: This is a two-day staff training on the implementation of the New Mexico CYFD Structured Decision Making® (SDM) safety and risk assessments. This training provides field staff an opportunity to increase their safety assessment skills and provides training in using the developed instruments. An additional day was added for Supervisors on how to guide workers, facilitate discussions around the tools and how to incorporate in Supervision. This training was given by NCCD staff statewide.
- Placement 101: provides an overview of the Foster Parent Licensing Process, Criminal Records Check (CRC), ICPC, Foster Care Maintenance/Support, Adoption Process/Support and Guardianship Program.
- Smart Random Moment Sampling (RMS) Training: The purpose of the training is to demonstrate the enhanced RMS system called SmartRMS. Federal regulations require states carefully determine shared administrative costs for each program. The purpose of the Random Moment Sample (RMS) is to identify the breakdown of staff time for claiming federal funds. The total of all RMS observations determine the percentage of funds charged to each federal and state program for administrative costs, such as, staff salaries and benefits each quarter. The state is required to maintain a minimum number of valid samples, therefore, answering within the two business day timeframe is required. Supervisors complete a 10% sample validation and should respond for employees on leave in order to maintain valid samples.
- Behavioral Health Services Trainings: CYFD Behavioral Health Services (BHS), in collaboration with PSD, is committed to the provision of quality behavioral health services and supports that are trauma informed, evidence-based, culturally competent, and youth and family driven that meet the needs of CYFD's children, youth and families. To meet this goal, BHS collaborates with PSD to provide trainings to PSD staff, partner

agencies, family members, youth, and community behavioral partners serving the PSD population.

### **Staff Training and the Next Five Years**

In 2020-2024, CYFD is undertaking a complete overhaul of its training program. At the direction of Children, Youth and Families Department (CYFD) Secretary, a staff person of the Office of the Secretary, with expertise in training and professional development, has been designated and tasked with assessing the current practices and structure of the APDT and PSD Training and Coaching program to determine agency effectiveness in meeting core competencies needed for effective practice of child welfare workers. Using recognized national standards, promising and innovative practices from other states as a guide, the assessment is reviewing the structure, implementation models, curricula, employee and leadership satisfaction to determine key strengths and areas for improvement of the training and professional development.

The assessment recommendations will be delivered to the Secretary for consideration and implementation in early fiscal year 2020. Areas under consideration include changes to:

- training program structure for consistency and best use of resources;
- evaluation method to better assess employee gains and retention of skills;
- curricula to increase practical skills application;
- curricula to link presentations, experiential learning and facilitation to desired outcomes and competencies;
- critique and coaching methods of employees for an increased feedback loop with direct supervisors;
- catalog of training available to meet professional development needs;
- Advisory Council for training to increase meaningful contribution to curricula and catalog development from agency leadership and worker input; and
- curricula format to increase meaningful participation of marginalized populations, such as Native Americans, youth, LGBTQ, homeless and incarcerated.

This assessment will also look closely at other training programs within PSD that are not for employees to include review of the foster parent training, prevention programs and training of community stakeholders. Recommendations will be made that are geared toward increasing the recruitment and retention of foster parents, mitigating the need for out of home placement and/or higher level of care, and improving collaboration with community stakeholders.

One of PSD's training limitations includes training outcome data. There is not a current modality for collecting training data, however, data collection on training outcomes for staff and providers will be implemented over the next five years. Development of training effectiveness is currently being evaluated by the Office of the Secretary and the Research and Development Bureau. The RAD Bureau has partnered with the training academy and the Office of the Secretary to implement a data collection strategy on training attendance and effectiveness of trainings offered by PSD, BHS and through the Regionally Based Trainer Coaches. One strategy to implement data collection immediately is the development of surveys prior to trainings and

provided post trainings to all attendees to measure training outcomes and coaching effectiveness. Following each training, a coaching plan created by the RBTC's will be implemented to assist field workers and supervisors in developing the skills learned in each training. This will be measured against the CFSR Federal Data Indicators to assess for impact. This will be incorporated into quarterly stakeholder meetings where PSD can elicit feedback and make steering decisions as necessary.

## Service Array

The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) Services that assess the strengths and needs of children and families and determine other service needs; (2) Services that address the needs of families in addition to individual children in order to create a safe home environment; (3) Services that enable children to remain safely with their parents when reasonable; and (4) Services that help children in foster and adoptive placements achieve permanency. The service array and resource development system is also functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency.

### *Family Support Services*

Family Support Services (FSS) continue to be provided to families by contractors in Chaves, Dona Ana, Los Alamos, Rio Arriba, San Juan, Santa Fe, and Taos counties to prevent child maltreatment and prevent reoccurring child maltreatment. FSS provides intensive home-based, short term (60 days) case management to families in order to link families with appropriate services and provide one-on-one evidence-based parenting. Service providers are allowed to extend services up to 90 days with supervisor approval if appropriate to address safety concerns. Currently, in order to be eligible for services, the child must be residing with their primary caregiver at the time of the referral, and must maintain residence there throughout the provision of FSS services. Only Protective Services staff can make referrals to this program.

Family preservation services continue to be offered in Dona Ana, Grant, Southern Catron, Lea and Valencia Counties. Families are eligible regardless of income. Referrals are made by Protective Services staff when the child is unsafe and there is a moderate to high-risk for maltreatment. Families whose children are in the legal custody of PSD are ineligible for referral.

Families referred to contractors by PSD receive family preservation support every week for up to six months in the following areas:

- Safety planning
- Case management
- Skill building including parenting, conflict management, communication and life skills
- Crisis management
- Transportation

- Assistance in finding housing
- Counseling

Time-limited reunification (TLR) contractors provide services to families when a child cannot be safely maintained in the home and the child enters foster care. TLR contractors are required to provide intensive services to families and assist PSD in reunifying families in an expedited time frame. Eligible families must be referred within 12 months of the most recent removal from the home and will potentially reach trial home visit within four months of the date of referral. In addition, TLR contractors are required to conduct at least one home visit per month for up to four months after PSD has closed the case in order to provide support services to the family and to assess safety of the children. TLR services are available to families 24 hours a day, seven days a week. Time Limited Reunification services are offered in Dona Ana, Bernalillo, Sandoval and Lea counties. In FY20, time limited reunification services will no longer be offered in Sandoval County due to the lack of need. As described in more detail below, higher need counties were targeted with the FY20 application process with the ultimate goal of obtaining better outcomes in those counties.

### *High-Fidelity Wraparound:*

CYFD BHS was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care and subsequent Systems of Care Expansion grant (currently in Year Three of the four year grant) to develop and implement a sustainable Wraparound model for New Mexico; New Mexico Wraparound CARES (Comprehensive, Accessible, Responsive, Effective, and Strengths-Based). The New Mexico Wraparound CARES Immersion Program follows a training and coaching model. This intensive training and oversight prepares each participant to function fully and independently as a Wraparound Facilitator. Through the SAMHSA systems of care Expansion grant, BHS funds a Wraparound Unit consisting of two Wraparound Coordinators. This team provides training and a structured coaching process to Wraparound Facilitators both internal to the Department and externally with providers.

In State Fiscal Year 2018, BHS finalized High-Fidelity Wraparound Facilitator credentialing with the NM Credentialing Board for Behavioral Health Professionals (NMCBBHP), to include the protocols for training, coaching, ethics, exams, and re-certification. Ten Wraparound Facilitators passed the NMCBBHP Wraparound credentialing exam; two of the ten were PSD staff. Eight additional Wraparound Facilitators will be invited to take the exam in June 2018.

BHS is implementing two High-Fidelity Wraparound care management structures for children with complex behavioral needs and their families: (1) External structures through collaboration with behavioral health providers, as well as a collaborative demonstration project collaboration with a Managed Care Organization (MCO) and Provider and through two CareLink New Mexico Health Homes; and two Internal CYFD structure through dedicated positions within its Juvenile Justice Services (JJS) division.

BHS continues to partner with two Managed Care Organizations and a provider in Bernalillo County to implement a demonstration of the High-Fidelity Wraparound Delivery and Financing Model to serve high-need and high-risk children, youth, and their families. In this model, the provider is paid a per-member, per-month (PM/PM) payment that includes a specific package of services and is sufficient to cover the costs of intensive care coordination and related activities. In January 2018, the target population for this initiative was expanded to include PSD's Youth Services Bureau to implement Wraparound with youth transitioning out of foster care, ages 18-21 years. This initiative was targeted to serve up to eighty PSD involved children and youth; fifty-one PS-involved children and youth have been enrolled since spring 2017.

New Mexico began implementation of High-Fidelity Wraparound in two Health Homes on April 1, 2018. Health Homes are part of CareLink New Mexico (CLNM), a program to coordinate the integration of care for Medicaid beneficiaries with a diagnosis of Serious Mental Illness (SMI) and/or Severe Emotional Disturbance (SED). Health Home services include Comprehensive Care Management, Care Coordination, Prevention and Health Promotion, Comprehensive Transitional Care, Individual and Family Support Services, and Community and Social Support Service Referrals. Through intensive Care Coordination, the CLNM Health Home will establish multidisciplinary teams for each member to develop integrated service plans that address behavioral health needs and all co-morbidities. Two of these Health Home sites will be using High Fidelity Wraparound as the care coordination model for vulnerable children and youth who meet the eligibility criteria. The two Health Home providers are Mental Health Resources (covering Quay, De Baca, and Roosevelt Counties) and the Guidance Center of Lea County (covering Lea County).

The goals of the CLNM Health Homes are to:

- Promote acute and long term health;
- Prevent risk behaviors;
- Enhance member engagement and self-efficacy;
- Improve quality of life for individuals with SMI/SED; and
- Reduce avoidable utilization of emergency department, inpatient and residential services

As a complement to High-Fidelity Wraparound, CYFD developed a Family Peer Support model, to include curriculum development, training, implementation and certification. Family Peer Support Workers are primary caregivers who have "lived-experience" of being actively involved in raising a child who experiences emotional, behavioral, mental health and/or substance use challenges. This includes young people with neurobiological differences as well as those diagnosed with a serious emotional disorder or substance abuse disorder. Family Support Specialists have experience navigating child-serving systems and received specialized training to empower other families who are raising children with similar experiences. The Family Peer Support Worker uses a strengths-based and culturally sensitive approach that recognizes individual youth and family identity, cultural history, life experiences, beliefs, and preferences. CYFD began training Family Peer Support Workers, Supervisors and Trainers in spring 2018. CYFD developed Family Peer Support Worker Certification through the New Mexico

Credentialing Board of Behavioral Health Professionals. The first FPWS exam occurred in June 2018.

### *Adolescent Substance Use Reduction Effort (ASURE):*

The BHS Adolescent Substance Use Reduction Effort (ASURE) team is tasked with implementing training and the development and deployment of substance and co-occurring capable youth and young adult treatments and youth support services in New Mexico. ASURE sponsors trainings across the state in Seeking Safety trauma care, the Seven Challenges, the Community Reinforcement and Family Training (CRAFT), Motivational Interviewing, use of the Global Appraisal of Individual Needs Short Screener (GAIN-SS), the American Society of Addiction Medicine (ASAM) assessment and placement criteria, and Youth Support Services (YSS) transformative life skills coaching.

### *Infant Mental Health:*

The goal of the Infant Mental Health Team (IMHT) is to provide infants, birth-to-three in PSD custody, with a coordinated process for assessment and treatment in order to promote permanency planning and positive developmental outcomes. BHS' Infant Mental Health Team (IMHT) target population is infants, ages 0-4 years, who are in foster care due to abuse or neglect. Services include comprehensive infant mental health assessments to help identify strategies and interventions to repair attachment-related regulatory and developmental challenges thorough Child Parent Psychotherapy, an evidenced base trauma informed clinical protocol. Infant Mental Health is also developmentally informed. The IMHT strives to develop positive, productive working collaborations between Protective Services, infant mental health specialists, early intervention (Part C) foster parents and the judiciary, so that the entire system is working on behalf of the best interest of the infant. The IMHT has impacted judicial decisions as well as PSD, foster parents, CASA, GAL's and respondent attorneys.

Infant Mental Health has also provided PSD a process of assessment to enable statewide intake as well as PSD Investigators with tools to assess infant's level of risk and safety if and when a referral is made. Furthermore, Infant Mental Health has provided input to PSD incorporating language to standardize procedures for Permanency Planning workers and Infant Mental Health clinical services. Presently the Infant Mental Health Teams are located in eight of New Mexico's Judicial Districts.

### *Community Behavioral Health Clinicians:*

In State Fiscal Year 2018 BHS, through funding from multiple SAMHSA grants, developed a web-based geo-map of children's behavioral health services. The geo-map includes the array of publicly funded behavioral health services (through Medicaid and CYFD State General Funds), PSD contracted services, Juvenile Justice Advisory Committee (JJAC) funded services, and an array of individuals or providers that specifically service the CYFD involved population, as identified by BHS Community Behavioral Health Clinicians (CBHCs). BHS collaborated with PSD Contract Staff to identify and map PSD funded services and contractors. This effort is assisting in

identifying service gaps and needs statewide as BHS advocates for a comprehensive service array with its Behavioral Health Collaborative partners, to include the Human Services Department, Public Education Department, and the Department of Health.

PSD is also working with BHS to address the delays in service array. CYFD has restructured its internal cadre of Community Behavioral Health Clinicians (CBHCs) to now serve a target population of PSD involved children and youth. CBHCs previously were in the Juvenile Justice Services Division and in fall 2016 were moved to BHS. CBHCs are based in CYFD county offices statewide and will now serve as a resource to all PSD workers so that field staff may report when there are delays in the service array or when services are unavailable. BHS and PSD developed a joint protocol for collaboration with CBHCs that includes guidance on the following:

- Case consultations
- Types of cases that should be staffed with a CBHC:
  - Homeless youth
  - Out-of-home placements
  - Regular foster placement where additional clinical support is needed
- Process for crossover youth (open JJS case and in PSD custody)
- CBHC teaming for CYFD to coordinate the needs of the child/youth
- Out-of-home placement oversight

Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency's vision. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2020- 2024 CFSP (section D3) indicate where to avoid duplication.

### *Activities targeted at improving performance in the service array*

Several recent significant changes to New Mexico legislation and policy implementation will be implemented during the time period covered by this CFSP. These are:

- The consolidation of Promoting Safe and Stable Families and CBCAP funded programs into new, regional contracts.
- The implementation of HB376, which creates an Alternative Response program to serve families whose CPS referral does not merit a full investigation, but who could nonetheless benefit from community-based services.
- The implementation of HB230, which transforms planning for substance exposed newborns.
- The implementation of the federal Family First Prevention Services Act, which aims to expand service offerings to parents of candidates for foster care.

- CYFD has also increased its participation in the New Mexico Behavioral Healthcare Collaborative, a group of state-level agencies tasked with creating a single behavioral health care and services delivery system that promotes mental health, emphasizes prevention, early intervention, resiliency, recovery and rehabilitation, while managing funds efficiently, and ensuring availability of services throughout the state. The Behavioral Health Collaborative has specified building out children’s community based mental health services as 1 of 3 immediate priorities.

**Consolidating PSSF and CBCAP Programs:**

CYFD’s Prevention Unit evaluates the effectiveness of our various programs and initiatives to promote safe and stable families. Through data analysis, meeting with stakeholders, including CYFD field staff, community providers, families, and other governmental agencies, we recognized the deficiencies in the program design of the various programs funded under the PSSF and CBCAP grants.

The various PSSF and CBCAP programs were contracted to community based agencies through separate procurement processes. This limited the ability of agencies to be awarded all of the PSSF and CBCAP programs if they were unable to hire appropriate staff to meet each contract’s unique staffing requirements. The rural communities in NM have a limited ability to hire qualified staff and meet the expectations of each contract, individually, as each contract requires a certain number of families to be served each year. In addition, high-needs families in New Mexico often need extended support services to maintain stability.

CYFD recognized that family circumstances and needs fluctuate, requiring flexible programming to meet each family’s unique needs. By combining the various programs under PSSF and CBCAP into one “mega” contract, CYFD through its contractors will offer a continuum of care and support to families. These services be offered in 24 of New Mexico’s 33 Counties: Bernalillo, Catron, Chaves, Cibola, Colfax, De Baca, Dona Ana, Grant, Hidalgo, Lea Los Alamos, Luna, McKinley, Otero, Quay, Rio Arriba, San Juan, Santa Fe, Sierra, Socorro, Taos, Torrance, Union and Valencia.

The “mega” contracts will enable rural communities the ability to provide comprehensive services to a wider range of families in need of support. The current programs limited the definition of “family” to biological parents or current guardians who had custody of the children when CYFD became involved with the family. New Mexico has a very diverse population, and often, extended family members become the primary caregivers of children. With the “mega” contracts, New Mexico has expanded program eligibility to not only biological parents, but to other family members, fictive kin, or anyone pursuing guardianship and adoption. In addition, foster parents will be eligible to receive services in order to help them meet the high needs of the abused and neglected children in their care. It is hoped that this expansion will help retain qualified foster parents.



**HB376: Alternative/Differential Response:**

In 2019, the New Mexico legislature passed HB376, which commits CYFD to implementing an abuse and neglect multi-level response system, beginning in 2021.

The descriptive language of the bill reads:

The department shall establish a multilevel response system to evaluate and provide services to a child family, relatives, caretakers or guardians of a child with respect to whom a report alleging neglect or abuse has been made. The multilevel response system may include an alternative to investigation upon completion of an evaluation that may be completed at intake by the department, the results of which indicate that there is no immediate concern for the child's safety; provided, however, that an investigation shall be conducted for any report: (1) alleging sexual abuse of a child or serious or imminent harm to a child; (2) indicating a child fatality; (3) requiring law enforcement involvement, as identified pursuant to rules promulgated by the department; or (4) requiring a specialized assessment or a traditional investigative approach, as determined pursuant to rules promulgated by the department.

An analysis conducted in the State Senate further detailed the provisions of the bill:

House Bill 376 bill amends existing statute requiring require CYFD to establish a multilevel response system to evaluate and provide services to children and their families or caretakers when a report of child abuse or neglect has been made. The multilevel response system allows CYFD to, after evaluation, include an alternative to investigating the report when the evaluation indicates that there is no immediate concern for the child's safety. The bill defines "family assessment" as a comprehensive, evidence-based assessment tool to determine the needs of a family and the likelihood of imminent danger to a child's well-being, the child becoming an abused or neglected child and the strengths and needs of the child's family members or caretakers. CYFD must investigate reports instead of utilizing the multilevel response system when the report alleges sexual abuse or serious or imminent harm to the child, indicates a child fatality, requires law enforcement involvement or requires a specialized assessment or traditional investigative approach.

- The bill permits CYFD to reassign a case from investigation to the multilevel response system and to proceed with an investigation if the family declines services offered under the multilevel response system.
- The bill requires CYFD to employ licensed social workers to provide services to families participating in the multilevel response system.

- The bill permits to CYFD to pilot the system prior to statewide implementation and to limit implementation to areas of the state where appropriate services are available and operate the system within available state and federal resources.
- The bill requires CYFD to provide an annual report on the system, arrange for independent evaluation of the system, incorporate the system into its quality assurance review process, and develop performance measures.

If CYFD pilots or geographically limits the system, the bill requires CYFD to submit a plan to LFC and the department of finance and administration by July 1, 2021, on how to expand the system statewide. Finally, the bill amends the custody hearing statute (32A-4-18) to include an alternative disposition at the custody hearing of the court returning legal custody to the parent, guardian or custodian and ordering their participation “in programs or services aimed at addressing the underlying causative factors that jeopardize the safety or well-being of the child.”

**HB 230: Plans of Care for Substance-exposed Newborns:**

More than half of all New Mexico families that interact with Protective Service experience substance abuse as one of the primary reasons for involvement. In some jurisdictions, experts estimate that approximately 90% of the PS caseload identifies substance abuse as the primary problem families present with.

A query of the CYFD NCANDS submission for FFY18 showed that 96% of all removals of child victims by the agency involve at least one allegation of substance abuse by a parent. The cases with allegations of substance abuse that resulted in a removal of the child showed that 56% were substantiated, meaning there was sufficient information to confirm the allegation of child abuse resulting from substance abuse by the parent. A full 10% of all substantiated investigations for the agency involve substance abuse allegations. Many of these cases are resolved through safety plans that call for the child to voluntarily live with a family member while parents seek treatment. These children remain vulnerable to out-of-home placements due to ongoing parental substance use/abuse.

The CARA Safe Planning Workgroup, initially assembled to implement the Comprehensive Addiction and Recovery Act (CARA) amendments to CAPTA, agreed on the following priorities for working with families that have substance use issues and other forms of trauma:

1. The importance of decriminalizing and de-stigmatizing addiction. In particular, the importance of decoupling substance use/substance exposure and mandatory referrals to CYFD Protective Services.
2. The strategic importance of making comprehensive prenatal care (including substance use screening and medically assisted treatment) available to all pregnant women in New Mexico.

3. The importance of enlisting families in the creation and implementation of Plans of Care, and of assigning a single care coordinator to the mother and infant to ensure coordination of services.

A major barrier to success in treating substance use disorder is the stigma associated with the condition. Pregnant women may avoid prenatal care because they are fearful of the consequences their substance use may have. “Pregnant women will be likely to avoid seeking prenatal care for fear that their physician’s knowledge of substance abuse or other potentially harmful behavior could result in a jail sentence rather than proper medical treatment.”<sup>1</sup>A report to Child Protective Services can sometimes mean the involvement of law enforcement and the courts, which deters parents from seeking the help they need. CYFD believes that Plans of Care<sup>2</sup> should be positive and supportive of mother, father, and infant without any punitive elements. Substance abuse should be viewed as a medical condition with social, economic, and cultural roots. Treatment should be provided as broadly and non-judgmentally as possible, and providers should support client/patient efforts at harm reduction.

Over the past two years, CYFD developed a proposed approach that calls for assessment and planning for the infant to begin at the first prenatal visit. Early identification of a substance use disorder allows the health care professional to provide support for the pregnant woman, referrals to SUD treatment services, and education about the effects of SUD on the fetus. By intervening early in pregnancy, this approach will reduce substance exposure of the fetus and the infant. When approached in this supportive way, a high percentage of pregnant women will engage in treatment services in the hopes of lessening the effects of their drug use on their child. The percentage of infants born exposed to drugs and alcohol greatly decreases if the mother is offered support and treatment during the pregnancy. In a study conducted by Kaiser Permanente Northern California, it was found that 92% of patients referred to an early intervention program by their clinician accepted the referral. For 81% of these patients, moderate to severe substance abuse was diagnosed.<sup>3</sup> Connecting the pregnant woman to services will reduce the numbers of infants with brain effects from prenatal drug exposure and reduce the risks of developmental delays in the early childhood period.

Through our research and consultation with other states and medical experts, we found that assessments for SUD during pregnancy are best conducted face-to-face with a health care professional. The best assessment will be a combination of toxicology and questionnaire-based assessment tools, which we refer to as “universal testing.” A positive screen would result in the health care provider referring the pregnant woman to a care coordinator employed by an insurance carrier. This care coordinator will assist in referring the pregnant woman to appropriate community services, including behavioral health care. The CARA Workgroup will be

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<sup>1</sup> Taylor, P. et al (2016), “Substance Use Disorders During Pregnancy: Guidelines for Screening and Management.”

<sup>2</sup> The Plan of Safe Care will simply be referred to as a “Plan of Care” in New Mexico, to reduce confusion with a document commonly used by Protective Services during an investigation of a family, a “safety plan.”

<sup>3</sup> Taillac, C. et al, (2007) “Early Start: An Integrated Model of Substance Abuse Intervention for Pregnant Women”

developing best practice recommendations for assessment, screening, and treatment during pregnancy as well as a protocol that can be utilized statewide.

Health care professionals will also be responsible for assessing the mother's substance use and impact on the child at the time of delivery. If it appears that the child has been exposed to drugs or alcohol (including prescribed, non-prescribed, and illicit drugs), a Plan of Care is required. This approach is based on a preference that infants, mothers, and families can remain together. If, however, the health care professional is concerned for the parent's ability to safely care for the child, a referral should be made to Protective Services for a possible investigation of abuse/neglect. Removal of the child from the parent should only be based on immediate safety concerns that present a danger to the child. If safety concerns can be mitigated, removal can be avoided. For example, if mother and infant are living in a residential treatment center, the safety concerns may be mitigated and the infant may remain with the parent. New mothers should be encouraged to hold and spend time with their infants as well as breastfeed when appropriate. "Skin to skin contact" and "rooming in" are encouraged.<sup>4</sup>

Once a Plan of Care is established, the hospital will transfer it to the infant's insurance Care Coordinator. The Care Coordinator will be responsible for ensuring that the family, including the infant, has access to the services recommended on the plan. It is recommended that any service provision be set up through a "warm hand-off" process, to increase the engagement of the family. Warm hand-offs have been found to significantly increase the likelihood of the family engaging in treatment services. The Care Coordinator will also be responsible for reporting any concerns for child abuse or neglect, and for ensuring the child's primary care physician receives a copy of the Plan of Care.

In addition to being sent to the Care Coordinator, a copy of all Plans of Care will be sent to CYFD for screening and data collection. Additional screening by CYFD may indicate the need for further involvement by the agency.

To be successful, the approach will require extensive training for health care professionals, CYFD Intake hotline staff, hospital discharge planners, and insurance care coordinators. The CARA Safe Planning Workgroup has initiated a comprehensive training plan to meet this need. To date, the CARA Workgroup has trained approximately 100 health care professionals. The trainings conducted this far have been:

- 02/15/19 Western Sky Community Health Care, 68 care coordinators
- 02/20/19 Lovelace Women's Hospital, 12 labor and delivery and discharge social workers
- 03/07/19 UNM Health Sciences Center (UNEW MEXICOHSC), Maternal Care Department, 24 nurses, midwives, and social workers.

In addition to these initial trainings, the CARA Workgroup has plans to provide trainings throughout the year. We have planned or confirmed training for the following:

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<sup>4</sup> Augunas, W. et al, "The Snuggle ME Project: Embracing Drug Affected Babies and their Families in the First Year of Life to Improve Medical Care and Outcomes Maine.

- Blue Cross Blue Shield Centennial Care Special Beginning Unit 4/16/19 (care coordinators)
- UNMHSC NICU (nurses, social workers, doctors)
- UNMHSC Maternal Care Unit senior leadership group (doctors, nurses, midwives, hospital administration)
- Western Skies Community Health Care (administration, social workers)
- CYFD Home Visiting Programs (home visitors, social workers)
- New Mexico Health Resources Retreat 6/1/19 (physicians, nurses, health care professionals)
- Wylder Conference 8/17/18 (pediatricians)
- NM Breastfeeding Conference 8/19 (mothers, advocates, social workers, health care professionals)
- NM Perinatal Collaborative (nurses, doctors, midwives, social workers)
- UNMHSC Amazing Newborn Conference 11/19 (health care professionals)
- Statewide Central Intake (PS hotline staff)

The training is conducted using a standardized Powerpoint presentation modified for each specific audience. The presentation was created collaboratively by CYFD PS and the Department of Health, and representatives from each agency conduct the training together. Some of the specialized trainings are also conducted by Dr. Andrew Hsi, co-chair of the CARA Workgroup, and Dr. Janis Gonzales, President of the New Mexico Pediatric Society and member of the CARA Workgroup.

There is also a plan to record these training modules so that they can be continually available. The CARA Workgroup is working to contract with Envision New Mexico (<http://envisionNewMexico.unm.edu/index.php/about/>) to record 4 to 8 training videos. Envision is a quality improvement program of the Department of Pediatrics at UNMHSC. They facilitate outreach, education, interdisciplinary training, training, technical assistance and evaluations. We plan to create two basic trainings; one intended for care coordinators, another intended for health care professionals in labor and delivery settings. The other 2 to 6 videos will be “Best Practices,” covering topics such as the assessment process; treatment options; recommendations for engagement during the pre-natal period; and other best practice recommendations for prenatal and post-delivery care.

The CARA Safe Planning Approach has now been enacted into State law. House Bill 230, Plans of Care, was introduced during the 2019 legislative session. This legislation, sponsored by Representative Christine Trujillo (D) in the House and Senator Gay Kernan (R) in the Senate, creates a “substance exposed newborn plan of care” that notifies Protective Services when infants are born to mothers who test positive on toxicology screening at delivery. This bill brings New Mexico into compliance with CAPTA regulations and also builds on the work of the CARA Safe Planning Workgroup. This legislation specifies that a positive toxicology result at delivery shall not be the sole basis for mandatory reporting of suspected child abuse to Protective Services Statewide Central Intake. It does not change in any way the mandatory reporting requirements that are currently in state statute, but clarifies that if an infant is identified as

being exposed, the development of a Plan of Care is required. It defines the role of health care professionals and delivery sites, which is to evaluate the capacity of the mother and family system to provide for the needs of the newborn, a process similar to how hospitals evaluate any mother with a mental health condition such as severe depression or schizophrenia. Hospital staff shall develop a Plan of Care for the family and communicate the plan to the ongoing primary care physician, the insurance plan care coordinator, CYFD, and DOH/Children's Medical Services.<sup>5</sup> The bill in its entirety can be found as Attachment H. This bill changed the New Mexico Children's Code to include the CARA Safe Planning approach. It is currently awaiting final signature from Governor Lujan Grisham was signed in to law by Governor Michelle Lujan-Grisham on April 2, 2019.

Although the CARA Workgroup is pleased with the passing of this legislation, there is more work to do. A change to the Children's Code has been accomplished; however, this law cannot compel private insurance companies to comply with providing care coordination for these infants. The Workgroup already has plans to introduce legislation during the next legislative session that enacts rules for private insurance carriers.

#### ***Family First Prevention Services Act:***

Signed into law in February 2018, the Family First Prevention Services Act places new restrictions on the use of Title IV-E funding for congregate care programs, and makes IV-E funding available to fund time-limited mental health and substance use disorder services to parents of children considered candidates for foster care. With the support of consultants, CYFD is currently in the process of planning its implementation of the law, and has formed three workgroups: Congregate Care, Least Restrictive Settings, and Prevention. These groups meet monthly, and will coordinate any necessary adaptations to the service array. CYFD's implementation of each of these priorities may impact the program elements described in this CFSP. CYFD will detail any changes in its APSRs.

## Agency Responsiveness to the Community

In its last CFSR, PSD was found to be in substantial compliance with agency responsiveness to the community. PSD was found to have successfully engaged stakeholders at the county and state levels. Examples of the state level are MDT's, CCIC, Tribal-State Consortium, JPAs, IGAs, and technical assistance with tribes and pueblos. PSD has also increased collaboration with the CYFD Behavioral Health Division to improve provider collaboration and overall services to children and families in New Mexico.

PSD shared the 2018 APSR with tribes and pueblos and will continue to collaborate in trainings, Title IV-B meetings, and workgroups. PSD also shared the 2018 APSR with the Administrative Office of the Courts, the CCIC, county offices, and posted the 2018 APSR on the CYFD website at [www.cyfd.org](http://www.cyfd.org).

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<sup>5</sup> Hsi, A. (January 2019) "Handout for House Judiciary Committee: Substance Exposed Newborn Plan of Care"

Additionally, CYFD has developed and supported the PullTogether initiative (PullTogether.org) as a resource for staff, providers, community members, family members and youth to identify and locate services and non-clinical supports in their local communities.

Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency’s vision. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2020- 2024 CFSP (section D3) indicate where to avoid duplication.

CYFD’s current practice will be sustained during 2020-24, and comprises the following:

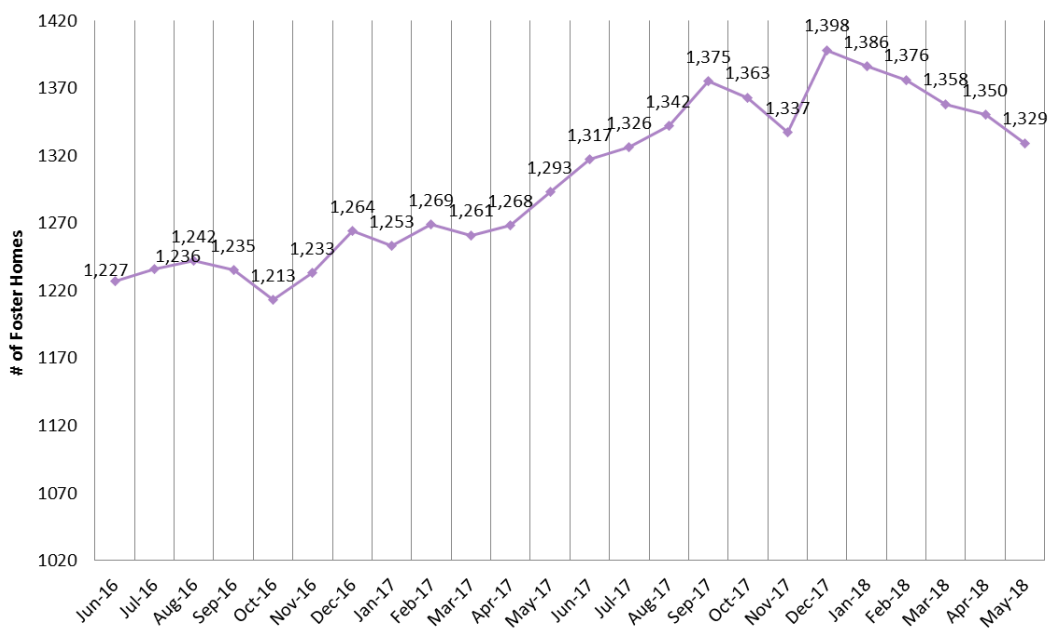
CYFD responds to concerns from the community by utilizing a constituent management process that ensures the agency responds to questions and concerns in a timely manner. CYFD staff review and respond to requests by phone, email, or US mail as appropriate.

CYFD also participates in a multi-disciplinary task force to address concerns regarding policy and procedure, training and retention of foster parents.

CYFD responds to invitations for meetings/committees and workgroups by community members or stakeholders and strives to participate actively

CYFD will include stakeholders in development and revisions of policy and procedures as it pertains to their area of expertise.

## Foster and Adoptive Parent Licensing, Recruitment, and Retention



As part of its last CFSR, PSD was found to be in substantial compliance with two of the four items in the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor. PSD was not in substantial compliance with Items 35 and 36. The following brief updates pertain to CYFDs current progress in that area:

- Item 33. Standards Applied Equally:

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

PSD continues to work on finalizing the Licensing Requirements for Foster and Adoptive Homes policy and procedures. These updates will reflect feedback from the licensing workgroup which included foster parents, child placement agencies and PSD staff. PSD will review these with youth prior to finalization.

- Item 34. Requirements for Criminal Background Checks:

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the state complies with the federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

PSD has streamlined the criminal background check (CRC) and child abuse and neglect check process. CRC applications are updated and CRC 101 training is ongoing for both PSD staff and Child Placement Agencies. PSD processes relative foster parents get fingerprinted within 24 hours of completing a fingerprint registration. Results are available within 48 hours. Providing CRC results earlier in the process helps staff make better placement decisions for foster children.

- Item 35. Diligent Recruitment of Foster and Adoptive Homes:

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

It is the Foster Care and Adoption Bureau's goal to develop a comprehensive foster parent plan that will include recruitment and retention of foster families from the time of inquiry, licensure and first placement. This plan will be accomplished in collaboration with the Foster Care and Adoptions Bureau (FAB), Regional Managers (RM), County Office Managers (COM), Placement Workers (PW), Navigators, County Based Recruitment Teams (CRBT) internal support services and external vendors via contracts. This plan will include an objective, goals to achieve the plan,



action steps for each goal, responsible persons for each action step and time frame as to when each goal is to be accomplished.

Objective: Expand the number of foster and adoptive resources to ensure that each child needing foster care placement has at least two potential placements that reflect their need for the least restrictive and most appropriate environment.

### ***Goal 1: Ensure FACTS Data is entered timely and accurately.***

*Analyze FACTS data for accuracy and the tools used by the field to assist in FACTS data entry.*

The Foster Care and Adoptions Bureau (FAB) in collaboration with PS Research, Assessment, and Data Bureau (RAD) will develop a plan to analyze FACTS data for inaccuracies and areas of improvement as well as the tools the field uses to assist with accurate FACTS data entry. FAB will collaborate with the FACTS Support Unit and County Placement Staff to implement a plan for Placement staff to attend training that will demonstrate how and when data shall be entered into FACTS. FAB will develop a Quality Assurance plan that allows COMs and Placement Supervisors monitor the timeliness and accuracy of their PWs FACTS data entry.

FAB along with PS Leadership will research the use of WEB-BASED APPLICATION, a foster care software that assists in tracking inquiries, online applications, application approvals, other required paper work and status of licensure, so that placement staff spend more time with families rather than paperwork.

### ***Goal 2: License Foster Homes within 120 days***

*95% of all foster homes will be licensed within 120 days from date of application.*

It is the CYFD's goal to ensure that individuals and/or families that have successfully submitted an application to become a Foster Parent are licensed within one hundred and twenty (120) days. Those interested in becoming a foster parent are initially tracked in FACTS as an intake. It is during this time frame that the employed and contracted Navigators provide support to prospective foster parents. The 120 days does start until an application has been submitted, approved and a pending application is created in FACTS.

### ***Goal 3: Increase the Number Licensed Foster Parent Homes***

CYFD Placement Staff shall increase the number of Licensed Foster Parent Homes statewide by 15%.

The percentage for each county will vary based on the need to increase the number of licensed foster homes within that county. Please refer to Appendix A; Column 3 to review the % needed to increase by county.

Each county's recruitment plan shall be data driven. Targeted recruitment requires a county-based readiness assessment through comprehensive data analysis. The readiness assessment identifies the child's specific age, gender, race/ethnicity, special needs, and sibling group among some of the characteristics. The readiness assessment also helps to gather needed data regarding current foster family characteristics.

Targeted recruitment planning tool worksheets (See Attached) shall be utilized in the development of a county based targeted recruitment/retention (RR) plan. Development of a targeted RR plan assists each county in identifying their current foster home resources and helps to determine which types of families they need to focus recruitment efforts in order to meet the needs of children in care. A good recruitment plan not only helps identify appropriate providers to children in CYFD custody, but may avoid additional foster care moves and subsequent trauma that is caused by numerous foster care moves.

CYFD's IT Unit has recently launched in each Region a web based dashboard that extracts data entered into FACTS and helps PSD Workers from RMs, COMs, Placement Supervisors and PWs see their current "Providers." The providers are the current licensed foster parents. The My Providers Dashboard is able to filter which providers are available by worker, team and region.

#### ***Goal 4: Retention of Current Licensed Homes***

Counties will retain 80% of currently licensed homes. See Appendix A for baseline goals by County.

The FAB's Foster Care Program Specialist will work with each Regions CBRT to provide technical assistance, support, and facilitation and monitor each counties retention plan. The FAB's Foster Care Program Specialist will ensure that each counties RR plan includes strategies that will aim to keep those families already licensed, thus reducing the attrition rate.

CFYFD's IT Unit has recently launched in each CYFD Region a web based dashboard that that extracts data entered into FACTS and helps PSD Workers from RMs, COMs, Placement Supervisors and PWs see their current "Providers." The Dashboard is able to filter the available providers by worker, team and region.

#### ***Goal 5: Train CYFD Placement Staff to help support Foster Parents***

The FAB will coordinate and provide training to new and current CYFD Placement Staff with their roles and responsibilities as a placement worker and the policies and procedures they shall follow.

The Placement Training will embrace a “Back to Basics” culture and contain the following training modules:

Placement Workers roles and responsibilities	COM & Placement Supervisor roles and responsibilities
FACTS data entry	Criminal Records Checks
Guardianship Assistance Program (GAP) Eligibility	Adoption and Guardianship Subsidy Negotiations
ICPC	ICAMA
Partners in Service training internal & external	Licensing Regulations
SAFE(Structured Analysis Family Evaluation)	Resources and Training for prospective and current licensed foster parents

These various training topics will be provided to placement staff through individual modules and as needed throughout the year. SAFE training will be conducted by the Consortium for Children under contract utilizing Title IV-E funds.

In order to recruit and retain more foster parents, PSD has updated the foster parent licensing policy standards to reflect model licensing standards. In addition, the department will purchase BINTI to streamline the licensing process, communication, and matching for adoption. PSD will also re-focus efforts on relatives and preserving New Mexico families either through relative foster, guardianship, or relative adoption, including tribal customary adoptions. Specific contracted support will be provided for offices struggling with culture change as the department promotes relatives as caregivers. Contracted services include home studies, shadowing, review, and technical support to office staff and families. Seneca Family Search service will be utilized to find relatives early as well as at any point in the case to achieve permanency.

PSD will revamp RAFT foster parent training in Summer/Fall 2019 to provide quality training online, in class, and individually through family-based training to meet needs. This will include the initial training as well as ongoing training, services support, and peer support. The department will also increase training for staff.

A kinship support program manager will be hired to manage guardianship and kinship services. A Kinship RFP will be released in July/August 2019 for an October 1 start date, using the Tucson Model for Kin services.

PSD has implemented targeted recruitment plans in every county for foster and adoptive families. The Foster Care and Adoptions Bureau continues to provide training and technical assistance to all counties as they develop and implement their targeted recruitment and retention plans. These specific areas are retention of current resource families, recruitment of additional resource families and response and retention of prospective families from inquiry to licensure. County based recruitment and retention teams have been formed and continue to meet monthly. Technical assistance by the Foster Care and Adoptions Bureau provides support, guidance, observation and examples of measurable plans. The Bureau provides ongoing feedback on the targeted plans.

PSD continues to support prospective foster and adoptive families through the Regional Resource Family Navigator Program. PSD currently has five internal Navigators that guides families through the licensing process with the primary goal of providing a support system to prospective foster and adoptive families that will assist them in navigating the child welfare system. PSD has worked to develop a support system that would help guide, mentor and keep families engaged while helping them to experience a reduced length of time in achieving licensure. PSD is ending contractual services with navigators as data did not demonstrate a significant increase in foster parent licensure through these contracts. PSD internal navigators and placement workers will continue to support families.

- Item 36. State Use of Cross-Jurisdictional Resources for Permanency Placements: The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

PSD is committed to continuously improving the process of licensing, recruitment and retention of foster and adoptive parents. In order to understand some of the key entry and barrier points for foster parents, stakeholder interviews are conducted to engage the voices of those families. Some of the feedback is detailed below:

Some stakeholders felt that the online and in-person relative, adoptive, foster parent training (RAFT) covered only basic information, and would like more training on topics such as trauma. Other stakeholders noted that they participated in a Trauma and Developing Brain training, done in conjunction with CYFD, which they felt was the best training. Another noted that the Trust-Based Relational training was very helpful as it provided practical tools. Some stakeholders described RAFT as having good information and being well laid out while also noting that interaction with staff and other foster parents is more critical to learning. In some cases the handouts did not follow the slides, stakeholders noted, and there was some miscommunication about the training. Parents expressed a need for more practical trauma-informed skills, as opposed to rudimentary disciplinary tactics. Stakeholders noted that Fiesta trainings were helpful, with one saying that it was the best resource for foster/adoptive parents, and another saying they would not “have made it the first year without Fiesta (Family Activities, Information,

Education, Support, and Training).” (Developed by a group of adoption professionals to support adoptive parents, Fiesta provides services to any adoptive family, including biological children with adopted siblings. Fiesta addresses issues such as grief and loss, difficult behavior, race and culture, and mental health.

Noting that people preparing to become foster parents previously had to provide respite care to another child before receiving a placement, stakeholders felt that type of hands-on experience would have been more helpful than a training. Stakeholders noted that trainers should have experience as foster parents themselves. They suggested that experienced foster parents could come in to the training for Q and A. One foster parent had to find child care for twelve hours of training, and did not find the training helpful “on a daily basis.” Foster parents need practical tools that work, stakeholders noted, saying that they were told what they “could not do” but not given tools to handle such things as tantrums when the foster parent has been told they cannot touch the child. Adoptive parents noted that they received no training on post-adoption needs and topics, including social security or medical information.

The mandated ongoing trainings can turn into a grievance session, one stakeholder noted, suggesting that a different process for airing grievances be implemented. Stakeholders expressed a desire for “coffee chats” or support groups that meet on the weekends for playtime for the children while the foster parents share experiences and support each other. Topics parents would like to see include: what to do when you are being investigated, what to do when a child runs away, and how to take a vacation. Monthly update meetings could be recorded so parents who cannot find child care to attend in person can get the information online. There should be consistency in implementation of the training topics. Some parents experienced case workers doing things differently from the way they were taught in the training, and instead should be reinforcing the trainings, stakeholders said.

- Licensing feedback: Several stakeholders suggested that foster parents could follow up with people who have applied. Timely follow-up is important, noted one stakeholder who did not receive a call back for two months after she contacted the office. Some stakeholders noted that the process takes a long time to complete. One foster parent started the process in October, finished classes in December, and received the license in May. Others felt that the process was easy and quick. Some stakeholders reported receiving inconsistent information. For example, one foster parent was initially told she could not foster while she was pregnant, then told she could only take children ages 8 and over, but then received calls for children under age 3.
- Retention feedback: In some stakeholders’ experience, CYFD did not do enough to retain them when they expressed a need to take a break. When asked if they could put their license on hold, they were told that was not possible. Others stated that the retention efforts depend on the caseworker. One foster parent expressed continuing to do the work “because it is what I am supposed to be doing.” Another stakeholder described not being reimbursed for things, and not having clarity about what qualifies for reimbursement. Stakeholders expressed the need for communication, continuity, and

stability. When case workers come into the home for a visit, it is important to make the reason clear. Stakeholders expressed a need for a helpline, and suggested that a volunteer coordinator could facilitate help from individuals who want to support children but are not able to foster or adopt.

- Cultural disproportionality: Stakeholders expressed the need for more Native American foster families, noting that there may be people who qualify who have native blood but don't know the rules so more information is needed. Some people might believe they cannot afford to become foster parents, stakeholders noted, and might do it if they understood it better. Case workers should discuss cultural needs, stakeholders said, and others noted that there are many resources available.
- Working with Biological parents: Foster parents expressed an interest in case workers assisting in relationship building with biological parents when feasible, including how to navigate visitation. Noting that the relationship between biological and foster/adoptive parents sometimes takes a while to build, foster/adoptive parents noted the importance of letting the biological parent know they are not there to take their place. This topic should be included in training. Case workers need to understand that foster/adopted children will see other children in the foster/adoptive family, and should also see their biological siblings in other homes. It sometimes happens that relatives appear after years, and express interest in their relative child. Encouraging relative connections doesn't mean they have to live with them. Case workers should communicate with relatives about the status of their relatives in care.

## Plan for Enacting the State's Vision

CYFD's 2020-24 Child and Family Services Plan (CFSP) has a primary goal of ensuring the safety and wellbeing of all children who come to the attention of the Department, and advancing permanency as quickly as possible for children who cannot be safely returned to their parent(s).

The following goals are intended to simultaneously sustain and improve progress towards achieving the goals specified in the 2015-19 CFSP and associated Performance Improvement Plans, and to align the CFSP with the broader vision and strategic plan of Cabinet Secretary Brian Blalock, who assumed leadership of the department in January 2019.

The Secretary has directed PSD to structure its work around several key priorities, around which division leadership is organizing short, medium, and long term objectives. Current objectives under each priority include the following:

- Prevent Child Fatalities and Child Trauma
- Transition CYFD to data driven decision making by adopting by adopting validated tools:
- Increase the Availability of Appropriate Placements
- Expand Community Based Supports for Appropriate Placements
- Prevent Homelessness

- Fill Workforce Vacancies and Improve Morale
- Optimize Funding
- Optimize Accountability

As noted elsewhere in this document, during 2020-24, CYFD will implement a number of significant reforms, motivated by state and federal legislation. These include the implementation of HB376, which creates an Alternative Response program; the implementation of HB230, which transforms planning for substance exposed newborns; the implementation of SB23, which takes advantage of the federal Fostering Connections to Success and Increasing Adoptions Act to extend IV-E funded foster care supports to age 21; and the implementation of the Family First Prevention Services Act, which restricts the use of congregate care and expands services for children considered candidates for foster care. Each of these implementation processes will be structured around a formal work plan, and leadership will be responsible for integrating those work plans across the various projects and priorities.

The Cabinet Secretary is also in continuous communication with the Governor’s office and Children’s Cabinet, and is structuring planning processes to align with the timelines for state budget development and legislative cycles.

CYFD will draw on the resources detailed throughout this document to effectively and efficiently execute the strategies outlined below, and looks forward to reporting its progress through upcoming APSRs.

## Goals, Measures, Objectives, and Benchmarks

As noted throughout this report, at the direction of the new Secretary, CYFD is in the process of a revision of its comprehensive strategic plan. CYFD staff have identified overarching goals and 15 areas in need of implementation work planning. Teams have been assigned to develop detailed work plans for each goal, including Objectives, Strategies, Measures, and Benchmarks. The expected adoption date for these work plans is September 30, 2019. The first two goals below are continued from the 2015-19 CFSP. Goals 3 - 11 are those goals drawn from the department-wide strategic plan that are relevant to this CFSP.

### *Goal 1: Improve placement stability for children in PSD custody.*

CFSR Permanency Outcome: 1. Children have permanency and stability in their living situations.

Measure: PSD will measure progress statewide using baselines and targets for Permanency Outcome 1 also outlined in Section II.

Objective 1: Through the use of a comprehensive CQI system PSD will use data to identify problems and root causes related to placement stability. PSD will research solutions and collaborate with colleagues and partners to address identified problems and root causes.

Objective 2: CYFD will provide technical assistance and accountability to local offices to support them in utilizing CQI data and processes to improve performance against identified benchmarks.

**Strategy 1:** The Research Assessment and Data (RAD) bureau will provide counties with data specifically related to placement stability including targets, goals, and projections.

**Strategy 2:** PSD will utilize Striving Toward Excellence Program (STEP) to strengthen a county office’s capacity to identify problems and root causes related to placement stability.

**Strategy 3:** Counties will be supported in utilizing data to assess progress, and inform experiments and office hours.

**Strategy 4:** PSD will convene statewide meetings quarterly to determine which promising practices related to placement stability should be scaled statewide.

Benchmarks	Baseline	2024 Target
By June 30, 2024, at least 36% of cases reviewed will be rated as “substantially achieved” on Permanency Outcome 1 of the CFSR-OSRI.	22.1%	36%
Percent of children in foster care for up to 12 months with no more than 2 placement settings.	74.7%	79.2%
By June 30, 2024, at least % of cases reviewed will be rated as “substantially achieved” on Item 6 of the CFSR-OSRI.	34%	86%

***Goal 2: Decrease repeat maltreatment.***

CFSR Safety Outcome: 1. Children will not have a substantiated maltreatment report within 6 months of a prior substantiated report.

Measure: PSD will measure progress statewide using baselines and targets for Safety Outcome 1 also outlined in Section II.

Objective 1: Through the use of a comprehensive CQI system PSD will use data to identify problems and root causes related to placement stability. PSD will



research solutions and collaborate with colleagues and partners to address identified problems and root causes.

Objective 2: CYFD will provide technical assistance and accountability to local offices to support them in utilizing CQI data and processes to improve performance against identified benchmarks.

Objective 3: Increase staff knowledge in assessing child safety and increase accuracy and consistency in the use of the New Mexico Child Safety Assessment statewide.

**Strategy 1:** The Research Assessment and Data (RAD) bureau will provide counties with data specifically related to placement stability including targets, goals, and projections.

**Strategy 2:** PSD will utilize Striving Toward Excellence Program (STEP) to strengthen a county office’s capacity to identify problems and root causes related to placement stability.

**Strategy 3:** Counties will be supported in utilizing data to assess progress, and inform experiments and office hours.

**Strategy 4:** PSD will convene statewide meetings quarterly to determine which promising practices related to placement stability should be scaled statewide.

Benchmarks	Baseline	2024 Target
By June 30, 2024, at least 85.8% of cases reviewed will be rated as “substantially achieved” on Safety Outcome 1 of the CFSR-OSRI.	85.1%	85.8%
Children will not be subject to a substantiated maltreatment report within 6 months of prior substantiated maltreatment.	89%	93%
Children will not be subject to substantiated maltreatment in foster care.	99.8%	100%

**Goal 3: Prevent Child Fatalities and Child Trauma**

Measure: PSD will measure progress using statewide data regarding child fatalities and serious injury; as well as data generated from trauma and ACES screenings.

The serious injury measure is defined as the rate of substantiated serious injuries occurring in children whose families were previously involved with CYFD (in any capacity) in the last 12 months, per 1,000 investigations during the same period.

- Baselines will be established by January 1, 2020.

Objective 1: Develop a protocol for intensive assessment and evaluation of families with repeated referrals

Objective 2: Develop a comprehensive, accessible inventory of available prevention programs

Objective 3: Implement improved training for all PSD staff, specific to prevention of child death and trauma.

**Strategy 1:** Develop a multi-disciplinary team and comprehensive plan to prevent child death and trauma

**Strategy 2:** Conduct analysis of 15 years of child fatality and serious injury review data

**Strategy 3:** Implement screenings for all youth who are in CYFD's custody through the CANS with ACES subpart with appropriate response that takes into account behavioral healthcare needs and social determinants of health.

**Strategy 4:** Conduct literature review of Critical Incident Review procedures to inform revision of policies and procedures

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#### ***Goal 4: Improve the performance of Statewide Central Intake (SCI)***

Measure: CYFD will measure progress against agency targets for staffing levels and call wait times.

Objective 1: Improve staffing Levels

**Strategy 1:** Aggressively fill vacancies.  
Hire at least 20 full time positions by December 31, 2019

**Strategy 2:** Add double filled positions.  
Add 8 double-filled positions by December 31, 2019

**Strategy 3:** Add 2 additional SCI supervisor positions by December 31, 2019

**Strategy 4:** Cross train other PS workers to fill in when SCI is short staffed

Objective 2: Improve Call Wait Time

**Strategy 1:** Add SCI processes to include triage and other refinements so that wait times are below 10 minutes and emergency investigations occur within an appropriate expedited timeline, create alternative means to make urgent referrals from systems partners, and train workers on utilizing the structured decision making tool in a way that protects older youth.

Objective 3: Increase/streamline accessibility to SCI

**Strategy 1:** Develop protocols and staff training regarding responding to reports regarding older youth and youth self-reporting

**Strategy 2:** Develop and implement a web based reporting system for use by public schools

- Launch a pilot system in Albuquerque Public Schools by October 1, 2019
- Expand the system to Doña Ana County schools by March 31, 2020.
- Statewide rollout by October 1, 2020.

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***Goal 5: Transition CYFD to data driven decision making and adopt validated tools***

Measures: CYFD currently has access to very limited sources of reliable data. Each of the Objectives and strategies below specifies a timeline to implement data collection and for establishing baseline

Objective 1: Select validated tools to support case-level decision-making, management, and policy

Objective 2: Establish reliable measures and baselines using data from selected tools

Objective 3: Develop department-wide policies, protocols, staff training, and accountability measures that integrate and are responsive to data and validated tools.

**Strategy 1:** Implement Structured Decision Making

- Initial implementation begun in March 2019
- Pilot program through 12/31/19
- First data pull in January 2020; revisions to training and policies as indicated

**Strategy 2:** Implement Child and Adolescent Needs and Strengths, including the Adverse Childhood Experiences assessment, across the department

- CANS implemented for all court-involved youth by January 2020
  - Baseline established by June 30, 2020
- CANS implemented statewide for non court-involved youth by December 2020
  - Baseline established by June 30, 2021

**Strategy 3:** Implement the validated Child Sexual Exploitation-Identification Tool across Departments

- Pilot implementation in border counties in August 2019
  - Baseline established by November 30, 2019
- Rollout in Bernalillo County by June 2020
- Rollout statewide by October 2020

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***Goal 6: Double the number of relative placements over the next five years***

Measure: CYFD will measure progress in relation to the number and proportion of relative placements of foster youth.

Objective 1: Double the number of kin placements over the next five years

- Current baseline: 23% of current foster youth in out of home placement are placed with kin.

**Strategy 1:** Conduct a complete analysis of the availability, strengths, and needs of all current out of home placements by June 30, 2020.

**Strategy 2:** Institutionalize family finding to identify additional potential kin caregivers

- All relevant staff trained by 12/31/2019
- Pilot implementation with new cases through June 30, 2020.

**Strategy 3:** Partner with the NM Aging and Long-Term Care Department to develop and implement a subsidized guardianship program for children who are not federally eligible.

- Data analysis and baseline established by October 1, 2019
  - Model developed and agreements negotiated by June 30, 2020
  - Pilot implementation through December 31, 2020
  - Full implementation beginning January 1, 2021
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### ***Goal 7: Expand Community Based Supports for Appropriate Placements***

Measure: CYFD will build data collection into each of the pilots described below, and will cross-reference data with relevant CWIS measures

Objective 1: Launch 5 pilot programs through a standardized Research and Development process consisting of five stages:

1. Planning
2. Pre-Launch
3. Launch
4. Measure + Refine
5. Scale (leveraging Medicaid funding)

**Strategy 1:** Launch Behavior Management Services (BMS) pilot

- Time limited, intensive, strength-based, community-located behavioral support to prevent institutionalization
- Currently in Planning stage
- Data analysis and baseline established by October 1, 2019
- Launch by December 31, 2019

**Strategy 2:** Peer Case Management (TCM) pilot

- Non-clinical intervention with an emphasis on lived experience and connection/maintaining
- Currently in Pre-Launch stage
- Launch by March 31, 2020

**Strategy 3:** EMT Corps

- Workforce development with wraparound therapeutic supports
- Currently in Planning stage
- Launch by June 30, 2020

**Strategy 4: High Fidelity Wraparound**

- SAMHSA funded pilot providing intensive care coordination in a strengths-based model focused on adult supports and behavioral health interventions.
- Currently in Launch stage, implemented using state only funds at six sites throughout the state, monitoring and revising.
- Data collection and baselines established by January 1, 2020
- Planned transition to scaling by July 1, 2020

**Strategy 5: Infant Mental Health**

- Medicaid-billable clinical and nonclinical interventions intended to support the social-emotional and behavioral development of children ages birth to five.
- Currently in Launch stage – implemented at sites in **Dona Ana, Silver City, Luna, Santa Fe, and Albuquerque.**
- Planned scaling through Medicaid billing by June 30, 2020.

Objective 2: Increase the availability of Medicaid funded community based services

**Strategy 1:** Conduct an analysis of the current use of EPSDT to finance supportive services statewide, and for CYFD youth in particular, by December 31, 2019.

**Strategy 2:** Assess program models, policies, financing, and procurement strategies in other states by June 30, 2020.

**Strategy 3:** Develop a plan to scale Medicaid funded service models incorporating learning and opportunities identified through the 5 pilots described above, by October 1, 2020.

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**Goal 8: Prevent Homelessness**

Measure: CYFD will assess progress by tracking the number of children and youth known to CYFD who experience homelessness.

Objective 1: Establish a better understanding of homelessness among current and former CYFD dependents, including developing baseline measurements by December 31, 2019.

Objective 2: Implement strategies to reduce youth homelessness for youth 18-25 by at least 10% by December 31, 2020.

**Strategy 1:** Create an Office of Youth Homelessness and Transition Aged Youth by January 2020 to conduct a comprehensive analysis of youth homelessness, including risk and response.

**Strategy 2:** Office of Youth Homelessness and Transition Aged Youth will develop a set of recommendations by July 2020 for reducing youth homelessness among 18-25 year olds with previous out-of-home placement.

**Strategy 3:** Implement a screening tool for older youth to better identify and improve service delivery to survivors of child sex trafficking statewide by fall of 2020.

**Strategy 4:** Analyze and create protocols and policies across the agency to better support and ensure the safety of LGBTQ youth to be implemented by December 2020.

**Strategy 5:** Implement extended foster care in a youth-centered, trauma-responsive way to intentionally leverage its opportunity to reduce youth homelessness among vulnerable populations as appropriate with a participation rate of at least 75% of all eligible youth by July 2021.

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### ***Goal 9: Fill Workforce Vacancies and Improve Morale***

Measures: CYFD will assess progress by monitoring employee responses to the organizational health survey. Specific measures that will be tracked include responses to the following:

1. "In my office, coworkers take care of each other and provide emotional support when needed"
2. "Overall I have confidence in the leadership of my supervisor"
3. "How would you describe overall morale in your office"
4. "My office has access to a debriefing protocol for circumstances that are likely to cause secondary trauma"

Objective 1: By June 30, 2020, establish reliable mechanisms to gather baseline data and evaluate progress moving forward.

**Strategy 1:** Provide HR and Chief Data Officer with global access to SHARE by July 30, 2019 to improve ability to track employee retention and other employee vacancy data.

**Strategy 2:** By June 30, 2020, Conduct a compensation and benefit package analysis that considers geographical and other factors, and plan any indicated adjustments.

**Strategy 3:** Create a position in HR by January 1, 2020, to further develop data and analysis regarding retention.

**Strategy 4:** Increase response rate in the organizational health survey by 10% in each division over each 12 month period, beginning January 1, 2020.

Objective 2: Increase retention of employees

**Strategy 1:** Increase by 4% by December 31, 2019, employee use of benefits that increase retention i.e. loan repayment program, clinical social work supervision, educational leave commitment, training for advancement, etc.

**Strategy 2:** Increase by 10% by December 31, 2019, employees who take a leadership training advancement class.

Objective 3: Improve self-care and morale of employees

**Strategy 1:** Develop a mandatory debriefing protocol by September 30, 2019 for cases that are high trauma

Targets and Benchmarks:

- By June 30, 2020, increase by 5% overall employee response to the question “In my office, coworkers take care of each other and provide emotional support when needed” on the organizational health survey. 2018 baseline: 60%
- By June 30, 2020, Increase by 15% overall employee response to the question “My office has access to a debriefing protocol for circumstances that are likely to cause secondary trauma” on the organization health survey. 2018 baseline: 20%
- By June 30, 2020, increase by 15% the number of employees responding “good or very good” to the question “How would you describe overall morale in your office” on the organization health survey. 2018 baseline: 40%
- By June 30, 2020, increase by 10% the number of employees responding “agree or strongly agree” to the question “Overall I have confidence in the leadership of my supervisor.” on the organization health survey. 2018 baseline: 70%



## Goal 10: Optimize Funding

Objective 2: Create protocols and infrastructure to better leverage stable funding streams for prevention and intervention services for youth at risk of and in care.

**Strategy 1:** Conduct an audit of both internal and external activities to better ascertain funding sources for prevention and intervention services by January 2020. Audit may include IV-E opportunities (including those created by the Families First Services and Prevention Act), Medicaid, and other.

**Strategy 2:** Implement strategies from the audit above as appropriate no later than July 2020 with a goal of increasing non-general fund revenue in Protective Services by 10% by July 2021.

**Strategy 3:** Exit Current PIPs by March 30, 2020

**Strategy 4:** Develop a comprehensive screening tool for youth in CYFD's custody for potential SSI eligibility and help youth apply, utilizing external resources as appropriate, increasing SSI applications by 100% and the numbers of children on SSI by 50% by December 2020

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## Goal 11: Optimize Accountability

Objective 1: Create an environment of accountability for CYFD leadership

**Strategy 1:** Hire youth with lived experience to act as full time policy staff to hold CYFD accountable to building a youth-centered, youth serving organization by December 2019.

**Strategy 2:** Create a Foster Parent Grievance Policy and implement by July 2020.

**Strategy 3:** Create structures for employee feedback regarding management morale, retention, conflict resolution, engagement, and opportunities for staff to implement by July 2020

**Strategy 4:** Create a foster care task force made up of members of the public, foster parents, kinship care providers, behavioral healthcare professionals, and CYFD staff to present recommendations about changes to CYFD's grievance procedures and other accountability mechanisms by November 2020.

***Strategy 5:*** Create a public, accessible Children’s “Report Card” in collaboration with the New Mexico Children’s Cabinet to be released before January 2020.

***Strategy 6:*** Create an Office of Children’s Right, including a Director of Educational Advocacy, by July 2020, to act as an internal advocacy office to ensure that the civil rights of children in CYFD’s care are being appropriately protected.

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## Staff Training, Technical Assistance and Evaluation

CYFD is reexamining the structure, resourcing, content, and methodology of all of its internal and external training activities, and developing a five-year training plan, which will support New Mexico’s 2020 – 2024 goals and objectives. The Department anticipates adopting the plan in the second half of calendar year 2019. The training plan will expand on the success of the APDT FOP for new employees and the complimentary coaching strategies of the PSD Training and Coaching program. The training plan will use the existing curricula and models to evaluate them for success in linking topic areas to core competencies and revise from there. The plan will outline the core competencies for a new employee to gain within their first six months and then create certification levels for employees to continue growing their knowledge and skills. These certification levels will include multiple learning modalities incorporating training, coaching, self-directed learning and team learning.

The following is a summary of the staff development and training plan currently in use:

PSD operates a training and staff development program that supports the goals and objectives of the Child and Family Service Plan (CFSP). Children, Youth and Families Department Foundations of Practice (FOP) training and PSD’s advanced trainings are designed to support safety, permanency, and well-being for children, as well as PSD’s CFSP Plan for Improvement goals. PSD has worked with the Academy for Professional Development and Training to include the Piñon Practice Model, Adaptive Leadership™, and Continuous Quality Improvement (CQI) into the FOP curriculum.

Each of these trainings is supported through a combination of state general funds and federal Title IV-E, Title IV-B Part 2, Chafee, CAPTA and other funds. Non-IV-E funds (e.g., Title IV-B Part 2 and CAPTA), although limited, provide important support for training for contract service providers, as well as staff training on topics not eligible for IV-E reimbursement.

Trainings are provided by Academy for Professional Development and Training, Protective Service Employees, Juvenile Justice Employees, and New Mexico State University Family and Child Welfare Training Project Employees. A cross division Training Advisory Council (TAC) continues to assist in development of staff trainings.

### *Title IV-E funded training provided to PSD staff include:*

- Social Work Stipend Program: Through agreements with the four Universities offering Social Work programs in the state (New Mexico Highlands University, New Mexico State University, Western New Mexico University, and Eastern New Mexico University), stipends were offered to BSW or MSW students in exchange to work for PSD upon graduation.
- Foundations of Practice: Sessions are provided each month for 10 to 12 sessions per year. The training is completed in a five-week time frame, of which one week is on the job training (OJT) activities.
- Annual Court Improvement Project Cross-Training: These annual events are funded largely through the Court Improvement Project's cross-training grant, with some logistical support provided by SWIFCA through IV-E.
- Annual Foster Parent Conference and Recertification Training
- "Working with Youth": A six-hour training that includes information on positive youth development, adolescent brain development, youth engagement, talking with youth about sex, and youth safety issues.
- Special Topics in Adoption: Trainings are provided to CYFD staff and foster and adoptive families to assist in their knowledge in adoptions.
- SAFE Training: SAFE training is ongoing throughout the year, provided by PSD staff certified to train SAFE.
- Safety Organized Practice (SOP) Training: has been provided to all Supervisors and front line staff. Coaching has also been provided by NCCD and Casey to implement the CAP Framework and assist in getting the practice moving forward. A T4T was conducted to 22 staff, and they have trained the Intro to SOP to staff regionally.
- Cornerstone (Learning Management System): has been updated to include PS trainings. The system allows staff to register for trainings, offers CEUs, evaluation questions, as well as monitors and tracks staff participation.
- Sex Trafficking Training: All PS staff are trained in Youth Sex Trafficking. A curriculum was developed with the assistance of Behavioral Health and the PSD Training Director to include an e-learning component and a three hour face-to-face, regionally based training.
- FACTS Training: PSD FACTS Staff provide statewide training whenever the FACTS system undergoes a major revision. FACTS staff follow up throughout the year with county and regional "booster" training on complex topics relating both to annual and mini releases. PowerPoint trainings for the various aspects of the annual releases are made available to

staff via the CYFD Intranet. Initial FACTS training is provided through e-learning during foundations of practice.

- Other Training: Other training for PSD staff is provided through Academy for Professional Development and Training in areas such as defensive driving, HIPAA, general supervisory skills, respect in the workplace, ethics, domestic violence and other topics.
- Regionally-Based Trainer Coaches (RBTC): Six Regional Trainer/Coaches (RBTC) provide training support, coaching, and monitoring learning. They are responsible for ensuring each employee in their region receives training that is position-specific, competency-based, and track-based. Each new PS employee has an individualized training plan developed and monitored by the RBTC. The RBTC ensures each worker completes initial training as well as ongoing required trainings, in addition to any supplemental trainings the worker or supervisor chooses to be added to the worker's training plan. The RBTC is also responsible for coordination and facilitation of field staff trainings as identified through the Quality Assurance Loop Around process and desktop reports. The RBTC acts as a coaching support to staff, and does hands-on skill building with staff. These positions are supervised by the PS Training Director.

PSD staff provide informal training and technical assistance regularly to staff in the field when the need arises. For example, the Interstate Compact on the Placement of Children (ICPC) Coordinator often provides training on changes in ICPC procedures; youth services staff provide training on emerging issues related to youth, etc. Training Provided Through Programs Included in the 2020-24 CFSP.

Title IV-B Part 2 & CBCAP: Title IV-B Part 2 training funds are used to support the annual adoptive family conference, quarterly provider training, and Circle of Security training for some PSD staff and providers. IV-B Part 2 funds are utilized for the quarterly provider trainings and “Protective Service provider core” (a four day reduction of the PSD foundations of practice). PACAP funds are also utilized for the “Protective Service provider core” training.

CAPTA: During 2015 – 2019, CAPTA funds were utilized to support and supplement several training efforts, including Circle of Security, Abuse and Neglect Detection and Reporting E-learning, and costs related to development of multi-disciplinary teams and Child Advocacy Centers (Valencia County). CAPTA funds support the attendance of PSD staff and attorneys at the annual Children’s Law Institute. PSD will also utilize CAPTA funds, IV-E and IV-B training funds to provide training on sex trafficking, human trafficking, labor trafficking, and prudent parenting.

Chafee: For 2015 – 2019, Chafee training funds were used to support the annual Independent Living Conference.

CBCAP: In 2015 – 2019 CBCAP funds were used to support the delivery of “Protective Service Provider Core,” “Positive Parenting Program,” (Triple P) as well as offerings of “Circle of Security Parenting” training. For more information, see PSD’s annual CBCAP Report.

## *Training for Community Partners:*

CYFD provides a range of training and technical assistance supports to local offices, service providers, and communities:

- Foster and Adoptive Parent Training: The staff and provider training system is functioning to ensure training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children.
- RAFT Foster Parent Pre-Service Training: PSD's foster parent pre-service training includes skill building on childhood trauma and improves the quality of foster and adoptive parent preparation. Relative, Adoptive and Foster Training (RAFT) curriculum is provided in every county. Staff and contractors continue to go through a certification process to train the curriculum.
- Behavioral Health Services Training: CYFD Behavioral Health Services (BHS), in collaboration with PSD, is committed to the provision of quality behavioral health services and supports that are trauma-informed, evidence-based, culturally competent, and youth and family driven that meet the needs of CYFD's children and youth. To meet this goal, BHS collaborates with PSD to provide the following trainings to PSD staff, partner agencies, family members, youth, and community behavioral partners serving the PSD population.
- Youth Engagement Training: BHS developed a Youth Engagement Training (YET) curriculum developed by youth to enable them to train adults, professionals, and other community members to start the conversation on strategic planning around youth engagement efforts. In order to successfully build youth-driven teams, the adults are taught key concepts regarding how to empower youth to advocate, recruit, and support each other as peers and equal partners. This curriculum is facilitated by an adult partner and youth who has lived experience navigating children's systems (PSD, JJS, behavioral health, special education, etc.). To date BHS has trained over 23 Youth Trainers statewide (16 of those youth were recruited by PSD Youth Transition Specialist (YTS) staff) and 17 adult co-trainers (10 of which are PSD YTS staff). YETs were offered at each of the Five Days of Learning BHS provided in FY17 and at each PS county office statewide annually. YET was offered at the Children's Law Institute in FY17 and Foster Parent Appreciation Conferences. At the end of FY17, there were 466 PSD staff trained in YET with an additional 100 foster parents, 154 JJS staff, 13 BHS staff, and 206 other child serving partners such as behavioral health providers and school staff. In FY18, an additional 108 PSD staff and 85 foster parents were trained in YET. In FY19, BHS will continue to provide YET trainings as requested by PSD.

PSD will use training funds provided under the Title IV-E foster care and adoption assistance programs to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult.

### *Collaboration and Technical Assistance:*

Under new leadership, CYFD has established an unprecedented level of collaboration with its sister state agencies.

- CYFD, New Mexico Human Services Department, New Mexico Department of Health, and New Mexico Aging and Long-Term Services Department are co-leading a project to build a Medicaid Management Information System (MMIS) that is also CCWIS compliant. It will replace CYFD's existing database, will help all participating agencies move towards increased data transparency and accountability, and will facilitate data-driven decision making across all participating departments.
- CYFD has partnered with ALTSD and local grassroots coalition Grandparents Raising Grandchildren to create additional supports for kinship providers. The first pilot approach will consist of creating a subsidized kinship-guardianship program for children who are not eligible for Title IV-E.

Current CYFD leadership is also accessing expert consultants as needed to achieve compliance with federal, state, and community mandates and expectations, as well as to address areas in need of improvement. Current consulting relationships include:

- CYFD will continue to access the resources available through the Capacity Building Center for the States.
- CYFD will continue to contract with National Center on Crime and Delinquency to support the implementation of Structured Decision Making.
- Casey Family Programs is supporting our work to clear the investigation backlog, as well as to understand the phenomenon of children who are detained for less than 72 hours, a subset of whom could be safely maintained at home.
- CYFD is collaborating with the American Bar Association's Commission on Homelessness and Poverty, who is providing technical assistance on the creation of a state-level Office of Youth Homelessness.
- CYFD is working in partnership and close collaboration with Albuquerque Police Department around how to respond and collaborate in response to reports of child abuse. Forty percent of the state's foster children are from Albuquerque.

- CYFD is collaborating with Albuquerque schools to improve foster students' ability to remain in their school of origin, and to plan better provision of supports and services for all foster students, and address persistent challenges with truancy.
- CYFD is collaborating with Disability Rights New Mexico and Pegasus to address pressing deficits in the system around providing appropriate and timely step down from residential facilities and more comprehensive provision of community-based legal services.
- Because NM has the second-highest population per capita of Tribal individuals in the country, CYFD is working in collaboration with the Tribes and the courts to create an ICWA court. PSD is also creating a dedicated ICWA team. Additional detail about these activities is included below.
- CYFD has contracted with California-based consultancy Social Change Partners to support the implementation of the Family First Prevention Services Act (FFPSA), and restructuring the child welfare system to be better able to provide prevention services at the right time to the right children and families.

Under leadership of the new Secretary, CYFD is in the process of revising its comprehensive strategic plan. To date, CYFD had adopted 15 agency-wide strategic planning goals. Each of these is assigned to a member of agency leadership, with the expectation they facilitate the development of specific outcomes measures and a detailed work plan. The expected date of adoption of the work plans is September 30, 2019. From that date forward, they will be tracked over time, utilized in staff supervision and planning, and regularly reviewed by the Secretary. Staff of the State of New Mexico Governor's Children's Cabinet has attended planning meetings to date and will be regularly informed of progress.

CYFD continues to contract with National Center on Crime and Delinquency and Casey Family Programs to provide technical assistance. Both conduct data collection and analysis as part of their work.

CYFD is also working with the New Mexico State Legislature's Legislative Finance Committee to scope a broad analysis of placement and services.

CYFD will report on the status of all of these efforts in future APSRs.

### ***Five Year Training Plan Strategies in Support of 2020 - 2024 Goals and Objectives***

#### **Goal 1: Improve placement stability for children in PSD custody.**

1. The PSD Training Department is part of the strategy for assisting county offices build their capacity to identify problems and root causes (Strategy 3). The Regionally Based Trainer/Coaches (RBTC's) work individually with workers and supervisors to increase their assessment skills along with increased understanding of the Safety Decision Making

(SDM) tool. Increasing these assessment skills within the field staff will directly impact each county's ability to identify problems, think collaboratively and creatively about solutions.

2. Assessment of the New Employee Training found that the current training has an opportunity to increase the ways employees manage their caseloads and use data to drive decisions. This is true of the leadership training as well. CYFD is currently working on developing a new "new employee training." Objectives within the new employee training include:
  - a. participants will understand the importance of utilizing data from ROM to assess progress; and
  - b. participants will learn strategies for meeting with their supervisor to present cases.

**Goal 2: Decrease repeat maltreatment.**

1. The PSD Training Department is working on increasing staff knowledge in appropriately assessing child safety through the use of Safety Organized Practice (SOP) and additional training in the SDM tool. New employees receive this training during their initial training at Foundations of Practice. Additionally, employees will be receiving individual coaching in these areas. PSD is moving towards an assessment-based coaching strategy to assess new employees, at regular intervals, based on self-reported and supervisor-reported assessments. These assessments will identify employees who need to improve their skills in the use of the assessment tools and their understanding to be increasing inquisitive around safety information, and how to engage with families.
2. Additional training is provided to employees in areas that are of significant contribution to repeat maltreatment, which includes the topics of: sex trafficking, domestic violence, and youth mental health first aid.
3. The PSD Training Department is collaborating with the Behavioral Services Department within CYFD to improve the training of employees on trauma and trauma responsive care. This training will impact the ability of employees to view bio-families through the lens of generational trauma and be better positioned to determine the need for referral to services and increase specificity of referrals to better engage families in the process of preventing future maltreatment.
4. In the training assessment, PSD Training Department has discovered an area of opportunity to increase the prevention efforts by offering parenting and prevention that fits within the FFVPSA Clearinghouse "well supported" category. This is in its early stages of development and PSD is currently determining how this will be added to the training plan.



### **Goal 3: Prevent Child Fatalities and Child Trauma.**

1. In the revision of the “new employee training,” one of the objectives is participants will understand emotional intelligence and ways it can be applied to interviewing and assessment. This training will increase field staff’s ability to have a more inquisitive approach and a trauma responsive lens of gathering deeper information for greater impact in decision making.
2. The PSD Training Department is involved in training and coaching of the SDM tool to increase field staff’s ability to assess safety.
3. The PSD Training Department is awaiting findings from the Fatality and Serious Injury Review. In the results of this review, PSD will find areas of opportunity for increased training of field staff and also foster parents. PSD is prepared to include this information in the revisions of the training plan.
4. The PSD Training Department is leading the effort in training field staff in CANS.
5. The PSD Training Department is also working on the revision of foster parent training, which will include specific modules on trauma and trauma responsive care.

### **Goal 4: Improve the performance of Statewide Central Intake (SCI).**

The training plan will impact the performance of SCI. It will be improved to have more specific training information focused on SCI’s roles and responsibilities.

### **Goal 5: Transition CYFD to data driven decision making and adopt validated tools.**

The PSD Training Department is increasing training for the field staff across the state on the structure decision making tool. Along with the training is a foundational tool used in the coaching strategy providing parallel process for employees to determine how the tool increases their ability to assess and respond.

### **Goal 6: Increase the availability of appropriate placements.**

1. Increasing kinship placements is a culture shift for many county offices in New Mexico. The PSD Training Department is tackling this culture shift through assisting PSD field staff in understanding the benefits for children and youth when maintaining kinship bonds.
2. The RBTC’s will assist field staff in taking a more inquisitive approach to safety assessments, which provides the field staff in the ability to ask and have questions answered by kinship placements, where as in previous culture, would have been seen as an immediate rule out.

### **Goal 7: Expand community-based supports for appropriate placements.**

The PSD Training Department understands there needs to be increased training that community-based providers may access. The PSD Training Department is preparing to train community providers on how to better interact with PSD field staff and how to make referrals, as needed.

### **Goal 8: Prevent homelessness.**

1. The PSD Training Department is engaged in increasing field staff training on youth specific engagement and de-escalation skills. PSD is working to hold youth specific trainings in county offices that have experienced increased youth placements. PSD is also increasing the relevance of the youth training in the new employee training by utilizing youth who have experienced the foster care system to train PSD field staff.
2. The PSD Foster Family Training is under revisions to include more training specific to youth engagement and de-escalation, to increase the ability of foster parents to interact appropriately and effectively with our youth. Additionally, this will increase the number of foster families comfortable with accepting youth.
3. Employee training includes youth mental health first aid.

### **Goal 9: Fill workforce vacancies and improve morale.**

1. Training is a large part of retention of employees. As PSD revises the current training curriculum and structure, it will impact the retention of PSD staff. The increased use of RBTC's will provide field staff with an additional resource to build confidence in their ability to succeed in their role, an issue that relates to New Mexico's high turnover.
2. Leadership training has included a new module around hiring for intention. This training was developed in collaboration with the HR Recruitment and Retention Specialists.
3. PSD Training Department provides the leadership training.

## **Implementation Supports**

CYFD has implemented all items in the most recent approved PIP. Areas for continued improvement are related to appropriate permanency plans, timeliness of permanency and medical and dental documentation. PIP goals and process measures are detailed in the summary tables included in the 2015-19 Report and above. With regards to these three priorities:

- Permanency Case Planning: High caseloads contribute to delayed case planning for children. CYFD leadership continues to work on increasing the number of casework positions and improving training for caseworkers to improve job satisfaction and skills,

and ultimately, improve retention. The department's goal is to significantly lower caseloads by June 2020.

- Timeliness of Permanency: CYFD continues to experience delays in finalizing the termination of parental rights. CYFD leadership is working with Children Court Improvement Commission to prioritize hearings for children, as well as to improve CYFD practice and interface with the courts. Additionally, the agency is prioritizing placement with relatives. In certain cases, Permanent Guardianship may be more appropriate for relatives than a termination of parental rights hearing and adoption. Funding for guardianships for non-IVE children is needed. CYFD's goal is to clear the backlog and increase the use of permanent guardianship by June 2021.
- Medical and Dental Documentation: Children in CYFD custody receive routine medical and dental care. Staff and foster parents access initial EPSDT exams in a timely manner. Documentation and follow up with recommendations are the areas needing improvement. CYFD has a goal of implementing a medical profile module and data exchange process for foster parents to upload medical and dental reports. Access to patient files within managed care portals will allow staff to review follow up appointments or procedures. The resources needed to support these goals are continued collaboration with HSD on their MMISR project and mobile access for staff. A pilot module should be available in January 2021.

# Services

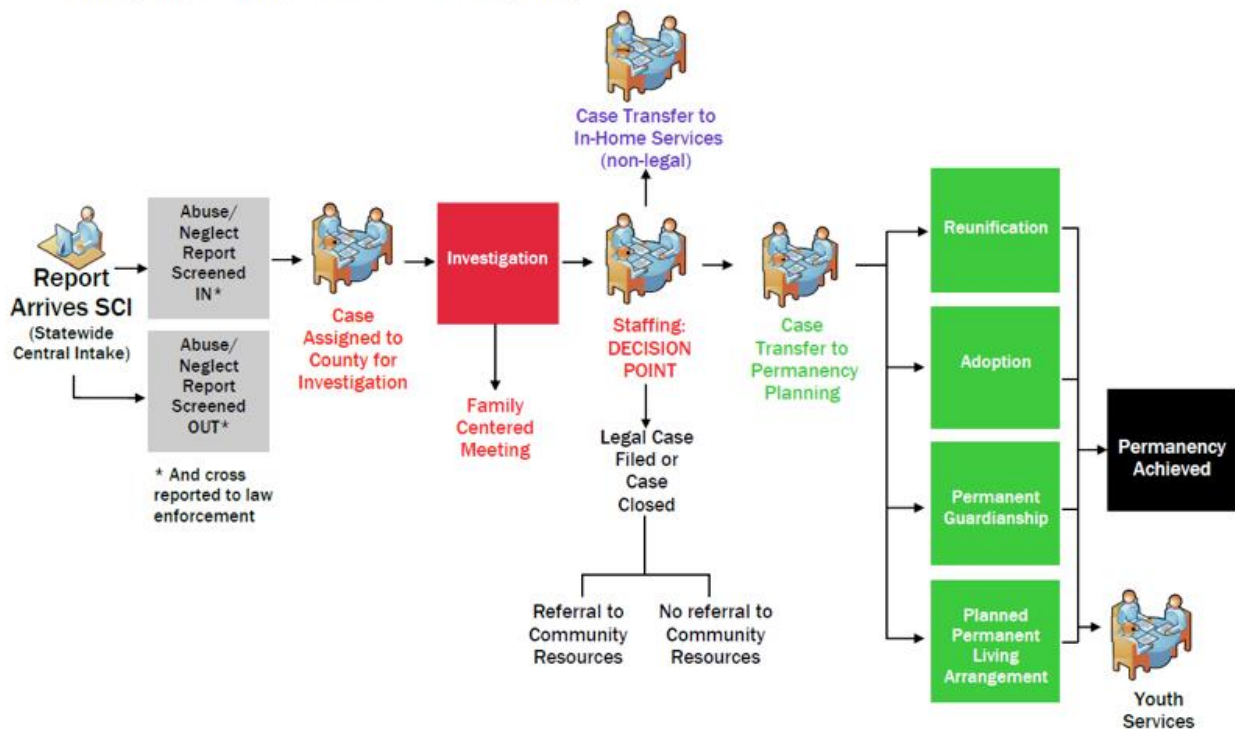
## Child and Family Services Continuum

This section provides a brief narrative description of the services provided in each of CYFD’s program areas. Services are provided statewide unless specifically noted.

The child welfare services described in Section 1 are provided through a combination of funds, as

### Protective Services

The process is unique for each child and family. Not every report becomes a case nor does every case enter every phase. This “Flow Chart” is a general overview of a complex multi-step process showing only key selected steps. The PS process focuses on the safety, well-being and permanency of children and the strengthening of families.



permitted in the State’s federally approved Cost Allocation Plan. These funding sources include the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1), CBCAP, Title IV-E, and the New Mexico General Fund. Section 2 describes services provided through the Promoting Safe and Stable Families Program (Title IV-B subpart 2). Services funded through the Child Abuse Prevention and Treatment Act (CAPTA) are described in Section 3, and the Chafee Foster Care Independence Program and Education and Training Voucher Program are described in Section 4.

## *Child Welfare Services*

Services provided by PSD fall within the category of Child Welfare Services, which are designed to prevent child abuse and neglect, respond to allegations of abuse and neglect, intervene and provide services to maltreated children or children at risk of maltreatment and their families, provide foster care and permanency to children needing protection and youth services to older youth in foster care, youth who emancipated from the foster care system and youth adopted from foster care after age 16. All these services are focused on assuring the safety, permanency, and well-being of the children and youth served by PSD.

## *Child Abuse and Neglect Prevention Services*

With federal CBCAP and State general funds, PSD provides community-based prevention and support services through a combination of contracted and direct services. PSD's approach to CBCAP planning, programming, and monitoring emphasizes:

- Use of evidence-based or evidence-informed programs and projects;
- Efforts to enhance parental capacity;
- Parental involvement in CBCAP program development;
- Integration with other child welfare services;
- Services for underserved populations; and
- Leveraging funds to support prevention activities.

These requirements have been incorporated in requests for proposals released for the provision of CBCAP services. PSD continues to work with providers to support them in getting trained in the evidence based curriculum, Positive Parenting Program (Triple P) and the evidenced informed curriculum, Circle of Security – Parenting (COS-P). PSD will continue to monitor these programs using the protective factors survey and an independent evaluation in order to ensure continuous quality feedback.

CBCAP funds will continue to be used to provide training to CBCAP and domestic violence funded service providers, child prevention awareness campaign efforts through PullTogether and family support services. CYFD specifically utilizes CBCAP funds to provide evidence based family support programs for families with children 0-5 utilizing evidence based and evidence informed parent education curriculum. These programs use the CBCAP Conceptual Framework as the logic model for providing services. The main purposes of the CBCAP programs are:

- To support community-based efforts to develop, operate, expand, enhance and where appropriate to network initiatives aimed at the prevention of child abuse and neglect;

- To support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse/neglect; and
- To foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

### *Child Protective Services Intake*

Reports are received by PSD's statewide central intake (SCI) through the state's toll free number or a "short code" #SAFE (#7233) from cell a phone. SCI responds to calls and is staffed 24 hours a day, seven days a week with professionally trained workers. The intake worker utilizes a SDM screening and response priority tool. Completion of the tool results in a recommended determination regarding the acceptance and priority assignment of the report for investigation. The toll-free line has the capacity for callers in both English and Spanish, and there are separate dedicated phone lines for law enforcement and juvenile justice sources. This toll free number is for use statewide, all allegations of child abuse or neglect are funneled through SCI. In New Mexico, it is in state statute that all citizens are mandated reporters of child abuse and neglect.

A screening determination on an incoming report is made by SCI. Once accepted, the PSD report is assigned to the appropriate county office for investigation. Reasons for non-acceptance of a report may include, but is not limited to the following:

- no specific allegation or risk of abuse or neglect;
- insufficient information to investigate;
- referral to another agency;
- does not meet SDM screening criteria;
- perpetrator is not a parent or caretaker;
- referral to law enforcement; or
- it is a duplicate report.

### *Child Protective Service Investigations*

Reports of abuse or neglect that meet the state's criteria for investigation are assigned a priority status based on the severity of harm or safety concerns of the child, including CAPTA requirements regarding an infant born drug-addicted or exposed. Emergency reports are initiated within three hours from the acceptance of the report at SCI, Priority 1 reports within 24 hours, and Priority 2 reports within five calendar days. PSD is responsible for conducting civil investigation of allegations of child maltreatment; law enforcement conducts criminal investigations. County offices work with local law enforcement to coordinate when each entity is involved.

Investigations are conducted by workers in the county field offices. The investigation decision, due within 45 days of the report, includes a determination of substantiated or unsubstantiated of allegations in the report. Substantiation in a child abuse or neglect investigation means the

victim is under the age 18, a parent/caretaker have been identified as the perpetrator or identified as failing to protect the child, and credible evidence exists to support the conclusion by the investigation worker that the child has been abused or neglected as defined by state statute in the New Mexico Children's Code. Unsubstantiated means that the information collected during the investigation does not support a finding that the child was abused or neglected as defined by state statute in the New Mexico Children's Code.

The services of medical professionals, mental health professionals and other related professionals are used as appropriate to assess the safety of the child, threat of risk of harm to the child, the protective capacities of the caregivers, and the family's needs and strengths. The workers use standardized safety and risk assessment tools to make a determination about what actions, if any, should be taken by PSD. Children under the age of three who are subject of a substantiated report of child maltreatment, whether or not they enter PSD custody, are referred to the state's early intervention program, Family Infant Toddler (FIT), for an assessment.

By state law, only law enforcement can remove a child from the home without the order of the court. As part of a set of amendments passed by the 2009 legislature, the New Mexico Children's Code now requires law enforcement contact PSD before placing the child into custody. PSD conducts an on-site safety assessment to determine whether or not it is appropriate to take the child into custody. In addition, the law now clarifies that PSD may release a child from custody within the two-day emergency temporary custody time period if it is determined that release is appropriate.

### *In-Home Services*

The purpose of in-home services (IHS) is to promote the safety of children and reduce the risk of the recurrence of maltreatment of children by their parents or legal guardians without the intervention of the courts. Services are designed to enhance the family's capacity to provide for their children's needs in a safe environment, create stability within the home and develop healthy and supportive ongoing community relationships. IHS is an integrated, comprehensive approach to strengthening and preserving families who are at risk for, or who are currently experiencing problems in family functioning. IHS case interventions are provided for a maximum of 180 days with a possibility of up to three 45 day extensions. PSD continues to look at ways to evaluate IHS effectiveness and determine if changes need to be made to current practice.

Over the last year, PSD had an IHS workgroup to address consistency in practice and updating policy and procedure. Updated policy and procedures were promulgated March 15, 2016. Supervisors and staff received initial training and supervisors obtained additional training in May 2016. In 2018, the Department started work with the Capacity Building Center on enhancing the I-HS program. Finalization of this process is expected to be completed in January 2020.

### *Foster Care*

Permanency planning services (foster care services) are provided when legal intervention is required to protect a child's safety and enhance the child's well-being. Legal intervention often

involves a child in state custody being placed in foster care. New Mexico's Children's Code contains the requirements of the Adoption and Safe Families Act and other relevant federal laws, including the Safe and Timely Interstate Placement of Foster Children Act of 2006, the Child and Family Services Improvement Act of 2006, and the Adam Walsh Child Protection and Safety Act of 2006. Changes to the Code in 2009 assure compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2008.

- Entry into Custody: A child can enter PSD custody through emergency placement by law enforcement, however an abuse/neglect petition must be filed with the district court within two business days of custody or the child will be returned to the parent or guardian. PSD has the responsibility to make reasonable efforts to prevent the removal of a child from the home; however, the child's safety always takes precedence. If a child enters foster care, PSD then has the responsibility to make reasonable efforts to reunify the child with the parent or guardian, if that can be done safely for the child.
- Permanency Planning Services: Permanency planning services include services needed to enhance caregiver protective capacities to manage the safety and risk factors present in the child's family. PSD establishes a permanency plan for every child in PSD custody. Reunification is the initial plan of choice for each child, unless that plan is determined not to be appropriate. Other acceptable plans are adoption, permanent guardianship, placement with a fit and willing relative, and other planned permanent living arrangement.
- Level of Care: Children are assessed upon entry into foster care for their appropriate level of care. The child's level of care determines the maintenance payment amount, identifies the needs of the child, the skill level of the foster care provider and provides an initial assessment of the needs of the foster care provider. All children enter foster care as a level 1 placement. Children who have a higher level of need than the general population of children in out of home care and who also require a higher level of supervision and skill by the substitute care provider are eligible for level 2 foster care. Level 3 foster care are for those children with significant medical or behavioral needs who require a significantly and consistently higher level of care from a highly trained caregiver. These are children who would otherwise require hospitalization or institutional placement.
- Health Care: Children who are legal residents of the United States in out-of-home care are eligible for Medicaid, either through Title IV-E eligibility, SSI or state-funded care. Medical care is provided for children who are non-citizens through state funds. Children receive early periodic screening diagnostic and treatment (EPSDT) assessment within the first 30 days of placement; this begins the process to identify any needs they have and begin early intervention. Caseworkers record health care information in FACTS, the state SACWIS system, and work with the foster care provider to maintain the child's traveling file to provide for continuity of health care information should the child change placement or exit foster care. Youth emancipating from foster care are provided copies of their health care records.



- Representation and Advocacy: For every legal custody case, the parent or guardian is appointed an attorney if they cannot afford one, and every child is appointed an attorney guardian ad litem (GAL) or a youth attorney. Children under the age of 14 are appointed a GAL who represents the best interest of the child. Older youth have a youth attorney who represents the position and wishes of the child. Many children are assigned a court appointed special advocate (CASA), who acts as an advocate for the child and reports on the status of the child to the judge at reviews. New Mexico has a citizens review board (CRB) system, and boards around the state conduct reviews of legal custody cases on a periodic basis.
- Foster Care Providers: PSD recruits, trains, licenses, and maintains foster families for placement of children. There is an emphasis on placements with relatives, and policy directs that relative placement options be considered throughout the life of the case. Both relative and non-relative foster care applicants are required to complete the same set of licensing criteria, including a criminal records check, training, a home safety check list, and a mutual assessment process to identify the strengths of the applicant family and their appropriateness for caring for children in state custody, whether temporarily in foster care or permanently in adoption. PSD policy and procedure detail the requirements for local, state and federal criminal record checks for persons applying to be foster parents or relative foster parents. Criminal background checks and abuse and neglect checks are also required for any adult residing in the home of the foster parent or relative foster parent applicant. PSD provides foster care maintenance payments to substitute care providers as financial reimbursement for the care of children placed in their home. Maintenance payments are supported by both general funds and Title IV-E funds.

## Inclusion and Involvement of Other Federally Funded Programs

### *Violence Against Women Act*

Efforts to coordinate with the State's Violence Against Women Act Implementation Plan, Victims of Crime Act State plan, the Rape Prevention and Education State Plan and the FVPSA Plan happen at multiple levels of organization. The State of New Mexico Crime Victims' Reparation Commission (CVRC) 2017-2020 Statewide Implementation Plan was adopted on June 19, 2017 and is in effect as of this writing. The plan provides for the following collaborations:

- Grant Allocation committees for FVPSA, VAWA, and VOCA grants always include members from all three administrative offices. The plans are reviewed and taken into account during funding allocations. The administrators have worked together to conduct joint program monitoring site visits, review of grant spending across all funding streams, coordination surrounding intersection of Domestic Violence, Child Advocacy Centers and VOCA and VAWA funded projects. Regularly scheduled joint meetings are held between the funding offices along with other local funders (such as United Way and local

government) focused on plans to make the system in New Mexico more effective and efficient.

- The Community Services Bureau has established on-going communication and coordination with the Department of Health, Sexual Violence Prevention program and have started to work on training and funding options in order to better utilize all available resources in the state as well as educate and increase the availability of service in more regions of New Mexico. This has the potential to expand prevention work and develop Domestic Violence agencies through the valuable networking opportunities professionally and through peer to peer support.
- The Community Services Bureau also is an integral part of the development of the CFSP as well as the development of the Families First Prevention Services Act Implementation planning. Coordination with this team includes the CAPTA, CBCAP and CJA state leads and has supported assessing and utilizing not only additional funding streams, but has supported the expansion of prevention work and development at Domestic Violence agencies in the area of child abuse prevention, substance abuse and mental/behavioral health across New Mexico.
- The New Mexico Coalition of Sexual Assault Programs are partners in many training opportunities such as annual conferences (Children’s Law Institute and Advocacy In Action) which have hundreds of cross-discipline attendees from all areas of the state. These trainings have been offered consistently for many years and have established a reputation as being some of the most beneficial training opportunities in the state.
- New Mexico Department of Health, Sexual Violence Prevention, Office of Injury Prevention has worked with us to review shared funding options, coordination on common meetings and training opportunities, utilizing each other’s strengths to improve monitoring and technical assistance to common funded agencies, strategies for creating new prevention programs in Domestic Violence and we participated in meetings with the CDC during their federal site visit.
- Regional county meetings have been held between local Child Protective services offices and the Domestic Violence agencies to specifically improve communication, relationships and services provided between CPS, CACs, and local Domestic Violence agencies as well as establish regular exchange of information and on-going joint local meetings.
- Child Protective Services Division is implementing a multiyear strategic training plan with the Safe and Together Institute (S&TI) and National Center on Crime and Delinquency, Children’s Research Center (NCCD, CRC). A steering committee was established, this included Domestic Violence service providers as well as representation from all levels within Protective Services to assist in the assessment and planning stages. CYFD has implemented S&TI model into new staff training and will be rolling out statewide training in conjunction with NCCD to better serve families affected by Domestic Violence.

- The Administrative Office of the Courts, the NM Sentencing Commission and University of New Mexico, have partnered with CYFD on the program improvement plan to review spending and utilization patterns within the Domestic Violence Batterer Intervention Programs. The University of New Mexico, Master’s in Public Policy program, as well as the Corrine Wolfe Law Center have become key partners in the long term strategy with CPS and Domestic Violence. UNM has also been a major partner in data collection, review and assessment to support changes in programming and development of meaningful performance outcomes related to Batterer Intervention programs and support.
- Coordination between the NM CBCAP lead and FVPSA administrator resulted in over 40 Domestic Violence providers receiving Circle of Security™ evidence-informed, 4-day parent-reflection training. Providers that attended the training are now serving survivors and their children in group and individual sessions.
- Ongoing communication within Protective Services Division between the FVPSA Administrator, CAPTA State Liaison Officer to ensure that there is a coordination of policy, service and support relating to the Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), Child Abuse Prevention and Treatment Act (CAPTA) plan and Program Improvement Plan (PIP).

### *Affordable Care Act (Medicaid to 26)*

- By agreement with CMS, since 2014, CYFD continues to manage the process of enrolling youth who emancipate from care in Medicaid. This has been put into place and is entered into the SACWIS system. Medicaid staff continue to determine Medicaid for youth moving from other states to New Mexico.
- PSD also provides youth with Chafee Medicaid who aged out of foster care at 18 but who did not receive Medicaid at 18. PSD continues to provide Medicaid to eligible former foster youth who move to New Mexico from another state.

### *Reducing the Risk of Human Trafficking*

- In 2018 Youth Services Bureau started attending the Attorney General’s taskforce youth subcommittee meeting. “Spoken For” provided a training on how to identify victims of sex and human trafficking as well as how to best engage youth who are potential victims. “Spoken For” is a program in Albuquerque that helps rescue, provides after care, and advocates for sex trafficking victims.

## **Service Coordination**

### *Community-Based Child Abuse Prevention*

With federal CBCAP and state general funds, PSD provides community-based prevention and support services through a combination of contracted and direct services. In keeping with

federal directions, PSD's approach to CBCAP planning, programming, and monitoring emphasizes:

- greater use of evidence-based or evidence-informed programs and projects;
- efforts to enhance parental capacity and parental involvement in CBCAP program development;
- better integration with child welfare services (as a front-end component of the continuum of services),
- services for underserved populations, and
- more effective use of leveraging funds to support prevention activities.

These requirements have been incorporated in requests for proposals released for the provision of CBCAP services. PSD continues to work with providers to support them in getting trained in the evidence based curriculum, Nurtured Parenting and the evidenced informed curriculum, Circle of Security – Parenting (COS-P). PSD will continue to monitor these programs using the protective factors survey, site visits and ongoing technical assistance in order to ensure continuous quality feedback.

The CBCAP funds continue to be used to provide training to CBCAP and domestic violence funded service providers, child prevention awareness campaign efforts through PullTogether and family support services. CYFD specifically utilizes CBCAP funds to provide evidence-based family support programs for families with children 0-5 utilizing evidence-based and evidence-informed parent education curriculum. These programs use the CBCAP Conceptual Framework as the logic model for providing services. The main purposes of the CBCAP programs are:

- To support community-based efforts to develop, operate, expand, enhance and where appropriate to network initiatives aimed at the prevention of child abuse and neglect;
- To support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse/neglect; and
- To foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

### *Children's Justice Act*

The Children's Justice Act Advisory Group will release an application for funding in July 2019 for this year's supported activities in the upcoming fiscal year. Due to the on-going success and wide reach of two long standing projects, CJAAG has decided to reserve \$20,000 for CLI and AIA training institutes with each project receiving \$10,000. During the annual retreat, CJAAG members set clear funding priorities for the upcoming year with most of them focused on human trafficking. The CJA Program Manager will be working closely with the CYFD

Protective Services and the Office of the Secretary to make sure these funded initiatives are well aligned with all other available resources within the state to maximize effectiveness and reach.

One of the CJS proposed projects is to provide a statewide training for multi-disciplinary professionals through the Advocacy in Action Conference to at least 450 multi-disciplinary professionals on trauma-informed approaches to criminal cases involving child victims of sexual violence with a special emphasis on human trafficking. This will be designed to improve the investigation, handling and prosecution of child abuse and neglect cases, including child sexual assault and exploitation.

This project addresses the needs in the APSR surrounding systematic factors to improve child safety, permanency and well-being, and could have further long-term impact on children being maintained safely in their home or in their foster care placements. It could also help to mitigate repeat maltreatment, as well as permanency and long term stability for children. The CJA Advisory Group has called for continued case coordination of child sexual abuse and exploitation case proceedings among various agencies and the development of coordinated protocols in an effort to avoid unduly delays in the processing of civil and criminal child abuse investigations. This training allows for networking of advocates, child protective services, judges, law enforcement and attorneys to coordinate services across agencies for civil and criminal proceedings and related activities. If both criminal and civil cases are able to avoid delays, children will spend less time in foster care and increase the likelihood to reach permanency within 12-17 months.

### *Court Improvement Project*

In January 2019, the Children's Law Institute Conference took place in Albuquerque to provide specialized training that focused on the investigation and prosecution of child abuse and neglect cases. Over 1,000 individuals were in attendance and included attorneys, Court Appointed Special Advocates, Children's Court Attorney's, counselors, Law Enforcement, Medical providers (MD/RN), Citizen Review Board members, CYFD staff, educators, foster parents, adoptive parents, guardians ad litem, judges, social workers, and therapists. The overall goals and objectives of this project were met through over 40 unique workshops and plenary and closing sessions offered throughout the conference on various child abuse and neglect topics. David Mandel from Safe and Together Institute TM was a plenary speaker addressing how to handle cases in a domestic violence informed approach. There were also specific workshop sessions that focused on human trafficking. This specialized training was highly recommended by the state taskforce and addresses areas related to the Agency's responsiveness to the community listed in New Mexico's Program Improvement Plan (PIP). The training of individuals within the court system directly falls in line with the Children's Court Improvement Commission and provides information on identified areas of maltreatment, trauma and social and emotional well-being of children who have been abused or neglected. Protective Services has representation on and ensures coordination of the State's Children's Court Improvement Commission (CCIC) and CJAAG.

## *Developmental Disabilities*

For all foster children who are 17 years or older that are applying for a DD waiver, Protective Services works with Department of Health to ensure they have resources and services in place prior to turning 18. If they have not, Protective Services requests expedited waivers to help them be successful upon aging out.

## *Feedback from Tribes Regarding Strengths and Gaps in Service*

As noted above, stakeholder feedback was elicited from tribal communities to understand their experiences with PSD and how best to provide support to Native children and families. Respondents highlighted Practices that were currently working well, and they also raised points of concern. It was reported that communication, collaboration, and consultation have improved under the new tribal liaison, and the tribes appreciate being brought to the table where meaningful dialogue can take place. However, there is still inconsistency at the field level as some field level offices have been very proactive in inviting the tribes to FCMs and meetings—which has prevented some children from coming into care and has also resulted in some children being placed with the tribe—while other field level offices have not been communicative with tribes. Tribal stakeholders say more of their tribal members will attend meetings with CYFD if leadership continues to build relationships and ask for their input. There is a marked difference now with the state coming in to ask for tribal stakeholders' thoughts on practice, for example, rather than—as in the past—coming in to say how things would be done. While communication, collaboration, and relationship building have been received positively by tribal stakeholders, work remains to be done to ensure consistency in these areas among all tribes. Tribes in a couple of counties express their concerns about institutional racism and a lack of consultation about cases. Most tribal stakeholders express appreciation that CYFD has demonstrated that it wants to work with the tribes and is getting tribal stakeholder input before implementing something. Tribes express they are now feeling heard.

As reported above, tribal stakeholders note the need for more training on ICWA and working with tribal communities. The consortium is willing to help with these trainings—which should include Native American history—and can go to individual field offices to provide them. Another barrier is the view of some tribal stakeholders that the system is punitive and negative so the system itself is seen as a barrier. Data sharing is another barrier. Tribal stakeholders expressed interest in better access to data from the state. Tribes are not equipped themselves to collect data and do not have the resources to purchase or maintain a database. Data systems must be approved by the tribal council, and there is some concern about data collection, with stakeholders asking who will have access to the information. Some tribes need help educating elders and the council on contemporary practices such as data collection. Tribal stakeholders noted that the database does not need to be complex but rather should be simple, uniform, and specific to their pueblos. Tribes are open to collaborating with CYFD on a database system they could also use, and need assurance that the state is willing to partner with them to make that happen.

## *Feedback from Foster and Adoptive Parents Regarding Strengths and Gaps in Service*

Foster and adoptive parents also reported that they felt that the online and in-person relative, adoptive, foster parent training (RAFT) covered only basic information, and would like more training on topics such as trauma. Other stakeholders noted that they participated in a Trauma and Developing Brain training, done in conjunction with CYFD, which they felt was the best training. Another noted that the Trust-Based Relational training was very helpful as it provided practical tools. Some stakeholders described RAFT as having good information and being well laid out while also noting that interaction with staff and other foster parents is more critical to learning. In some cases the handouts did not follow the slides, stakeholders noted, and there was some miscommunication about the training. Parents expressed a need for more practical trauma-informed skills, as opposed to rudimentary disciplinary tactics. Stakeholders noted that Fiesta trainings were helpful, with one saying that it was the best resource for foster/adoptive parents, and another saying they would not “have made it the first year without Fiesta (Family Activities, Information, Education, Support, and Training).” (Developed by a group of adoption professionals to support adoptive parents, Fiesta provides services to any adoptive family, including biological children with adopted siblings. Fiesta addresses issues such as grief and loss, difficult behavior, race and culture, and mental health.

Noting that people preparing to become foster parents previously had to provide respite care to another child before receiving a placement, stakeholders felt that type of hands-on experience would have been more helpful than a training. Stakeholders noted that trainers should have experience as foster parents themselves. They suggested that experienced foster parents could come in to the training for Q and A. One foster parent had to find child care for twelve hours of training, and did not find the training helpful “on a daily basis.” Foster parents need practical tools that work, stakeholders noted, saying that they were told what they “could not do” but not given tools to handle such things as tantrums when the foster parent has been told they cannot touch the child. Adoptive parents noted that they received no training on post-adoption needs and topics, including social security or medical information.

The mandated ongoing trainings can turn into a grievance session, one stakeholder noted, suggesting that a different process for airing grievances be implemented. Stakeholders expressed a desire for “coffee chats” or support groups that meet on the weekends for playtime for the children while the foster parents share experiences and support each other. Topics parents would like to see include: what to do when you are being investigated, what to do when a child runs away, and how to take a vacation. Monthly update meetings could be recorded so parents who cannot find child care to attend in person can get the information online. There should be consistency in implementation of the training topics. Some parents experienced case workers doing things differently from the way they were taught in the training, and instead should be reinforcing the trainings, stakeholders said.

Additional particular areas of reflection and recommendation include:

- Licensing: Several stakeholders suggested that foster parents could follow up with people who have applied. Timely follow up is important, noted one stakeholder who did not receive a call back for two months after she contacted the office. Some stakeholders noted that the process takes a long time to complete. One foster parent started the process in October, finished classes in December, and received the license in May. Others felt that the process was easy and quick. Some stakeholders reported receiving inconsistent information. For example, one foster parent was initially told she could not foster while she was pregnant, then told she could only take children ages 8 and over, but then received calls for children under age 3.
- Retention feedback: In some stakeholders' experience, CYFD did not do enough to retain them when they expressed a need to take a break. When asked if they could put their license on hold, they were told that was not possible. Others stated that the retention efforts depend on the caseworker. Some stakeholders were told that they must provide respite in order to maintain their license. One foster parent expressed continuing to do the work "because it is what I am supposed to be doing." Another stakeholder described not being reimbursed for things, and not having clarity about what qualifies for reimbursement. Stakeholders expressed the need for communication, continuity, and stability. When case workers come into the home for a visit, it is important to make the reason clear. Stakeholders expressed a need for a helpline, and suggested that a volunteer coordinator could facilitate help from individuals who want to support children but are not able to foster or adopt.
- Cultural disproportionality: Stakeholders expressed the need for more Native American foster families, noting that there may be people who qualify who have native blood but don't know the rules so more information is needed. Some people might believe they cannot afford to become foster parents, stakeholders noted, and might do it if they understood it better. Case workers should discuss cultural needs, stakeholders said, and others noted that there are many resources available.
- Working with Biological parents: Foster parents expressed an interest in case workers assisting in relationship building with biological parents when feasible, including how to navigate visitation. Noting that the relationship between biological and foster/adoptive parents sometimes takes a while to build, foster/adoptive parents noted the importance of letting the biological parent know they are not there to take their place. This topic should be included in training. Case workers need to understand that foster/adopted children will see other children in the foster/adoptive family, and should also see their biological siblings in other homes. It sometimes happens that relatives appear after years, and express interest in their relative child. Encouraging relative connections doesn't mean they have to live with them. Case workers should communicate with relatives about the status of their relatives in care.



## **Service Coordination with CYFD Behavioral Health Services**

### **Behavioral Health Services (BHS) Core Function**

CYFD BHS is the behavioral health authority for all children in New Mexico. BHS, in collaboration with PSD, JJS and ECS, is committed to the provision of quality behavioral health services and supports that are trauma informed, evidence-based, culturally competent, and youth and family drive that meet the needs of CYFD's children, youth and families.

### **Who BHS Services**

BHS provides behavioral health programs and services for children, youth and their families along with behavioral health-related training for CYFD's workforce in the JJS, PSD, and ECS divisions and community stakeholders serving this population.

### **BHS's Areas of Responsibility**

- Oversight of community-based behavioral health services
- Community-based service development
- Domestic Violence Services and supports
- Support to JJS, PSD and ECS
- Licensing and Certification Authority (LCA) activities
- Community Behavioral Health Clinicians (CBHCs) serving target population of children and youth in JJS and PSD
- Supportive housing and emergency shelters
- Targeted trainings to PS and JJS staff and community stakeholders

### **Number of People Serviced in FY19**

- Approximately 7800 clients were provided behavioral health-related services.
- Approximately 1900 CYFD staff and providers have attended at least one of the many training programs and sessions provided by BHS contractors and personnel.

### **Key Challenges**

Addressing the deinstitutionalization of New Mexico's children and youth through the use of trauma-responsive social and emotional therapies and supports.

### **Specific BHS Service Coordination Efforts with PSD**

- *Community Behavioral Health Clinicians (CBHC's):* CBHC's consult, assess, coordinate, team and advocate internally and externally for the target population of children and youth in PSD and JJS. CBHC's also conduct oversight on youth placed in out of home

settings. These include: JJS/PS crossover youth and all JJS youth involved on formal or informal conditions. When able, CBHC's participate in PSD All-Staff Meetings to continue communication and rapport building. CBHC's act as a support to youth and families involved with CYFD to assure behavioral health needs are being addressed appropriately. In addition, they administer the Child and Adolescent Needs and Strengths (CANS). The CANS is a multi-purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system, child/youth and families.

- *Coordinate Care Reviews:* CYFD BHS started to engage in Coordinated Care Review meetings to address youth who are currently placed in an RTC outside of NM. The following team members are invited to the care review meetings:
  - Managed Care Coordinators and physicians
  - PS Staff, specifically Permanency Workers, Placement Workers, Supervisors, County Office Managers and Regional Managers
  - RTC therapist
  - CBHC or their supervisor along with the Deputy Director
  - Any other pertinent team member identified
- *Addressing Youth Homelessness:* CYFD BHS, PSD and JJS are implementing a plan to address youth homelessness: Without stable/secure housing, other efforts to increase overall quality of life are generally ineffective-housing is a priority resource during a youth's transition to adulthood. CYFD will begin a larger effort to track and evaluate data related to youth over the age of 18, in order to identify gaps in services and priority populations. Efforts to fill gaps in services that lead to homelessness include:
  - Extended Foster Care;
  - Partnering with community resources to connect transition age youth with housing resources; and
  - Developing new and innovative resources to increase transition age youth housing opportunities.

CYFD and shelter workgroup members identify youth with lengthy crisis shelter placements. Contractual obligations for shelters include ensuring that if an appropriate level of care is available within a program; a shelter youth receives priority placement within that level of care, rather than remaining in a shelter. CYFD CBHC's are developing a coordination protocol with each shelter to ensure that discharge plans are developed early in a youth's shelter stay to reach a more stable placement quickly and efficiently.

The CSE-IT Tool is being implemented to identify human trafficking victims entering shelter care, to include training on working with trafficking victims.

- *Health Transitions Expansion Program (HTEP) Grant*: BHS received a four year HTEP grant to serve transition age youth 16-25 with SMI/SED in Bernalillo and San Juan counties. As part of this grant, in collaboration with BHSD, BHS will develop and implement Youth Peer Support Services. Under the grant, transition age youth will be able to access Youth Support Services, build and be a part of Youth MOVE NM and Wraparound for Transition Age Youth. PSD and JJS youth will be able to access services under this grant.
- *Wraparound in NM*: “Wraparound is an intensive holistic method of engaging with individuals with complex need so that they can live in their homes and communities and realize their hopes and dreams.” (From the National Wraparound Institute). Wraparound is in five sites (Desert View/Farmington, All Faiths/Albuquerque, New Day/Albuquerque, Guidance Center of Lea County/Hobbs, and Mental Health Resources/Clovis). To date, over 250 children/youth have been enrolled. Outcomes include: reduced costs of care for community-based care versus out of home placements; improved school attendance and performance; increased behavioral and emotional strengths; improved clinical and functional outcomes; reduced suicide attempts; and decreased contacts with Law Enforcement. Eligibility includes: children and youth 4-21 years experiencing the following:
  - SED Diagnosis
  - Multi-system involvement; i.e. two or more systems involvement including Protective Services, Juvenile Justice, special education, or behavioral health;
  - At risk of or in an out-of-home placement, or previous out-of-home placement, incarceration, or acute hospitalization within a two-year period prior to evaluation; and
  - Functional impairment in at least two areas (home, school, or community), as measured by a functional assessment tool such as the Child and Adolescent Needs and Strengths (CANS).
- *Youth Support Services (YSS)*: YSS is a BHS prevention effort-building resilience for youth 12-21 years of age. Youth Support Services is a life skills coaching model where the life skills coach provides hand over hand life skills with youth involved with PSD, JJS and youth at risk in the community. Youth determine the life skills they wish to work on with their coach. YSS is designed to work to support youth who are at risk in order to delay onset of substance use, or make a decision not to use drugs or alcohol. YSS is available in Taos, Farmington, Bernalillo, and in Hobbs.
- *The Nurtured Heart Approach (NHA) Demonstration*: The Nurtured Heart Approach is a proactive approach providing opportunities for success and competence building while

setting limits and avoiding giving energy to negative behavior. BHS developed a cadre of certified trainers and two advanced trainers in NHA. A total of 17 BHS, PSD and NMSU staff are NHA trainers. BHS, PSD, New Mexico State University, New Day and New Mexico Solutions partnered to implement NHA in Sandoval County Protective Services and in the Youth Services Bureau. The NHA implementation team developed a supervisory and support model and an evaluation plan. In Sandoval County, supervisors, senior workers and the County Office Manager were trained and received support sessions in NHA. Leadership in Sandoval County used NHA in supervision to provide support to their staff. Youth Services Bureau (YSB) leadership in PSD and staff were trained in NHA and participated in support sessions. This provided the opportunity for YSB to apply the NHA lens to YSB operations and problem solve concerns. The use of NHA allowed YSB to use NHA as an approach when working with youth.

- *Infant Mental Health Services (IMH)*: IMH services are services for infants and young children, ages 0 to 5, who have experienced trauma and/or are experiencing mental health, attachment, and/or behavioral problems targeting the caregiver-infant relationship as the vehicle for restoring and protecting the infant's or young child's mental health. IMH providers are trained in Child Parent Psychotherapy (CPP) which provides clinical support to infants and their caregivers to restore and repair their relationship. BHS Infant Mental Health provides the following services for Protective Services Division:
  - *Infant Mental Health Team*: Provided to infants in the custody of CYFD Protective Services in order to work towards restoring and repairing the caregiver-infant relationship
  - *Foster Parent Program*: Works with infants and their foster parents in order to address developmental needs and concerns by providing developmental guidance and support to foster parents to decrease the risk of multiple placements.
  - *Parent-Informed Psychotherapy (PIP)*: PIP services prioritize referrals from CYFD's Protective Services that include infants/young children and their families who are receiving In-Home Services or who have had an unsubstantiated investigation due to allegations of maltreatment.

## Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)

CYFD has historically allocated IV-B subpart 1 funds to support staff in general responsibilities associated with the goal of keeping families together. Reporting has been complicated by challenges with data and financial systems. These are to be addressed through CYFD's current planned overhaul of data and accounting systems. In the context of system wide strategic planning initiated under current leadership, the utilization of these funds will be reexamined and realigned to necessary and allowable purposes.

## Services for Children Adopted from Other Countries

PSD utilized FFY17 AFCARS data in 2018 to identify children who experienced a dissolution by utilizing the removal reasons of abandonment and dissolution. Based on the research, no children with a dissolution were identified as having been adopted through an intercountry adoption. PSD also conferred with the private adoption agencies in New Mexico. The agencies indicated they did not serve any children at risk of disruption or dissolution involved in intercountry adoptions during Fiscal Year 2018.

In 2020-24, La Familia-Namaste, Inc will continue to provide post-adoption services in New Mexico. Families participate in the statewide events and many more participate in discussions or forums on the FIESTA Facebook page. The FIESTA program is available and accessible to all adoptive families including children and families adopted from other countries. During FY18, FIESTA provided services to children adopted from other countries, but none of the children served had disrupted from their adoptive placements.

CYFD Protective Services Division (PSD) does not have a specific policy on rehomeing of adopted children. If an intercountry adoptive family calls into statewide central intake for assistance, they are referred like all families for services appropriate to their situation. As with any adoptive family in New Mexico, inter-country adoptive families have access to post-adoption services through the FIESTA program funded by CYFD. PSD also continues to partner with the Adoption Alliance Network, adoption agencies certified by CYFD, certified counselors, and investigators to educate them on the requirement to provide services to families who have adopted children from other countries to ensure the network is up to date with the processes.

The Foster Care and Adoption Bureau will work with the Research, Assessment and Data Bureau and the Federal Reporting Bureau to develop a statewide procedure to identify children in care involved in an inter-country adoption and disruption or dissolution, to include the agency that handled the adoption, plan for the child and reasons for the disruption or dissolution. PSD will encourage adoption agencies and certified counselors/investigators to track the number of families that come to their attention for reporting. If an intercountry adoptive family comes to the attention of CYFD as being in crisis or in the process of a dissolution or disruption, a referral notification will be made with the family's name, child's name, number of children, name of the agency that handled the adoption, plans for the child as available, and the reason for the disruption or dissolution to the Council on Accreditation (COA) at 212-797-3000 or [haguecompliance@coanet.org](mailto:haguecompliance@coanet.org) and to the Department of State at [adoptionusca@state.gov](mailto:adoptionusca@state.gov).

PSD will work with our information system to determine the best method to capture the data will be with inter-country adoptive families come to the attention of CYFD. PSD will encourage adoption agencies and certified counselors/investigators to track the number of families that come to their attention for reporting purposes.

## Services for Children Under the Age of Five

Over the past few years, PSD has initiated several practices to improve our ability to target services to those most at risk. This effort is most evident in terms of Promoting Safe and Stable Families (Title IV-B, Part 2) services and the PSD's safety management practice. Beginning last project year and continuing this year, in accord with the federal focus on services to children under age five (New Mexico's focus is five and under), family support services are provided to parents and secondary caregivers who have a child age 0 to 5 who is at risk of abuse or neglect. Family support services are intended to work with families at risk of child maltreatment. Children under the age of three who are subject of a substantiated report of child maltreatment, whether or not they enter PSD custody, are referred to the state's early intervention program, Family Infant Toddler (FIT), for an assessment.

Currently, PSD has developed a work group to review and revise policies and procedures for children 0 to 5. This work group reviews timelines for hearings, permanency, and services for this population. The "Survey of State Child Welfare Agency Initiatives for Maltreated Infants and Toddlers" serves as a guide for the review and recommended changes.

The Community Based Child Abuse Prevention (CBCAP) programs continue to provide home-based and evidence-based prevention services to families with children ages 0 to 5. Preliminary data for FY 18 shows that there is a low repeat maltreatment rate for families who engage in the CBCAP programs.

Several additional efforts are underway to target enhanced services to this age group:

- Family Support Services: In an effort to target services to those at most risk, during the coming year family support services will be prioritized for parents and secondary caregivers who have a child age 0 to 5 who is at risk of abuse or neglect.
- Early Intervention: Children under the age of 3 who are the subject of a substantiated report of child maltreatment are referred to the state's early intervention program, Family Infant Toddler (FIT), for an assessment.
- CYFD Early Childhood Services: Infants and children in PSD custody or at risk of coming into custody are often eligible for a range of services provided through CYFD's Early Child Services Division and its contractors, including childcare, infant mental health services, pre-K programs, and home visiting.
- Infant Mental Health Teams: PSD is partnering with providers in pilot sites within the state to enhance the state's workforce capacity (providers, PSD staff and foster parents) for the provision of infant mental health services. PSD is working with the Early Childhood Division to identify more pilot sites and increase the use and understanding of home visiting services in the state.

- Neurosequential Model of Therapeutics: PSD staff and foster parents have received training on the neurosequential model of therapeutics. This model is an approach that integrates core principles of brain development and the impact of trauma, and has three components: training and capacity building, assessment and then, recommendations. The training and capacity building component has occurred for approximately 30 individuals.

Other efforts to provide services for children under the age of five to New Mexico include:

- The “At-Risk” Childcare program, which provides free childcare to families whose children are at risk of child maltreatment or repeat child maltreatment;
- Relative guardianship assistance provided to families to prevent kids from lingering in foster care;
- Child and adult food care program at child care facilities and at high risk locations such as WIC offices, medical clinics and Child Support Enforcement offices;
- Neonatal Intensive Care Home Visiting Services Project for children and families began in July 2017 through Early Childhood Services Division;
- Use of wrap around services to families and children to prevent children coming into foster care;
- Home visiting program, a program in which a provider visits new parents and infants in their homes; and
- Access to Infant Mental Health Teams around the state.

## Efforts to Track and Prevent Child Maltreatment Deaths

CYFD reports Serious Injuries via NCANDS reporting annually. This data is currently collected through SCI reports alleging serious injuries to a child. CYFD participates in the DOH lead Child Fatality Review Board (the board includes multi-disciplinary, cross agency participation with the OMI, DOH, and Law Enforcement) CYFD has access to the data collected from the OMI and DOH regarding child fatalities. Currently, CYFD Secretary has ordered a review of all child fatalities in the state of New Mexico going back to 2004 which were obtained from the office of the medical examiner and all cases are being compiled for review.

Developing a comprehensive statewide plan to prevent child maltreatment fatalities is one of the key priorities specified by the new Cabinet Secretary, and initial strategies and objectives are detailed in the Goals section below. CYFD intends to report on progress and provide a detailed plan in its future APSR filings.

As noted throughout this document, under new leadership, CYFD has established an unprecedented level of collaboration with other New Mexico state agencies, including the Department of Health. CYFD and DOH jointly participate in a Child Fatality Review Team that is multi-disciplinary, and is conducting a deep dive on all child fatalities during the past ten years. This information is being utilized to develop a comprehensive plan that will address any necessary changes to policies and procedures, and will support CYFD in targeting prevention

efforts to particular geographies and particularly vulnerable populations. The Team has begun to outline a comprehensive plan, which is under review as of this writing.

Also, as noted elsewhere, CYFD is in the process of implementing a Structured Decision Making tool that includes a more robust assessment of strengths and risk factors, and is intended to support the Department in better evaluating risk and targeting appropriate supports and services.

## Promoting Safe and Stable Families (PSSF)

The continuum of services funded through the Title IV-B Subpart 2 Promoting Safe and Stable Families (PSSF) Program is complemented by other services provided to children, youth and families by PSD through state general funds and other funding sources. PSD allocates 20% of PSSF funds for each of the four allowable services: Family Support Services, Family Preservation Services, Time-Limited Reunification Services and Adoption Promotion and Support. In addition, PSD allocates 10% of PSSF funds for administrative costs which include the salaries and operating costs of program managers who are administering the delivery of these services statewide. The remaining 10% is allocated for program support costs which includes training, evaluation, CQI, CFSR and staff recruitment and retention.

Contracts are issued through a competitive procurement process. The request for proposal (RFP) requires that all agencies be community based providers. PSD staff located statewide serve as the evaluators for the RFP evaluation committee; they make recommendations for awards after evaluating the submitted proposals. CYFD then awards the contracts to the community based agencies determined to be the most qualified to deliver the service.

As noted above, CYFD recently consolidated services that had been provided through PSSF and CBCAP funding to create region based contracts that address a broad range of service needs. CYFD recognizes that there will be a period of adjustment as staff learn the new program requirements. The implementation of the new PSSF program will coincide with the statewide roll out of the Safety Organized Practice Model, including the new safety assessment. As a result, staff will need additional technical support as they begin implementing the combined PSSF contract. The Community Services Bureau will collaborate with NCCD to provide an initial orientation to staff and will provide ongoing technical assistance to ensure quality outcomes.

The service elements that have been combined into this new structure are the following:

### Family Support

Family Support Service (FSS) are provided to parents or primary caregivers to prevent child maltreatment. Families with a children who are at risk of child abuse and neglect who have been referred by PSD are eligible for these services, and families that have had 3 or more investigations with PSD are given priority. FSS are intended to be intensive home-based services



focused on providing support to eligible families and enhancing child and family well-being. Service elements may include:

- Home visits
- Information and referral
- Crisis intervention
- Evidence-based parent education curriculum
- Parent support visits
- Life skills training and coaching
- Education and training
- Mentoring
- Transportation

Short term (60 days) case management is provided to link families with appropriate services and provide one-on-one evidence-based parenting training. Service providers are allowed to extend services up to 90 days with supervisor approval if appropriate to address safety concerns.

### Family Preservation

PSD's In Home Services (IHS) family preservation model incorporates the basic principles of family preservation services as an intensive in-home service while recognizing that the short-term crisis intervention model did not offer the sufficient amount of time needed to address the complex needs of the children and their families. In-home services is an integrated comprehensive approach to strengthening and preserving families who are at risk for or who are currently experiencing problems in family functioning and are at imminent risk of having a child removed from the home due to abuse or neglect. Family needs and strengths are identified through an initial as well as an on-going assessment process; the intervention process builds upon the family's existing strengths while supporting and expanding their network of resources in order to increase their capacity to meet the needs of the family system and those of the individual family members. The model also encourages and promotes a strong partnership between the department and the family and incorporates traditional and nontraditional supporting agencies, individuals and organizations into the intervention based on the unique qualities and characteristics of each family.

Families are eligible regardless of income. Referrals are made by PSD when a child in the home has been assessed to be conditionally safe and the risk of maltreatment has been determined to be moderate or high; or the child has been assessed to be unsafe and the risk of maltreatment has been determined to be very low, low, moderate or high. Families whose children are in the legal custody of PSD are ineligible for referral. Contracts were awarded statewide to community based providers. Families referred to contractors by PSD receive family preservation support every week for six months in the following areas:

- Safety planning
- Case management

- Skill building including parenting, conflict management, communication and life skills
- Crisis management
- Transportation
- Assistance in finding housing
- Counseling

### Time-Limited Reunification

Time-limited reunification (TLR) services are provided to families whose children could not remain safely in the home and have been removed to foster care. Intensive services are intended to reunify families within an expedited time frame - no more than four months from the date of referral and within 12 months of the most recent removal from the home. Contractors are required to conduct at least one home visit per month for up to four months after PSD has closed the case in order to provide support services to the family. TLR services are available to families 24 hours a day, seven days a week. The services provided through TLR are multifaceted and may include the coordination of resources to support safety plans, the provision of supervised and monitored visitation, parent education and skill building and monitoring when the child returns to the home.

PSD and its contractors also coordinate among ancillary support services provided by other divisions and state agencies such as childcare, substance abuse intervention, mental health intervention, and employment assistance in an effort to further support the reunification process.

In 2020-24 CYFD is expanding its reunification services to include children returning home from Foster Care or other out of home placements who are reunifying with their parents, other family members, or fictive kin, and anyone pursuing guardianship. In addition to this expansion, CYFD will maintain a focus on reunifying families in an expedited timeframe (less than 15 months) by retaining the TLR service model.

### Adoption Promotion and Support

Currently, when it is determined that a child cannot be reunited safely with their parent or guardian, PSD works to identify an adoptive home that will meet the child's unique needs and provide a nurturing, stable family environment. PSD has a policy preference for placement with and adoption by relatives. Both relatives and non-relatives have the same licensing requirements which includes criminal records checks, child abuse and neglect checks, pre-service training, home safety check and mutual assessment process. PSD works to minimize the trauma often associated with changes in placement by implementing concurrent planning and encouraging adoption of children by their current foster parents.

PSD provides adoption promotion and support services through a combination of PSD staff and contracted services. PSD staff and contract providers are available to recruit, train and study and support foster and adoptive families as well as provide post-adoption and guardianship

placement support services. Post adoptive support services are available through state and IV-B subsidies. PSD works with AdoptUSKids and other national exchanges to conduct child-specific recruitment for children needing adoptive families.

PSD continues to utilize the Structured Analysis Family Evaluation (SAFE) home study process throughout the state. The SAFE home study process, which includes an extensive psychosocial assessment of all household members of a prospective foster and adoptive family, is intended to result in a more comprehensive evaluation of family functioning and more safe and stable placement options for children.

PSD contracts with a statewide agency provides post-decree family support services for adoptive families. The FIESTA program includes family activities, education, support groups, a warm line and training, networking and social opportunities for adoptive parents and specialized training in adoption competence for therapists and mental health professionals who provide therapeutic services to PSD families. Information is available to adoptive families statewide through a lending library of books, videos, and DVDs. PSD also sponsors a blog as another opportunity for parents to network on-line. The contract provides a quarterly newsletter for all adoptive parents. Adoptive parent family contacts reside in and serve each of the five PSD regions and are responsible for coordinating activities and running the warm line.

PSD continues to offer the annual Adoption Conference to all adoptive families and their children. In 2018, PSD contracted with La Familia-Namaste, Inc to coordinate the adoption conference. The conference allows adoptive families to meet other adoptive families and for parents to receive training on adoption related topics while their children are engaged in activities during the day. The theme for the 2018 Adoption Conference was "Connection First, Family Forever: A Deeper Look at TBRI." A total of 128 adoptive parents attended the conference. Evaluations indicated the topic was well received and families like trauma based training.

PSD continues its partnership with the Heart Gallery of New Mexico. The Heart Gallery of New Mexico offers small grants to children and families to support special needs of the family that may include training, camps, and or additional support. The Heart Gallery of New Mexico has been an invaluable resource for supporting PSD adoption recruitment efforts. Adoption Promotion and Support services are provided statewide and available in every county.

In 2020-24, PSD will continue to utilize the Structured Analysis Family Evaluation (SAFE) home study process throughout the state. The SAFE home study process, which includes an extensive psychosocial assessment of all household members of a prospective foster and adoptive family, is intended to result in a more comprehensive evaluation of family functioning and more safe and a stable placement options for children. PSD and Consortium for Children entered into a contractual agreement in 2018 to provide Structure Analysis Family Evaluation (SAFE) training to PS staff and private providers.

PSD will continue its multi-year contract with La Familia-Namaste, Inc to provide home study services statewide for the agency. The population being served are families or individuals interested in adopting children in CYFD custody. This agency services only families identified and referred to the agency by CYFD.

PSD will continue its multi-year contract with La Familia-Namaste to provide post-decree family support services for adoptive families. THE FIESTA program included family activities, education, support groups, a warm line and training, networking and social opportunities for adoptive parents and specialized training in adoption competence for therapists and mental health professionals who provide therapeutic services to PSD families. Information is available to adoptive families statewide through a lending library of books, videos and DVDS. The contractor provides social media as another opportunity for parents to network on-line. Adoptive parent family contacts reside in and serve each of the five PSD regions and are responsible for coordinating activities and running the warm line.

## Service Decision Making Process for Family Support Services

Agencies and organizations are selected for funding to provide family support services through the CYFD request for proposal process. The Community Services Bureau within PSD partners with CYFD's Contract Development Unit to develop and release RFP's to those agencies and organizations that provide services specific to FSSP requirements. Agencies and organizations provide CYFD with proposals for contract. These proposals are evaluated by a team of field staff and community service bureau employees. Once evaluated, the team makes a recommendation to Office of Secretary on who to award the contract.

Once the contract is awarded, the Community Service Bureau and Contract Development Unit negotiate final contract with the selected agency or organization.

PSD allocates 20% of PSSF funds for each of the four allowable services: Family Support Services, Family Preservation Services, Time-Limited Reunification Services and Adoption Promotion and Support. In addition, PSD allocates 10% of PSSF funds for administrative costs which include the salaries and operating costs of program managers who are administering the delivery of these services statewide. The remaining 10% is allocated for program support costs which includes training, evaluation, CQI, CFSSR and staff recruitment and retention.

The continuum of services funded through the Title IV-B Subpart 2 Promoting Safe and Stable Families (PSSF) Program is complemented by other services provided to children, youth and families by PSD through state general funds and other funding sources.

## Populations at Great Risk of Maltreatment

PSD recognizes children aged 0 to 5 years old as the population at greatest risk for maltreatment. The efforts detailed above seek to target services to this population and mitigate the risk of maltreatment.

PSD also recognizes Victims of Domestic Violence and Sexual Assault as being at significant risk for further maltreatment. The section above regarding coordination with VAWA funded programs details various collaborations that target services to this population.

Given the increased focus on older youth that will accompany the state's implementation of Extended Foster Care, PSD also intends to build out its services and supports for youth who are at risk of sexual exploitation. Over the coming year PSD staff statewide will be trained in the use of the CSE-IT validated Commercial Sexual Exploitation Identification Tool. CSE-IT is an evidence-based screening tool designed for use in multiple child-serving systems, including child welfare, juvenile justice, schools, residential, mental health, medical, and homeless services. The CSE-IT is used as part of a universal screening approach to systematically identify the presence of indicators of child sex trafficking.

CYFD also recognizes youth experiencing homelessness as being at significant risk of maltreatment. The 2017 runaway and homeless youth report indicates that three quarter of homeless youth in New Mexico state that they cannot return home due to abuse or neglect.

LGBTQI youth are also understood by CYFD to be at significant risk of maltreatment, and they are disproportionately represented among homeless youth and those that attempt or commit suicide. As noted in the 2015-19 Final Report and elsewhere in this document, CYFD is currently reviewing and revamping its training, practices, and policies regarding support for LGBTQ youth.

## Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Current PSD policy requires that the caseworker visit each child in custody in his/her placement at least monthly and assess the placement for appropriateness in meeting the child's needs and safety. PSD has annually exceeded its goals, reporting 98% of children are visited each month in custody over the past two federal fiscal years. Results of the Round 2 CFSR onsite finds that Item 19 was rated as a strength in 88% of the cases (foster care and in-home). PSD will continue to closely monitor monthly caseworker visits with children in custody.

Data Collection Methodology: Modifications to the FACTS data system (SACWIS), enabled caseworkers to enter the date and location of visits with the child. Narrative sections can be used to document the content and outcomes of each visit. PSD developed management information reports to run on a monthly, quarterly and annual basis to be able to meet reporting requirements and provide for the automatic calculation of percentages in accordance with ACYF-CB-PI-07-08.

Standards for the Content and Frequency of Case Worker Visits: Current PSD policy requires that the caseworker visit each child in custody in his/her placement at least monthly and assess the placement for appropriateness in meeting the child's needs and safety. Visitation Guidelines and a corresponding visitation checklist provide specific information to case workers about the

nature and content of the visitation and includes guidance as to the information to be obtained from and shared with the child during each visitation.

In 2020-24, Activities that are planned to support monthly caseworker visits with children in foster care include:

1. Continue monitoring and managing the monthly, quarterly and annual caseworker visits management reports. These reports produce data regarding the frequency and location of visits.
2. Utilize the supervisory case review instruments to monitor the occurrence and quality of caseworker visits with children in custody.
3. Utilize the benefits of technology to improve caseworker ability to conduct monthly worker-child visits. The technology enables case workers to dictate from any location using a cell phone information related to case work activities, thereby making more time for them to conduct face-to-face visitation with the child in the child's place of residence.

PSD continues to utilize Monthly Caseworker Visit Grant funds to assist workers with documentation. This continues to be accomplished through funding of a transcription and dictation service called Speak Write. For State Fiscal Year 2018, PSD expended approximately \$160,000.00 in this program. Below is a detailed breakdown of the number of documented worker/child visits.

PSD continues to utilize Monthly Caseworker Visit Grant funds to assist workers with documentation. This continues to be accomplished through funding of a transcription and dictation service called Speak Write. For State Fiscal Year 2018, PSD expended approximately \$160,000.00 in this program.

**Documented Worker/Child Visits**

**Federal Fiscal Year Cumulative Report**

Summary by County: October 1, 2017 through May 31, 2018

County	Region	# of children with valid completed visits	# of children with missed visits	Total all required visits	Percentage of children with a documented visit	# of visits in child's residence	% of visits in child's residence
Bernalillo	Metro	7807	521	8328	93.74%	7575	97.03%
Chaves	SE	592	20	612	96.73%	575	97.13%
Cibola	NW	383	2	385	99.48%	383	100.00%
Colfax/Union	NE	107	0	107	100.00%	103	96.26%
Curry	SE	396	15	411	96.35%	381	96.21%
Dona Ana	SW	1059	10	1069	99.06%	1049	99.06%
Eddy	SE	630	18	648	97.22%	596	94.60%
Grant/Catron	SW	357	3	360	99.17%	357	100.00%
Lea	SE	766	59	825	92.85%	761	99.35%
Lincoln	SW	150	8	158	94.94%	150	100.00%
Luna/Hidalgo	SW	224	0	224	100.00%	220	98.21%
McKinley	NW	460	7	467	98.50%	442	96.09%
Otero	SW	831	18	849	97.88%	831	100.00%
Quay/Harding/DeBaca	SE	102	5	107	95.33%	102	100.00%
Rio Arriba/Los Alamos	NE	527	76	603	87.40%	473	89.75%
Roosevelt	SE	119	0	119	100.00%	117	98.32%
San Juan	NW	819	14	833	98.32%	807	98.53%
San Miguel/Mora/Guad.	NE	398	15	413	96.37%	383	96.23%
Sandoval	NW	419	15	434	96.54%	418	99.76%
Santa Fe	NE	467	16	483	96.69%	461	98.72%
Sierra	SW	62	3	65	95.38%	60	96.77%
Socorro	SW	184	4	188	97.87%	183	99.46%
Taos	NE	234	3	237	98.73%	234	100.00%
Torrance	NW	288	1	289	99.65%	288	100.00%
Valencia	NW	1154	18	1172	98.46%	1138	98.61%
<b>Totals</b>		<b>18535</b>	<b>851</b>	<b>19386</b>	<b>95.61%</b>	<b>18087</b>	<b>97.58%</b>

## Additional Services Information

### *Adoption and Legal Guardianship Incentive Payments*

Currently, New Mexico's adoption incentive payments are directed to enhance recruitment and provide support for foster-adoptive and adoptive parents. The majority of the funds have been utilized to maintain the foster parent liaisons each year in supporting foster and adoptive parents. Other items purchased were supplies and equipment for the production of recruitment materials, materials to be used to identify and recruit adoptive homes and promote foster parent conversions, and enhancements to electronic management information system to be better able to collect and process information about children waiting for adoptive homes and eligible families. Funds have also been utilized to purchase media to raise awareness for the need of foster homes across the state. In addition, PSD has used the funding to improve child specific recruitment capabilities on the CYFD website and for targeted recruitment of foster families in areas of most need, including recruitment of homes that will foster/adopt older youth and sibling groups.

PSD will continue to fund foster parent liaisons to support foster parents and will continue to do targeted marketing in areas of greatest need of additional foster parents. We will purchase promotional materials to assist in recruitment efforts statewide. After 2014, PSD did not expect to receive future Adoption Incentive funds.

However, PSD recently received adoption incentive funds as the number of finalized adoptions has begun to increase. PSD plans to utilize the funds on services that will continue to support foster and adoptive parent recruitment and retention. PSD is exploring the possibility of using this funding to contract with a company who has the ability to provide a self-service mechanism in which prospective foster parents can check the status of their application/ licensing process.

In 2020-24, in the spirit of change, CYFD Protective Services division will be adjusting the use of both adoption and guardianship incentive payments to provide an online process for licensing, training and supporting foster, adoptive and relative resource families. With the automation of the process, provided by BENTI, New Mexico anticipates seeing an increase in applications, increase in approvals of licensures and children reaching permanency through either reunification, guardianship or adoption. Due to the extensive rural and frontier regions of New Mexico, stakeholders and resource families need other options available to communicate with CYFD staff, community providers, request assistance to stop potential adoption or guardianship disruptions and receive training to maintain their licensure status. CYFD anticipates that the system will be fully operational for New Mexico families within 6 to 9 months. (December-March 2020)

### *Adoption Savings:*

In 2019, CYFD was able to identify the process to accurately identify and reflect adoption savings. CYFD is currently cleaning up past reporting back to 2017 in order to report accurate accounting

to the Children’s Bureau in the area of adoption savings. Moving forward, CYFD will be able to show savings and ensure that those savings are spent on Title IV-B and IV-E programs in the areas identified in the PI for post adoption and guardianship services and for children at risk of entering foster care. CYFD will be planning and implementing a strategy to both show the savings and how that funding is going back to the target area in the area of placement and long term permanency as well as at risk of removals.

CYFD will be transitioning to using the actual amounts in lieu of sampling or application of statistical results. CYFD will be using a function in the current SACWIS (FACTS) system to identify those children that are eligible for IV-E adoption assistance. CYFD will use the FM02\_49 report for both programmatic and fiscal reporting, which will identify children that are receiving IV-E adoption funds.

## Consultation and Coordination between the State and Tribes

The 2020-2024 plan was developed after a series of weekly meetings with stakeholders over a two month period. Tribal entities that were able to attend some of the meetings were: Navajo Nation, (Michele Jones), Pueblo of Zuni (Betty Nez) and Pueblo of Acoma (Donalyn Sarracino). After each stakeholder meeting notes were sent out through e-mail to be distributed for additional input and feedback. PSD utilized the Indian Affairs Department to assist in sending out invitations each of the tribes and pueblos for the PSD stakeholder meetings. The stakeholder meetings were also advertised in the Indian Affairs Department’s newsletter. Below is a list of our tribal partners:

Tribe or Pueblo	Representative
Pueblo of Acoma	Governor Fred S. Vallo, Sr, Donalyn Sarracino, Sharon Young
Pueblo of Cochiti	Governor Joseph H. Suina
Pueblo of Isleta	Governor E. Paul Torres, Caroline Dartez
Pueblo of Jemez	Governor Joshua Madalena, Carla Sandia, Hennetta A. Gachupin
Pueblo of Laguna	Governor Richard B. Luarkie, Marie Alarid
Pueblo of Nambe	Governor Phillip A. Perez, Venus Mongofeds
Ohkay Owingeh	Governor Marcelino Aquino, Rodelle Thompson
Pueblo of Picuris	Governor Richard Mermojo
Pueblo of Pojoaque	Governor George Rivera
Pueblo of San Felipe	Governor Joseph E. Sandoval, Darlene J. Valencia
Pueblo of San Ildefonso	Governor Terry L. Aguilar, Sharon Serrano, Julie Sanchez
Pueblo of Sandia	Governor Stuart Paisano, Randall Berner, Kimberly Lorenzini
Pueblo of Santa Ana	Governor George M. Montoya, Nathan Tsosie
Pueblo of Santa Clara	Governor J. Michael Chavarria, Jacque Wright, Julie Bird, Terri Chavarria
Pueblo of Santo Domingo	Governor Oscar K. Lovato, Tori Garnat
Pueblo of Taos	Governor Clyde M. Romero, Ezra Bayles, Helena Concha
Pueblo of Tesuque	Governor Robert Mora, Sr., Jeannette Jagles
Pueblo of Zia	Governor David Pino, Victoria Herrera
Pueblo of Zuni	Governor Arlen P. Quetawki, Sr., Betty Nez, Marla Fastwolf
Jicarilla Apache Nation	President Ty Vicenti, Hilda Petago, Karen Keating, Susan Thompson, Rubesan Sandoval, Olivia Nelson, Violet Garcia
Mescalero Apache Tribe	President Danny Breuninger, Sr.



Navajo Nation	President Ben Shelly, Regina Yazzie, Irene Eldridge, Michele Jones
Navajo Nation Council	Johnny Naize
All Pueblo Council of Governors	Chairman Terry L. Aguilar (San Ildefonso Pueblo) and Secretary Vincent Toya, Sr. (Jemez Pueblo)
Five Sandoval Indian Pueblos	Director James Roger Madalena
Eight Northern Indian Pueblos Council	Executive Director Gil L. Vigil
Ramah Navajo	Vera Beaver, Loretta Martinez, Jemlisa Raplult
Southern Ute	Ann Hale

Information obtained from the stakeholder meetings and Title IV-B tribal meeting was utilized to develop PSD’s strengths, challenges and assisted in identifying goals for our Plan for Improvement. Over the next five years, PSD plans to hold monthly stakeholder meetings to obtain ongoing feedback and assist in identifying strengths, challenges and progress towards goals.

PSD will share the CFSP with tribal partners through the Native American Liaison and tribal contacts.

Opportunities for consultation also occurred throughout the year and involved formal public hearing and meetings, presentations at both the foster parent and annual Children’s Law

Conferences as well as through our ongoing collaborations. Below are some opportunities PSD utilizes for collaboration and coordination of services with New Mexico tribal partners.

- Tribal-State Judicial Consortium – the purpose of the tribal consortium is to build closer relationships between the state and tribal courts and enhance communications. PSD attends quarterly meetings as an interested party. Subcommittees address state services for tribal children, full faith and credit, collaboration and compliance with ICWA.
- Indian Child Welfare Protection conference planning committee – conference coordinated in collaboration between CYFD, BIA, community partners and tribes around the state.
- PSD presentation at the yearly Tribal Title IV-B, includes presentations on Title IV-E, Chaffee funds, ETV funds and obtaining feedback from tribal partners.
- IGA’s – Ongoing discussions with PSD and tribes around the state to address the option of entering into an IGA that addresses tribal licensing. One goal of the IGA is to increase ICWA preferential placements by partnering with tribes to increase licensing of tribal foster families. Currently for a foster family to be licensed by a tribal entity, CYFD is required to enter into Intergovernmental agreements (IGA) with the tribe.
- Quarterly IGA meetings with Navajo Nation to discuss the roles and responsibilities of the Nation and the state for ensuring ICWA placement preference for Indian children.
- Quarterly ICWA staffings with Navajo Nations, so children outcomes can be achieved more timely.
- PSD notification to tribes when children come into care and ongoing partnering with the tribe during the time the child is in custody.

- IV-E unit provides ongoing collaboration, training and technical assistance with tribes, pueblos and the Nation in the area of IV-E.
- PSD partners with CCIC cross-training grant to ensure tribal representatives are invited to all training events and topics are relevant to tribal partners.
- PSD participates in the BIA-Tribal Social Services quarterly meetings on ICWA coordination issues and concerns in order to jointly address children and family issues.
- PSD utilizes our CYFD Native American liaison to assist in facilitation and mediation of some staffings, provide information to out of state tribes and assist with tribal requests for home studies for off reservation homes.
- PSD has identified a PSD Title IV-E staff person to be the designated primary contact for eligibility determinations, questions, consultations and technical assistance or training regarding children in tribal custody. Templates have also been developed for court orders in tribal court to incorporate the required language in the order to determine IV-E eligibility.
- Tribal youth are eligible for the same services under the Chafee Foster Care Independence Program and Education and Training Voucher Program as youth in the custody of the state.

The CYFD Native American Liaison, the Federal Reporting Bureau Chief, and the Title IV-E Manager are responsible for dissemination of information to the tribes and pueblos. They are also responsible for coordination of collaboration efforts with the tribes and pueblos. PS maintains either Joint Power Agreements (JPAs) and/or Intergovernmental Agreements (IGAs) with several of the tribes and pueblos in the state. Since June 2016, PSD has received requests to enter a JPA with the Pueblo of Zia, the Mescalero Apache tribe, and the Ramah Navajo Chapter.

Several meetings were held during the last year with Ramah Navajo, PSD, and the Navajo Nation to discuss Ramah's request to enter into a JPA separate from the larger Navajo Nation. Ramah is also requesting to be a sub-contractor for the Social Security Block Grant; currently, the Navajo Nation receives SSBG funding but Ramah asserts that none of that money is being utilized for social service programs at Ramah Navajo, and that they should have their own contract for funding. Ramah Navajo has obtained technical assistance from PS on the process for becoming their own IV-E agency, and Ramah has obtained assistance from the Casey Foundation as well. PS plans to continue to support both entities, the Navajo Nation and Ramah Navajo, through this process.

In 2020-24, recognizing that because NM has the second-highest population per capita of Tribal individuals in the country, CYFD is working in collaboration with the Tribes and the courts to create an ICWA court. PSD is also creating a dedicated ICWA team.

Technical assistance will be available and provided for the tribes and pueblos through the Title IV-E Unit. PSD has assigned an IV-E Specialist to work directly with the tribes and pueblos for all IV-E reimbursements as well as technical assistance and training when requested. On-site trainings were provided this year to Mescalero Apache, Ramah Navajo, Acoma, and Zuni by the IV-E unit.

All training opportunities offered to PS staff continue to be offered to tribal and pueblo staff. PSD disseminates information on trainings through emails and through the Tribal ICWA Consortium. PSD communicates with the Consortium coordinator and presents to the Consortium when asked. PSD has recently been invited to become a regular attendee at the Consortium meetings. PSD will attend a portion of each quarterly Consortium meeting to provide information, receive questions and feedback, and further collaboration efforts with tribal stakeholders.

PSD is committed to continuing to collaborate with the tribal and pueblo stakeholders of NM. Efforts to include tribal stakeholders include assignment of one IV-E Specialist to tribal cases; consultation and training with the IV-E Manager and Federal Reporting Bureau Chief, and involvement in the development of new PSD procedures.

Provide a description on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system for children in foster care; a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements.

Compliance with the Indian Child Welfare Act (ICWA) is a high priority for PSD, CYFD, and the State of New Mexico ICWA requirements are included in PSD policies in many places, including an extensive section in Legal Services and specific references and requirements in Investigation, Permanency Planning, and Adoption Act Regulations. The New Mexico Children's Code incorporates the provisions of ICWA into state law. Specifically:

- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene: PSD Intake Policy (8.10.2.14 NMAC); PSD Investigation Policy (8.10.3.15 NMAC; 8.10.3.16 NMAC); PSD Legal Services Policy (8.10.7.27 NMAC); NM Children's Code Abuse & Neglect Act 32A-4-6 NMSA 1978 (Taking into custody), 32A-4-22 NMSA 1978 (Disposition of adjudicated abused or neglected child);
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes: PSD Legal Services Policy (8.10.7.27 NMAC); PSD Permanency Planning Policy (8.10.3.11 NMAC); PSD Adoption Act Regulations (8.26.3.44 NMAC); NM Children's Code Abuse & Neglect Act 32A-4-9 NMSA 1978 (Indian child placement preferences), 32A-4-21 NMSA 1978 (Neglect or abuse predisposition studies...), 32A-4-22 NMSA 1978 (Disposition of adjudicated abused or neglected child); Children's Code Adoptions Act 32A-5-4 NMSA 1978 (Application of federal Indian Child Welfare Act of 1978), 32A-5-5 NMSA 1978 (Indian child placement preferences);

- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption: PSD Permanency Planning Policy (8.10.8.19 NMAC); NM Children's Code Abuse & Neglect Act 32A-4-24 NMSA 1978 (Periodic Review of dispositional judgments), 32A-4-28 NMSA 1978 (Termination of parental rights; adoption decree), 32A-4-20 NMSA 1978 (Termination procedure); NM Children's Code Adoptions Act 32A-5-4 NMSA 1978 (Application of federal Indian Child Welfare Act of 1978), 32A-5-5 NMSA 1978 (Indian child placement preferences);
- Tribal right to intervene in State proceedings or transfer proceedings to the jurisdiction of the tribe: PSD Legal Services Policy (8.10.7.27 NMAC); NM Children's Code Abuse & Neglect Act 32A-4-6 NMSA 1978 (Taking into custody), 32A-4-27 NMSA 1978 (Intervention; persons permitted to intervene).

Provide a description, developed after consultation with tribes, of the specific measures taken by the state to comply with ICWA.

ICWA compliance is documented in individual case records (in court reports, activities, narratives, etc.) and compliance data will be obtained through QA. PSD ensures compliance with ICWA through staff training, supervision, QA reviews and ongoing meetings with tribal representatives. PSD will continue to address ICWA compliance through training. ICWA is included in the legal module of foundations of practice. A 90-minute e-learning course, Introduction to ICWA, is also mandatory for all staff.

PSD utilizes data from QA Reviews, information obtained from our judicial partners, and information from meetings between PSD and tribal partners to improve or maintain our compliance with ICWA.

PSD is still in the process of updating policies and procedures to be in line with the new ICWA regulations. PSD convened a workgroup in the summer and fall of 2016 that included key PSD staff as well as tribal and pueblo stakeholders. This workgroup stopped meeting when the Federal Reporting Bureau Chief position turned over, and needs to be re-convened so that the Policy and Procedure can be finalized.

Mandatory ICWA training is still required for all PSD staff.

PSD attends the annual State of NM Tribal Leadership Summit to participate in a question-and-answer session and to provide technical assistance to the Pueblos and Tribes attending the Summit. The Summit provides an opportunity to directly communicate with tribal governmental leadership about PSD initiatives, as opposed to the only communicating with tribal social services representatives, which PSD maintains frequent communication.

Each month the Quality Assurance team conducts a legal review of practice in a different county throughout the year. In this review, one of the many data points captured pertains specifically to ICWA compliance. The process includes a review of the hard copy legal records, a FACTS review,

and meetings with the Children's Court Attorney and/or Managing Attorney. The reviews are conducted by a QA Specialist and a peer review that include the Regional Children's Court Attorney, the assigned Children's Court Attorney, and a Title IV-E Specialist. The intent of the review is to determine the strengths and challenges from the legal perspective and to identify opportunities for improved collaboration between legal services and program.

CYFD has also engaged New Mexico's tribes and pueblos in its MMIS redesign, particularly with regards to the youth services delivered to tribes upon request.

CYFD is also working with tribes to pilot a community based mental health service for at risk youth on tribal land in the next 12 months as part of our statewide effort to rebuild community based mental health services in New Mexico.

PSD will share the CFSP with tribal partners through the Native American Liaison and tribal contacts. We will request a copy of each tribal CFSP directly through their governor or president and through our tribal liaison.

### *Intergovernmental Agreements through Joint Powers*

The CYFD Native American Liaison, the Federal Reporting Bureau Chief, and the Title IV-E Manager are responsible for dissemination of information to the tribes and pueblos. They are also responsible for coordination of collaboration efforts with the tribes and pueblos. PS maintains either Joint Power Agreements (JPAs) and/or Intergovernmental Agreements (IGAs) with several of the tribes and pueblos in the state. Since June 2016, PSD has received requests to enter a JPA with the Pueblo of Zia, the Mescalero Apache tribe, and the Ramah Navajo Chapter. Several meetings were held during the last year with Ramah Navajo, PSD, and the Navajo Nation to discuss Ramah's request to enter into a JPA separate from the larger Navajo Nation. Ramah is also requesting to be a sub-contractor for the Social Security Block Grant; currently, the Navajo Nation receives SSBG funding but Ramah asserts that none of that money is being utilized for social service programs at Ramah Navajo, and that they should have their own contract for funding. Ramah Navajo has obtained technical assistance from PS on the process for becoming their own IV-E agency, and Ramah has obtained assistance from the Casey Foundation as well. PS plans to continue to support both entities, the Navajo Nation and Ramah Navajo, through this process.

Compliance with the Indian Child Welfare Act (ICWA) is a high priority for PSD, CYFD, and the State of New Mexico ICWA requirements are included in PSD policies in many places, including an extensive section in Legal Services and specific references and requirements in Investigation, Permanency Planning, and Adoption Act Regulations. The New Mexico Children's Code incorporates the provisions of ICWA into state law. Specifically:

- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene: PSD Intake Policy (8.10.2.14 NMAC); PSD Investigation Policy (8.10.3.15 NMAC; 8.10.3.16 NMAC); PSD Legal Services Policy (8.10.7.27 NMAC); NM

Children's Code Abuse & Neglect Act 32A-4-6 NMSA 1978 (Taking into custody), 32A-4-22 NMSA 1978 (Disposition of adjudicated abused or neglected child);

- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes: PSD Legal Services Policy (8.10.7.27 NMAC); PSD Permanency Planning Policy (8.10.3.11 NMAC); PSD Adoption Act Regulations (8.26.3.44 NMAC); NM Children's Code Abuse & Neglect Act 32A-4-9 NMSA 1978 (Indian child placement preferences), 32A-4-21 NMSA 1978 (Neglect or abuse predisposition studies...), 32A-4-22 NMSA 1978 (Disposition of adjudicated abused or neglected child); Children's Code Adoptions Act 32A-5-4 NMSA 1978 (Application of federal Indian Child Welfare Act of 1978), 32A-5-5 NMSA 1978 (Indian child placement preferences);
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption: PSD Permanency Planning Policy (8.10.8.19 NMAC); NM Children's Code Abuse & Neglect Act 32A-4-24 NMSA 1978 (Periodic Review of dispositional judgments), 32A-4-28 NMSA 1978 (Termination of parental rights; adoption decree), 32A-4-20 NMSA 1978 (Termination procedure); NM Children's Code Adoptions Act 32A-5-4 NMSA 1978 (Application of federal Indian Child Welfare Act of 1978), 32A-5-5 NMSA 1978 (Indian child placement preferences);
- Tribal right to intervene in State proceedings or transfer proceedings to the jurisdiction of the tribe: PSD Legal Services Policy (8.10.7.27 NMAC); NM Children's Code Abuse & Neglect Act 32A-4-6 NMSA 1978 (Taking into custody), 32A-4-27 NMSA 1978 (Intervention; persons permitted to intervene).

## John H. Chafee Foster Care Program

### Agency Administering Chafee

The New Mexico Children, Youth and Families Department (CYFD), Protective Services Division (PSD), Youth Services Bureau directly administers, supervises, and oversees the Chafee Foster Care Independence Program (CFCIP).

The Youth Services Bureau consists of the following personnel:

- Bureau Chief – Provides oversight and supervision for overall implementation of the program.
- Two Youth Transition Supervisors—These positions each manage seven youth transition specialists and one of the senior youth transition specialists in order to assist the Bureau Chief in daily operations, supervision and guidance.
- One Lead Youth Transition Specialist—Provides direct transition support services to individual youth across the state, provides staff training and technical assistance, assists with the coordination of ETV and Chafee program funds, acts as the chief adult supporter and liaison to LUVYANM, attends various collaborative meetings, and carries out other assignments to support the Bureau Chief, the Youth Transition Supervisors, and the Youth Transition Specialists.

- Thirteen Youth Transition Specialists (YTS)—Provides direct transition support services to individual youth across the state.
- One Youth Transition Specialist (YTSA)—Provides support to Youth Transition Specialists and conducts credit reports.
- Business Operations Specialist—Provides administrative support to staff and management of the Youth Services Bureau.

## Description of Program Design and Delivery

New Mexico provides youth transition services to meet the needs of older youth who are in foster care, have aged out of foster care, were adopted from the foster care system at sixteen years of age or older and who have permanency achieved through the Guardianship Assistance Program at age sixteen or older. A statewide youth advisory board, Leaders Uniting Voices: Youth Advocates of New Mexico, actively participates in developing the youth services program and provides feedback and suggestions to PSD staff, community based providers and other stakeholders for system and practice improvement.

There are eight primary service components offered to youth who enter foster care at age 14 or older or who turn age 14 while in foster care who are unlikely to exit to permanency. Those service components are as follows:

1. Independent Living (IL) Assessment: The IL Assessment is completed by the Permanency Planning Worker (PPW) for all youth in PSD custody regardless of their permanency plan. The IL Assessment consists of a current psychosocial history that focuses on the youth's strengths and goals and the Casey Life Skills Assessment (CLSA). The PPW also completes a written IL Assessment Summary which includes the results of the assessments and recommendations to assist the youth in life skills development and focuses on individual transition service needs. The PPW completes the initial IL Assessment for a youth turning thirteen and a half years of age or when a youth over the age of thirteen and a half enters PSD custody and remains in custody following the custody hearing. A reassessment is conducted at least every 18 months or when there is a significant change in the youth's circumstances. The PPW provides copies of the CLSA and the IL Summary to the youth and the youth's foster care provider in addition to maintaining a copy in the youth's case record.
2. Life Skills Plan: A life skills plan is required for youth who are 14 years of age or older who are in foster care regardless of the permanency plan and is a component within the youth's case plan which is presented to the court at each judicial review or permanency hearing. The plan outlines the activities necessary to support the youth in developing the knowledge and skills needed for successful transition to adulthood. The plan prioritizes the life domains the youth requires the most assistance with and can include secondary or post-secondary academic support services, career preparation services, budget and financial management services and healthy relationship education services. The youth, PPW and YTS review the plan every six

months or more often at the request of the youth and is updated in conjunction with the case plan.

3. Life Skills Development: Youth who are 14 years of age or older who are in foster care participate in life skills development regardless of their permanency plan. Life skills development occurs through a variety of methods such as group learning, community providers, resources and mentors, self-paced curricula and teachable moments. In addition, the youth's YTS provides assistance with obtaining, interpreting and understanding the youth's annual credit report.
4. Transition Planning Process: The YTS contacts the youth approximately three months prior to their 17<sup>th</sup> birthday to schedule and conduct an informal meeting to support and assist the youth in developing the plan for what will happen when the youth turns age 18 and ages out of foster care. The transition plan includes goals in the following domains: safety; housing; education; employment or income; physical and mental health; local opportunities for mentors; and on-going support services. The youth and YTS also identify all the individuals the youth would like to invite to the formal Youth Transition Meeting (YTM) such as the PPW, foster parents, Youth Attorney, family members, friends, mentors and other supports. The YTM takes place prior to the youth's 17<sup>th</sup> birthday and is facilitated by the youth with support from the YTS as needed. The transition plan or Toolkit for Adulthood is attached to the court report and presented to the court at the first permanency hearing after the youth's 17<sup>th</sup> birthday. The plan may be updated at any time by request of the youth or any member of the youth's team prior to the youth's 18<sup>th</sup> birthday. The updated Toolkit for Adulthood is presented to the court at the youth's discharge hearing. The plan must be reviewed and updated with the youth and the youth's team within 30 days of the youth's 18<sup>th</sup> birthday or the youth's discharge hearing.
5. Transition Support Services: Transition support services are provided to youth in PSD custody who are age 14 or older by their Permanency Planning Worker. Youth Transition Specialists provide these services to youth who aged out of foster care at age 18 and youth over the age of 18 who were adopted from foster care at age 16 or older. Transition support services are provided for the purpose of preparing and assisting youth in their transition to adulthood. These services begin during the preparation for the transition meeting and may continue until the youth turns 21 years of age. The services can include but are not limited to: locating and/or maintaining safe, stable housing; identifying and accessing educational and vocational opportunities; information and referral on employment or income resources; referrals to physical, behavioral and/or mental health services; assisting with Medicaid enrollment; linking youth with significant adult connections, prior to and after aging out of foster care; and accessing other continuing support services as available.
6. Financial Resources: There are three possible financial resources for youth to assist them in their transition to adulthood, in addition to the Education and Training Voucher Program. These include:



- ***Start-Up Funds:*** These funds are made available through the Chafee Act to assist eligible youth purchase household items and/or services they need to establish a home or to support the youth in their transition to adulthood. Youth who are under the age of 21 and aged out of foster care on their 18<sup>th</sup> birthday; youth between the ages of 18 and 21 who were adopted from foster care after their 16<sup>th</sup> birthday; and youth in foster care who are age 17 and receiving ILPS may be eligible to receive these funds. The maximum amount of funding an eligible youth may receive in their lifetime is \$1,500.00 and must be used by the youth's 21<sup>st</sup> birthday. Allowable and unallowable expenses are determined according to the standards established through the Chafee Act. Youth must complete and submit an application in order to be considered to receive the funds and turn in receipts for purchases to ensure the funds are used appropriately.
  - ***Independent Living Placement Status (ILPS):*** ILPS allows an eligible youth to receive a monthly stipend in order to live as a boarder with a foster parent or to live independently with limited supervision. The stipend amount is based on the substitute care monthly maintenance payment amount and is considered for youth who are likely to age out of foster care starting at age 17 until age 21. As part of the ILPS Agreement, youth cannot be incarcerated or on runaway status; in addition, youth must submit monthly documentation of employment, actively seeking employment, enrolled in school or participating in a rehabilitation program. Eligibility for ILPS is assessed on an on-going basis.
  - ***Medicaid:*** Medicaid is available to youth who have aged out of foster care up to the age of 26 in accordance with the federal Affordable Care Act. Youth must fill out an application on an annual basis to ensure continued eligibility and coverage.
7. **Youth Leadership Skills:** Youth are encouraged to participate in leadership skills development such as advocacy and policy development in multiple ways within the agency. One of the opportunities youth are encouraged to and supported in leadership skills development is through participation in Leaders Uniting Voices: Youth Advocates of New Mexico (LUVYANM). LUVYANM is a youth advocacy and advisory board composed of youth from around the state who represent current and former foster care youth. LUVYANM members actively participate in the evaluation of policies and practices of the state's child welfare system and advocate for system improvements. They educate other youth, agency staff, foster families, agency partners and the general public on issues related to youth in foster care. LUVYANM takes the lead in planning the annual Independent Living Youth Conference, train PSD staff in youth engagement, participate in policy development and revision meetings, present at conferences such as the Children's Law Institute and Foster Parent Conferences and participate in advocacy activities with the New Mexico Legislature.

8. Housing Services: Transitional Living Programs are provided through contracts with four programs located in different parts of the state to assist youth with accessing safe, affordable and stable housing as well as provide life skills development opportunities through a trauma informed and positive youth development framework. These programs are located in Albuquerque, Santa Fe, Taos and Hobbs.

## **Program Goals**

In an effort to identify program areas to strengthen and build upon, the Department regularly seeks stakeholder input. One of the critical stakeholders are the youth of New Mexico. Their input and feedback has been obtained through formal and informal requests. A few of the formal settings that current and former foster youth have provided their input and feedback are during the annual Independent Living Youth Conference Town Hall, monthly LUYVANM meetings and youth participation in workgroups. As a result of stakeholder input, the following five areas have been identified as program areas to strengthen in order to improve outcomes for youth:

- implementation of extended foster care;
- expansion of the housing service array;
- increased placement with relatives and siblings;
- supports and opportunities to reconnect with siblings and other relatives; and
- life skills development services.

Over the next five years, the Youth Services Bureau will partner and collaborate with both internal and external partners and stakeholders in order to strengthen these five program areas. Some of the key partners include CYFD Behavioral Health Services and Juvenile Justice Services, the Heart Gallery of New Mexico Foundation, the Corrine Wolfe Children's Law Center, the Capacity Building Center for States, the New Mexico Coalition to End Homelessness and the New Mexico Child Advocacy Network.

## **Youth Engagement in the Development of the Plan**

In an effort to obtain youth perspective, input and feedback that is representative of the diversity of the state, Youth Services Bureau works closely with LUYVANM. Since membership includes youth from all geographic areas the state who are currently or were previously in foster care, they are able to provide a broad perspective which is critical in a state that is as geographically large and rural as New Mexico is as well as ethnically and culturally diverse. Each year at the annual independent living conference, LUYVANM conducts a town hall meeting with approximately 70 youth who participate to discuss issues that are most relevant to them. A summary of the discussion is developed and synthesized including recommendations for changes to youth services and the state's child welfare system as a whole. This information is being used to inform New Mexico's state Child and Family Services Plan.

In addition to the town hall meeting mentioned above, YSB utilizes both formal and informal opportunities to seek and obtain input and feedback from our youth. The two primary, formal settings are:

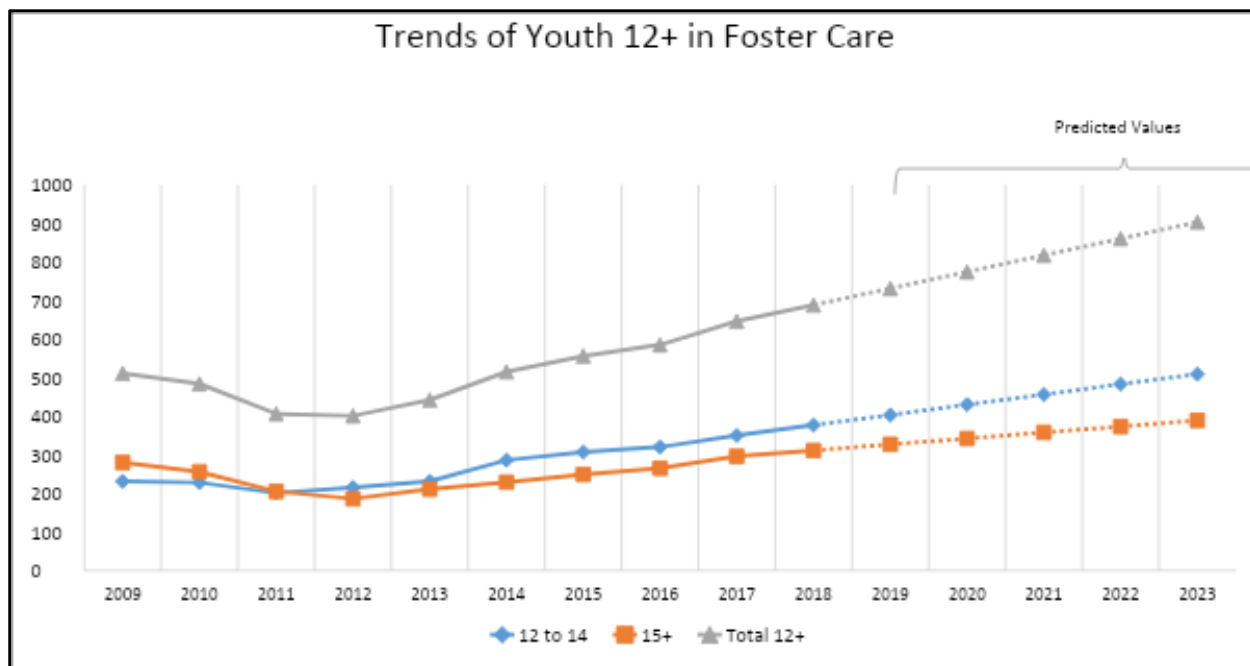
- The annual ILY Conference Town Hall – the topics focused on are identified and selected by LUVYANM members and meeting participants. The topic for 2018 was sibling connections, increasing foster homes open to having youth placed in their homes and improving connections with foster families. The topic identified for the 2019 town hall is extended foster care (Fostering Connections Act and Program).
- Monthly LUVYANM Meetings – the youth set the agenda for their monthly meetings and have a time slot designated for YSB. This time allows for activities such as the sharing of information and requesting feedback, recommendations and feedback.

Youth also participate in CYFD workgroups. CYFD PSD has partnered with the Capacity Building Center for States on several initiatives including work focused on sibling connections and relative placement efforts. Youth served as workgroup members on the Sibling Connections Team and continue to participate in the Relative Connections Team. Further, youth participate in activities and opportunities for educating and informing other stakeholders about the foster care experience for youth, such as the Annual Foster Parent Conference, and the Annual CLI Conference. There are also youth panels at ongoing staff meetings and trainings including the on-going Foundations of Practice training (FOP), Statewide PSD Managers Meeting, and trainings conducted by the county offices, such as the RAFT training. Youth also conducted the Youth Engagement Training (YET) at the regional trainings of new PSD staff and were workshop presenters at the 2019 National Citizen Review Panels Conference.

PSD continues to utilize the annual independent living conference, LUVYANM town hall and meetings related to youth to collect youth data. During 2018, 42 youth participated in LUVYANM meetings. The 2018 annual independent living conferences theme was “There is Always A Rainbow After the Storm.” LUVYANM determines the theme of every annual Independent Living Conference as well as the opening and closing speakers and the workshops. The opening keynote speaker was Martin Sepulvedo and his presentation was titled “Lightworks.” Mr. Sepulvedo spoke about how one can overcome foster care and become the best version of oneself. The closing keynote speaker was Chauncey Strong and his presentation was titled “Through the Storm to Get to Your Rainbow.” Mr. Strong spoke about how the challenges youth in care can face can help prepare them for other life challenges which they can gain strength from to move forward and have a successful life. The conference workshops offered during the 2018 ILY Conference were:

- Lightworks;
- Keep More of YOUR Money and Enjoy Life More than You Thought You Could;
- Stress Management and Chocolate: What’s the Connection?
- Strategic Sharing – Sharing Your Story to Effectively Advocate for Change;
- Grow YOUR Money and Live the 6 Principles of Happiness;
- Hacking Housing: Finding Your Way Through Affordable Housing in New Mexico;
- Systems Go Rocket Launch;
- Job Preparation 101; and
- Desperate Journey.

Breakdown of the number of youth over aged 12 over time in New Mexico’s foster care system:



PSD’s foundations of practice training is focused on youth and includes information on services the Youth Services Bureau provides. This training includes information on:

- positive youth development;
- the importance of permanency for older youth with a particular emphasis on relational permanency and biological family connections;
- special issues of working with youth including sexual orientation and pregnant and parenting youth; and
- the services for which youth are eligible.

Lastly, PSD provides a full day-training for staff called “Working with Youth” that includes information on positive youth development, adolescent brain development, youth engagement, talking with youth about sex, and youth safety issues.

Further, YSB leadership has been active—including serving as chair and co-chair—in the Sibling Connections Team and the Relative Connections Team Workgroups of the Capacity Building Center for States. YSB leadership participates in the New Mexico Coalition to End Homelessness and Youth Shelters & Family Services lead Youth Homeless Demonstration Program (YHDP) efforts for Northern New Mexico. Participation has included attending and engaging in community conversation sessions. The group was awarded the YHDP grant with the Community Services Bureau Program Manager serving as an RFP evaluation committee member. The YS Bureau Chief has presented at community-based information and discussion sessions, and led a breakout group for the Northern New Mexico YHDP Core Planning Team Work event.

PSD has partnered with Behavioral Health Services, New Day, New Mexico Solutions and New Mexico State University to implement the Nurtured Hearth Approach (NHA) in an effort to improve outcomes for youth in foster care and youth who have aged out of foster care. The initial plan was a staggered implementation of NHA in three county field offices; however, the plan has been revised to implementation in one county field office (Sandoval) and with the Youth Services Bureau. The Youth Services Bureau Chief was one of seven individuals selected to participate in the NHA Certification Training Intensive and all successfully completed the certification. All YSB staff have participated in an NHA training and will receive ongoing support with the implementation of NHA from New Day, New Mexico Solutions, NMSU and Behavioral Health Services.

### *State Sharing of NYTD Data*

The Youth Services Bureau has begun presenting on Youth Services practices, policies and procedures to local county office staff. These presentations include information about NYTD such as the purpose of NYTD, the importance of field staff obtaining and information needed for NYTD reporting into FACTS, possible outcomes for not meeting the NYTD requirements, data gathered and opportunities for field staff, youth, YTSs and community based providers to partner around life skills development, educational supports and housing services and supports. The Youth Services Bureau also presents at conferences and stakeholder meetings and includes information about NYTD in those presentations as well.

PSD continues to obtain a great deal of qualitative data particularly from youth across the state. PSD uses this data to inform and improve policy, procedure and practice. This type of qualitative data has been shared with stakeholders including who assisted in the development of the youth grievance procedures such as New Mexico Child Advocacy Network and LUVYANM members and partners such as the Sibling Connections Team, the Relative Care Team and the Center for Capacity Building.

Youth Transition Specialists are responsible for completing the outcomes surveys with youth who are identified for each specific age cohort. The Research, Assessment and Data Bureau's Data Unit provides electronic notices to the Youth Services Bureau by age of the specific youth that have been identified as needing to complete a survey. The preference is for the surveys to be completed in person utilizing Survey Monkey®; however, it is not always possible for the surveys to be completed in person thus the YTS will conduct the survey with the youth via telephone. Youth are eligible to receive a financial incentive of \$50.00 for their participation in the survey.

Youth Transition Specialists and Permanency Planning Workers enter service date into the FACTS system. When the PPW uploads the Casey Life Skills Assessment into FACTS, an independent living (IL) category is created for the specific youth under the primary FACTS case and allows for the PPW, YTS or other approved PS staff to enter youth services related information for that youth. Options available under IL include each domain of life skills and financial assistance, an option to customize entries for uncategorized services such as decision making skills and a menu

of descriptors which allow for the ability to extract data for specific life skill services. In addition, contractors who provide life skills development and housing support services collect data on the services they provide to the youth who are involved with the state's child welfare system and provide that data to their contract program manager on a semi-annual basis. The program managers then enter the data into FACTS to ensure the services the youth participate in are captured in their case record and included in the NYTD reports.

Although PSD Youth Services' goal was to diversify data sources to include more quantitative data in 2018, this did not occur. The Youth Services Bureau Chief will meet with the Data Manager and others in the first quarter of the federal fiscal year to develop an action plan to ensure this happens in 2020 and beyond.

Provide information on the state's plan to strengthen the collection of high-quality data through NYTD over the next five years.

PSD continues to use the following methods to locate and engage youth who have aged out of care who are part of the survey cohorts: Facebook, phone, e-mail, text, or through the mail. The Youth Services Bureau continues to request up to date contact information from youth, asks youth how staff can be of assistance, and offers services at the time of the survey. Permanency planning workers and Youth Services Bureau staff continue to enter service data into the FACTS system. Housing and life skill development contractors continue to provide data on a semi-annual basis on the services they provided to the protective services youth in their programs. This data is then entered by Youth Services Bureau staff and Community Services Bureau Staff into the FACTS system so that the services reports can be as accurate and complete as possible.

PSD is confident in its collection, analysis, and use of NYTD data. The division plans to structure and increase its public facing communications. Under direction of responsible Youth Services Bureau Chief, PSD is planning additional efforts which are likely to include posting summaries, analyses, etc. to the CYFD website, additional presentations to the community, and other means of sharing information with youth, families, and communities and receiving their feedback.

## Serving Youth Across the State

Youth services now has thirteen youth transition specialists located across the state and cover all five regions and one Lead Youth Transition Specialist. They are located in the following cities: Las Vegas, Farmington, Rio Rancho, Valencia, Las Cruces, Carlsbad, Clovis, Roswell and Albuquerque. Youth transition specialists are expected to collaborate and coordinate with the local county offices to ensure that all youth in New Mexico's foster care system are able to receive the necessary services to successfully transition to adulthood.

PSD obtained one position in 2018, a Youth Transition Specialist Associate, which has been reclassified as a Youth Transition Specialist position and is included in the thirteen total YTS positions. One of the Lead YTS positions was turned into a second supervisory position, allowing the bureau to have two supervisors. This addition has been helpful in the provision of adequate support of Youth Transition Specialists to do more effective work with their youth. Although

there were some Youth Services vacancies in 2018 there was less turn over and more stability in the bureau. Positions in the southeast and south central part of the state seem to have more frequent turnover and can be challenging to fill.

NYTD services data reveal that in counties where a Youth Transition Specialist (YTS) is housed receive a higher number of life skill and financial assistance services than in counties where no Youth Transition Specialist is housed. This makes it twice as likely that youth who live in “YTS counties” will receive services as those who do not live in “YTS counties.” This data is consistent across all domains of life skill and financial assistance.

## Serving Youth of Various Ages and Stages of Achieving Independence

Youth served by the state’s child welfare system receive youth services, regardless of their permanency plan, through the combined efforts of field staff, foster parents, child placement agencies, community based providers and the Youth Services Bureau staff.

### *Youth Ages 14 to 18*

At age thirteen and a half, youth who are in foster care participate in the IL Assessment which includes the Casey Life Skills Assessment, the Let’s Get Started Planning for the Future and the Individual Capacity and Functional Assessment. They also actively participate in their individual case planning, the development of their life skills plan, and the identification of needed transition support services. The PPW and the out-of-home provider work with the youth on developing life skills based on the needs identified in the CLSA. The PPW provides transition support services for youth under the age of 18 who are in foster care and youth over the age of 18 who remain under the jurisdiction of the court. The YTS provides transition support services for youth over the age of 18 who aged out of foster care at age 18 and those who were adopted from foster care at age 16 or older.

Youth Transition Specialists ensure credit reports are obtained for and provided to youth beginning at age 14 and occurs on an annual basis until the youth exits foster care. At age 17, youth become eligible to participate in Transitional Living Programs and to receive an Independent Living Placement Status (ILPS) stipend in order to live in a semi-independent living situation. The youth’s PPW is required to assess and verify that the home is safe, that the youth has the skills necessary to live safely in such a situation and that it is unlikely the youth will be exploited.

New Mexico does not currently have an implemented extended foster care program. Once a youth ages out of foster care at age 18, the YTS becomes their primary worker. For those who do not receive Medicaid through other programs such as Social Security, they are eligible to receive Medicaid to age 26 through the Affordable Care Act and only requires the youth to complete a form once a year with their assigned YTS. They may also be eligible to receive the ILPS stipend, Start-Up funds, ETV and the tuition and fee waiver.

Although youth are not currently able to remain in foster care beyond age 18, legislation allowing for the extension of foster care was passed during the 2019 Legislative Session through the Fostering Connections Act and was signed into law by Governor Lujan Grisham. In order to implement extended foster care in New Mexico, several activities and tasks were outlined in the legislation. Some of those are as follows:

#### **Planned extension of Title IV-E foster care assistance to youth ages 18-21**

In March 2019, the New Mexico legislature passed SB 23, which implements the federal option to extend Title IV-E foster care supports to youth ages 18-21. The bill phases implementation over three years beginning July 1, 2020. CYFD supports the aims of the bill, and in the coming year will develop an implementation planning process. Among the work products of that process will be a detailed plan to accommodate the Chafee program to the Title IV-E extended foster care program. 2020-2024 APSR's will report on this process and detail any changes to the program outlined above.

#### **Extension of Chafee Services to Age 23**

New Mexico is committed to ensuring that emancipated youth between the ages of 18-23 continue to receive supportive services as they acclimate into adulthood. In order to plan for these services, a workgroup has been established to ensure all necessary considerations are taken into account. It is expected that a comprehensive roll-out of the Chafee extension will complete by 2024. Updates of the progress of the implementation will be provided in future ASPR reports.

#### **Assessment tools**

PSD does not use a tool designed specifically for identifying youth who are likely to emancipate or remain in care for longer periods of time. PSD utilizes the Casey Life Skills Assessment (CLSA) and other assessments through the Casey website ([www.caseylifeskills.org](http://www.caseylifeskills.org)) to identify developmental levels particularly on life skills and perceptions of permanency. The CLSA is then repeated on an annual basis to assess the level of skills attained by youth while in PSD custody.

## **Collaboration with Other Private and Public Agencies**

Due to the large geographical and rural landscape of the state as well as the limited availability and accessibility of services, the partnerships PSD has with other private and public entities is critical. Some of these organizations include New Day Youth and Family Services, the Heart Gallery of New Mexico Foundation and the New Mexico Child Advocacy Network. Also essential to serving youth who are in foster care or who have aged out of the foster care system is the Behavioral Health Services Divisions within CYFD.

- New Day Youth and Family Services (New Day), which began as a runaway shelter in Albuquerque, has been serving youth for over 40 years and has expanded their programs throughout the years in response to the growing needs of transition age youth in the state. Those programs include Safe Home, Life Skills Academy, Counseling and Case Management Services, a Detention Diversion program, and a Transitional Living Program.



Due to the lack of available and willing foster families to have youth in their homes, there is an increasing level of need for alternative out of home placements for youth in foster care as well housing options for youth who have aged out of foster care. Through collaboration between New Day and the agency, youth ages 11-17 have been able to access a safe place to live in emergency situations through their shelter, Safe Home. In addition, youth ages 17-22 can participate in New Day's Transitional Living Program (TLP) which can range from 6 to 18 months. Through partnering between New Day and Youth Services Bureau staff in particular, youth ages 16-22 have increased opportunities to develop key skills through New Day's Life Skills Academy. Although Safe Home, TLP and Life Skills Academy are programs available to all youth, regardless of system involvement, New Day has consistently engaged in unique, creative and problem solving efforts with the Department in an effort to meet the placement, housing and life skills development needs of youth in foster care.

- The Heart Gallery of New Mexico Foundation (the Heart Gallery) assists PSD youth who are in foster care and who have aged out of foster care to achieve independence through myriad ways. As noted in a previous section, the Heart Gallery is a primary support to LUVYANM. In addition to providing LUVYANM with assistance to secure monthly meeting space, the Executive Director also invites successful members of the community who have experienced and overcome their own challenges to speak at the monthly meetings to provide strategies and opportunities for success. Youth are also able to submit requests for financial assistance for items for which there is no other funding source. Previous requests have included funding to pay for driver's education, GED fees and high school graduation expenses. They also continue to partner with local organizations and business to provide youth with hygiene items as well as household items such as mattresses, bedding, cooking and other kitchen supplies, and furniture that youth can request when setting up their own places of residence.
- The New Mexico Child Advocacy Network (NMCAN) also continues to be an important partner for helping youth prepare for adulthood. NMCAN serves youth located in the Albuquerque Metro Area through various projects such as the Mentoring Project, Back on Track, Opportunity Passport and Youth Leaders. The Mentoring Project is available to Metro area youth ages 14-25 and matches a youth with an adult volunteer who focuses on encouraging the youth in their interests and goals. The Back on Track project is available to Metro area youth ages 17-25 who are disconnected from education and is delivered through a partnership with New Day to assist youth access to educational and employment preparation supports. The Opportunity Passport Project is available to Metro area youth ages 14-25 and focuses on helping youth become financially capable by providing financial literacy classes. In addition, a youth is eligible to receive \$100 after completing the first three financial literacy classes and can earn up to \$3000.00. Their Youth Leaders program offers youth in the Metro area an opportunity to become involved in system and policy change through advocacy. NMCAN also actively seeks to reduce systemic barriers of system involved youth by advocating for legislation such as the Foster Youth Tax Credit Law and the Fostering Connections Act.

- The partnerships and collaboration efforts with the Behavioral Health Services Division is also vital in YSB efforts to support and prepare youth for independence. Behavioral Health Services and Youth Services Bureau frequently partner and collaborate in the areas of supportive housing, youth engagement trainings, Wraparound and youth substance abuse programming. One of the specific programs that serves both JJ and PS youth in the Albuquerque area is the Supportive Housing program. This program has been in operation for several years and has been able to access preference points for youth participating in the supportive housing program with the Albuquerque Housing Authority so that those youth are able to access Section 8 Housing in a timely manner. In addition, Behavioral Health Services and the Youth Services Bureau have joined in a coordinated effort to implement the Nurtured Heart Approach within the bureau in order to better engage and serve youth who are in foster care or have aged out of foster care.

YSB also works closely with the Developmental Disability Services Division of the NM Department of Health to access the Developmental Disability (DD) Waiver for youth who qualify. Historically, there has been at least a ten year wait list for eligible individuals to be allocated the DD Waiver and receive services. Over the several years, PSD has developed a system with DOH so youth who are eligible for DD Waiver services are able to access an expedited allocation and have exhausted all other resources. This has helped many severely disabled youth access services when there are no other options for their care.

PSD also coordinates with other local programs and initiatives in an effort to support youth in accessing housing resources as well as pregnancy prevention and parenting supports:

- Youth Homelessness Prevention: As described previously, PSD has issued four year contracts for four separate transitional living programs located in different areas of the state to provide housing and life skills development services to PS and tribal youth. These contracts end on June 30, 2020. PSD also continues to partner with the Supportive Housing Coalition and the CYFD Behavioral Health Services Division to provide supportive housing for youth who reside in Albuquerque. In 2018 Youth Services continued to refer youth in Dona Ana County for the Family Unification Program (FUP) Vouchers. In 2017 New Day was awarded the Demonstration Grant. New Day provides services to both the LGBTQ population and the youth aging out of foster care population. There is some overlap in both populations. New Day rents apartments from a complex in Albuquerque. One of the apartments within this complex has been turned into an office for staff, which has had positive outcomes. Having staff onsite seems to be an effective approach as youth build stronger and more successful relationships with staff on site. It has also created a greater sense of community within the complex. PSD refers youth to this program and works closely with staff in the program to better assist PS youth who live there. New Day also provides case management, life skills, Nurtured Heart Approach and wrap around services to these youth. New Day is working with Apex to provide a qualitative evaluation to the youth they serve under this grant. The qualitative questions capture identity for LGBTQ youth and attachment for youth who aged out of foster care.

- Pregnancy Prevention and Supports for Parenting and Pregnant Youth: PSD Youth Services Bureau Chief is a member of the Expectant and Parenting Teens Statewide Advisory Committee and YSB staff attended the 2019 Town Hall Event as well as assisted in facilitating table discussion. Additional supports available to expecting and parenting youth include home visiting programs through CYFD Early Childcare Services Division and Department of Health, pre-K programs through CYFD ECS Division and PED and child care services and supports through CYFD ECS Division.

## Determining Eligibility for Benefits and Services

Currently, all youth who aged out of foster care at age 18 are eligible for the services and benefits described in this plan. In addition, all youth who emancipate from one of the 22 New Mexico tribes and pueblos social services are eligible for all the benefits and services described in this plan. Youth who age out of foster care in other states and move to New Mexico are also eligible for benefits and services that are available to New Mexico youth with the exception of Medicaid through the foster youth provision of the Affordable Care Act. Those youth are likely to be eligible for Medicaid through the Medicaid expansion of the Affordable Care Act and staff are able to assist youth in applying for Medicaid through the Income Support Division of the Human Services Department. Youth who were adopted from foster care after the age of 16 in New Mexico or from the tribes and pueblos in New Mexico, and youth who achieved permanency through the Guardianship Assistance Program are eligible for the services described in this plan as well.

In 2020-2024, PSD will continue to provide services to youth in PSD and Tribal custody who age out of foster care at 18, including youth who are adopted at age 16 or older, and to youth who achieve Kinship Guardianship through the Guardian Assistance Program that was finalized at 16 or older. PSD continues to provide services to eligible youth who move to New Mexico. In 2018, the number of youth moving from another state to New Mexico continued to decrease.

## Cooperation in National Evaluations

PSD and Youth Services Bureau will cooperate in any national evaluation of the effects of the program in achieving the purposes of the Chafee Program.

PSD and the Youth Services Bureau continue to be willing to cooperate in any national evaluations. In the past year the Youth Services Bureau participated in an interview and survey on the Supportive Housing Program through a team of researchers at the Urban Institute and Chapin Hall at the University of Chicago working with the Administration for Children and Families (ACF) of the US Department of Health and Human Services to help develop an evaluation agenda to learn more about the effectiveness of programs for youth in foster care.

In addition, Youth Services participated in a Foster Club survey regarding states who provide Medicaid until age 26 for youth who move to New Mexico from another state.

## Chafee Training

The PSD Training Director has been working with the agency's Academy for Professional Development and Training (APDT) to revise and update the Foundations of Practice (FOP) curriculum delivered to new employees. FOP includes a section focusing on youth and includes information about youth engagement, the importance of family connections, positive youth development and working with special youth populations such as pregnant and parenting youth as well as LGBTQ youth. Youth also serve as panel members during FOP. Based on participant and youth panel member feedback, PSD staff have been working to revise this portion of FOP into a more interactive and role play format rather than the youth panel format.

PSD will use training funds provided under the title IV-E foster care and adoption assistance programs to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult. PSD will continue to use Chafee funds to support the annual Independent Living Youth Conference as well.

## Education and Training Vouchers (ETV) Program

ETV funds are made available to youth who meet eligibility criteria in order to assist them in accessing post-secondary education or vocational training. Youth are informed that ETV cannot be used to cover expenses already paid by scholarships, grants, loans, work study, etc. They are also informed that receiving ETV funds does not affect their eligibility for other federal assistance. The funds are dispersed through a contracted fiscal agent and paid to the vendor or provider rather than through personal checks payable to the youth. The youth's assigned YTS provides assistance as needed to the youth in completing and submitting the ETV application packet. The ETV Program provides up to \$5,000.00 per year for a total of five cumulative years for eligible youth.

## Tuition and Fee Waiver

The State of New Mexico's Foster Child Tuition and Fee Waiver for state post-secondary state education institutions initially took effect in May 2014. At that time, the minimum eligibility criteria youth had to meet was the following:

- The youth was in foster care on the day before their 18<sup>th</sup> birthday, or
- The youth was in foster care on or after the day of their 14<sup>th</sup> birthday and their parents' parental rights were terminated or relinquished, or
- The youth was in foster care on the day they graduated from high school or received their GED in NM

The State of New Mexico's Foster Child Tuition and Fee Waiver for state post-secondary state education institutions was amended during the most recent legislative session and took effect in July 2019. The current minimum eligibility criteria youth must meet is as follows:

- The youth was in foster care at any time on or after the day of their 14<sup>th</sup> birthday. For the purposes of this program, foster care means a young person was in the legal custody of the State of NM CYFD; a NM Indian Nation, Tribe or Pueblo; or the US Department of the Interior BIA, Division of Human Services.
- Is enrolled in a New Mexico state school of higher education before their 25<sup>th</sup> birthday. For the purposes of this program, as school of higher education includes any publically funded and accredited state college or university or any of their branches, a community college or a technical/vocational institute in New Mexico

### **Methodology Used**

The ETV application indicates what funds a youth has been awarded and utilized previously as well as what those funds were used for. In addition, all receipts for items and services purchased using ETV are submitted to the Lead Youth Transition Specialist and the Youth Services Bureau Business Operations Administrator for review and reconciliation. The ETV amount awarded and the receipts for the items and services purchased are tracked both electronically and using a hard file system according to youth.

Since the implementation of electronic gift cards, in addition to physical gift cards, Youth Services Bureau staff are required to print out the email with the electronic gift card and turn it in with the receipts of items purchased using that electronic gift card as part of the submission packet sent to the Lead Youth Transition Specialist and the Youth Services Bureau Business Operations Administrator.

PSD utilizes this process to ensure that the total amount of ETV funds awarded to a youth do not exceed the total cost of attendance, in an effort to maintain strong internal controls and to ensure the data reported is unduplicated.

### **Eligibility**

Currently, youth who have aged out of foster care at age 18 or who were adopted at age 16 or older from foster care, who have obtained a high school diploma or General Education Development (GED) and enrolled in an accredited post-secondary educational or vocational institution is eligible for the program. Also, youth who are receiving ETV funds prior to their 21<sup>st</sup> birthday are eligible to continue receiving ETV funds until their 23<sup>rd</sup> birthday.

To maintain eligibility, a youth must maintain a GPA of 2.0 or higher. If, at any point, the youth's cumulative GPA drops below a 2.0, the youth develops an academic improvement plan with support from the YTS to identify resources, goals, and plans to assist the youth to improve academic performance.

In 2020-2024, PSD will continue to maintain the same eligibility requirements as listed above. The Senior Youth Transition Specialist determines eligibility for ETV funds. Youth Services will continue to refer youth who are located in the Albuquerque Metro area to NMCANs “Back on Track” program through CNM in order to support youth in obtaining their educational goals.

### **Application**

As noted above, the youth’s assigned YTS provides the youth with assistance in completing and submitting the ETV Application Packet. The packet includes a simple two page application form as well as proof of completion of the Free Application for Federal Student Aid (FAFSA); proof of enrollment in an accredited post-secondary educational or vocational institution; and proof of academic progress if the youth has completed more than one semester of education; and any other necessary supporting documentation to the Lead Youth Transition Specialist to confirm eligibility. The Lead YTS also reviews the application packet for completeness and determines whether the funding request is within the allowable expenditures and established funding limitations. The applications that do not meet program requirements are denied. If an application is denied because it was determined to be incomplete, the YTS may resubmit the request with a complete application packet. The reviewer provides the youth’s assigned YTS notification of the decision through email and the YTS uploads the email notification in FACTS and describes the amount approved or denied, information relating to eligibility, and the remaining amount of ETV funds available for that youth. Applications are accepted on a weekly basis and complete application packets are processed each week utilizing a contracted fiscal agent.

In 2020-2024, the ETV application requirements will remain the same as described above.

### **Receipts and Fiscal Accountability**

The Youth Services Bureau has internal controls in place in an effort to ensure good fiscal accountability and includes the following:

- All requests for funding that are \$1,000.00 and over are payable to a single vendor through either a check or gift card must be reviewed and approved by the Youth Services Bureau Chief in addition to the initial review and approval by the Lead YTS or designated first reviewer.
- Requests for gift cards are issued in increments of less than \$500.00; however, if it is necessary for gift cards to be purchased in amounts greater than \$500.00, the youth’s assigned YTS is responsible for accompanying the youth to make the purchase to ensure the funds are being expended appropriately. Also, no more than one gift card will be issued to a youth at any time.
- Youth are expected to turn in their receipts to their YTS within 30 days of receiving the check or gift card. If a gift card was issued, the youth must also return the gift card to their YTS along with the receipt for the items purchased. The YTS is expected to review all

receipts to ensure they are complete and valid. This oversight has been implemented in an effort to prevent the inappropriate or fraudulent use of the funds. If a youth loses the receipt or is otherwise unable to produce one and/or does not provide the gift card issued, the youth is required to pay back the funds used. In addition, the youth will not be approved to receive additional ETV funding until the matter has been resolved.

- The Youth Services Business Operations Specialist assists in tracking ETV funds issued to providers and vendors on behalf of the youth and the submission of receipts as an additional internal control measure. The YSB Business Ops Specialist maintains weekly communication with the Lead YTS and/or designated reviewer concerning matters such as checks that have not been cashed within 90 days of being issued and possible discrepancies between purchases made and purchases approved.
- If it is discovered a youth has misused funds, notification is provided to the PSD Program Deputy Director, the PSD Administrative Deputy Director and the PSD Finance Unit Manager which outlines the incident and the proposed actions to remedy the situation. If intentional fraudulent use of funds is suspected, the Office of the State Auditor is also notified immediately by the PSD Administrative Deputy Director.

**Challenges:** Increasing the number of youth who receive ETV continues to remain a priority for the Youth Services Bureau. The primary challenge continues to be the limited number of youth who meet the eligibility criteria for the program. Unfortunately, youth involved in the state's child welfare system have low high school graduation and GED rates. Youth who are disconnected from education would benefit from supports and services focused on helping them get on track academically and obtain their high school diploma or GED. The Director of the Heart Gallery has started to coordinate a project designed to meet this need. The planning and coordination has recently begun and has included meetings that include representatives from the Albuquerque Public School system, a retired educator and Delphine Trujillo, Youth Services Bureau Chief.

### ***Process to Ensure Total ETV Awards Do Not Exceed Total Cost of Attendance and to Avoid Duplication of ETV Benefits***

The Youth Services Bureau has developed and maintains an Excel spreadsheet in order to track ETV application requests, approvals and denials. In order to accurately report the number of tribal youth who received ETV funds, youth who submit an application is identified in the spreadsheet as a tribal youth as applicable.

For each application a youth submits when requesting ETV funds, they are required to submit a current statement of the cost of attendance as well as a statement of their financial aid award from their post-secondary educational or vocational institution. The financial aid award is subtracted from the total cost of attendance to determine the unmet need of the student. The youth may be eligible for up to \$5000.00 or the unmet need from the Cost of Attendance, whichever is the lesser of the two.

In addition, the ETV application includes a field that captures what other funds a youth has used previously and the purpose of those funds. This helps the Lead YTS and/or the designated reviewer to better assess whether the youth would be duplicating funds if that particular application was approved and to not exceed the total allowable amount for that particular youth.

In 2020-2024, PSD will continue to utilize the above methods to ensure the total amount of ETV funds do not exceed total cost of attendance and avoid duplication of ETV benefits.

## Consultation with Tribes

All services provided to eligible New Mexico youth through the Chafee Program are also available to eligible youth who are or were under tribal social services custody. One of the Youth Services Bureau Supervisors is the designated point of contact and coordinator to receive and review tribal referrals. Referrals can be submitted on behalf of tribal youth by their tribal social services worker, community service providers and schools. The Youth Services Bureau provides a copy of the referral form, updates on changes to the program, and updated YSB staff contact information to New Mexico tribal social service programs and points of contact to ensure eligible tribal youth receive the supports and services available through the Chafee Program.

Each year, the Youth Services Bureau staff participate in the New Mexico tribal IV-B meeting. During this meeting youth services staff discuss the services available to youth who age out of the tribal social services systems. This includes information on ETV funds, transition support services, and the Foster Youth Tuition and Fee Waiver. Youth Services staff ensure copies of referral forms, updates on changes to the program, and updated contact information are provided to tribal social services. This information is also provided upon the tribe or community service providers' request.

At this time, there have been no New Mexico tribes or pueblos that have requested to develop and implement an agreement to administer, supervise or oversee the Chafee Program with respect to eligible tribal youth or to receive an allocation of the state's allotment to do so.

Over the next five years Youth Services will explore methods in increasing collaboration to improve consultation and coordination of youth services.

In 2020-2024, PSD will continue to provide all youth services under the Chafee Program to eligible tribal youth.

## Chafee Program Improvement Efforts

In an effort to improve outcomes for youth served by the Chafee Program and the state's child welfare system, youth and stakeholders have identified the following five areas:

- implementation of extended foster care;
- expansion of the housing service array;



- increased placement with relatives and siblings;
- supports and opportunities to reconnect with siblings and other relatives; and
- life skills development services.

**Expansion of Housing Service Array:** Youth, PS staff, and community partners continue to report the lack of available and affordable housing options for youth who have aged out of care. They also continue to report the housing they are able to secure is often not stable and are not always safe. In addition, housing options available specifically for our LGBTQ Youth and Developmentally Delayed Youth is very limited within the state.

- PSD and YSB will continue to participate in a needs assessment process with CYFD BHS staff as part of the agency's Youth Homelessness and Extended Foster Care work plan team in order to assist in the expansion of housing options for youth.
- PSD and YSB will continue to partner with the YHDP Grantee Team which is preparing to implement rapid housing program opportunities to youth in the 14 counties of Northern New Mexico.
- PSD and YSB will begin to explore partnerships with the CoC, local community based providers and housing authorities in order to make vouchers available to eligible youth through the Foster Youth to Independence Initiative.
- PSD and YSB will continue to partner and collaborate with New Day and Casa Q to improve access to housing for our LGBT youth who are both under and over the age of 18.

**Increased Placement with Relatives and Siblings and Support and Opportunities to Reconnect with Siblings and other Relatives:** Youth have continued to emphasize the importance and value of being placed with their relatives and siblings while in care. They have also expressed a need for assistance in reconnecting with their siblings and relatives after they have aged out of care.

- YSB will continue to work with the Center for Capacity Building, the Relative Care Team and the PSD Training Director to increase relative and sibling placements of youth who are in care. The efforts are a multi strategy approach which includes education and training of both new and seasoned PSD staff about the importance of such placements as well as strategies and opportunities to support the placements.
- PSD and YSB will use the newly available family finding tool, Seneca, to identify, locate and facilitate connections between youth and their relatives and siblings.

**Life Skills Development:** Youth continue to report they lack the basic life skills necessary for successful transition to adulthood once they age out of foster care. They also report they prefer and benefit more from one-on-one life skills training rather than attending life skills classes in a classroom setting.

- YSB staff will seek specific feedback from LUVYANM members and meeting participants about life skills priority areas and their recommendations for delivery modalities for the identified priority areas.

- YSB staff will continue to provide regionally based life skills development opportunities to youth and will focus on the life skills the youth in their regions are requesting.
- YSB will continue to partner with the Heart Gallery to ensure there is at least once a month life skills development opportunities offered in the Albuquerque Metro Area for youth who reside in the area as well as youth who travel to Albuquerque for the monthly LUVYANM meetings.

## Targeted Plans within the CFSP

### Foster and Adoptive Parent Diligent Recruitment Plan

PSD continues to make steady progress in terms of recruitment and retention of foster and adoptive parents. PSD has implemented the pre-service training, Relative, Adoptive, Foster Parent Training (RAFT) statewide. PSD offers annual mandated recertification training and trainings on different topics to foster parents on an ongoing basis.

PSD values foster and adoptive parent and sought their input and ideas in developing and implementing PSD foster and adoptive parent recruitment plan. PSD conducted meetings in the five regions of the state to gather input for the Diligent Recruitment (DR) Plan. PSD staff, foster and adoptive parents, foster parent liaisons, and community stakeholders that serve foster and adoptive families statewide participated in these meetings. PSD utilized the DR Navigator developed by the National Resource Center for Diligent Recruitment at AdoptUSKids and PSD data reports to assist in the development of the DR plan. PSD compared the number of children in care by county and ethnicity in each region and number of active foster and adoptive providers by county and ethnicity in each region. The purpose of the comparative surveys was to gain insight on factors that relate to retention and foster parents did not complete the application process and to assess the levels of foster parent satisfaction with PSD. The most recent customer service satisfaction survey results from the five Step Up! transformation zones were reviewed as well.

While there is a statewide Diligent Recruitment Plan, each county is responsible for their own specific recruitment plan. Each county has been provided with a Targeted Recruitment Planning Tool which can be seen attached to the 2020-2024 CFSP report. Each county plan covers the following:

- Who are the children and youth currently in the county's care?
- Who are the county's current kin, foster and adoptive parents?
- Who are the children and youth currently most in need of homes?
- What is the county's recruitment target?
- Attracting more families that your current successful resource families
- Recruitment Outreach
- How will the county support and retain resource families?
- Retention and Recruitment Goals

- Strategies
- Action Plans
- Monthly Evaluation Tool

Specific elements, challenges and strategies for the statewide foster and adoptive parent diligent recruitment plan are presented below.

The following comprehensive foster parent recruitment and retention plan includes recruitment and retention of foster families from the time of inquiry, licensure and first placement. This plan will be accomplished in collaboration with the Foster Care and Adoptions Bureau (FAB), Regional Managers (RM), County Office Managers (COM), Placement Workers (PW), Navigators, County Based Recruitment Teams (CRBT) internal support services and external vendors via contracts. This plan will include an objective, goals to achieve the plan, action steps for each goal, responsible persons for each action step and time frame as to when each goal is to be accomplished.

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## FOSTER PARENT DILIGENT RECRUITMENT PLAN

**Objective:** Expand the number of foster and adoptive resources to ensure that each child needing foster care placement has at least two potential placements that reflect their need for the least restrictive and most appropriate environment.

**Goal 1: Ensure FACTS Data is entered timely and accurately.**

Analyze FACTS data for accuracy and the tools used by the field to assist in FACTS data entry.

The Foster Care and Adoptions Bureau (FAB) in collaboration with PS Research, Assessment, and Data Bureau (RAD) will develop a plan to analyze FACTS data for inaccuracies and areas of improvement as well as the tools the field uses to assist with accurate FACTS data entry. FAB will collaborate with the FACTS Support Unit and County Placement Staff to implement a plan for Placement staff to attend training that will demonstrate how and when data shall be entered into FACTS. FAB will develop a Quality Assurance plan that allows COMs and Placement Supervisors monitor the timeliness and accuracy of their PWs FACTS data entry.

FAB along with PS Leadership will research the use of WEB-BASED APPLICATION, a foster care software that assists in tracking inquiries, online applications, application approvals, other required paperwork and status of licensure, so that placement staff spend more time with families rather than paperwork.

Goal 1 Action Steps, Responsible Persons and Time Frame

FAB Responsibilities

- FAB will work with RAD to gather data and identify what areas are being entered incorrectly and what other information is missing from FACTS to develop a curriculum to provide technical assistance and support to field staff.
- FAB will discover how and to what capacity the FACTS Support Unit is able to assist in achieving this goal.
- FAB will meet with RMs, COMs and Placement Supervisors via Go To Meetings to discuss what in FACTS needs to be reviewed, how data is to be entered into FACTS and how Supervisors and COMs will monitor their Placement Workers (PW) entries into FACTS.
- FAB will check in with RAD Bureau to extract identified data to ensure areas identified are improving.
- FAB will check in with COMs and Placement Supervisors every two weeks to see where it is they need technical assistance.

#### Placement Staff Responsibilities

- RMs, COMs and Placement Supervisors will attend all scheduled planning and training meetings.
- PWs will attend all scheduled training meetings.
- COMs and Placement Supervisors will work with PWs and FACTS Support staff and start correcting data entered into FACTS.
- COMs and Placement Supervisors will monitor how PWs are entering data into FACTS on a monthly basis.
- RMs, COMs and Placement Supervisors will attend all scheduled planning and training meetings.
- PWs will attend all scheduled trainings and meetings.

#### RAD Staff Responsibilities

- RAD Staff will assist the FAB in identifying FACTS inaccuracies.
- RAD will provide FAB with monthly reports.
- RAD and FAB will schedule monthly meetings with COMs and Placement Supervisors to review reports.

#### FACTS Specialists Responsibilities

- FACTS Specialists will assist the FAB with FACTS Placement Data entry training.
- FACTS Specialists will assist Placement Staff in correcting, expunging and accessing data in FACTS.
- FACTS Unit will conduct training on how to enter data into FACTS.

#### Time Frame

This goal and its activities shall be completed on or before January 1, 2018

#### **Goal 2: License Foster Homes within 120 days**

95% of all foster homes will be licensed within 120 days from date of application. See Appendix A for baseline data by county.

It is the CYFD's goal to ensure that individuals and/or families that have successfully submitted an application to become a Foster Parent are licensed within one hundred and twenty (120) days. Those interested in becoming a foster parent are initially tracked in FACTS as an intake. It is during this time frame that the employed and contracted Navigators provide support to prospective foster parents. The 120 days does start until an application has been submitted, approved and a pending application is created in FACTS.

Tools and resources that help Placement Staff keep track of what phase their prospective foster family/parent is in the licensing process include:

- Facts
- Five FTE Regional Navigators
- Eight Contracted Navigators (1 pending contract)
- KEVIN Reports based on Navigators tracking tools
- Home Study Contractors
- ROM
- Online web portal for applicants
- Supervision
- Desktop reports
- Web-based Team Dashboard
- FAB monthly home study referral report

CYFD's IT Unit has recently launched in each CYFD Region a web based dashboard that extracts data entered into FACTS and helps Placement Staff from RMs, COMs, Placement Supervisors and PWs see their current open/active licenses. The Dashboard includes the following features:

- Provisional Licenses
- Recertification of Licenses
- Pending Licenses

Each of these "cards" informs the RM, COM, Placement Supervisor, and PW what phase they are in with each potential foster parent applicant and licensed applicant. The Dashboard has a built in reminder and timeline that alerts the PW when a provisional, recertification and pending license is about to expire. FAB will partner with CYFD's IT Unit to enhance the capabilities of the Regionals newly implemented Team Dashboards.

PS is in the research phase of an online web portal for prospective foster and adoptive parents. The focus is on alleviating the critical shortage of foster parents by building foster family approval software. We are looking for a web-based software that empowers families to complete their applications online and can save placement staff time by providing a robust workflow tool to manage the application process. Prospective Foster Care applicants are able to follow where they are in the licensing process.

## Goal 2 Action Steps, Responsible Persons and Time Frame

### FAB Responsibilities

- FAB will work with PS Leadership and IT to investigate the use of Web-based application for improved tracking of foster parents.
- FAB Staff responds and accepts inquiries that come in through the 800 line, email from cyfd.org website to Central office.
- FAB Staff enter inquiries into FACTS and assign to Navigators within one business day.
- FAB will develop mechanism to screen inquiries so that applicants are appropriately referred.
- Navigators contact and provide prospective foster family licensing information and upcoming informational meeting dates within two business days.
- Navigators shall maintain contact with prospective foster family to provide support and guidance with application other licensing questions until application is received or withdrawn within 60-90 days.
- Upon receiving a completed application the assigned Navigator creates a provider record in FACTS and assigns the provider record to the Placement Supervisor for approval of application and placement worker assignment.
- Navigators notify prospective foster families when their application has been approved by the Placement Supervisor and provides the prospective foster family their placement workers contact information.
- Navigators will provide their Tracking Tool data for each prospective foster family to their designated Supervisor to ensure that the data has been entered into FACTS.
- Navigators will utilize placement dashboards to help Placement Staff track their pending licenses.
- FAB's CRC Unit shall process Provisional CRC applications within 48 hours and Regular CRC applications within seven 7 business days of receiving emailed requests from county offices.
- FAB shall monitor Home Study contract to ensure contractor is completing home studies for county offices within 90 days of referral.
- FAB Staff will review all home study denials being conducted by the home study contractor.
- FAB will meet with Home Study contractor monthly to discuss issues or concerns with these home studies.
- FAB's Foster Care Program Specialist will work with IT to ensure the inquiries on the "Intake Tab" are represented within the placement dashboard for the purpose of tracking inquiring families and monitoring their timeframes to turn in an application and be made into an actual provider record.

### Placement Staff Responsibilities

- Placement Supervisors after approving an application, will assign the prospective foster family to a PW in FACTS within 1 business day.

- The PW shall within 2 days of being assigned a provider creates a pending license for the provider in FACTS to initiate the home study process.
- The PW shall within 2 days of being assigned and creating a pending license shall:
  - Register applicant(s) to be fingerprinted and
  - Schedule an initial consultation with the prospective foster family to provide them with physical forms, required training information and fingerprint registration receipt.
- Once applicants have been fingerprinted Placement Staff shall email required documentation to FAB's CRC Unit to have applicants background check processed.
- Once Placement Staff receives background check clearance letter(s) they shall within two days refer applicant(s) to Home Study Contractor and/or determine if Home study will be conducted in house (Provisional).
- Placement Staff shall start the Home Study Process if in house. If contracted out the assigned PW shall maintain contact with their prospective FP bi-weekly until Home Study is completed.
- Placement Staff shall review draft home studies from contractor within 5 business days of being provided the draft.
- Placement Staff through the web-based Placement Dashboards shall monitor the progress of their Pending Licenses every 2 weeks.
- Placement Supervisors shall through supervision and the use of Placement Dashboards monitor their Teams pending licenses every 30 days and provide a monthly update to their COM.
- COMs and RMs shall monitor the Regional Placement Dashboard every 30 days to review pending licenses.
- PW shall follow up with prospective FP every 2 weeks for the first 60 days to check on the status of required training and required documentation. After 60 days follow up shall occur weekly.
- Placement Staff shall utilize Navigators when necessary to follow up with prospective foster parents.
- PW will create license within 2 days or sooner in FACTS and provide support to FP.

**Goal 3: Increase the Number Licensed Foster Parent Homes**

CYFD Placement Staff shall increase the number of Licensed Foster Parent Homes statewide by 15%. See Appendix A for baseline data by county. \*\*The percentage for each county will vary based on the need to increase the number of licensed foster homes within that county. Please refer to Appendix A; Column 3 to review the % needed to increase by county. \*\*

Each county's recruitment plan shall be data driven. Targeted recruitment requires a county-based readiness assessment through comprehensive data analysis. The readiness assessment identifies the child's specific age, gender, race/ethnicity, special needs, and sibling group among some of the characteristics. The readiness assessment also helps to gather needed data regarding current foster family characteristics.

Targeted recruitment planning tool worksheets (See Attached) shall be utilized in the development of a county based targeted recruitment/retention (RR) plan. Development of a targeted RR plan assists each county in identifying their current foster home resources and helps to determine which types of families they need to focus recruitment efforts in order to meet the needs of children in care. A good recruitment plan not only helps identify appropriate providers to children in CYFD custody, but may avoid additional foster care moves and subsequent trauma that is caused by numerous foster care moves.

CYFD's IT Unit has recently launched in each Region a web based dashboard that extracts data entered into FACTS and helps PSD Workers from RMs, COMs, Placement Supervisors and PWs see their current "Providers." The providers are the current licensed foster parents. The My Providers Dashboard is able to filter which providers are available by worker, team and region. The My Providers Dashboard includes and breaks down provider data into the following tables:

1. Application Pending Providers
2. Active Licensed Providers
  - a. Capacity of placement per provider
  - b. # of placements per provider
  - c. Includes the various characteristics such as gender, sibling group, child specific age etc.
3. Active Unlicensed Providers (Adoptive Homes) can be used for recruitment.

During the recruitment development and process, counties may find 1) relatives who are interested, but are unsure of the process and/or are unable to complete the licensing process, 2) individuals that are only interested in Adoption and/or 3) licensed foster parents that have not had a placement for an extended period of time. CBRT's with FAB's assistance shall include these untapped resources in the recruitment plan. They can serve as a resource to help support relative children in foster care and possibly other children with transportation to school, doctor appointments, visitations, emergency respite and other county events so they become more familiar with our system.

### Goal 3 Action Steps, Responsible Persons and Time Frame

#### FAB Responsibilities

- FAB's Foster Care Program Specialist will assist COMs in identifying internal and external team members that shall be comprised of various CYFD PS Staff, licensed foster parents, foster youth and other community stakeholders to serve on the county recruitment team.
- FAB's Foster Care Program Specialist will work with the COMs to ensure that the data needed to assess is available through ROM and Provider Dashboards.
  - This data will help each region determine their current resources, reach out to those active unlicensed providers to retain them and determine where they need to target their recruitment.



- FAB will work with PS Leadership and IT to research the use of Web-based application to assist with data tracking and targeted recruitment.
- FAB will be working with CYFD's IT Unit to ensure that all elements are represented as well as other features to maximize each regions targeted recruitment plan.
- FAB's Foster Care Program Specialist will review and provide technical assistance to CBRT the county based readiness self-assessment tool that helps analyze their data.
- FAB's Foster Care Program Specialist will train and help each CBRT how to utilize the already developed targeted RR planning worksheets.
- FAB will develop a monthly report for CBRT's so they are able to update and ask FAB's Foster Care Program Specialist for assistance with their RR plans.
- Navigators will participate and provide input when attending each CBRT's meetings.
- FAB's Foster Care Program Specialist will require each CBRT to provide a completed and measurable targeted recruitment plan once Goal 1 is accomplished.
- FAB's Foster Care Program Specialist will review each counties targeted RR plan to ensure all ten worksheets have been completed.
- FAB's Foster Care Program Specialist will ensure each counties targeted RR plan addresses the recruitment of new families, retention of current families, response and retention of prospective families from inquiry through licensure.
- FAB will provide foster parent specific Partners in Service training to placement staff utilizing the curriculum developed by the Diligent Recruitment Grant.
- FAB will request RAD to provide them a quarterly report that confirms that each county is increasing the number of foster parent homes.
- FAB will develop an exit interview practice that will on a monthly basis reach out to families who have withdrawn prior to licensure completion to see why they withdrew.
- FAB's Foster Care Program Specialist will work with counties to creatively utilize family members that were not able to complete licensure to help support relative children in foster care.
- FAB will help develop a screening and referral process for those individuals that express during recruitment that they are only interested in Adoption.

#### County Based Recruitment Team (CBRT) Responsibilities

- CBRT shall meet monthly and more often if necessary to complete and finalize a targeted RR plan.
- CBRT will utilize the RAD Bureau, ROM and My Providers Dashboards to extract data needed to develop and fill out the targeted RR plan worksheets and update completed RR plans.
- Each CBRT shall ensure they address the recruitment of new families, retention of current families, response and retention of prospective families from inquiry through licensure.
- CBRT shall provide FAB's Foster Care Program Specialist with their finalized RR plan.
- CBRT tracks what is working and not working with RR plans and works with team to make necessary adjustments to the plan.

- CBRT ensures the plan is a living, breathing document and reviews with all staff on a quarterly basis.
- CBRT shall report to FAB's Foster Care Program Specialist on a quarterly basis of any updates to RR Plans and needed technical support based on data collected of what is working and not working.
- CBRT shall review and revise their RR plans every 6 months.
- CBRT shall designate a team member to train county office staff on the County RR Plan.
- When a foster parenting inquiry is obtained by any CBRT member through targeted recruitment efforts the family's contact information shall be shared with the local navigator for follow up and data tracking purposes.
- CBRT will include in the recruitment plans creative ways to recruit family members that are unsure, and licensed homes that have not had a placement for a period of time to become additional resources to children in foster care.

#### Placement Staff Responsibilities

- Placement Supervisors shall be on the CBRT.
- Placement staff will implement the RR plan and provide CBRT feedback of how the plan is working and areas needing improvement.
- Placement staff will implement the RR plan and utilize the placement dashboard to identify families who are in an "active unlicensed provider" status (Adoptive Home) and to recruit them into becoming a licensed foster home.
- Placement Staff will, on a monthly basis, provide FAB's Foster Care Program Specialist with a list of families that have withdrawn.

#### RAD Staff Responsibilities

- The RAD Bureau will provide data analysis on the demographics, ethnicities, need level of children in care for each CBRT as needed.
- The RAD Bureau will on a monthly basis via KEVIN provide to FAB, Placement Staff and CBRT data that shows if the number of licensed foster family homes are increasing.
- RAD and FAB's Foster Care Program Specialist will meet quarterly with RMs and COMs to review the RR plan, discuss needs and adjustments needed to the plans as warranted.
- RAD will examine the use of Web-based application to ensure data quality is accurate.

#### **Goal 4: Retention of Current Licensed Homes**

Counties will retain 80% of currently licensed homes. See Appendix A for baseline goals by County.

The FAB's Foster Care Program Specialist will work with each Regions CBRT to provide technical assistance, support, and facilitation and monitor each counties retention plan. The FAB's Foster Care Program Specialist will ensure that each counties RR plan includes strategies that will aim to keep those families already licensed, thus reducing the attrition rate.

CFYFD's IT Unit has recently launched in each CYFD Region a web based dashboard that that extracts data entered into FACTS and helps PSD Workers from RMs, COMs, Placement Supervisors and PWs see their current "Providers." The Dashboard is able to filter the available providers by worker, team and region. The Providers Dashboard includes and breaks down provider data into the following tables:

1. Application Pending Providers
2. Active Licensed Providers
  - a. Capacity of placement per provider
  - b. # of placements per provider
  - c. Includes the various characteristics such as gender, sibling group, child specific age etc.
3. Active Unlicensed Providers (Adoptive Homes) can be used for recruitment.

This data will help each region determine their current resources to help them retain them. The FAB's Foster Care Program Specialist will be working with CYFD's IT Unit to ensure that all elements are represented as well as other features to maximize each regions targeted recruitment plan.

#### Goal 4 Action Steps, Responsible Persons and Time Frame

##### FAB Staff Responsibilities

- FAB's Foster Care Program Specialist will assist COMs in identifying internal and external team members that shall be comprised of various CYFD PS Staff, licensed foster parents, foster youth and other community stakeholders to serve on the county recruitment team.
- FAB's Foster Care Program Specialist will work with the COMs to ensure that the data needed to assess is available through ROM and Provider Dashboards.
- FAB will work with PS Leadership and IT to research the use of Web-based application, foster care software that will assist in tracking inquiries, online applications, application approvals, other required paper work and status of licensure, so that placement staff spend more time with families rather than paperwork.
- FAB will be working with CYFD's IT Unit to ensure that all elements are represented as well as other features to maximize each regions RR plan.
- FAB's Foster Care Program Specialist will review and provide technical assistance to CBRT the county based readiness self-assessment tool that helps analyze their data.
- FAB's Foster Care Program Specialist will train and help each CBRT how to utilize the already developed RR planning worksheets.
- FAB will develop a monthly report for CBRT's so they are able to update and ask FAB's Foster Care Program Specialist for assistance with their RR plans.
- Navigators will participate and provide input when attending each CBRT meetings.

- FAB's Foster Care Program Specialist will require each CBRT to provide a completed and measurable targeted RR Plan once Goal 1 is accomplished.
- FAB's Foster Care Program Specialist will review each counties RR plan to ensure all ten worksheets have been completed.
- FAB's Foster Care Program Specialist will ensure each counties RR plan addresses the recruitment of new families, retention of current families, response and retention of prospective families from inquiry through licensure.
- FAB will provide foster parent specific Partners in Service training to placement staff utilizing the curriculum developed by the Diligent Recruitment Grant.
- FAB will request RAD to provide them a quarterly report that confirms that each county is retaining their foster parent homes.
- FAB will work with RAD to gather and evaluate attrition rates by county.
- FAB will work with COMs to ensure that data needed to assess retention is available through RAD, Placement Dashboards and examine the use of Web-based application for this function.
- FAB's Foster Care Program Specialist will work with RAD to develop a foster parent satisfaction survey, send surveys out to foster parents statewide and analyze the data.
- FAB will collaborate with COMs to conduct exit interviews with foster parents who leave the agency.
- FAB's Foster Care Program Specialist will work with counties to creatively utilize licensed homes that have not had a placement for a period of time to become additional resources to children in foster care.

#### CBRT Responsibilities

- CBRT shall meet monthly and more often if necessary to complete and finalize a targeted RR plan.
- Each CBRT shall ensure they address the retention of current families, response and retention of prospective families from inquiry through licensure.
- CBRT shall provide FAB's Foster Care Program Specialist with their finalized RR plan.
- CBRT tracks what is working and not working with RR plans and works with team to make necessary adjustments to the plan.
- CBRT ensures the plan is a living, breathing document and reviews with all staff on a quarterly basis.
- CBRT shall report to FAB's Foster Care Program Specialist on a quarterly basis of any updates to RR Plans and needed technical support based on data collected of what is working and not working.
- CBRT shall review and revise their RR plans every 6 months.
- CBRT shall designate a team member to train county office staff on the County RR plan.
- CBRT will include in the retention plan creative ways to retain and utilize licensed homes that have not had a placement for a period of time to become additional resources to children in foster care.

#### Placement Staff Responsibilities

- Placement Supervisors shall be on the CBRT.
- Placement staff will implement the RR plan and provide CBRT feedback of how the plan is working and areas needing improvement.
- Placement staff will utilize the Placement Dashboard to contact and provide support to licensed providers on a monthly basis.
- Placement Staff will on a monthly basis provide FAB's Foster Care Program Specialist with a list of families that have withdrawn.
- COMs, shall implement a client support component to be addressed at every staff meeting
- COMs will provide a monthly report to FAB that details the discussion addressed at all staff meetings surrounding the topic of client support and retention of current foster parents.
- COMs will hold quarterly foster parent meetings to address foster parent concerns, request feedback from foster parents and identify what would be helpful in supporting them.
- COMs will monitor foster parent complaints and work to identify trends to address with staff in effort to improve client support to foster parents
- COM will provide timely response to all foster parent complaints in effort to resolve any issues.
- COMs and Placement Supervisors will monitor licensed foster homes through the use of the Team Provider Dashboard every 30 days and provide feedback during supervision.
- Placement staff will return licensed foster parent phone calls and requests within 1 business day.
- Placement staff will be instrumental in supporting foster parents by making referrals to both Project Revive and Fiesta to assist foster parents with support, parenting techniques and grief and loss issues.
- Placement Staff shall through the RR plan contact licensed homes that have not had a placement for a period of time to become additional resources to children in foster care.

#### RAD Staff Responsibilities

- RAD will collaborate with FAB's Foster Care Program Specialist to develop a foster parent satisfaction survey.
- RAD will extract foster parent satisfaction survey data by region and provide results to FAB, RMs, COMs and PS Leadership.

#### Investigation Staff Responsibilities

- Investigation staff shall participate in Partners in Service training
- Investigators will be responsive in providing necessary information and documentation to the foster parent upon initial placement of children.
- Investigators will provide on call and SCI phone numbers to foster parent.
- Investigators will keep foster family informed as to case status.

- Investigators will provide foster parents accurate and helpful information on the children placed with them.
- Investigators shall support foster parent by addressing any concerns or questions about child placement.
- Investigators will inform foster parents of case transfer dates, provide new worker information and ensure foster parent has all necessary documentation prior to case transfer.

#### Permanency Planning Staff Responsibilities

- Permanency workers shall participate in Partners in Service training.
- Permanency workers will make immediate contact with foster parent upon case assignment.
- PPWs will be responsive in providing necessary information and documentation to the foster parent upon initial placement of children.
- PPWs will provide on call and SCI phone numbers to foster parent as needed.
- Permanency workers will keep foster family informed as to case status and include as part of the child's team.
- Permanency workers will provide timeliness in returning phone calls and responding to requests from foster parents.
- Permanency workers will be transparent and provide foster parents accurate and helpful information on the children placed with them.
- Permanency workers shall support foster parents by addressing any concerns or questions about child placement.

#### Administrative Staff Responsibilities

- Administrative staff shall participate in Partners in Service training
- Administrative staff will triage phone calls within the placement unit or designee to ensure families receive timely responses.

#### Client Service Aide (CSA) Responsibilities

- CSA staff shall participate in Partners in Service training.
- CSA staff will immediately report any foster parent complaints to COM and Placement Supervisors.
- CSA staff will keep foster parents informed on any issues children experienced during transport or visitation.

#### **Goal 5: Train CYFD Placement Staff to help support Foster Parents**

The FAB will coordinate and provide training to new and current CYFD Placement Staff with their roles and responsibilities as a placement worker and the policies and procedures they shall follow.

The Placement Training will embrace a “Back to Basics” culture and contain the following training modules:

- Placement Workers roles and responsibilities
- COM & Placement Supervisor roles and responsibilities
- FACTS data entry
- Criminal Records Checks
- Guardianship Assistance Program (GAP) Eligibility
- Adoption and Guardianship Subsidy Negotiations
- ICPC
- ICAMA
- Partners in Service training internal & external
- Licensing Regulations
- SAFE(Structured Analysis Family Evaluation)
- Resources and Training for prospective and current licensed foster parents

These various training topics will be provided to placement staff through individual modules and as needed throughout the year. SAFE training will be conducted by the Consortium for Children under contract utilizing Title IV-E funds.

Goal 5 Action Steps, Responsible Persons and Time Frame

FAB Responsibilities

- The FAB will partner with the CYFD’s Academy of Professional Development and Training (ADPT) in conjunction with the PS Training Director and Regional Trainers to develop a training plan to include Placement training.
- FAB will conduct Training for Trainers to Regional Trainers as they are hired so that they become proficient in Placement training modules and are able to train their Regional Placement Staff as needed.
- Placement training will be offered to existing COMs, Placement Supervisors and PWs semiannually.
- FAB will provide Placement training to new COMs, Placement Supervisors and PWs.
- FAB will communicate with RMs and COMs on a quarterly basis to offer training that may be needed.

APDT Responsibilities

- The APDT will partner with FAB, PS Training Director and Regional Trainers to develop a training plan to include Placement training.
- Research and implement E-learning modules for Placement Staff to access training as needed.

## Health Care Oversight and Coordination Plan

Centennial Care was implemented in New Mexico in January 2014. Centennial Care is the Medicaid system managed by the New Mexico Human Services Department and utilized by PSD for the physical and behavioral health needs of children, youth and families. The Centennial Care plan can be located at: <http://www.centennialcare.net/>. PSD partners with the Managed Care Organizations (MCO), Client Service Agencies (CSA), and Health Homes to access, and share information relevant to the physical and mental health of children and families served and to ensure delivery of identified services.

As part of Centennial Care, four MCO's are responsible for physical and behavioral health. Each MCO develops a care coordination process. The intensity of care coordination depends on the client's risk level. Care coordinators work collaboratively across one or multiple MCO's to inform each other of the client's needs and to coordinate service plans.

MCO's rely on certain events and/or data to trigger a review of an individual's health status and needs. These triggers include events such as:

- 1) abuse or neglect reports involving the individual;
- 2) new diagnosis with significant health or safety impact;
- 3) new diagnosis involving behavioral health or substance abuse;
- 4) hospitalization;
- 5) request by provider or family member; and
- 6) any other indication that the individual may need to move to a new risk group.

In addition to the triggers above, plans have software that enable the care management staff to access patient records in real time and on demand from all providers in the system. When a trigger event occurs for an individual, the MCO assigns a care coordinator to complete a comprehensive assessment for low and medium risk individuals or notifies the assigned care coordinator to update the assessment for an individual who is already receiving complex case management.

PSD has an ongoing collaboration with the MCOs and provider agencies in regards to psychotropic medication oversight. In 2014, PSD partnered with the MCO's to develop a procedure for PSD to monitor psychotropic and other prescription medications more effectively. This procedure was created in order to ensure children under PSD care are not inappropriately diagnosed or placed in settings as a result of a misdiagnosis. The procedure was fully developed and implemented on September 29<sup>th</sup>, 2015 and updated on March 15<sup>th</sup>, 2016, within the Permanency Planning Procedures (*see paragraph 7 of PR 8.10.8.17—Medical and Behavioral Health*). This procedure requires all prescriptions of psychotropic medications or any other prescription medications be prescribed by a professional provider who has a license to prescribe medications. The PSD worker must request the prescribing provider to conduct a comprehensive evaluation prior to recommending any prescription and explain the need for the medication related to the child's diagnosis. The PSD worker must request the prescribing provider to discuss



the potential side effects, as well as risks and benefits of taking the medication. PSD and the child's parent/guardian reserves the right to question the prescription and obtain a second opinion from another provider. The decision to consent to the medication is made by the PSD worker in consultation with their supervisor and the child's parent/guardian. When the medication has been prescribed and administered to the child or youth, the PSD worker is responsible for regularly assessing the impact of the medication on the child. The PSD worker participates at least quarterly in medication management meetings with the treatment team. The PSD worker tracks the psychotropic medication through the case management system (FACTS). The reports are monitored and reviewed by the Research, Assessment and Data (RAD) Bureau. The information is shared with field staff to monitor well-being for children in care. Ongoing training is provided to PSD staff as well, to continue to ensure children are not misdiagnosed and have the proper and safe oversight.

PSD utilized a psychotropic medication workgroup that includes PSD staff, medical providers, youth and foster parents to assist in developing these procedures. PSD participates in a statewide Medication Monitoring committee that has developed a complex case consultation. PSD workers are able to staff cases with psychiatrists who volunteer their time to review casework, best practice and medication. The committee is in the process of coordinating a summit. The goal of the summit will be to provide education to psychiatrists in the state regarding medication and best practice for prescribing medications with the foster care population.

CYFD foster children are also required to obtain an Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) within 30 days of being in PSD custody. This requirement also has been developed into PSD's Permanency Planning procedure (*see paragraph 5 of PR 8.10.8.17—Medical and Behavioral Health*). The procedure was first developed on December 31<sup>st</sup>, 1997, and has since been updated on March 15<sup>th</sup>, 2016. The PSD worker receives recommendations from the physician who completes the EPSDT and provides follow up. The PSD worker enters in all the information from the EPSDT into the case management system (FACTS). This allows for PSD to track and monitor their medical profile. Centennial Care also requires that all Medicaid members have a high risk assessment completed within 30 days of membership. The high risk assessment determines the need for a comprehensive needs assessment. This assessment primarily screens for physical health. The level of care coordination by the designated MCO is determined upon completion of this assessment. The care coordinators are responsible for following up on identified needs in the comprehensive assessment. The MCOs Care Coordination process assess and coordinates physical and behavioral health for children. They are responsible for ensuring services have been provided. PSD has also worked with Department of Health (DOH) to be able to access DOH immunization records for children in foster care and are able to import those records into the foster care record. PSD is responsible for obtaining, monitoring and maintaining immunization records for all children in PSD care. This is outlined in PSD's Permanency Planning Procedures (*see paragraph 5 of 8.10.8.17—Medical and Behavioral Health*).

PSD has developed an agreement with the Human Services Department to allow young adults to receive health insurance until the age of 26. More information on this can be found in the John H. Chafee section of the 2020-2024 report.

PSD retains the services of a forensic pediatrician, Dr. Karen Campbell, as Medical Director. The Medical Director provides training on the detection of abuse and neglect and the impact of severe abuse on the child victim. She is available to PSD staff for consultations related to meeting the on-going physical needs of children and to assist with identification of specialists, as needed. Dr. Campbell also reviews medical records and reports to ensure the findings and results of investigations are appropriate given the medical evidence of abuse that can be reasonably presented to a judge for adjudication of abuse and neglect.

PSD has also developed a consultation process for staff to have access to voluntary psychiatrists for review, support and recommendations related to complex cases. This process is outlined in PSD's Permanency Planning Procedures created and implemented on March 15<sup>th</sup>, 2016 (*see paragraph 6 of 8.10.8.17—Medical and Behavioral Health*).

PSD has access to physicians and other medical professionals to consult with PSD both in terms of individual children and in terms of changes needed in the overall service system. There are clinics in Albuquerque that provide comprehensive services to foster children and youth. At the stage of an abuse or neglect investigation, the Child Abuse Response Team (CART) provides psychological evaluations and comprehensive physical exams, including dental. CART is at the University Hospital and can be used by other counties if the youth is sent to Albuquerque. Dental services are limited in the state, but there are traveling dental clinics for any resident of New Mexico in Chaves, Doña Ana, and Santa Fe Counties. Routine health care is accessible statewide, but for certain specific needs, individuals have to travel to Albuquerque for specialists.

Telemedicine care is being provided in some counties to assist in providing more timely care services to individuals who live in rural areas. Lack of services in rural areas continues to be a limitation in the State of New Mexico, however, initiatives and collaborations between state agencies are taking place to target specific rural areas to increase access to important services. PSD remains involved with the Behavioral Health Purchasing Collaborative (BHPC). PSD and Managed Care Organizations (MCO's) have implemented a process to provide for timely behavioral health assessments for children when they first enter foster care. Assessment results are used to ensure the timely provision of services and to enhance placement stability.

PSD Placement Services Procedures requires (*see 8.26.2—Placement Services*):

- a designated licensed physician and dentist for each child, so a coordinated plan of care is assured.
- Foster parents must obtain medical attention for any sick or injured child. Foster parents, in their role as an adjunct representative of state government, shall not rely solely on spiritual or religious healing for children.
- Foster parents shall maintain copies of all educational and medical documents related to the foster child in a traveling medical and educational file that shall remain with the child if the child is moved.

- The permanency planning worker (PPW) ensures the foster care provider is obtaining medical attention for any sick or injured child and that the family is meeting the child's ongoing health care needs such as well child checks.

PSD youth services procedures (8.10.9 NMAC) comply with provisions of P.L. 111-148, the Patient Protection and Affordable Care Act. This Act requires states to provide information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions. It also provides the child with the option to execute a health care power of attorney, health care proxy or other similar document recognized under State law. In addition to the amendments to procedures, PSD has provided training on the new requirement to our youth transition specialists.

In 2020-2024, PSD will continue to implement the Child and Adolescent Needs and Strengths (CANS) trauma informed version. The CANS training has been rolled out statewide, and all Permanency Planning Workers will complete the CANS training by July 1, 2020. Each child in custody continues to be assessed prior to their court hearings. Praed is the company that will maintain the Portal for CYFD to utilize for the CANS.

CYFD BHS trained 243 CYFD staff in the Child and Adolescent Needs and Strengths (CANS) tool in FY 2018. Over 800 baseline CANS and 140 follow-up CANS were administered. CYFD is beginning to see progress on identified youth needs and on reported youth strengths using the CANS. CYFD provided data through aggregate reports and average ACES scores per county to advocate for services for youth in rural counties. CBHCs began using the CANS in March 2018 and PSD staff began using CANS on July 1, 2018.

PSD continues to hold case consultations with caseworkers whose clients are in TFC or RTC, as well as any child the case worker has concerns about. Caseworkers have been provided with a list of questions they may ask the prescriber to ensure due diligence in justifying the need for the medication, and understand why the medication is being prescribed. In addition, PSD workers are required to have 90 Day Case Consultations to ensure the well-being of the family and the child in care. This process is outlined in Permanency Planning Procedures (*see 8.10.8.13—Case Planning*). These consultations bring all providers, family members, foster care providers and other case participants to the table to ensure compliance with the case plan and also to ensure all needs of the family are being met. These consultations may be more frequent than 90 days, depending on the complexity of the case or the level of needs of the family.

PSD continues monitor psychotropic medications. PSD will be working with the National Center for Youth Law on ensuring foster youth are only prescribed psychotropic medication when in their best interest project. This is part of a portfolio of projects that Patient-Centered Outcomes Research Institute (PCORI) has funded to help develop a community of patients and other stakeholders equipped to participate as partners to disseminate PCORI-funded study results related to the use of psychotropic medication use with children and youth. Through the Engagement Award Program, PCORI is creating an expansive network of individuals,

communities and organizations interested in and able to participate in, share, and use patient-centered clinical effectiveness research. Please see above paragraph with Managed Care Coordination on specific procedures outlining the psychotropic medication oversight. According to Jean Slutsky, PCORI's Chief Engagement and Dissemination Officer, "This project was selected for Engagement Award funding because it will involve stakeholders in actively disseminating PCORI-funded research results to those who can use this information to inform healthcare decisions."

Recent studies and research reviews – including PCORI's Evidence Update: Antipsychotics for Children with Hyperactivity or Disruptive Disorders; Comparative Effectiveness of State Psychotropic Oversight Systems for Children in Foster Care; and The Family Voice Study: A Randomized Trial of Family Navigator Services Versus Usual Care for Young Children Treated with Antipsychotic Medication – suggest variations in child welfare, judicial, and health policies have a significant impact on prescribing practices.

Examples of promising policies include:

- Increasing the use of public health nurses to monitor medication;
- Training and supporting stakeholders to advocate for adoption and health care quality improvement based on nationally accepted measures;
- Ensuring informed consent to medication for children in foster care that is vested with someone who does not have a conflict of interest.

This project will increase awareness of promising policies and practices identified by researchers and increase the capacity of youth in care, line-level stakeholders, and policymakers to improve state policy and practice. PSD has already incorporated the informed consent into procedures (*see paragraph 7 of 8.10.8.17—Medical and Behavioral Health*).

## Disaster Plan

PSD provides child protective services and other child welfare services in every geographic area in the state. Administration of the child welfare program is centralized, with direct services offered through county offices located within five designated regions.

In the event of a wide-scale emergency, PSD is responsible for the children in its custody. PSD also plays a role in the protection of other children who may become separated from their caregivers due to the emergency. The federal government has recognized the importance of these responsibilities for child welfare agencies across the nation, as codified in the Child & Family Services Improvement Act of 2006. In response to this Act, and in acknowledgement of its responsibility to the children entrusted to its care, PSD has developed an All-Hazard Emergency Response Plan.

PSD began the development of the plan in 2014 through collaboration with the Department of Health (DOH) to assist in developing a disaster plan specific to children in PSD custody. Since 2015, there has been development of mandatory staff trainings and the creation of individual

county office plans; however, planning committees dropped off in 2016. While, New Mexico does not experience many natural disasters, there has been a manmade crisis on the border areas with Mexico, due to the influx of migrant and refugee families entering sanctuary cities. There is currently not an effective way of tracking migrant children and their families, or enough resources to meet the needs of these families.

To address this high need for a more comprehensive disaster plan, PSD will reinstate a disaster planning team. Over the next five years the Federal Reporting Bureau staff will work with PSD Regional Managers, Information Technology (IT), and other state agencies to assist in improved compliance of the PSD All-Hazard Emergency Response Plan.

The All-Hazard Emergency Response Plan is designed to ensure the New Mexico Children, Youth & Families Department (CYFD) Protective Services Division (PSD) is capable of performing the following essential functions in an emergency situation:

- A. Locating and ensuring the safety of children in state custody, especially those placed in out-of-home care;
- B. Assisting in ensuring the safety of unattended children separated from their parents, custodians, or guardians during emergencies;
- C. Locating and ensuring the safety of agency staff; maintaining ongoing communication with staff;
- D. Cooperating with, sharing information, and assisting child welfare agencies in other jurisdictions in providing emergency response as necessary;
- E. Ensuring continuity of operations (COOP), including maintaining records, continuing payments to providers, communicating with staff and foster care providers, documenting costs of response effort, etc.

For specifics on the plan, please see attachment labeled New Mexico CYFD PS 2019 Disaster Plan.

Federal Requirement	Corresponding Page # in NM Disaster Plan
Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.	Pages 8 – 20, Annex A
Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.	Pages 8 – 20, Annex A
Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster	Pages 8 – 20, Annex A
Preserve essential program records	Pages 8 – 20, Annex B
Coordinate services and share information with other states.	Page 15

## Training Plan

At the direction of Children, Youth and Families Department (CYFD) Secretary, an expert trainer from the community and within his staff is currently looking at the structure of the Training Academy and Protective Services Training and Coaching to determine the best model to have consistency, structure and to meet the training needs across divisions. Recommendations will be delivered to the Secretary for consideration and implementation. The department anticipates adopting that plan in the second half of calendar year 2019.

The following is a summary of the staff development and training plan currently in use: PSD operates a training and staff development program that supports the goals and objectives of the Child and Family Service Plan (CFSP). Children, Youth and Families Department Foundations of Practice (FOP) training and PSD's advanced trainings are designed to support safety, permanency, and well-being for children, as well as PSD's CFSP Plan for Improvement goals. PSD has worked with the Academy for Professional Development and Training to include the Piñon Practice Model, Adaptive Leadership™, and Continuous Quality Improvement (CQI) into the FOP curriculum.

Each of these trainings is supported through a combination of state general funds and federal Title IV-E, Title IV-B Part 2, Chafee, CAPTA and other funds. Non-IV-E funds (e.g., Title IV-B Part 2 and CAPTA), although limited, provide important support for training for contract service providers, as well as staff training on topics not eligible for IV-E reimbursement.

Trainings are provided by Academy for Professional Development and Training, Protective Service Employees, Juvenile Justice Employees, and New Mexico State University Family and Child Welfare Training Project Employees. A cross division Training Advisory Council (TAC) continues to assist in development of staff trainings.

In order to prepare an employee to perform job duties, an employee is taught child welfare concepts, which include, but are not limited to:

- Trauma informed - A trauma informed component which assists the employee in addressing trauma experienced by the child, birth family or legal guardian, the foster parents and with themselves.
- Child maltreatment - An employee will obtain knowledge in identification of child maltreatment and gain skills in assessing safety threats to the child and identifying parental protective capacities.
- Worker bias - An employee will become aware of their personal biases and how those biases may impact their decision making in working with children and families. Recognizing biases assists an employee to be self-aware and may better prepare an employee for their work in child welfare which may help with retention of employees.
- Communication/Interview skills - An employee learns to communicate with children, parents, guardians, foster parents and other partners in child welfare to effectively assist in achieving safety, permanency and well-being for children and families.

- Cultural Humility-taken from Melanie Tervalon’s theory on culture. There is focus on engagement in a way that raises curiosity of the worker. Employees will learn how to self-reflect their own biases and values, and understanding the role this plays in decision making.

Title IV-E funded training provided to PSD staff include:

- Social Work Stipend Program: Through Agreements with the four Universities offering Social Work programs in the state (New Mexico Highlands University, New Mexico State University, Western New Mexico University, and Eastern New Mexico University), stipends were offered to BSW or MSW students in exchange for coming to work for PSD upon graduation.
- Foundations of Practice: Sessions are provided each month for 10 to 12 sessions per year. The training is completed in a five-week time frame, of which one week is on the job training (OJT) activities...
- Annual Court Improvement Project Cross-Training: These annual events are funded largely through the Court Improvement Project’s cross-training grant, with some logistical support provided by SWIFCA through IV-E.
- Annual Foster Parent Conference and Recertification Training.
- “Working with Youth”: A six-hour training that includes information on positive youth development, adolescent brain development, youth engagement, talking with youth about sex, and youth safety issues.
- Special Topics in Adoption: Trainings are provided to CYFD staff and foster and adoptive families to assist in their knowledge in adoptions.
- SAFE Training: SAFE training is ongoing throughout the year, provided by PSD staff certified to train SAFE.
- Safety Organized Practice (SOP) has been provided to all Supervisors and front line staff. Coaching has also been provided by NCCD and Casey to implement the CAP Framework and assist in getting the practice moving forward. A T4T was conducted to 22 staff, and they have trained the Intro to SOP to staff regionally.
- Cornerstone (Learning Management System) has been updated to include PS trainings. The system allows staff to register for trainings, offers CEUs, evaluation questions, as well as monitors and tracks staff participation.
- All PS staff are trained in Youth Sex Trafficking. A curriculum was developed with the assistance of Behavioral Health and the PSD Training Director to include an e-learning component and a 3 hour face to face, regionally based training.
- PSD FACTS staff provide statewide training whenever the FACTS system undergoes a major revision. FACTS staff follow up throughout the year with county and regional “booster” training on complex topics relating both to annual and mini releases. PowerPoint trainings for the various aspects of the annual releases are made available to staff via the CYFD Intranet. Initial FACTS training is provided through e-learnings during foundations of practice.
- Other training for PSD staff is provided through Academy for Professional Development and Training in areas such as defensive driving, HIPAA, general supervisory skills, respect in the workplace, ethics, domestic violence and other topics.

PSD staff provide informal training and technical assistance regularly to staff in the field when the need arises. For example, the Interstate Compact on the Placement of Children (ICPC) coordinator often provides training on changes in ICPC procedures; youth services staff provide training on emerging issues related to youth, etc.

Training Provided Through Programs Included in the 2020-24 CFSP

### *Title IV-B Part 2 & CBCAP:*

- Title IV-B Part 2 training funds are used to support the annual adoptive family conference, quarterly provider training, and Circle of Security training for some PSD staff and providers. IV-B Part 2 funds are utilized for the quarterly provider trainings and “Protective Service provider core” (a four day reduction of the PSD foundations of practice). PACAP funds are also utilized for the “Protective Service provider core” training.

### *CAPTA:*

- During 2015 – 2019, CAPTA funds are utilized to support and supplement several training efforts, including Circle of Security, Abuse and Neglect Detection and Reporting E-learning, and costs related to development of multi-disciplinary teams and Child Advocacy Centers (Valencia County). CAPTA funds support the attendance of PSD staff and attorneys at the annual Children’s Law Institute. PSD will also utilize CAPTA funds, IV-E and IV-B training funds to provide training on sex trafficking, human trafficking, labor trafficking, and prudent parenting.

### *Chafee:*

- For 2015 – 2019, Chafee training funds were used to support the annual Independent Living Conference.

### *CBCAP:*

- In 2015 – 2019 CBCAP funds were used to support the delivery of “Protective Service Provider Core,” “Positive Parenting Program,” (Triple P) as well as offerings of “Circle of Security Parenting” training. For more information, see PSD’s annual CBCAP Report.

### *Coaching:*

In order to achieve positive outcomes for our children and families, there is the need for skill based, hands on learning in the field for both workers and supervisors. The goal is for trainer



coaches to be intentional, strategic and meaningful in daily interaction and work with workers, supervisors and management to improve outcomes whether technical or adaptive. Beyond the work with new employees, a focus on Supervisors and coaching them in a way that role models and build skills of supervisors to utilize with their staff.

Six Regional Trainer/Coaches (RBTC) provide training support, coaching, and monitoring learning. They are responsible for ensuring that each employee in their region receives training that is position-specific, competency-based, and track-based. Each new PS employee has an individualized training plan developed and monitored by the RBTC. The RBTC ensures that each worker completes initial training as well as ongoing required trainings, in addition to any supplemental trainings that the worker or supervisor chooses to be added to the worker's training plan. The RTBC is also responsible for coordination and facilitation of field staff trainings as identified through the Quality Assurance Loop Around process and desktop reports. The RBTC acts as a coaching support to staff, and does hands-on skill building with staff. These positions are supervised by the PS Training Director.

### **Cost Allocation Plan:**

PSD utilizes a Public Assistance Cost Allocation Plan (PACAP) to provide accurate claiming. This plan includes Random Moment Sampling, related claiming procedures, and calculation of IV-E eligibility rates. Through Random Moment Sampling (RMS) process, CYFD collects specific information on the subject matter of the training the person sampled was receiving. This allows for more accurate claiming. In addition, the cost of new staff participating in Foundations of Practice training are captured and tracked separately. Only after new staff complete foundations of practice training are they included in the sampling population for the RMS.

## **Section G. Financial Information**

### **Payment Limitation: Title IV-B, Subpart 1:**

New Mexico is not spending more Title IV-B Subpart 1 funds that the state expended for child care, foster care maintenance, and adoption assistance payments.

### **Payment Limitation: Title IV-B, Subpart 1:**

New Mexico's IV-B Subpart 1 funds for child care, foster care maintenance and adoption assistance payments for FY 2019 does not exceed the amount expended in FY 2005, \$454,505. New Mexico's expenditure of non-Federal funds used as a match for Title IV-B Subpart 1 funds for foster care maintenance for FY 2019 does not exceed the amount expended in FY 2005, \$3,152,282. New Mexico's current federal spending on Title IV-B Subpart 1 for foster care maintenance is \$1,493,045. The difference in spending in FY 2019 and FY 2005 is \$1,642,349.

## Payment Limitation: Title IV-B, Subpart 1:

The most recent completed CFS-101 reflects a Total of \$329,465 of which includes an additional requested 10% of Administrative Cost.

## Payment Limitation: Title IV-B, Subpart 2:

In fiscal year 2017, the state made \$56, 237.12 in grants for the FPSS program to support families in gaining the knowledge, skills and confidence needed to effectively manage their own needs and the needs of the family member with the condition, primarily related to substance abuse. The ultimate goal is for families to help each other in moving toward greater independence. Also in fiscal year 2017, \$43,385.42 was spent on CWV services.

## Payment Limitation: Title IV-B, Subpart 2:

New Mexico's expenditure for Title IV-B Subpart 2 funds for FY 2017 of \$2,817,028 exceeds the FY 1992 base year amount expended of \$2,148,100.

## Attachments:

Diligent Recruitment Plan

Healthcare Oversight Plan

Disaster Plan

Training Plan

CFS 101