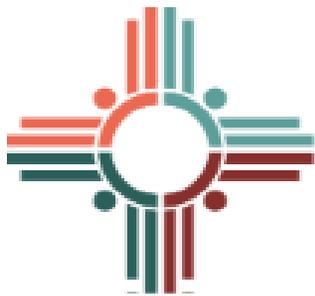


**CHILD ABUSE PREVENTION
AND
TREATMENT ACT
STATE GRANT PROGRAM**



**Children, Youth &
Families Department**

STATE OF NEW MEXICO

FY 2025

Submitted June 30, 2024



CAPTA STATE GRANT PROGRAM

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ATTACHMENTS

1. Agency Response to Final NMSCAC
2. Final NMSCAC Report July 2020 – December 2023

CHILDREN, YOUTH & FAMILIES DEPARTMENT

The Children, Youth and Families Department (CYFD) is the designated State agency that administers 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, CYFD is responsible for federal mandated child welfare services for children and families in New Mexico.

CYFD consists of a Cabinet Secretary who reports directly to the Governor, and two Deputy Cabinet Secretaries that oversee Protective Services, Family Services, Juvenile Justice Services and Behavioral Health Services. Each service area has a Director, Deputy Directors, Associate Deputy Directors and Managers that provide an array of services to children, youth and families. CYFD Administrative Services and Human Resources, under the guidance of an Administrative Services Director and a Human Resources Director, supports all the service areas, to include support with budget and revenue, financial management, employee assistance, hiring and personnel management, and information technology services. The Office of the Cabinet Secretary includes the Office of General Counsel, the Office of the Inspector General, the Office of Advocacy, Constituent Affairs, Office of Tribal Affairs, Office of Performance and Accountability, and the Legislative and Community Affairs Liaison which provide support to Protective Services, Family Services, Juvenile Justice Services, and Behavioral Health Services.

In August 2024, CYFD began an organization wide restructuring and Protective Services was restructured into three pillars that includes support from internal Children's Court Attorneys. Child protective investigations (Investigation Pillar), permanency planning services (Permanency Pillar), and out of home placement services (Placement Pillar) are provided throughout the state of New Mexico. The administration of these services is centralized through the Office of the Secretary, with direct services offered through county offices located within five designated regions in the state. Protective Services also provides a 24 hour a day, seven day a week intake hotline for reports of allegations of abuse and neglect. Statewide Central Intake (SCI) is responsible for screening received reports and assigning screened reports for investigation for the entire state.

Protective Services executive management structure consists of a Director, a Deputy Director of Investigations, a Deputy Director of Permanency, a Deputy Director of Placement, a Deputy Director of Operations, and one Chief Children's Court Attorney. There are seven Associate Deputy Directors who report to their corresponding pillar Deputy Director, likewise there are 32 County Managers who report to their corresponding pillar Associate Deputy Director. Protective Services has in-house Children's Court Attorneys located throughout the state who are managed by Regional Attorney Managers under the Chief Children's Court Attorney.

Family Services is a new division born out of the recent organizational restructuring. Family Services offers prevention services, family outreach/differential response, In-Home Services and Intensive Family Support Services, and the CARA plan of safe care program. The Family Services Division consists of a director and four managers that administer prevention and

intervention services under Title IV-B Subpart 2, Promoting Safe and Stable Families, differential response, and CARA plans of safe care. Family Services is responsible for the provision of the Child Abuse Prevention and Treatment Act State grant, the Community Based Child Abuse Prevention grant, and the Children’s Justice Act Grant. Family Services is also responsible for the oversight and management of the Title IV-E Prevention Plan once the plan is approved by the Administration for Children and Families.

Recently, Fostering Connections has been slated to move under Family Services. The Fostering Connections program is responsible for providing support and services for youth starting at age 14 through age 23. Fostering Connections is responsible for administering the John H Chafee Foster Care Program for Successful Transition into Adulthood, and the Education and Training Vouchers Program. 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. *See the John H Chafee Foster Care Program for Successful Transition into Adulthood (Chafee Plan) located in Section 4 of this report for more detail about the Fostering Connections Program.*

The Protective Services Placement Pillar and Office of Performance and Accountability are responsible for the Child and Family Services Plan, AFCARS and NCANDS reporting, and carrying out federal programs under Title IV-B subpart 1 - Child Welfare Services, Title IV-E Foster Care, Adoption and Guardianship programs, and the Adoption Promotion and Kinship Navigator programs under Title IV-B Subpart 2 – Promoting Safe and Stable Families.

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 substantive 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	2024 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 2024 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
Administration of the NM Healthy Families (CARA) portal	On-going: The CARA portal is accessed by all state-licensed birthing hospitals, Managed Care Organizations and designated CYFD and partner agency staff for the electronic submission and HIPPA compliant storage of Plans of Safe Care. Administration of the portal under contract includes	Program Areas 2, 3, 6

Activity/Service/Training	2024 Status	Corresponding CAPTA Program Area
	ongoing user support and technical assistance. CAPTA funding used alone.	
Hospital Training on CARA state law & process	<u>On-going:</u> CAPTA has previously funded the development of six on-line training modules utilized by hospital staff, and other partners, for self-paced learning on CARA law, Plan of Safe Care procedures and best practices. The modules are accessible on training platforms hosted by NM Department of Health and the University of New Mexico. The seventh and final module in the series was completed under contract in April 2024 and is pending publication. Funding also supported contracted consultation on CARA annual in-person hospital training and evaluation materials. CAPTA funding used alone.	Program Areas 6, 7, 10
CARA Staff	<u>On-going:</u> A full-time CARA Navigator was hired in 2021 and was funded solely by CAPTA through January 2023. Additional CARA Navigator and Supervisory positions have been posted in May-June 2024 and are to be funded by CAPTA in combination with other funding.	Program Areas 2, 3, 14
CARA Website	<u>On-going:</u> 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	<u>On-going:</u> An inter-agency collaborative continues to meet to advance the implementation of the “Safe Sleep NM” campaign including dissemination of safe sleep educational materials and safe sleep resources such as bassinets and playards to the families of newborns/infants across New	Program Areas 6, 10

Activity/Service/Training	2024 Status	Corresponding CAPTA Program Area
	Mexico. (https://www.safesleepnm.org/) CAPTA funding used alone.	

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 Twenty-Five 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 Safe 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 New Mexico state law on April 2, 2019 (NM HB 0230). The legislation amended existing statutes (Section 32A, Children’s Code) as follows:

- specifies that child abuse/neglect reports by birthing hospitals shall not be made solely on the finding of prenatal substance use or misuse
- requires birthing hospitals to engage the parents or designated caregivers of newborns with substance exposure in the development of a Plan of Safe Care
- requires birthing hospitals to notify NM CYFD and NM Department of Health of instances of newborn substance exposure via submission of a Plan of Safe Care or notification of eligibility for a Plan of Safe Care
- directs NM health insurance providers/Managed Care Organizations in the provision of care coordination services for members engaging in a Plan of Safe Care or eligible to participate

State CARA legislation tasked CYFD as the lead agency, in conjunction with state and community stakeholders, to develop policy and procedures housed within the CYFD protective services division. Due to the circumstances of the pandemic in 2020 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)

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 exposure may be evidenced by voluntary parent disclosure of use, verbal screening, and/or positive toxicology of the birthing parent and/or newborn. The hospital health care team partners with the newborn’s caregivers to identify family strengths, needs and priorities. With caregiver consent, a plan of safe care is created that documents the newborn’s health status, family demographics including housing stability, economic and social supports, and additional social determinants of health (SDOH). The plan also documents the resources and services for which the family has consented to referral or expressed interest in follow up.

Participation in the Plan of Safe Care, and services accessed through the plan, are voluntary. Caregivers are informed of their rights with respect to consent and self-determination throughout the process of creating their family’s plan. Family language and cultural practices are respected to support full participation in the development of the family’s plan. Families are also informed in written and verbal communication that clarifies and distinguishes the plan of care process from a protective services process.

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. 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.

In 2024, hospital staff received on-going consultation from the CARA Navigation team to support their understanding of mandatory child abuse/neglect reporting and to support their communication with families in instances where abuse/neglect reporting is initiated by the hospital care team. It is expected that hospital staff will provide guidance to families when protective services are initiated during the newborn's in-patient care and that they will continue to engage caregivers in the development of a Plan of Safe Care. If a newborn is to be discharged from the hospital with a caregiver other than the birthing parent (kinship caregiver, legal guardian, protective custody) the Plan of Safe Care is finalized prior to discharge with the designated caregiver.

In addition to technical assistance and consultation, hospital staff and other CARA partners can access online, self-paced training modules that have been created under contract with CAPTA funding. Six of seven modules have been continuously available to stakeholders on training platforms with unrestricted and free access ([Home - NM.TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)) In April 2024, the final module was completed and is pending publication. CAPTA funding also supported contracted consultation on CARA annual in-person hospital training and evaluation materials in 2024.

The Plan of Safe Care process is intended to support the caregiver's and newborn's transition from hospital to home. Referrals to services designated in the plan are made prior to the newborn's discharge. Planning for newborn follow up care is completed and documented. The team of individuals who support the implementation of the plan includes hospital direct care providers, a case manager or social worker, the health insurance provider/MCO care coordinator, CARA Navigators, protective services caseworkers, a CARA liaison at the NM DOH Children's Medical Services, and the newborn's designated primary care provider. The team will include protective services caseworkers only when a report of abuse/neglect has been screened in for investigation.

CARA plans of safe care are securely submitted, stored and accessed in a HIPPA-compliant database (<https://nmhealthyfamilies.org/>) developed and administered by NM-based software company Falling Colors. As of 2024, all 26 state-licensed NM birthing hospitals, 3 Medicaid MCOs, and state agency CARA staff utilize the portal. In July 2025, two additional MCOs will be added to the portal and one current MCO will be exiting. CAPTA funding provides ongoing administration and maintenance of the portal. There are three Indian Health Service birthing hospitals in New Mexico, two of which currently offer CARA plans to eligible families. The process and procedures of creating a plan are similar to those of state-licensed birthing hospitals. The participating IHS facilities use of the portal is pending the completion of the required business agreements with the portal administrator.

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. The care coordination unit begins outreach to the family within 48 hours of receipt of the CARA plan. Care Coordination services are voluntary.

NM Human Services Department, which has been absorbed into the new "NM Health Care Authority" as of FY 25, oversees Medicaid operations in the state. The HCA has undertaken initiatives in 2024 to improve family engagement in care coordination services and in services identified in the family's CARA plan. These initiatives have included the introduction of MCO care coordinators on site at each of the five Neonatal Intensive Care Units in the state. HCA, in consultation with CYFD and the DOH, has also improved standardized reporting by MCOs of family engagement in care coordination. MCO contracts have been executed for FY 2025-2029 that includes requirements and guidance for timely and ongoing

engagement with members eligible for CARA services through the first year of the newborn member's life.

CARA Navigators have multiple roles in supporting the creation and implementation of CARA Plans of Safe Care. These include facilitating the collaboration of individuals/agencies who implement the CARA process with families, monitoring the quality and accuracy of plans of safe care, providing training and on-going consultation with hospitals, MCOs, and community-based CARA partners, data collection/management, and providing direct outreach with families when additional support and case management is needed or desired.

The first CARA Navigator position was created/hired by CYFD in January 2021. That position was fully funded by CAPTA through January 2023 when the staff transitioned to a navigation position funded by State General Funds. That position has been continuously filled in FY 2024. The CARA CYFD Supervisory position, also funded under State General Funds, was unfilled in FY 2024. A CARA Navigator position was also hired at NM Early Childhood Education and Care Department in March 2023 and has been continuously filled in 2024.

Currently, CYFD is expanding CARA navigation and oversight to include six additional Navigator positions to serve communities identified as having high rates of substance misuse and/or critical occurrences of prenatal substance exposure (Albuquerque, Las Cruces, Gallup, Hobbs, Roswell and Santa Fe, NM), and three supervisory positions based in Albuquerque, Las Cruces and Santa Fe. With additional navigation resources, CYFD will be able to provide ongoing family assessment under CARA (utilizing the resources of protective services only when determined necessary) and more comprehensive and/or intensive support and case management as needed by families. The ECECD Navigator continues to focus on increasing family engagement in early childhood services including home visiting, IDEA Part C early intervention, and Early Head Start.

CARA Navigators engage in continuous professional development. In 2024, this included trauma-informed care, University of NM Hospital ECHO series on substance use in pregnancy, the Indian Country "Care and Access for Pregnant People" Echo, and intensive coursework with the Brazelton Institute on the use of the Touchpoints model with families affected by substance use. The participation of the CARA CYFD Navigator in the Touchpoints course was funded by the CAPTA grant.

The implementation of CARA in NM is informed by families, community stakeholders, and research consensus. It is consistent with the policy and practice recommendations of numerous professional medical organizations, SAMHSA, and the National Office of Drug Control Policy. The NM CARA team also uses Plan of Care data to improve systems and program accountability. CARA partners at NM DOH recently published findings ([An Implementation Evaluation of the Comprehensive Addiction Recovery Act \(CARA\) Policy in New Mexico | Maternal and Child Health Journal](#)) that highlighted these areas of challenge in Plan of Safe Care implementation in our state: universal perinatal screening for substance use and mental health concerns; barriers to care that arise from bias and stigmatizing behaviors towards pregnant people who use substances, and regional differences in access to treatment and recovery services.

CHILD FATALITIES AND NEAR FATALITIES

CHILD FATALITIES

In FFY 2023, the number of deaths resulting from child abuse or neglect was 16. 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 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.

CRITICAL INCIDENT REVIEWS

CYFD's Office of Performance and Accountability has developed a new team, the Safety Practice Quality Assurance team, which is responsible for conducting Critical Incident Reviews. The process follows the framework and standardized data collection adopted by the National Partnership for Child Safety, which uses the Safe Systems Improvement Tool. Although still a new practice, ongoing use of this tool will allow the agency to share summary data with other states who are part of the Partnership and analyze data trends over time with a focus on systemic factors that may impact child safety and fatalities.

CHILD NEAR FATALITIES

PSD continues to work on adopting a definition for near fatalities and develop investigation procedures specific to near fatalities. Recommendations 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 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): 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): 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:
 - a) effectively discharging their child protection responsibilities; and
 - b) 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.”
2. 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 2023

REQUIREMENT	VALUE	COMMENT
Number of children reported to the State during the year as victims of child abuse or neglect	29,123	Number of alleged child victims reported for FY2022
Number of children who were:		
<ul style="list-style-type: none"> Substantiated 	7,108	
<ul style="list-style-type: none"> Unsubstantiated 	22,016	
<ul style="list-style-type: none"> Determined to be False 	N/A	PSD does not collect information on false reports.
Of the number reported above, the number of children who:		
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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.

<ul style="list-style-type: none"> 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	129	There was an decrease in families who received preventive services in FFY23 by families.
CHILDREN receiving preventative services through the Safe and Stable Families Program	700	This is the number of unduplicated children receiving Family Support Services (FSS), Intensive Family Support Services (IFSS), and Dual services (those who received both FSS and IFSS but are not duplicates of either of those individual services numbers). These services are also supported by State General Funds, and those numbers (not duplicates) are included in the Children Funding Source: Other (PSOTHERC) section.
CHILDREN receiving preventative services through "Other" funding sources	977	Children's Trust Fund (CTF) contracts have been used to identify these numbers in the past, and the same is true for this year. Prior years' reports included small contracts awarded to help agencies recover from the repercussions of COVID. This number shows a significant decrease because of this.
Number of deaths resulting from child abuse or neglect	2	Child fatalities resulting from abuse or neglect by a parent or primary caretaker are also identified through the review of findings of the Office of the Medical Investigator (OMI) and New Mexico Department of Health (DOH) Fatality Review Board. There was 2 child fatality in FFY2023 determined to be a result of abuse and neglect that was not reported in the child file.
Of number of child deaths, number in foster care	0	
Number of CPS staff responsible for:		
<ul style="list-style-type: none"> Intake, screening, and assessment of reports 	62	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.

<ul style="list-style-type: none"> Investigation of reports 	182	Number of Staff Responsible for CPS Functions (Screening, Intake, and Investigation/Assessment of Reports) During the Year
Agency response time to initial investigation of reports	53:45 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	298	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	337	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 FFY23. 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	

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), 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, 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, 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.
- **Family Outreach 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.
- **Family Outreach Senior:** 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.
- **Family Outreach 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.
- **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.
- **CARA 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.

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 New Employee Training (NET) offered through the Academy for Training and Professional Development before receiving primary case assignment in FACTS. In addition to NET, workers attend on the job training.
- **In-Service 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	1166
Total Case Worker Vacancies	73
Current Case Worker FTE	359
Caseworker	Percentage
Total BSW w/ Licensure	.80%
Total MSW w/ Licensure	4.00%
Total BSW no Licensure	6.67%
Total MSW no Licensure	7.73%
Total Related Bachelors no Licensure*	35.20%
Total Related Masters no Licensure*	12.80%
Total Related Degrees no Licensure*	48.00%

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

Race	Percentage
Black or African American	0.4%
Hispanic or Latino	62.2%
American Indian & Alaska Native	8.7%
Asian	0.7%
Native Hawaiian & Other Pacific Islander	0%
White	23.6%
Other/Unspecified	4.4%
Gender	Percentage
Male	24.0%
Female	76.0%

4. **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. In CY23 the 12-month average caseload per Investigation case worker was 12.64 cases.

- **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 CY23 the 12-month average caseload per Permanency Planning worker was 19.1 children.
- **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

Scott Patterson-Alatorre

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