CAPTA State Grant Program

Children, Youth & Families Department
Protective Services
June 30, 2021

CAPTA State Grant Program

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CAPTA STATE PROGRAM

NEW MEXICO STATE PLAN

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).

PSD is one of three service areas that make up the New Mexico Children, Youth and Families Department (CYFD), along with Juvenile Justice Service 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 Constituent Affairs Director, Tribal Affairs, and the Director of Legislative and Community Affairs.

PSD is also 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), Title IV-E, and the Chafee Foster Care Independence Program and Education and Training Voucher Program. As such, PSD is responsible for all child welfare services for children and families in New Mexico. PSD is mandated, in accordance with the New Mexico Children's Code, Section 32A-4 *et. Seq*., NMSA 1978, to receive and investigate reports of 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. PSD is committed to assuring the safety and well-being of the children in its custody and to providing permanency in a timely manner.

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 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.

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.

PROGRAM AREAS DESCRIBED IN CAPTA AND PROPOSED FUNDING USE

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 be 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 previous 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.

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	2022 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 2022. Will continue to support attendance and participation at the January 2022 institute and annual CLI thereafter.	Program Areas 2, 6, 7
Improve the Plans of Safe Care Portal	**On-going:** The portal is being accessed by all birthing hospitals and continued builds will improve the usability.	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.	Program Areas 6, 7, 10
Anti-Discrimination Curriculum	**Initiated:** Entering a contract with a group to develop and anti-discrimination and anti-racism curriculum to be utilized with hospitals & community providers.	Program Areas 8, 10, 14

Activity/Service/Training	2022 Status	Corresponding CAPTA Program Area
CARA Navigator	**Initiated:** A CARA Navigator position was created and hired in January 2021. An additional CARA Navigator will be hired this coming year. They will provide follow up with certain families and will be facilitating warm hand offs with supportive services.	Program Areas 2, 3, 14
CARA Website	**Initiated:** SHARE NM created a webpage within their platform so that families and providers can find resources.	Program Areas 2, 10, 14

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.
- CYFD Early Care Services is committed to building and maintaining a quality childcare system and to assuring that children from low-income families have equitable access to high quality programs.
- CYFD provides an array of behavioral health services for children and youth in partnership with the state's Behavioral Health Purchasing Collaborative.
- 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 offer supportive services to foster and adoptive parents as well as kinship relatives
- The Office of Youth Systems Bureau offers services for youth in custody, have aged out or have opted into Extended Foster Care utilizing Chafee funding for various aspects of these supports.

AMERICAN RESCUE PLAN OF 2021; CHILD ABUSE AND PREVENTION AND TREATMENT ACT (CAPTA) SUPPLEMENTAL FUNDING

As part of the American Rescue Plan of 2021, New Mexico received $645,363 in supplemental funding. New Mexico continues to work toward building a non-judgmental and de-stigmatizing approach to providing system of care around the state to address the needs of substance exposed newborns and their mothers, families, and caretakers. Early plans to use this funding over the next fiscal year include:

- Hiring an additional CARA Navigator to provide follow up substance affected newborns and their caretakers/families and will be facilitating warm hand offs with supportive services; this position will also begin looking at accepted pre-natal plans of care.
- Continue to improve CARA Portal that is being accessed by all birthing hospitals to include improved ease of use in entering plans of care and extraction of data.
- Continued support SHARE NM webpage that provides families and community resources needed to support newborns, mothers, and their families/caretakers.
- CYFD is finalizing the learning modules that can be utilized by healthcare staff to understand CARA and obtain continuing education credits. CYFD is also looking to initiate an anti-discrimination and anti-racism curriculum to be utilized with hospitals & community providers. Th goal is to help reduce stigma against mothers and provide a support system in New Mexico for both mother and newborn.
- Support to create a statewide CARA task force that would support positive outcomes substance expose newborns, their mother, and families/caretakers. A continuum of care that would support families from pre-natal care to early childhood.
- Provide funding to CYFD's differential response program known as FORCE by expanding from pilot counties and expanding program to additional counties.
- CYFD working on plans for a pilot program to support LGBTQ youth by creating a directory of services and organizations that will support the needs of LGBTQ youth. Through the use of data collection, surveys, and outreach to LGBTQ youth, CYFD wants to identify gaps in the services array and work with community providers to create safe spaces for LGBTQ youth.

CYFD entered into a Joint Power Agreement with Administrative Office of the Courts in November of 2019 for the purpose of providing Title IV-E administrative funding for quality independent legal representation to a child who is a foster care candidate or in foster care and their parents in preparation and participation in all stage of foster care legal proceedings. These funds are strictly Title IV-E administrative funds and are passed through to the Administrative Office of the Courts via the Joint Powers Agreement. Currently, CYFD is not utilizing CAPTA funds for this process at this time.

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 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.

The CARA Safe Planning Approach was enacted into State law on April 2, 2019, through House Bill 230, Plans of Care. This legislation was sponsored by Representative Christine Trujillo (D) in the House and Senator Gay Kernan (R) in the Senate. The bill requires the creation of 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 or by disclosure. 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 mother, father, and newborn. It is a similar process in how hospitals evaluate any mother with a mental health condition such as severe depression or schizophrenia and newborns who are diagnosed with a health condition at the time of birth in that a discharge plan is developed to address the mothers and newborns wellness. 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.[1] This bill changed the New Mexico Children's Code to include the CARA Plan of Care approach.

The CARA bill outlined that CYFD in conjunction with stakeholders would develop policy and procedures housed within the CYFD division. Due to the circumstances of the pandemic and the need for input from other state agencies, hospitals and community agencies, the promulgation of the policy and procedure were delayed. The promulgation should be finalized by the end of June 2021 and will be modified as needed in future years.

Hospital staff are responsible for assessing the mother's substance use and impact on the child at the time of delivery. If it is known that the child has been exposed to drugs or alcohol (including prescribed, non-prescribed, and illicit drugs), a Plan of Care must be created and sent to the state for notification due to the CARA state law. This approach is based on a preference that infants, mothers and families can remain together with support and services in place. 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 behaviors and immediate safety concerns that present a danger to the child. If safety concerns can be mitigated, removal can be avoided. Hospitals struggled with this change as they were accustomed to make reports

[1] Hsi, A. (January 2019) "Handout for House Judiciary Committee: Substance Exposed Newborn Plan of Care"

based solely on positive toxicology. Further trainings with hospitals were needed on this specific topic and continues to be a challenge at times. The CARA team has partnered with the Statewide Central Intake (SCI) staff on modifying the screening questions used for CARA cases to improve the reporting by medical staff and screening by CYFD. The following are the set of questions that are currently asked on CARA cases:

- What substance was the newborn exposed to?
- Was a plan of care created?
- If a plan of care was not created, why?
- What are the details of prenatal substance exposure?
- What is the post-discharge housing plan?
- Who will be the primary caretakers for newborn?
- Have the caregivers been trained on care of newborn?
- If the newborn has medical conditions, have the caregivers been trained on how to care for the newborn to meet their needs?
- What support services were engaged prenatally or referred to since delivery for infant and affected family/caregivers?
- Has there been any specific interactions or behaviors that the parents have displayed that was of concern?

If hospitals still have concerns on a case that might not be screened in for investigations, the CARA staff can be consulted to staff the case and assist from there. Additionally, the CARA team and SCI staff meet monthly to staff cases and continue to fine tune questions and the process for CARA cases. CYFD plans to roll out differential response across the state in the coming years which will impact CARA and will be further modified with those changes.

Plans of Care are entered into the CARA portal at https://nmhealthyfamilies.org/ by the hospital staff. Getting hospitals into the portal has taken time over the last year due to the process of establishing users, however; most of the birthing hospitals are utilizing the portal to enter plans of care that notifies CARA staff when a new plan of care has been submitted. The portal is currently undergoing enhancements recommended by various hospitals and other users to improve the usability of the portal. After these enhancements, other additions such as the notifications for refusals, or out of state deliveries will be added. A phase 3 of additional deliverables will be developed this coming year to ensure it is user friendly and capturing vital information. The Managed Care Organizations (MCOs) are not yet in the portal, therefore; plans of care still must be sent securely to them to complete care coordination assignment. Once the MCOs are in the portal, they will receive the submitted plan of care and can fill in the care coordinator's information and send on to the coordinator. Care coordinators then can modify the plan of care as they work with the family and will be a working document throughout coordination with the family.

Presently, the plan of care is sent to a HIPAA secured email for each insurance company, and they are assigned a care coordinator within 24-48 hours. The Insurance Care Coordinator is responsible for

ensuring that the family, including the infant, has access to the services recommended on the plan of care. 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. Additional technical assistance has been done with hospitals to ensure they do this on high-risk cases and infants with medical conditions or newborns who are staying in the Neonatal Intensive Care Unit. The Care Coordinator is responsible for ensuring the child's primary care physician receives a copy of the Plan of Care as well. In working with the MCOs, it has developed that about half of our families are difficult to engage or unable to be reached after discharging from the hospital. The MCOs have developed an internal process to have a Community Health Worker or Peer Specialist to reach out to them at that point which has proven to be successful in engaging numerous families that way. It has become clear that the care coordinator may not always be the most appropriate entity to follow up in the long term and have been adjusting procedure based on this information.

Though about half of the CARA families accept care coordination, there are several of them that the insurance coordinator cannot reach, or the family has declined care coordination. In January 2021, a dedicated CARA Navigator started at CYFD to assist in some follow through with these families. The CARA Navigator provides contact to specific families that need additional support and are open to this type of contact. The CARA Navigator has also been working with some of the supportive services such as Early Intervention and Home Visiting to ensure the referral for services was received. This position has been so successful and has already reached capacity an additional CARA Navigator will be requested this coming year. In addition to this follow through, the Care Coordinators reach out to CARA staff on a weekly basis to staff cases where they have not been able to reach the family. The Care Coordinators will first check in with the infant's primary care physician, as well as the services the family was involved with or referred to on the plan of care. If the family is engaged with other providers, they will attempt a warm handoff through one of them. If the child has not seen the physician or other providers, the case will be staffed, and a determination will be made to warrant a report to CYFD for abuse/neglect or a call from the CARA Navigator.

The CARA team has started long term follow up with families who had a plan of care created a year or so back. Initially this was done by two (2) Masters in Social Work (MSW) interns for the first quarter of 2019. Subsequently, a part time surveyor has been hired who is continuing this work now that the interns have graduated. The follow up consists of questions around the utility of the plan of care, what services they have received and other services they are still in need of. In addition, there are questions around discrimination and their treatment at the time of delivery. Through this survey process, there have been multiple families identified who continue to need supportive services and follow through; therefore, we are able to reconnect them at that time. We will continue to perform these surveys and gather data around the plan of care process and adjust the program, as needed.

The CYFD and DOH CARA navigators began receiving plans of care beginning July 1st, 2019, with the number of plans increasing as hospitals were trained. By March 2020, most birthing hospitals had been trained on CARA. Due to the COVID pandemic this delayed the final two birthing hospitals in Hobbs & Carlsbad from receiving training; however, training was eventually provided remotely. As a result of the pandemic and high turnover of hospital staff, re-trainings and training of newly assigned staff was done over the last year. In addition to hospitals, the CYFD field offices received training on the process and how to coordinate with the hospitals in creating the plan of care. The Managed Care Organizations and Children's Medical Services received annual training from the CARA team as well. The CARA team has also provided informational trainings to community providers including substance use treatment providers to improve collaboration and compile comprehensive lists of resources across the state. The CARA team has worked closely with the three (3) inpatient treatment providers who will accept women and babies after birth to ensure a bed-to-bed transfer. In the upcoming year, the CARA team plans to continue to

provide trainings to non-birthing hospitals, pediatricians, family practitioners, prenatal providers and other agencies interested in learning and supporting groundwork efforts for CARA.

The CARA team have been working extensively with the University of New Mexico on creating and recording training modules so that they can be continually available and provide Continuing Education Units/CEUs to healthcare providers. In the end, there will be a total of 8 training videos, each 30 to 60 minutes in duration that will cover the following topics regarding CARA:

- Overview of Federal and State Law on CARA
- Overview of the Plan of Care and Notification Forms
- How to make a Statewide Central Intake report for abuse/neglect investigation
- How to screen patients on substance use at first prenatal visit and at the time of delivery in hospital
- How to talk to a patient about a Plan of Care and Care Coordination
- Addressing prenatal substance use disorder as a model for prevention
- Effect of substances on a child's brain development and understanding the parent-infant relationship
- How do you know what services will support families and what resources are in my community

A number of these modules will consist of case scenarios with mock interviews to help healthcare professionals understand how to effectively communicate with families who are struggling with substance use. Throughout the modules, there will be running themes around New Mexico's non-judgmental approach in destigmatizing substance use and recognizing inherent bias as well as the Adverse Childhood Experiences (ACEs). The hope is that these modules will provide knowledge that will assist in one-on-one interactions with families that staff have, improve education on substance use and engagement of parents in creating a plan of care. Most of the modules have been completed and should be complete by the end of this coming year. In working with hospital staff over the last year, the CARA staff recognizes a need to focus on anti-discrimination and inherent bias as we continue to hear from families that they feel judged by hospital staff. The CARA team began working with the UNM Community Engagement Center (https://communityengagement.unm.edu/) on developing a curriculum specific to this topic. Once the curriculum is finished later this coming year, we will pilot it with various hospitals to assess the impact and modify as needed. The finalized curriculum will likely be turned into additional modules that can be readily accessed in conjunction with the other CARA modules. The CARA workgroup may develop more modules on specific topics in the future if there is a need and if staff find the modules to be useful.

In implementing the CARA work, we had identified special populations that need additional work now that the state law is in place. These special populations include Tribal/Indigenous, Corrections, Homeless/Unstable Housing, Military, Expecting Parents and Uninsured. Due to the unique nature of these communities, the CARA staff started individual workgroups to better understand the needs and build partnerships with others working with this population. The following workgroups have been meeting monthly for the past year: Tribal/Indigenous, Corrections, Unstable Housing & Expecting Parents. Each workgroup has developed a mission statement and goals that the group would like to focus on.

The tribal workgroup has successfully engaged tribal representatives to come to the table as well as tribal liaisons from other state agencies, including the Department of Health and Human Services Department. In the past year, we have met with each of the 23 tribes, pueblos, and nations to discuss the change in the state law and CARA process. During these meetings, we have identified supportive services in each community that families can access as well as develop a point of contact for notification of a plan of care. Our intent is to have a list of contacts to share with hospitals so that they could easily contact tribes when a family may return to tribal land at discharge from the hospital. This has improved relations between

hospitals and tribes to ensure strong collaboration and coordination of services. We have developed a pamphlet about CARA that is being utilized by the tribes to inform families of the program and build interest. The workgroup will continue to work in the coming year as we will meet with Indian Health Services and other providers on tribal land to increase knowledge of CARA and to continually improve coordination of services.

The corrections workgroup was initiated as the CARA staff had become aware that a number of pregnant women reside in corrections facilities and may need assistance in identifying guardians after delivery as they complete their sentence. In addition, we are aware of the high rate of those that struggle with substance abuse and criminal justice involvement. The group has joined forces with Just Health that is an initiative to connect care coordinators with individuals completing their sentence and returning citizens. We have also had agencies that work with corrections facilities to include the Department of Corrections. The challenge with this workgroup is engaging the various correctional facilities across the state as many are privatized. Another challenge has been gathering the data around how many incarcerated women are pregnant. We have joined a group that will be providing workshops to women who will be discharged in the next 120 days on topics related to health, housing, parenting, employment and so forth. We will have the opportunity to talk about CARA in a workshop and hope to make some connections and partnerships this way. The group will begin working on a flyer that will be disseminated to facilities so inmates can get in contact with CARA staff if they are interested in services. We plan on creating a survey to be utilized with each correctional facility to evaluate how many inmates are expecting parents with substance use disorder, and if the facility would be interested in offering CARA to their population.

The unstable housing workgroup was started as CARA staff noticed that most families needed housing options. Due to this, we started the workgroup to better understand what housing resources exist. The MCO housing specialists came to the table as well as housing agencies. The group has been successful in sharing resources with each other and conducting staffing of specific cases as needed. One group is hoping to apply for funding to do a pilot of cash transfers with some CARA families in the upcoming year.

The expecting parents' workgroup was started as the New Mexico state law included offering plans of care for expecting parents. The workgroup has various pre-natal providers such as midwives, doulas, and physicians. The work has been focused on the implementation of expecting parent plans of care and educating hospitals on utilizing a screening questionnaire for substance use as this is best practice. Currently, the Perinatal Collaborative is working on Substance Use Disorder AIM (Alliance for Innovation on Maternal Health) bundle to improve maternal and infant health outcomes. The CARA workgroup is partnering with the Collaborative to ensure none of the work is duplicative and that messaging through the CARA work mirrors that of the bundle.

This last year, the CARA staff began working with Jill Gresham from the National Center for Substance Abuse and Child Welfare to provide technical assistance in developing a strategic plan for the next couple of years in moving forward with the CARA workgroup. The strategic planning is based around the five points of intervention: Pre-Pregnancy, Prenatal, Birth, Neonatal/Infancy/Postpartum and Childhood Adolescence. Due to the current work of the Perinatal Collaborative, much of the planning will be regarding the prenatal interventions. There is so much work that will need to be done that the strategic planning will cover the next couple of years.

As the CARA work has continued to develop and expand, a CARA webpage (https://www.sharenm.org/cara) was created utilizing the SHARE NM platform this last year. SHARE NM has the largest, most comprehensive resource directory so it was a natural choice to have information regarding CARA in New Mexico. There is an overview on CARA and has 2 separate pages directed at

families and another for providers. The page has education materials, supportive services, resources, workgroup information and any other resources we think could be beneficial.

The CARA program continues to have challenges as there are only 3 individuals that run the program across the state. New Mexico continues to have a lack of behavioral health and substance use treatment available throughout New Mexico and more specifically in rural and frontier areas. The most difficult challenge the CARA work faces is the longstanding stigma and discrimination associated with substance use disorder that is not unique to New Mexico.

CHILD FATALITIES AND NEAR FATALITIES

CHILD FATALITIES

In 2020, the number of deaths resulting from child abuse or neglect was 13. 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 has developed a protocol system to report "serious injury," which can be construed as a near fatality, to the CYFD Secretary and Chief of Staff, as well as PSD Executive Management. An official definition of a near fatality will be promulgated this coming year. All public response to the any child fatality or serious injury is handled by the CYFD Public Information Office. This protocol has been added to PSD's Intake Policy at 8.10.2.15 NMAC:

8.10.2.15 HIGH PROFILE CASE, SERIOUS INJURY AND CHILD FATALITIES: SCI shall initiate an internal notification protocol within CYFD when a SCI supervisor has determined a report involves a serious injury, child fatality or may be a high-profile case. [8.10.2.15 NMAC - N, 09/29/2015]

NOTIFICATION REGARDING SUBSTANTIVE CHANGES TO STATE LAW

There were no substantive changes to the New Mexico Children's Code in 2020.

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:

- 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 are
  2. in compliance with the CAPTA state plan, child protection standards and "any other criteria the panel considers important to ensure the protection of children."
- 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:

- Provide volunteer citizen panels with access to information on cases to be reviewed.
- 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 2020

Requirement	Value	Comment
Number of children reported to the State during the year as victims of child abuse or neglect	23,218	Number of alleged child victims reported for FY2020
Number of children who were:		
• Substantiated	6,669	
• Unsubstantiated	16,549	
• 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	3,701	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	1,287	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	N/A	

CHILDREN receiving preventative services through the Community-Based Prevention of Child Abuse & Neglect Grant	58	There was a decrease in families who received preventive services in FFY20 by families. FFY19 was a transition year for the community-based child abuse prevention contractors. During this time period, four-year contract term of CYFD's community-based providers terminated on June 30, 2019. One previous contractor decided in January 2019 that they would not be re-applying for the grant, and as a result, one staff member resigned in February 2019. Due to the contract ending, the contractor elected not to fill the position and stopped accepting new clients as of May 1, 2019.
CHILDREN receiving preventative services through the Safe and Stable Families Program	1236	Due to the increase in the number of children served in FFY20, it is evident that contractors continue to support families with multiple children living in their household through Family Support Services and In-Home Services. In the 4th Quarter of FFY20, new contracts were awarded that lengthened the time families could receive services. Families enrolled in Family Support Services can receive services for up to six months (previously two months), and families enrolled in In-Home Services can receive services for up to nine months (previously six months).
CHILDREN receiving preventative services through "Other" funding sources	366	There was a slight increase in the number of children served through Children's Trust Fund programming. Per program requirements, one agency expanded its service area in FFY20 to serve additional counties throughout its parenting program, and another agency began serving families at their local jail. These expansions have helped these agencies reach additional families.
Number of deaths resulting from child abuse or neglect	13	
Of number of child deaths, number in foster care	0	
REQUIREMENT	**VALUE**	**COMMENT**
Number of CPS staff responsible for:		
• Intake, screening, and assessment of reports	44	Intake, screening, and assessment are all done by SCI staff. There are 60 FTE SCI staff including intake workers, senior workers, and supervisors, 3 managers and 1 administrator

• Investigation of reports	166	This count includes all FTE Field Investigators PIT 09/30/2020. It does not include supervisors, CSA's, or SCI staff.
Agency response time to initial investigation of reports	84.29 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	286	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	401	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	873	Number of duplicated children with juvenile court petitions filed during FFY20. 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	3,021	

A. INFORMATION ON CHILD PROTECTIVE SERVICES WORKFORCE

1. 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) 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 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 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.

2. **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	1039
Total Case Worker Vacancies	97
Current FTE	661
Caseworker	**Percentage**
Total BSW w/ Licensure	4.8%
Total MSW w/ Licensure	8.0%
Total BSW no Licensure	8.1%
Total MSW no Licensure	3.9%
Total Related Bachelors no Licensure*	41.3%
Total Related Masters no Licensure*	7.1%
Total Related Degrees no Licensure*	48.4%

*No related degree employees are licensed Social Workers.

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

Race	Percentage
Black or African American	3.2 %
Hispanic or Latino	55.6 %
American Indian & Alaska Native	7.7%
Asian	.9%
Native Hawaiian & Other Pacific Islander	.1%
White	27.1%
Other/Unspecified	5.1%
Gender	**Percentage**
Male	15.9%
Female	84.1%

5. **Information on Caseload or Workload Requirements:** The State does not set a maximum number of cases per child protective services worker or supervisor. As of FFY 2020, workload was 14 new reports per month per investigation worker, 19 children per worker per month for permanency planning workers and 10 cases per month for in-home services workers. Case is defined as a family unit. The average ratio of supervisors to workers is 1 Supervisor to every 4 workers (1:4).

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).

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