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| **Child Abuse Prevention****and****Treatment Act** **State Grant Program** |



FY 2024

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Resubmitted 09/14/2023

**CAPTA State Grant Program**

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## Children, Youth & Families Department Protective Services Division

The Protective Services Division (PSD), the division within the Children, Youth and Families Department (CYFD) is responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) plan that remains in effect for the duration of the State’s participation in the CAPTA grant program. The CAPTA plan shares many of the same goals and objectives found within the New Mexico Child and Family Services Plan (CFSP).

The Protective Services Division (PSD) provides child protective services and other child welfare services throughout the state of New Mexico. Administration of the child welfare program is centralized, with direct services offered through county offices located within five designated regions. PSD consists of one director, one administrative deputy director, one program deputy director, one youth program (Fostering Connections) deputy director, three field deputy directors, and one chief children’s court attorney. County office managers report to five regional managers who, in turn, report to one of three field deputy directors. There are three bureaus and three bureau chiefs responsible with carrying out federal programs under Title IV-B, Title IV-E and CAPTA within PSD that report the program deputy director. PSD has in-house Children’s Court Attorneys, located throughout the state, and managed by Regional Attorney Managers under the Chief Children’s Court Attorney.

The Fostering Connection Deputy Director oversees the Fostering Connections Statewide Manager, the Fostering Connections Bureau Chief, and the EMS Corps Program Director. The Fostering Connections program is the vehicle for engaging young people in a relational way based on youth experience in the child welfare system, prevent homelessness, and to ensure their transition to adulthood is supported. The Fostering Connections program is responsible for administering the Chafee Foster Care Independence Program and Education and Training Voucher Program.

PSD is one of three service areas that make up the New Mexico Children, Youth and Families Department (CYFD), along with Juvenile Justice Services and Behavioral Health Services. CYFD administrative services supports all the service areas and includes budget and revenue, financial management, employee support services, and information technology services. The Office of the Cabinet Secretary includes the General Counsel’s Office, the Inspector General’s Office, the Office of Children’s Rights, Constituent Affairs, Office of Tribal Affairs, Office of Performance and Accountability, and the Legislative and Community Affairs Liaison.

**Program Areas**

In accordance with section 106(b)(1)(A) of CAPTA, the State plan must specify which of the following program areas described in section 106(a) it will address with the grant funds in order to improve the child protective services system of the State.

New Mexico has elected to address the following program areas:

Program Area 2:

* Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and
* Improving legal preparation and representation, including—
	+ procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
	+ provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

Program Area 3: Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

Program Area 6: Developing, strengthening, and facilitating training including:

* training regarding research-based strategies, including the use of differential response, to promote collaboration with the families.
* training regarding the legal duties of such individuals.
* personal safety training for case workers; and
* training in early childhood, child and adolescent development.

Program Area 7: Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Program Area 8: Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect.

Program Area 10: Developing and delivering information to improve public education relating the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response.

Program Area 14: Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in:

* investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
* the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

**Substantive changes to state law or regulations that could affect the state’s eligibility for the CAPTA State Grant**

There have not been any substantiative changes to state law or regulations that would affect New Mexico’s eligibility for the CAPTA grant.

**Changes from the Previously Approved CAPTA State Plan**

There are changes from the state’s previously approved CAPTA plan, specifically in how PSD coordinates programs and funding streams to provide a comprehensive service delivery approach. Activities, services, and training supported with the CAPTA grant funding are identified in the chart below.

## American Rescue Plan of 2021 Supplement Funding

In 2021 the American Rescue Plan Act provides supplemental funding to the CAPTA state grant. New Mexico received $645, 363.00. Since FY 2021, New Mexico has spent a portion of the funding on promoting and providing safe sleeping spaces for newborns and infants in an effort to reduce sudden infant and unexpected fatalities. In FY 2022, CYFD provided the New Mexico Department of Health $200, 000 in CBCAP and CAPTA America Rescue Plan Act funding to support a statewide Safe Sleep campaign. The first phase of the campaign supports media awareness and advertising (social media, radio, billboards, pamphlets, bus ads, etc.). The second phase will provide pack n’ plays and baby boxes to hospitals across the state. CYFD plans to increase funding to DOH to expand distribution of safe sleep materials including pack n’ plays and baby boxes to service providers across the state and to Protective Services county offices.

## Description of Activities, Services and Training under the Grant

PSD coordinates programs and funding streams to provide a comprehensive approach to service delivery. Activities, services, and training supported with CAPTA grant funding are identified below. The following table outlines that status of the activities that New Mexico carried out with its CAPTA State Grant funds in the previous year, as well as activities intended to be carried out in the upcoming year.

| **Activity/Service/Training** | **2023 Status** | **Corresponding CAPTA Program Area** |
| --- | --- | --- |
| Provide training to foster parents, staff and other stakeholders at the New Mexico’s Children’s Law Institute (CLI) | **Ongoing:** Support attendance and participation of PSD staff and foster parents at the annual conference held in January of every year. Will continue to support attendance and participation at the 2023 institute however looking to transition to other funding in future years. CAPTA funds were used in combination with State General Funds. | Program Areas 2, 6, 7 |
| Improve the Plans of Safe Care Portal | **On-going:** The portal is being accessed by all birthing hospitals, Managed Care Organizations and DOH, CYFD, and ECECD staff. CAPTA funding used alone. | Program Areas 2, 3, 6 |
| Hospital Training on CARA state law & process | **On-going**: PSD is finalizing the learning modules that can be utilized by healthcare staff to understand CARA and obtain continuing education credits starting in June 2022. As of April 2023, PSD has executed a contract with Puerta Abierta for online training modules. CAPTA funding used alone. | Program Areas 6, 7, 10 |
| CARA Supervisor | **On-going:** A CARA Navigator was hired in January 2021. As of May 2023, PSD is advertising 1 CARA Supervisor Position and 1 additional CARA Navigator. PSD hopes to have both positions filled by end of August 2023. CAPTA funding used alone. | Program Areas 2, 3, 14 |
| CARA Website | **On-going:** SHARE NM created a webpage within their platform so that families and providers can find resources. It is updated as need with new information and materials. CAPTA funding used alone. | Program Areas 2, 10, 14 |
| Safe Sleep Campaign | **On-going:** An inter-agency collaborative continues to meet and develop a safe sleep campaign, provide safe sleep information materials, provide safe sleep spaces for new parents and infants, and host safe sleep focus groups to understand practice with different populations. CAPTA funding used alone. | Program Areas 6, 10 |

**Description of Services, Training and Policies and Procedures**

**Services**

CYFD provides the following services to individuals, families, or communities either directly or through referrals aimed at preventing the occurrence of child abuse and neglect. Services listed are not funded through the CAPTA grant of award.

* Information and referral services through PSD Statewide Centralized Intake (SCI) services. Services are available 24 hours a day, 7 days a week.
* Differential response to screened out reports thru the Family Outreach unit serving twelve NM counties.
* CYFD provides an array of behavioral health services for children and youth in partnership with the state’s Behavioral Health Purchasing Collaborative.
* CYFD works with New Mexico Department of Health, New Mexico Early Childhood Education and Care Department, and New Mexico Human Services Department to develop and implement plans of safe care for substance exposed newborns.
* CYFD is working collaboratively with New Mexico Early Childhood Education and Care Department on the 0-3 Thriving Families Plan. In particular, focuses on prevention and overall reduction of child maltreatment in children aged 0-3 years old.
* CYFD Domestic Violence Unit within Behavioral Health Division oversees the Family Violence Services Prevention Act which provides such services as education, shelter, and support services.
* PSD, through the Promoting Safe and Stable Families program provides services and supports to families who have accepted children for foster care or adopted children.
* PSD through the Child Abuse Prevention and Treatment Act Title II program has funded services for community-based child abuse prevention programs targeted at children aged 0-5 years old.
* The Children’s Trust Fund provides funding for a variety of community-based child abuse and neglect innovative prevention programs across the state for children 0 to 5 years old and youth.
* The Placement & Adoption Bureau offers supportive services to foster and adoptive parents as well as kinship relatives to prevent dissolution and re-entry into foster care.
* The Office of Youth Systems Bureau utilizes Chafee funding for various aspects of services for youth in custody, youth who have aged out, or those who have opted into Extended Foster Care.

**Comprehensive Addiction and Recovery Act (CARA)**

The CARA Safe Planning Workgroup, initially assembled in 2017 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 substance use disorder; specifically eliminating automatic referrals to CYFD Protective Services solely on the finding of substance use/prenatal substance exposure.
2. The strategic importance of making comprehensive prenatal care, including substance use screening and substance treatment and recovery services, 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 care coordinator to the mother and infant to ensure coordination of services.

The CARA Safe Planning Approach was enacted into State law on April 2, 2019, through House Bill 230, Plans of Care. The bill requires that hospitals notify NM CYFD and NM Department of Health when a newborn with substance exposure has been identified. The exposure may be confirmed by parent voluntary disclosure, verbal screening, and/or positive toxicology screening of mother and/or newborn. New Mexico defines “prenatal substance exposure” to include alcohol, cannabis, nicotine, opioids, and other controlled substances that present risk to the health and development of a newborn.

The CARA bill outlined that CYFD in conjunction with stakeholders would develop policy and procedures housed within the CYFD protective services division. Due to the circumstances of the pandemic and the time needed for comprehensive stakeholder input, the promulgation of CARA policy and procedure in the New Mexico Administrative Code was completed in August 2021. (NMAC, Title 8, Chapter 10, Part 5)

The CARA bill changed the New Mexico Children’s Code. The legislation specifies that prenatal substance exposure 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 for suspected abuse/neglect that are currently in state statute. It defines the role of health care professionals and delivery sites which is to evaluate the capacity of the birthing parent and family system to provide for the needs of the newborn.

Under the statute, hospital/birthing center staff must also work with a newborn’s caregivers to offer a CARA Plan of Care which includes voluntary services to support the health and development of the newborn and the health and well-being of the newborn’s caregivers. The process of developing a Plan of Care enables the health care provider and caregivers to plan for the newborn’s discharge and the transition of care from hospital to home. The process is akin to discharge planning for any mother and newborn when there are special health care needs. [[1]](#footnote-1) Hospital staff develop the plan collaboratively with the family and communicate the plan to the ongoing primary care physician, the insurance plan care coordinator, and the CARA Team at CYFD, DOH/Children’s Medical Services, and NM Early Childhood Education and Care Department.

A CARA Plan of Care, when carefully developed and effectively implemented, supports New Mexico families to address their immediate needs, including substance use treatment and recovery services, at the time of a newborn’s birth. It is complementary, but not a substitute for child protective services involvement when that intervention is warranted. If the health care professional is concerned for the parent’s ability to safely care for the newborn, the health care provider makes a referral to CYFD Statewide Central Intake (SCI) for screening for potential investigation of abuse/neglect.

The CARA team and SCI leadership staff meet quarterly to review data pertaining to screen in and screened out abuse and neglect allegation reports on the parents of newborns with a CARA Plan of Care. When abuse/neglect allegations are screened in during the newborn’s inpatient period, a CYFD protective services investigation worker assigned to investigate the allegations and work collaboratively with hospital health care providers and with the family to assess risk and safety, develop a safety plan when needed for the discharge of the newborn from the hospital, and to finalize the CARA Plan of Care prior to discharge. Removal of a newborn from the parent is based on immediate safety concerns and parental behaviors that present a danger to the child. When safety concerns can be mitigated, removal can be avoided.

CYFD is currently piloting a differential response program called Family Outreach in twelve NM counties in which family outreach workers provide follow-up communication and case management to families for whom an investigation is not indicated (a referral to CYFD SCI was not screened in). Families with a CARA Plan of Care in the designated counties may be referred for outreach services when risk/safety factors do not meet the threshold for investigation. Additional families with a CARA plan will be eligible for the differential response program as CYFD begins to roll this out this program statewide in the next year.

With the implementation of CARA plans of care in New Mexico, an electronic portal was created to allow for the secure, HIPPA-compliant submission of plans at <https://nmhealthyfamilies.org/>. There are 19 of 27 NM birthing hospitals/NICU units currently using the portal. There are four birthing hospitals, including two Indian Health Services facilities, with whom business agreements are under consideration. The CARA team, in consultation with hospital and other stakeholders, have worked with the portal administrator to improve the user experience of the portal and to improve the technical assistance provided. A third phase of portal enhancements have been proposed to embed tools in the portal to assist health care providers in their assessment of families and family priorities, and for improving the identification of services and resources available to a family.

The CARA Team, including the CARA Navigator at CYFD, the Early Child Education and Care Department and the Department of Health, access plans of care from the portal upon submission. Every plan is reviewed for accuracy and quality by the CARA Navigation team. The CYFD CARA Navigator additionally reviews prior or current involvement of child protective services with the family of the newborn or infant. When there is current involvement, the CARA navigator facilitates communication among protective services caseworkers, health care staff, and the care coordination unit at the newborn’s health insurance agency.

Under New Mexico’s CARA statutes, the newborn’s health insurance provider, frequently a Medicaid managed care organization (MCO), provides outreach and oversight of the implementation of a family’s CARA plan. For uninsured infants or any infant without access to care coordination services, Children’s Medical Services (CMS) of the Department of Health provides care coordination and oversight of the plan of care. A designated MCO or CMS/CARA staff at DOH accesses the CARA plan through the portal and begins outreach to the family within 48 hours of receipt of the plan. The family’s acceptance of care coordination services is voluntary. When a family declines care coordination or disengages from these services, the designated care coordinator informs the CARA Navigation team.

In April 2023, NM Human Services Department (HSD), which oversees Medicaid managed care organizations, formalized the process by which MCOs notify the CARA team when a family has declined care coordination, is unable to be reached, or is difficult to engage (DUR). The care coordinator assigned to the newborn submits a standardized notification form to the CARA Navigation team. A CARA Navigator is then assigned for follow-up on the family’s CARA Plan. The follow-up includes outreach attempts with the family, assessment of the family’s engagement in services and family stability, newborn health and medical needs, and review of child protective services involvement. All providers of services to a family, including the Care Coordinator and CARA Navigator, follow mandated abuse/neglect reporting procedures when there are concerns for the safety of the newborn.

NM Human Services Department has collaborated with CARA leadership in FY 23 to identify gaps in care coordination services to families with a plan of care. HSD has developed CARA-specific data collection to assist in the assessment of family involvement in care coordination. Each MCO has developed internal strategies to improve family engagement with MCO outreach. One MCO has been using a Community Health Worker or Peer Support Specialist to conduct additional outreach with families who are hard to reach. Preliminary review indicates that this strategy can successfully engage families in ongoing communication and support when care coordination is not engaged. The CARA state leadership team and stakeholders continue to identify promising practices for implementation within standardized procedures and policy.

A dedicated CARA Navigator was hired at CYFD in January 2021. Funding for a CARA supervisor and an additional CYFD CARA Navigator was secured in late 2022; both positions are currently posted for hiring. An additional CARA Navigator was also hired by the NM Early Childhood Education and Care Department (ECECD) in March 2023. A part-time CARA Navigator position at NM Department of Health will shift to an administrative role in July 2023. CARA Navigators are experienced family support professionals with an average of 25+ years in the fields of early childhood, infants/toddlers with special health conditions, infant mental health, and family systems. CARA Navigators are trained in trauma-informed care and participate in on-going related training in the delivery of substance use treatment and recovery services according to the guidelines established by the American Society of Addiction Medicine, American Medical Association, and the American College of Obstetricians and Gynecologists.

The CARA Navigation model has been successful in re-engaging families who need additional supports. In a 12-month period the CYFD Navigator routinely engages directly with 150 families to provide check-ins and parenting support, assess family needs, update a Plan of Care, make referrals, and/or assist with warm hand-offs between families and service providers. The addition of Navigator positions at CYFD will significantly expand the resources of the CARA team for direct follow-up with families. CARA Navigators also provide consultation and case staffing daily to hospital staff, MCO care coordinators, child protective services workers, and other providers to support the development and implementation of plans of care. The ECECD Navigator will additionally focus on increasing family engagement in early childhood services including home visiting, IDEA Part C early intervention, and Early Head Start.

The CARA Plan of Care model in New Mexico requires the continual collaboration and communication of multiple state agencies, hospitals, health insurance organizations and community service providers, and other stakeholders. It’s paramount that CARA advocates and acts for strategic improvements in equity in the care of newborns with substance exposure and of their parent during the perinatal period. Currently, the CARA team is investing resources in mapping CARA policy and procedures across systems for strategic planning and improvements to CARA implementation statewide.

Additional work has been dedicated to partnerships with the NM Perinatal Collaborative and NM Department of Health Harm Reduction Bureau to develop guidance for health care providers in the care of individuals with substance use during pregnancy. A checklist of guidance for prenatal care providers, based on a model used in Indiana, is in the final stage of completion, and a distribution plan will be created. CARA also advocates for universal screening with a validated survey tool for substance use, mental health, and social determinants of health, for all pregnant people during prenatal care visits and at the time of birth. The CARA team has also provided harm reduction trainings for hospitals and other providers over the last year to enhance the public health approach New Mexico is using for CARA.

New Mexico was cited as a model state for the implementation of federal CARA law, and evidence-based, public health approaches to parent-infant care, by the White House Office of Drug Control Policy in the Fall 2022 report “Substance Use Disorder in Pregnancy: Improving Outcomes for Families” (p.6). The American Medical Association (AMA) also met with the NM CARA team and incorporated NM CARA’s public health model in AMA policy shared nationally with AMA medical providers including pediatricians, prenatal providers, and addiction treatment clinicians.

There is wide support in New Mexico for public health intervention for long-standing, often generational health challenges, including substance use/misuse and addiction. The CARA team continues in efforts to communicate evidence-based research and state data to counter divisive viewpoints about the implementation of supportive services to the families of newborns with substance exposure. As described earlier in this report, CARA policy supports family stability and caregiver capacity through voluntary services. CARA policy and practice also references newborn/infant safety as the primary consideration for abuse/neglect reporting and protective services intervention.

The CARA team conducts annual policy and procedure trainings with all birthing hospitals, CYFD child protective services county field offices, and health insurance managed care organizations. Training is also provided annually to early childhood program staff statewide (including Home Visiting, Early Intervention, and Head Start/Early Head Start). In the past year Navigators have also given presentations on NM CARA to mother-infant in-patient substance treatment programs, Court Appointed Special Advocates, peer support workers at NM corrections facilities, and other community organizations. NM CARA also was selected, with two other state systems, to present its work in January 2023 to the state policy institute organized by the Center for Child and Family Futures under SAMHSA National Center for Substance Abuse and Child Welfare, and to the Kempe Foundation “2022 International Virtual Conference: A Call to Action to Change Child Welfare” (October 2022).

The CARA team has worked with the University of New Mexico to develop self-paced, online training modules that are freely accessible by health care providers as well as the public on UNM Hospital’s Envision virtual training platform. The modules provide Continuing Medical Education (CME) and Continuing Education Units (CEU) credits to healthcare providers. Six of seven modules have been launched as of July 2022:

1. CARA Foundations (Federal and NM law and evidence-based implementation of CARA)
2. Plan of Care (guidance on federal/state notification requirements and development of the CARA Plan)
3. Statewide Central Intake (reporting abuse/neglect allegations involving infants with prenatal substance exposure)
4. Screening for Substance Use Disorder Among Pregnant and Newly Delivered People
5. Effects of Substance Exposure on Development: Part 1
6. Opportunities and Interventions: Part 2

A seventh module is in the final stages of development. This module provides a character enactment of the phases of development of a CARA plan of care in a hospital setting. This module demonstrates the tone and language of partnering with a parent to identify family needs and priorities during the process of completing a CARA plan. The CARA team also contracted in FY 23 for the development of training material addressing stigma/bias and trauma-informed care. The content has been developed and the CARA team will incorporate the material in training plans for FY 24.

CARA recognizes the ongoing challenges of bias in healthcare delivery experienced by pregnant people with substance use disorders or mental health conditions and by indigenous families in New Mexico. In 2019, CARA partners at the Department of Health implemented a family survey of families with a CARA plan of care. The survey instrument gathers qualitative data on the experiences of the parent/family during birthing and development of a CARA plan. Specifically, there are questions assessing equitable and non-biased treatment during the birth and post-natal period. The survey also gathers information on the family’s perception of the value of their plan, the services they have engaged with, and whether there are unmet needs for the baby, caregiver, and household. The survey is administered via telephone by a trained surveyor who is supervised by the CARA program evaluation lead at DOH. The survey process has been ongoing since 2019 and has assisted the CARA team to incorporate family stakeholder input to address challenges in the implementation of CARA. The survey has also provided opportunities for families to be re-connected with care coordination or CARA navigation services when that is desired by the family.

In addition to the survey process, CARA invites stakeholder collaboration through the CARA webpages hosted at <https://sharenm.org/cara>, through email (CARA.CYFD@cyfd.nm.gov) and by hosting stakeholder workgroups that meet regularly throughout the year. The original CARA Workgroup involved with the passage of HB 230 has evolved as an advisory group to the CARA state team under the co-direction of CYFD and Dr. Andrew Hsi. In the coming year it is anticipated that this workgroup will transition to a legislative task force, focusing on policy and advocacy to inform NM legislators of CARA’s mission and implementation, to expand resources to improve infant and family outcomes under CARA, and to ensure effective data collection and reporting for accountability and for compliance with CAPTA.

CARA has also hosted the following topical workgroups to address the concerns and needs of specific communities: Tribal/Indigenous, Corrections, Unstable Housing, and & Expecting Parents. Due to limited staff resources in the past twelve months, the Corrections and Unstable Housing Workgroups concluded their monthly meetings as of August 2022. Members of these workgroups continue to share information and resources via an email list.

The Supporting Expecting Parents workgroup was paused during the 2023 state legislative session (January – March) but resumed monthly meetings in June. The purpose of this workgroup has been to advise the CARA team on planning for the implementation of the CARA model during the prenatal period. Until funding and commitment to CARA prenatal implementation can be secured, the workgroup has focused on mapping prenatal resources and strategies to promote evidenced-based prenatal screenings and improve outreach to expectant parents and referral pathways for supportive services. The CARA Navigator at ECECD will assist this workgroup with linkages to the early childhood “Thriving Families” plan for the prenatal to age five population.

The Tribal/Indigenous Workgroup has been hosted by CARA staff at the Department Health. This workgroup has been very effective in convening representation from each of NM’s 23 pueblos, tribes, and Navajo Nation for ongoing communication regarding tribal sovereignty and the implementation of CARA in tribal communities. The workgroup has also continued to identify culturally responsive services, assisted in engagement with tribal health councils and Indian Health Services hospitals, and in enhancing collaboration between all birthing hospitals and tribal governments throughout the state.

The most significant challenges that the CARA program faces now and in the next year are the following: strengthening the multi-system administration of CARA through improved communication and data-sharing capabilities; educating communities and families about CARA along with ongoing training to CARA organizational partners; and addressing and eliminating barriers to supportive care due to inadequate resource allocation, especially in rural communities, and due to discriminatory practices towards families affected by substance use. The leadership of CARA-affiliated state agencies and CARA implementation staff will continue weekly meetings initiated in April 2023 to focus on strategic planning and comprehensive stakeholder engagement to effect robust improvements in outcomes for newborns with substance exposure and their families.

**Child Fatalities and Near Fatalities**

**Child Fatalities**

In FFY 2022, the number of deaths resulting from child abuse or neglect was 19. Data was gathered for the NCANDS child file through New Mexico’s SACWIS system; additional data was obtained regarding the NCANDS agency file was obtained through the New Mexico Office of the Medical Investigator (OMI). According to the New Mexico OMI’s website, the OMI “investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected, or where a person is found dead, and the cause of death is unknown.” Additionally, the OMI provides the formal death certification. Reports from the OMI are utilized as these are the most comprehensive and reliable reports available.

New Mexico State statute, 32A-4-33.1, “Records Release When A Child Dies,” outlines CYFD’s responsibility for publicly disclosing a child fatality when there is reasonable suspicion the fatality was caused by abuse or neglect.

32A-4-33.1 NMSA 1978 states:

A. After learning that a child fatality has occurred and that there is reasonable suspicion that the fatality was caused by abuse or neglect, the department shall, upon written request to the secretary of the department, release the following information, if in the department's possession, within five business days:

(1) the age and gender of the child;

(2) the date of death;

(3) whether the child was in foster care or in the home of the child's parent or guardian at the time of death; and

(4) whether an investigation is being conducted by the department.

B. If an investigation is being conducted by the department, then a request for further information beyond that listed in Subsection A of this section shall be answered with a statement that a report is under investigation.

C. Upon completion of a child abuse or neglect investigation into a child's death, if it is determined that abuse or neglect caused the child's death, the following documents shall be released upon request:

(1) a summary of the department's investigation;

(2) a law enforcement investigation report, if in the department's possession; and

(3) a medical examiner's report, if in the department's possession.

D. Prior to releasing any document pursuant to Subsection C of this section, the department shall consult with the district attorney and shall redact:

(1) information that would, in the opinion of the district attorney, jeopardize a criminal investigation or proceeding;

(2) identifying information related to a reporting party or any other party providing information; and

(3) information that is privileged, confidential or not subject to disclosure pursuant to any other state or federal law.

E. Once documents pursuant to this section have been released by the department, the department may comment on the case within the scope of the release.

F. Information released by the department consistent with the requirements of this section does not require prior notice to any other individual.

G. Nothing in this section shall be construed as requiring the department to obtain documents not in the abuse and neglect case file.

H. A person disclosing abuse and neglect case file information as required by this section shall not be subject to suit in civil or criminal proceedings for complying with the requirements of this section.

CYFD PSD has members on 3 of the 5 panels of the New Mexico Death Review which was established in 1998 and re-compiled in 2001 to examine the circumstances that contribute to the deaths of infants, children, and youth in New Mexico. Each Death Review Panel brings together multidisciplinary teams of experts from professional and community agencies to systematically evaluate information on maternal and child death events as well as identify risk factors in these deaths. These panels focus on systems changes that lead to greater collaborative efforts and improvements in maternal health and safety and/or child health and safety. Cases are grouped by the type of death events and reviewed accordingly by the following panels: suicide, unintentional deaths, maternal mortality review (MMR), the fetal and infant mortality review (FIMR) and child fatality review (CFR). The NMCFR releases an annual report that is posted to the New Mexico Department of Health public website. Case identifying information surrounding maternal and child fatalities is confidential.

**Child Near Fatalities**

PSD continues to work on adopting a definition for near fatalities and develop investigation procedures specific to near fatalities. Recommendations will for a definition will be provided to CYFD Office of the Secretary and Office of General Counsel for review and approval. Once a definition has been reviewed and approved, the appropriate New Mexico Administrative Code and corresponding procedures will be updated. A working definition that has been proposed is the following: “A case in which a medical professional determines that a child is in serious, critical, or life-threatening condition as the result of sickness or injury caused by suspected abuse and/or neglect that required medical intervention.” The goal is that that the definition and near fatality procedure focuses on the medical evaluation and obtaining records as well as consulting with the Protective Services Medical Director during the investigation.

**Notification Regarding Substantive Changes to State Law**

During the 2023 New Mexico Legislative Session Senate Bill 107 was passed to amend Section 32A-4 of the Children’s Code. The following amendments take effect July 1, 2023:

* Section 32A-4-4: Complaints—Referral—Preliminary Inquiry
	+ 32A-4-4(E) is changed so we have **three (3) business days** instead of two (2) days to file an Abuse/Neglect Petition.
	+ 32A-4-4(F) (*brand new*): When CYFD files a new petition, CYFD must simultaneously send the petition; the name and contact info for each respondent; and the name, date of birth, placement, and contact info for the placement for each child to the Office of Family Representation and Advocacy (OFRA), which will be assigning GALs/Youth Attorneys/Respondent Attorneys. If the child is an Indian child, information will be sent to the Child’s Tribe(s) or Pueblo(s).
* Section 32A-4-7: Release or Delivery from Custody
	+ 32A-4-7(D) and (E) are changed to reflect that we have **three (3) days** instead of two (2) days to file a new Petition.
	+ 32A-4-7(F) (**brand new**): When a child reenters CYFD custody **within one (1) year** of being returned to a parent/guardian/custodian, **before** that child can be released from custody.
		- * A CYFD employee **above the level of supervisor** must review the child’s case and documents to determine if it is in the child’s best interest to either be released to the parent/guardian/custodian or for a new petition to be filed.
			* The three (3) day time period for filing is extended to **five (5) days** when this review occurs.

## New Mexico Substitute care advisory council

The Substitute Care Advisory Council is 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 the department. The Act establishes a nine-member Council who is authorized to hire staff to oversee the functions and procedures of the substitute care review boards. The Council is administratively attached to the Regulation and Licensing Department according to the provisions of Section 9-1-7 NMSA 1978, with funding of the Council comprised of a combination of State General Funds and an interagency transfer of funds from CYFD. The Council functions under NMAC 8.26.7.

The Act meets the requirements of the federal Child Abuse Prevention & Treatment Act, which requires states to establish volunteer citizen panels to:

1. Examine policies, procedures, and practices of State and local agencies and where appropriate, specific cases to evaluate the extent that state and local child protection systems are:
	* + 1. effectively discharging their child protection responsibilities; and
2. are in compliance with the CAPTA state plan, child protection standards and “any other criteria the panel considers important to ensure the protection of children.”
3. Provide “public outreach to assess the impact of current procedures and practices upon children and families in the community.

CAPTA requires the state agency to:

1. Provide volunteer citizen panels with access to information on cases to be reviewed.
2. Within 6 months of the date of the annual report, “submit a written response to State and local child protection systems and the Council that describes whether or how the State will incorporate the recommendations to make measurable progress in improving the State and local child protection system.”

Both CAPTA and the Act require review panels/boards to be composed of members representative of the community they serve, including “members who have expertise in the prevention and treatment of child abuse and neglect which may include adult former victims of child abuse or neglect.” Furthermore, both the Act and CAPTA require an annual report which includes recommendations for improvement to the child protection response system. CAPTA requires a written response to the annual report by CYFD within 6 months of receiving the annual report; the Act does not require a written response.

A copy of the annual report, with CYFD’s response, from the New Mexico Substitute Care Advisory Council is attached as a separate document.

## CAPTA Annual State Data Report 2021

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Value** | **Comment** |
| Number of children reported to the State during the year as victims of child abuse or neglect | 24,884 | Number of alleged child victims reported for FY2022 |
| Number of children who were: |  |  |
| * Substantiated
 | 6,307 |  |
| * Unsubstantiated
 | 18,554 |  |
| * Determined to be False
 | N/A | PSD does not collect information on false reports. |
| Of the number reported above, the number of children who: |  |  |
| * Did NOT receive services from state
 | N/A | Not available. Provision of services is determined by placement, payment for services and development of a case plan for services. Unpaid and undocumented services cannot be counted. For this reason, the count of children receiving services is considered underreported. Children not receiving services cannot be easily identified by subtracting the number receiving services from the total number of children reported. |
| * Received services from state
 | 3,210 | Number of duplicated children receiving services as a result of the investigation which includes both substantiated and unsubstantiated children. |
| * Removed from families during year by disposition of case
 | 1032 | Number of duplicated children entering care which includes both substantiated and unsubstantiated children; the number of unique substantiated child victims entering care is. |
| Number of FAMILIES that received preventative services, including use of differential response, from state during year | 2,416 | Count of families referred to Family Outreach & Community Engagement. |
| CHILDREN receiving preventative services through the Community-Based Prevention of Child Abuse & Neglect Grant | 291 | There was an decrease in families who received preventive services in FFY22 by families.  |
| CHILDREN receiving preventative services through the Safe and Stable Families Program | 2,269 | Due to the increase in the number of children served in FFY22, it is evident that contractors continue to support families with multiple children living in their household through Family Support Services and In-Home Services.  |
| CHILDREN receiving preventative services through "Other" funding sources | 3,964 | The services offered included parenting classes, youth support groups, body safety classes for children, and providing concrete emergency supports to families, including meals, rent support & hygiene products.                            |
| Number of deaths resulting from child abuse or neglect | 11 |  |
| Of number of child deaths, number in foster care | 0 |  |
| Number of CPS staff responsible for: |  |  |
| * Intake, screening, and assessment of reports
 | 66 | Intake, screening, and assessment are all done by SCI staff. There are 62 FTE SCI staff including intake workers, senior workers, and supervisors, 3 managers and 1 administrator |
| * Investigation of reports
 | 118 | This count includes all FTE Field Investigators PIT 09/30/2022. It does not include supervisors, CSA’s, or SCI staff. |
| Agency response time to initial investigation of reports | 56:00 hrs. | Response time in Hours here is measured from the Report Received Date/Time to the Date/Time worker contacted all alleged victims. |
| Response time with respect to provision of services | N/A | Not Available |
| Personnel qualifications |  | See Section 1 below |
| Number of children reunited with families who within 5 years are the subject of a substantiated report | 360 | The count of child victims includes unduplicated children removed from their home and placed in out-of-home care for any period of time and then reunited with their family during the previous five years from the date of the report          |
| Number of children whose family received family preservation services who within 5 years were the subject of a substantiated report  | 80 | The count of child victims includes unduplicated children whose families received Family Preservation services (referred to in New Mexico as In-Home Services) during the previous five years from the date of the report.  The service may have been delivered by state staff or by a private contract provider.  Family preservation services provided by external agencies are likely underreported. |
| Number of children with court appointed representation | 747 | Number of duplicated children with juvenile court petitions filed during FFY22. All children named in petitions are appointed a Guardian ad Litem or Youth Attorney.  |
| Average number of out of court contacts | N/A | Not Available |
| Annual Citizen Review Panel Report |  | Submitted by NM Citizen Review Board |
| Number of children under care of CPS who are transferred into custody of state Juvenile Justice System | N/A | See Section below |
| Number of children referred to CPS who are drug affected at birth | N/A |  |
| Number of children eligible for referral to early intervention services | 805 |  |

1. **Information on Child Protective Services Workforce**
2. **Qualifications**: PSD staff must meet minimum qualifications, as determined by their positions and job functions. If a social work license is required for a position, the employee will meet the necessary requirements to maintain that licensure. Qualifications for each position are as follows:
* **Statewide Central Intake (SCI), FORCE, and Reach NM Worker**: Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal justice, or Family Services/Studies from an accredited college/university. Experience is not required for these positions.
* **SCI, FORCE, and Reach NM Senior Worker:** Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal justice or Family Services/Studies from an accredited college/university and two years of any combination of experience including working with communities, working on health or social service-related matters, social work/case management experience, behavioral health and/or health care.
* **SCI, FORCE, and Reach NM Supervisor:** Bachelor’s Degree in Social Work from an accredited college/university, four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care, and licensure by the NM Board of Social Work Examiners at the LBSW, LMSW, or LISW level or eligibility for such licensure in accordance with NM requirements **OR** Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and six (6) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care.
* **Investigation Case Worker**: Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and two (2) years of any combination of experience including working with communities, working on health or social service-related matters, social work/case management experience, behavioral health and/or health care.
* **Investigation Senior Worker:** Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and four (4) years of any combination of experience including working with communities, working on health or social service-related matters, social work/case management experience, behavioral health and/or health care.
* **Investigation Supervisor:** Bachelor’s Degree in Social Work from an accredited college/university, four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care, and licensure by the NM Board of Social Work Examiners at the LBSW, LMSW, or LISW level or eligibility for such licensure in accordance with NM requirements **OR** Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and six (6) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care.
* **In-Home Services Practitioner:** Master’s Degree in Social Work, Guidance and Counseling, Counseling, Psychology, Sociology or Criminology from an accredited college/university, two (2) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care and current Master’s level license to practice as a social worker, psychologist, counselor or therapist in New Mexico or licensure in another state and qualified to sit for the next testing session.
* **In-Home Services Practitioner Supervisor:** Master’s Degree in Social Work, Guidance and Counseling, Counseling, Psychology, Sociology or Criminology from an accredited college/university, four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care and current Master’s level license to practice as a social worker, psychologist, counselor or therapist in New Mexico or licensure in another state and qualified to sit for the next testing session.
* **Intensive Family Intervention Services (IFIS) and Family Support Services (FSS) Worker:** This position was created within the last year due to issues filling In-Home Services workers and obtaining workers who have a licensed masters social work license. This position has the same job educational requirements as a Senior Permanency Planning Worker.
* **CARA (Comprehensive Addiction Recovery Act) Navigator:** Bachelor’s Degree in Social Work, Psychology, Guidance and Counseling, Education, Sociology, Criminal Justice, Criminology and/or Family Studies/Services and two (2) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care. Any combination of education from an accredited college or university in a related field and/or direct experience in this occupation totaling six (6) years may substitute for the required education and experience.
* C**ARA Supervisor:** Bachelor’s Degree in Social Work, Psychology, Guidance and Counseling, Education, Sociology, Criminal Justice, Criminology and/or Family Studies/Services and four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care. Any combination of education from an accredited college or university in a related field and/or direct experience in this occupation totaling eight (8) years may substitute for the required education and experience.
1. **Training:** PSD staff participates in training as required by PSD and CYFD, and as determined by their positions and job functions. All training is based on competencies for positions and job functions.
* **Supervisory Training:** All new PSD supervisors and County Office Managers (COM) attend a week of Human Resources training and a three-day Situational Leadership training.
* **Pre-Service Training:** All new Social and Community Services Coordinators working in PSD county offices and Statewide Central Intake and other staff as determined by supervisors and managers shall complete Foundations of Practice offered through the Academy for Training and Professional Development before receiving primary case assignment in FACTS. In addition to Foundations of Practice, workers attend on the job training.
* **In-Services Training:** All Social and Community Services Coordinators working in PSD county offices and Statewide Central Intake, Children’s Court Attorneys, COMs, and other staff as determined by supervisors and managers shall participate in in-service training as required by PSD management. In addition, the PSD worker meets any other training requirements set by his or her supervisor.

**3. Education:**

|  |  |
| --- | --- |
| **Full Time Employee (FTE)** | **Number** |
| Total Division FTE | 1104 |
| Total Case Worker Vacancies | 188 |
| Current Case Worker FTE | 671 |
| **Caseworker**  | **Percentage** |
| Total BSW w/ Licensure | 3.9% |
| Total MSW w/ Licensure | 7.3% |
| Total BSW no Licensure | 7.6% |
| Total MSW no Licensure | 4.0% |
| Total Related Bachelors no Licensure\* | 39.9% |
| Total Related Masters no Licensure\* | 8.2% |
| Total Related Degrees no Licensure\* | 48.1% |

\*No related degree employees are licensed Social Workers.

**4. Demographic Information of the Workforce:**

|  |  |
| --- | --- |
| **Race** | **Percentage** |
| Black or African American | 3.4% |
| Hispanic or Latino | 47.6% |
| American Indian & Alaska Native | 6.6% |
| Asian | 0.8% |
| Native Hawaiian & Other Pacific Islander |  0% |
| White | 22.6% |
| Other/Unspecified | 3.3% |
| **Gender**  | **Percentage** |
| Male | 17.6% |
| Female | 82.4% |

1. **Information on Caseload or Workload Requirements:**
* **Investigation Case Workers:** In 2022, the standard was no more 17 active cases. At the beginning of 2023 the standard will be no more than 12 case (families) total; no primary assignments for the first two months after completion of New Employee Training (NET); no more than 3 primary assignments at a time during months 3-4 after NET; and no more than 6 primary assignments at a time during months 5-6 after NET.
* **Permanency Planning Workers:** No more than 15 children on a caseload at a time; assigned as primary for no more than 5 children at a time for the first 2 months after completion of NET (only transferred cases); no more than 8 primary assignments at a time during months 3-4 after NET (can include new cases); no more than 12 primary assignments at a time during months 5-6 after NET.
* **In Home Services Providers:** No more than 8 cases (families).
* **Placement Workers**: Effective July 1, 2022, that caseload standard for Placement Workers will be equal to 15 adoptions cases, or 20 licensed families, or 15 home studies. For workers with a mixed caseload, the standard will weight each pieced of work. For example, each adoption case would equal 6.67% of caseload (1 caseload divided by 15); each family would equal 5% of a caseload, and each homestudy would equal 6.67% of a case load.

**B. Juvenile Justice Transfers**

New Mexico does not transfer children who were in the care of the protective services system to the custody of the juvenile justice system. The child protective services system retains custody of the child during the time the child is served by the juvenile justice system. CYFD is the umbrella agency for both the Protective Services Division and Juvenile Justice Services. All cases are contained in the same management information system (FACTS).

**State CAPTA Coordinator/State Liaison Officer**

**Milissa Soto**

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The CAPTA State Gran Update can be found at: <https://www.cyfd.nm.gov/resources/publications-reports/>

1. [↑](#footnote-ref-1)