

New Mexico

Family First Prevention Services Act

Title IV-E Prevention Plan



**Children, Youth &
Families Department**

STATE OF NEW MEXICO



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New Mexico CYFD | FFPSA Prevention Plan Logic Model

Theory of Change	Target Population	Inputs	Activities	Outputs	Outcomes	Assumptions & External Factors:
<p>When families experience high levels of stress (financial hardship, mental health challenges, domestic violence, limited parenting knowledge, social pressures), their ability to cope is overwhelmed. According to Family Stress Theory, this increases the risk of negative outcomes, including child maltreatment. By addressing these stressors through prevention services, families can build coping skills, strengthen relationships, and reduce the likelihood of foster care placements.</p>	<p>Families in New Mexico with children ages 0–17 who are at risk of stressors that may lead to child maltreatment or foster care entry. These families need supportive services to strengthen resilience and overall well-being.</p>	<ul style="list-style-type: none"> ❖ Funding from federal and state programs ❖ Trained workforce (social workers, therapists, family support providers) ❖ Community partnerships with schools, nonprofits, and faith-based groups ❖ Evidence-based programs proven to reduce family stress 	<ul style="list-style-type: none"> ❖ Parenting programs to strengthen knowledge of child development and positive discipline ❖ Counseling and therapy to address mental health, trauma, and family conflict ❖ Stress management workshops that teach coping strategies ❖ Resource navigation: connecting families with housing, childcare, food, and healthcare 	<ul style="list-style-type: none"> ❖ Families enrolled in prevention services ❖ Parenting workshops and counseling sessions delivered ❖ Families successfully linked to housing, food, and healthcare <p>Workforce trained in evidence-based family support approaches</p>	<p>Short-term:</p> <ul style="list-style-type: none"> ❖ Families gain coping strategies ❖ Stress levels decrease ❖ Parent–child relationships improve <p>Intermediate:</p> <ul style="list-style-type: none"> ❖ Incidents of child maltreatment decline ❖ Families achieve greater stability ❖ Stronger community support networks <p>Long-term:</p> <ul style="list-style-type: none"> ❖ Fewer children enter foster care ❖ Families sustain well-being ❖ Safer, healthier New Mexico communities 	<ul style="list-style-type: none"> ❖ Economic conditions (poverty, unemployment) ❖ Cultural considerations and community norms ❖ Policy and funding changes ❖ Stigma around seeking help

Introduction

The Family First Title IV-E Prevention Plan aims to provide trauma-informed and well-supported interventions for children and families. This plan is a collaborative effort involving state officials, stakeholders, and the community to prevent the unnecessary separation of children from their families and the need for foster care placement.

The Title IV-E Family First Prevention and Services Act (FFPSA) allows for the use of Title IV-E funding for time-limited prevention services aimed at families needing mental health and substance use interventions, as well as in-home parent skill-building programs. These services must be evidence-based prevention programs and will be offered to children who are considered candidates for foster care and their parents or kin caregivers.

The New Mexico Children, Youth, and Families Department (CYFD) has chosen to implement the Title IV-E prevention program as outlined in this plan. Prior to the passage of the Family First Prevention Services Act (FFPSA), New Mexico did not have a Title IV-E waiver project in place.

The goal of CYFD prevention programs is to create a continuum of prevention services and programs that support safer home environments by improving parenting skills, increasing access to mental health, substance, and behavioral health services, and increasing access to early childhood education and care services, as well as improving access to monetary and food assistance programs to keep families intact and to reduce the trauma of removal from the home. Over the next five years, CYFD will work closely with internal staff, stakeholders, and community providers to expand these programs. This expansion will include tertiary intervention services to engage high-risk and high-needs families and prevent the occurrence of or further occurrence of child maltreatment. The five-year FFPSA IV-E Prevention Plan will outline the actions and resources needed to expand and build on existing programs and strengthen the capacity to carry out prevention work across the state.

Section 1: New Mexico Prevention Programming Overview

The State of New Mexico values families and communities and believes children are served best when they can safely remain in their homes with their families and in their communities. Supporting our children is a shared responsibility among families, their communities, and supports within the state. A family being able to receive support from within their community before a crisis occurs is vital. These supports may be concrete services such as food, housing, and employment assistance or supportive services such as in-home parenting support, substance use disorder assessment and services, mental health assessment and services, and other services the child or family needs. Currently, CYFD provides these areas of support through various community partners and internal programming spread throughout the agency. Funding for these current

prevention and early intervention programs is largely federal funds and supported through a mix of Title IV-B, Subpart II (Promoting Safe and Stable Families), Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention and Treatment Act (CAPTA), Temporary Assistance for Needy Families (TANF), and general funding.

New Mexico's Children, Youth, and Families Department (CYFD) recognized that its prevention programs were scattered across multiple divisions within the agency. This resulted in disconnected services and limited accessibility for families. To address this challenge, CYFD consolidated its prevention programs under the Family Services Division. This restructuring aimed to reduce barriers that families face and streamline their access to services while ensuring consistent oversight and support.

By unifying prevention services, New Mexico has established a comprehensive continuum of prevention programs that assist families statewide. This continuum is managed by the Family Services Division and includes community providers, internal CYFD prevention services, and support from other state agencies. This integrated approach aligns with the goals outlined in the Title IV-E Prevention Plan.

Goals of the Title IV-E Prevention Plan

Prevent Entry into Foster Care and Reduce Likelihood of Future Child Maltreatment:

When possible, reduce further trauma to children and families by keeping them safe and together by providing evidence-based trauma-informed services through in-home parent skill-based programs, mental health treatment services, substance use prevention and treatment services based on mental and physical health needs, kinship navigator services, and economic supports. This goal also aligns with New Mexico's 2025-2029 Child and Family Services plan goal to "reduce occurrence of repeat maltreatment of children and youth."

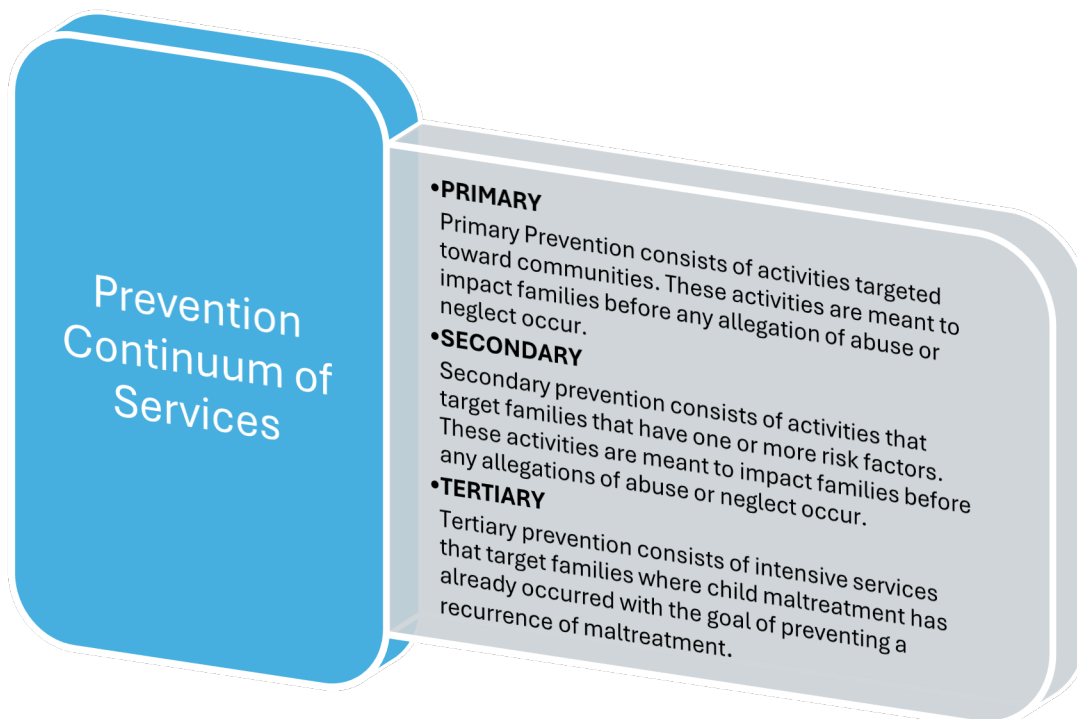
Assess, Engage, and Follow Up with Families in Crisis: Ensure the proper response to effectively address the needs of the family to include access to housing programs, transportation, utility assistance, SNAP, Medicaid services, care coordination, or other community-based or statewide support systems. Ensure high-risk families or families that have come to the attention of CYFD are provided appropriate trauma-informed, evidence-based services to prevent future referrals and entry into foster care. Increase outreach and engagement of high-risk families in mental health treatment and services, substance use disorder treatment and services, domestic violence services, and in-home parent skill-based services. This goal also aligns with New Mexico's 2025-2029 Child and Family Services Plan goal to "increase family engagement within prevention and intervention services for children who are risk of entering foster care or are at risk of re-entering foster care."

Assess and Engage Pregnant and Parenting Youth to Ensure Better Outcomes and Prevent Homelessness: Ensure pregnant and parenting youth receive the right services to fit their needs and address basic needs such as housing, transportation, child care, parenting supports, utility assistance, access to medical and dental health services, SNAP, early education services, and education and vocational opportunities.

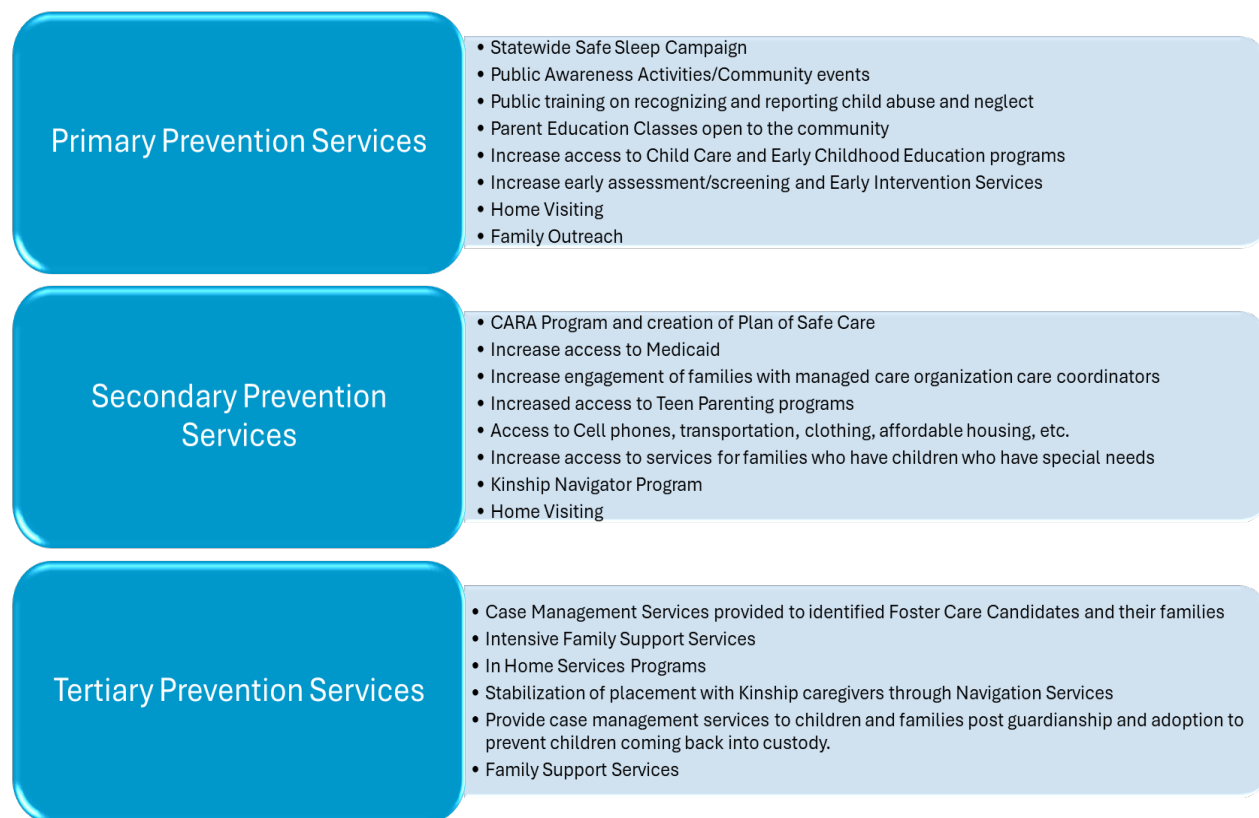
Support Kinship Care: Help families engage with relatives and kinship caregivers by providing a support system while receiving prevention services to prevent entry into foster care and reduce the likelihood of future maltreatment.

The Title IV-E primary goals also align with New Mexico's Thriving Families Prevention Plan Prenatal to Three, a plan developed to improve maternal and infant health and early education outcomes by strengthening coordination and collaboration between the physical health, child welfare, and early childhood systems in New Mexico. CYFD is collaborating with multiple state agencies on the Thriving Families Plan to support the prevention of child maltreatment of children ages three and under and to support early intervention through prenatal services. CYFD and the Early Childhood Education and Care Department (ECECD) have collaborated to ensure services and strategies for prevention within the Thriving Families Prevention Plan are incorporated into the FFPSA Prevention Plan. These collaborations include New Mexico's Comprehensive Addiction and Recovery Act (CARA) program and the creation of Family Resource Centers. Each of these areas will be discussed later in this plan.

CYFD's Family Services Division prevention continuum consists of Primary, Secondary, and Tertiary prevention. These prevention services, offered by community providers, CYFD internal prevention services, and support from other state agencies, play a crucial role in supporting the primary goals of the Title IV-E Prevention Plan. The prevention services continuum recognizes that some families need more intensive services than others; thus, offering various prevention services to support families is essential. This comprehensive approach ensures that families receive the necessary support and services, thereby contributing to the prevention of child maltreatment and entry into foster care.



The following are examples of the different programs within New Mexico and where they fall along the prevention continuum.



CYFD works with Tribes and Pueblos, sister state agencies, and community-based service providers to build a continuum of prevention services designed to address physical and mental health needs, economic needs, educational needs, and treatment needs of parents, kinship caregivers, expecting or parenting youth, and children. The Title IV-E Prevention Program will enable CYFD to build tertiary prevention services for families and children identified as foster care candidates. The goal is to build upon the existing In-Home Services (IHS) program and Intensive Family Support Services (IFSS) program internally to CYFD for the initial phase of our FFPSA Prevention Plan. CYFD will continue to support community-based prevention programming, however, eligible foster care candidates will be provided services within CYFD programming.

Recognizing families will need additional resources beyond CYFD evidence based programming, CYFD will also work with the Early Childhood Education and Care Department (ECECD), the Health Care Authority(HCA), the Public Education Department (PED), and the Department of Health (DOH) to build and carry out a system of care that uses collaborative decision making to

guide interagency efforts to coordinate delivery of care to children and families in a trauma-responsive manner. A trauma-responsive system of care is one that identifies, recognizes, and understands the effects of trauma and provides appropriate services and supports to the child and family.

The CYFD's prevention continuum consists of multiple programs within the Family Services Division. The programs residing within the community will not be considered for the purposes of the FFPSA Title IV-E funding at this time. While these programs are a part of the continuum of prevention services within New Mexico and can be offered if needed along with more intensive services, they are not at this time a remedy for children identified as foster care candidates. These programs are listed to identify other areas of support that can be given to keep families from reaching the level of foster care candidate. The prevention programs within Family Services are as follows:

Community-Based Prevention, Intervention, and Reunification Programs (CBPIR): CBPIR programs are contracted services with community-based providers across the state funded primarily through federal funds using Title IV-B, Subpart II (Promoting Safe and Stable Families), and CBCAP funding. In addition to federal funding, state general funds also support these programs. At this time, CBPIR programming is not included in New Mexico's request for FFPSA Title IV-E funding. Community programs will be included in an FFPSA amendment at a future date. The CBPIR programs consist of primary and secondary prevention programs and reunification programs. Primary services focus on promoting child abuse awareness through prevention activities such as media campaigns, educational presentations, or community wide events associated with Child Abuse Prevention Month every April. Secondary services focus on Family Support Services and Intensive Family Support Services.

Family Support Services (FSS) provide support to: Families in need of support who have children aged 0-5 years old who do not have an open CYFD investigation. These families may also have a CARA Plan of Safe Care and may need additional support in engaging in services on the plan of care. Services are provided for up to six months and, in some cases, can be extended for an additional three months.

Families who have a substantiated or unsubstantiated case of child abuse or neglect and need continued support and case management services to prevent the likelihood of future child abuse and neglect. Services are provided for up to six months. If a danger indicator/complicating factor exists after six months, a team meeting will occur to determine the next steps.

Intensive Family Support Services (IFSS) provide support to: Families with substantiated or unsubstantiated cases of abuse or neglect may need intensive support and therapeutic services, which include medical, mental, and behavioral health services. This support aims to reduce the likelihood of repeat maltreatment and prevent the removal of children from their homes. Services are available for up to nine months, with the option for extensions if the family requires additional time to meet their goals. We use the Family Connections model for families in the Intensive Family Support Services (IFSS) program. These services are specifically designed for higher-risk families and are provided by community organizations. New Mexico plans to create a

community pathway in our FFPSA plan via an amendment in the future to enhance support for families throughout the state.

Time Limited Reunification and Family Reunification Services provide support to: Families whose children returned home on a Trial Home Visit after being in foster care for less than 12 months, or for children returning home from foster care or other out of home placement for the purpose of reunifying with their parents, other family members, fictive kin, or relative guardian.

Our community providers are essential to New Mexico's array of prevention services. The providers are trusted members of their community, and the stigma associated with receiving supportive services is not as great when accepting services from a trusted community provider. CYFD reviews the performance measures and results of the Protective Factors Survey to better understand the community providers' success with families. A review of FY23 showed that providers are doing well in engaging families with services but could be stronger in supporting protective factors. New Mexico will consider adding community partners into the Title IV-E prevention programming later due to the promising evaluation of programming indicated below.

New Mexico Snapshot Community-Based Prevention, Intervention, and Reunification (CBPIR)

Performance Measure	% of Families
Families served that engaged in services for at least 31 days	88%
Families served that were not the subject of a new substantiation within six months of services	97%
Families served that did not have an entry into foster care during or within six months of close of service	96%
Reunification families who were not the subject of a substantiation within six months of receiving services.	93%
Reunification families who did not have a re-entry into foster care within six months of receiving services.	99%

Protective Factor	% Showing Improvement
Family Functioning/Resiliency	80%
Nurturing and Attachment	68%
Social Supports	70%

New Mexico's CYFD allows the CBPIR community providers to select the evidence-based curriculum they use with families in their programs. This autonomy allows providers to be experts in selecting the curriculum for the communities and families they serve. This changed slightly in January 2024 when CYFD required community providers to use the Family Connections model for families receiving Intensive Family Support Services. This decision was made to align providers with CYFD's internal program for In-Home Services, which also utilizes Family Connections. We will review the data for performance measures and protective factors to determine the impact of the change to Family Connections by community providers.

Multi-Level Response (Differential Response)



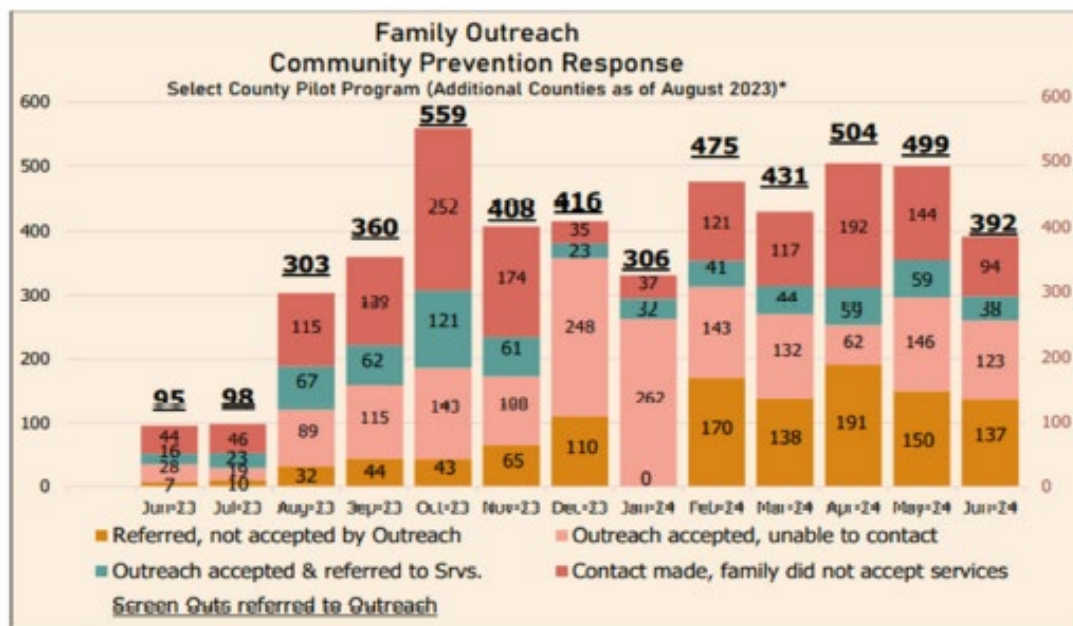
Family Outreach is a family-centered approach that assesses safety, risk, and protective capacity, recognizing the unique strengths and needs of each family. This method focuses on individualized support rather than applying a "one size fits all" approach. A key feature of Family Outreach is its flexibility and emphasis on family engagement.

Family Outreach advocates work with New Mexico families to provide timely and meaningful responses to early signs of family challenges. The program utilizes community resources to assist families before issues escalate to the point where child removal from the home is necessary.

Currently, Family Outreach serves all but eight counties in New Mexico, and the Children, Youth and Families Department (CYFD) is actively seeking community providers for the counties that lack representation.

Referrals for Family Outreach may come through Statewide Central Intake (SCI) or from the community. When SCI receives a report regarding child abuse and neglect that does not meet statutory criteria for investigations, but the family is identified as needing additional support or resources, the report is sent to CYFD's Family Outreach unit. When a report is received by the Family Outreach unit, a Family Advocate is assigned to the family and will attempt to engage the family in services. Participation in services and referrals to resources is voluntary. If the family agrees to services, they can advocate for their needs using a comprehensive Family Questionnaire. The Family Outreach worker sends the questionnaire to a community-based agency within their county, and a warm-referral meeting is scheduled to introduce the family and community provider and connect to services or resources. The community provider works with the family to provide and connect them with needed resources such as housing, budget management, clothing, food, mental and behavioral health, and in-home parenting support services.

The Family Outreach program has moved to the Family Services Division from the Protective Services Division. With this move, the Family Outreach program has expanded how referrals are received. The program is now available to all families rather than coming strictly through the SCI line. By allowing additional referral avenues for Family Outreach, more families can receive case management support from community providers.



Source: CYFD Protective Services June 2024 Desktop Report

Family Outreach is Track 1 (Prevention Response) of the multi-level response. Traditional differential response is generally thought of as Track 2, Collaborative Response. Track 3 is the

Traditional Response to child abuse allegations. New Mexico is not seeking to claim Title IV-E prevention funding for Family Outreach.

Multi-Level Response (Track 2)

New Mexico's multi-level response (Track 2) or Differential Response has been designed with technical assistance from subject matter experts at Casey Family Programs. The New Mexico model will accept reports made to SCI that are "screened in" as non-emergent neglect referrals. These cases will be diverted from a traditional investigative response (Track 3) to a multi-level response (Differential Response) as identified in HB376. "If a report alleging neglect or abuse meets the criteria established pursuant to Section 32A-4-4.1 NMSA 1978, the department may assign the case to the multi-level response system." Families will be informed of the SCI report, and a family assessment will occur to determine the child's risk and safety needs and the services necessary to support the family's well-being.

Families involved in Track 2 of multi-level response will work closely with their dedicated family support specialist who will help them connect to community resources and programming within the prevention continuum of services as needed. For example, this connection to programming may include a referral to ECECD's home visiting services, Family Outreach services, or other prevention programming to support the family's well-being. Follow-up with the family will occur 30 days, 60 days, 90 days, 6-months and 1 year after the referral to ensure the family receives the resources identified and support the family in re-engaging if needed due to life circumstances. The Multi-Level Track 2 response will begin in two counties, San Juan and McKinley, FY26. The program will expand state-wide by FY27. Multi-level response Track 2 may refer families to the FFPSA Title IV-E programming within CYFD. The eligibility criteria must be met, determining whether the child is a foster care candidate due to risk within the home. Multi-level Track 2 will be a referral source for FFPSA prevention programming. Those who are identified as foster care candidates will be referred as appropriate for FFPSA eligible programming. (See Eligibility)

Keeping Families Together (KFT)

The Keeping Families Together (KFT) program is a cross-departmental effort between CYFD and the Health Care Authority (HCA) through an intergovernmental agreement. Through Temporary Assistance for Needy Families (TANF) funding, the agreement provides for supportive housing to reduce the likelihood of child abuse and neglect and prevent foster care placement among homeless or inadequately housed families within Bernalillo and Chaves counties. In addition, the KFT program provides free or low-cost housing, case management services, and supportive services such as counseling, substance use prevention and treatment services, medical services, mental health services, assistance in obtaining public assistance benefits, parenting education and skill development, assistance in obtaining employment, and access to educational or vocational training programs. Keeping Families Together programming is not included in New Mexico's request for

FFPSA Title IV-E funding. Community programs will be included in an FFPSA amendment at a future date. New Mexico is not seeking to claim Title IV-E prevention funding for Keeping Families Together.

Comprehensive Addiction and Recovery Act (CARA)

Program for Substance Using Caretakers and Substance Affected Newborns

The federal Child Abuse Prevention and Treatment Act (CAPTA) was amended in 2016 to mandate state child welfare agencies begin reporting the following to the Administration for Children and Families (ACF) under the Comprehensive Addiction and Recovery Act (CARA):

- Number of newborns with substance exposure
- Number of newborns with substance exposure for whom a "Plan of Care" has been created (referred to at the federal level as "Plan of Safe Care")
- Number of infants with a Plan of Care (POC) for whom referrals were made to appropriate services, including services for affected family members or caregivers

Initially, New Mexico Department of Health (DOH) and Children Youth and Families Department (CYFD) team members lead the effort in developing the tracking and evaluation for CARA. The team, along with the Health Care Authority and the Medicaid-Managed Care Organizations (MCOs), tracked and evaluated plans of safe care and provided outreach to families who had accepted a plan of safe care.

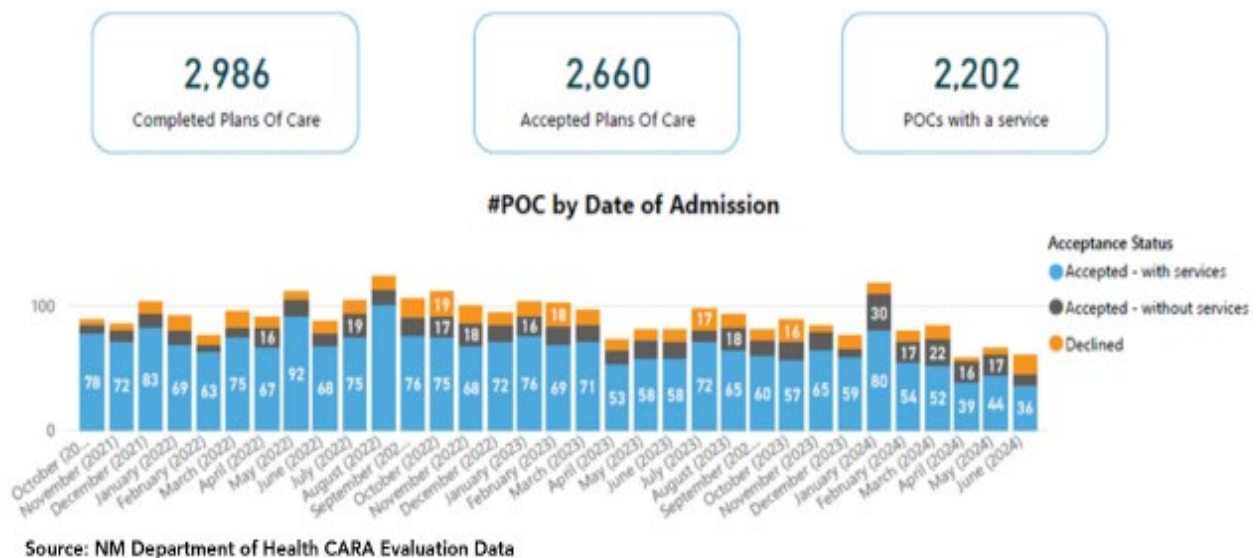
In 2019, New Mexico passed legislation (HB230) that brought New Mexico into compliance with CARA amendments to CAPTA. Key components of HB230 included:

- Ensuring that CYFD and DOH are notified when a baby is born with substance exposure.
- Establishing that a notification of substance exposure is not a report to CYFD for child abuse or neglect.
- Ensuring that pregnant individuals who disclose use of alcohol, nicotine, drugs, or medications (including prescribed usage) will be offered supports through a plan of care prior to discharge from the hospital.
- Requiring that CYFD create policy and procedures to carry out a statewide plan of care process for any newborn with substance exposure and specifying that substance use alone is not an automatic reason to refer to Child Protective Services.
- Requiring care coordination services to be offered to every family with a plan of care, either through the MCOs (for Medicaid-eligible children) or through Children's Medical Services.

With the passage of SB 42 in 2025, the lead agency for the CARA program became the HCA. CYFD will become involved if the family does not engage in its plan of safe care. The level of involvement will depend upon the safety risk to the infant.

New Mexico Plan of Safe Care Notification requires that CYFD must be notified of any newborn identified with substance exposure. The notification is accomplished by providing a copy of the plan of safe care or notification form to CYFD via the CARA portal. Substance exposures include alcohol, marijuana, nicotine, illicit drugs and medications, including prescribed and controlled substances. Birthing Facilities and Hospitals in New Mexico are required to complete a CARA Plan of Safe Care for every family of a newborn when substance exposure has been identified. The DOH Maternal Child and Health Epidemiology Team has developed a list of ICD 10 codes to assist hospitals in identifying newborns who may be referred for a plan of care. This is only one way a hospital may identify newborns and families; identification may also occur through self-report, maternal prenatal records, verbal screening, and toxicology screens.

CYFD supports families who have a Plan of Safe Care in various programs within CYFD and community programming. Families with infants born substance exposed who are engaged with CYFD's family services programming will receive intensive case management services provided by Family Support Specialists. The Family Support Specialist help families to engage in services identified on their Plan of Safe Care. Initially the family will receive a home visit for a comprehensive family assessment. The assessment identifies areas where the family may need additional support, such as substance use disorder treatment, safe sleep education, concrete services, early intervention (IDEA Part C), and home visiting. The Family Support Specialist then collaborates with the family to access and engage in support. Family Support Specialist will be trained in Motivational Interviewing and in the SafeCare curriculum in order to provide an additional level of support for families. A child born substance exposed may be determined eligible to be a foster care candidate and FFPSA claiming would occur if eligible and receiving SafeCare curriculum and/or Motivational Interviewing.



A data review indicates that the primary resource requested and accepted is WIC. At the same time, many families are referred to the Family Infant Toddler Program (Early Intervention Part C) and home visiting. In January 2025, the CARA Navigator role moved to NM DOH. The Cara Navigator's role continues to include supporting a family's engagement in its plan of safe care by visiting with

the family in its home and in the community, identifying their needs and long-term goals, putting services in place to support those goals, and ensuring their infant's safety. CYFD will support the CARA Navigator as an additional resource for the family to support engagement in services and provide more intensive services for families in need of a higher level of support than DOH CARA Navigators can provide. When a family is referred to CYFD's Family Services Division, as mentioned above, the Family Support Specialist will provide intensive case management as well as utilize Motivational Interviewing and the SafeCare curriculum. SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. SafeCare is designed for parents and caregivers of children from birth through age five who are either at risk for or have a history of child neglect and/or physical abuse. The program aims to reduce child maltreatment. Trained and certified providers deliver the SafeCare curriculum.

The curriculum includes three modules:

1. The home safety module targets environmental neglect and unintentional injury risk factors by helping parents/caregivers identify and eliminate common household hazards and teaching them about age-appropriate supervision.
2. The health module targets risk factors for medical neglect by teaching parents/caregivers how to generally identify and address illness, injury, and health.
3. The parent-child/parent-infant interaction module targets risk factors associated with neglect and physical abuse by teaching parents/caregivers how to interact with their infant/child positively and how to structure activities to engage their children and promote positive behavior.

SafeCare is recognized in the Title IV-E Prevention Services Clearinghouse as "Supported."

During Fiscal Year 2022, CYFD Protective Services rolled out Family Connections within the In-Home services unit. Family Connections is an evidenced-based family preservation and prevention model developed by ACTION for Child Protection that has been implemented in various states throughout the United States. Family Connections serves families who are at-risk for foster care entry and who are willing to participate in voluntary prevention services. The Family Connections intervention is provided to families free of charge and in their own home environment. A Family Connections Specialist meets with the family to conduct a comprehensive assessment of needs before developing a family plan based on mutually agreed upon goals that address family functioning and child safety and wellbeing. The Family Connections Specialist monitors and supports the family with coordination of services in addition to in-home interventions provided by the certified Family Connections Specialist. This program can last up to nine months. After nine months the provider can request an extension to support the family as they transition out of services. This is a group effort that includes the family and their support network, and the overall goal is to reduce the risk of future maltreatment and entry into the foster care system. New Mexico is not seeking to claim Title IV-E prevention funding for Family Connections.

In-Home Services program will implement Motivational Interviewing as a core component to effectively support families. This approach will be complemented by evidence-based programs tailored to meet the specific needs of each family. Our curriculum includes the Family Connections curriculum, which is currently under consideration for review by the Title IV-E Prevention Services Clearinghouse, and SafeCare. This comprehensive framework ensures that we provide thorough and meaningful support to all families.

New Mexico CYFD Family First Prevention Services (Claimable)

Program/Service	Service Provider	Evidence Based Curriculum	Inclusion Title IV-E FFPSA Plan Claims
In-Home Services Family Support Services	CYFD personnel	Motivational Interviewing; SafeCare	Eligible FFPSA candidates receiving Motivational Interviewing and/or SafeCare

New Mexico Community Based Prevention Services Array

Non-FFPSA programming

Program/Service	Service Provider	Evidence Based Curriculum	Title IV-E FFPSA Plan Claims
Community, Based Prevention, Intervention and Reunification	Community Providers	Family Connections Provider selected evidence-based programming	Not at this time
Family Outreach	Community Providers	None	Not at this time
Keeping Family's Together	Community Providers	Varied case management programming based on need	Not at this time

Child and Family Eligibility for Title IV-E Prevention

The FFPSA defines a "child who is a candidate for foster care" as a child who is identified in a Title IV-E Prevention Plan as being at imminent risk of entering foster care (without regard to whether the child would be eligible for Title IV-E foster care maintenance payments, Title IV-E adoption assistance or Title IV-E kinship guardianship assistance payments), but who can remain safely in the child's home or a kinship placement as long as the Title IV-E prevention services that are necessary to prevent the entry of the child into foster care are provided. A "child who is a candidate for foster care" includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

New Mexico Candidacy Definition

To be eligible for prevention services under FFPSA, children/youth must be in one of the following categories:

- Children/Youth who are candidates for foster care;
- Youth in foster care who are pregnant or parenting; or
- Children who have existed foster care through reunification, guardianship, or adoption and may be at risk for re-entry.

Under the FFPSA Title IV-E plan, New Mexico is further defining its foster care candidacy definition to include a child who has been identified as “Safe” with High Risk or “Safe with a plan” via the current safety and risk assessment tool (Structured Decision Making). The purpose of the Structured Decision Making® (SDM) safety assessment is to (1) help assess whether any child may be in serious danger of harm that requires a protective intervention and (2) determine what interventions should be initiated or maintained to provide appropriate protection.

New Mexico's current definition of a foster care candidate in the New Mexico Administrative Code, 8.10.6 NMAC, is "a child who is at serious risk of removal from home where PSD is either pursuing the child's removal from the home or making a reasonable effort to prevent the child's removal from the home."

CYFD will be responsible for the determination of the child's eligibility as a foster care candidate. FFPSA services will be provided to the foster care candidate and their family by trained CYFD personnel designated as family support specialists for purposes of the Prevention Plan.

For the purposes of the FFPSA Title IV-E Prevention Plan, the term "family support specialist" will be used to refer to prevention workers. The family support specialist is responsible for determining FFPSA candidacy eligibility, providing prevention programming, conducting family assessments, developing family and child well-being plans, and monitoring child safety. These specialists receive specialized training in evidence-based curricula, community resources, and trauma-responsive care. For more detailed information, please refer to Section 3: Child Safety, Section 5: Child Workforce and Training, and Section 6: Prevention Caseloads.

Not all children receiving prevention services will qualify as a foster care candidate as serious risk will not have been identified; however, the need for intervention will still exist. Families in need of services but who are low-risk will be referred to lighter-touch services, as identified in New Mexico's Prevention Continuum. Referrals for services within the prevention continuum may come from within or outside CYFD. Once received, the reason for referral is matched with the program that is best suited to support the family. Each program completes a comprehensive family assessment to explore the family's needs for support, past experiences, current stressors, and overall safety within the home. This assessment will determine if a child meets the criteria for a foster care candidate and identify the necessary services for the child and their family. A family may receive prevention services regardless of whether it meets the definition of a foster care candidate. New Mexico will not seek Title IV-E reimbursement for children who do not meet the

definition of foster care candidates. New Mexico will not seek Title IV-E reimbursement for foster care candidates who are not receiving FFPSA-approved programming.

Determining Candidacy Eligibility

As previously stated, through the FFPSA Title IV-E plan, New Mexico's definition of foster care candidates includes children who require prevention services to remain safely in their homes as identified as "safe with a plan" or as "Safe" with High Risk via the current safety and risk assessment tool. Foster care candidates may be identified through the CYFD investigation process, through the multi-level response assessment process, or through the Family Services Division comprehensive family assessment process. CYFD personnel will be making the determination for foster care candidacy.

Investigations

Allegations of abuse or neglect are screened in for investigation by CYFD's SCI. During the investigation, the investigation worker assesses the child and family using the SDM safety and risk assessment tool. If the risk assessment is determined high, the investigation worker considers the severity of the allegations, family history with CYFD, family support system, current family circumstances, and the family's willingness to engage in services to determine if the child may remain in their home safely with the engagement of prevention services. If so, the child would be considered a foster care candidate and eligible for Title IV-E prevention services.

Multi-Level Response

As previously indicated, New Mexico's Track 2 of multi-level response is being designed with the technical assistance from Casey Family Programs. Through the multi-level response, a report is received through SCI and is routed away from investigation to the multi-level response (Differential Response) unit if it meets the eligibility criteria. Eligibility criteria for multi-level response (Differential Response) will include screened in, non-emergent reports of neglect received through SCI. The multi-level response caseworker will complete the SDM safety and risk tool and a comprehensive family assessment with the family to identify services needed by the family for the child to remain safe in the home and to support the family's well-being. The information gathered through the use of the SDM tool and the comprehensive family assessment will determine if the child is a foster care candidate and eligible for Title IV-E prevention services. Multi-Level Response is a part of the referral system for FFPSA prevention programming.

Alternate Candidate Determination

Families who are receiving services who did not go through the investigative or multi-level route will have a comprehensive family assessment completed and the SDM tool completed for safety/risk to determine if the child is a foster care candidate and what services are needed for the child to remain safely in the home. In the event the child is not a foster care candidate, they will receive prevention services, but CYFD will not seek FFPSA Title IV-E

reimbursement.

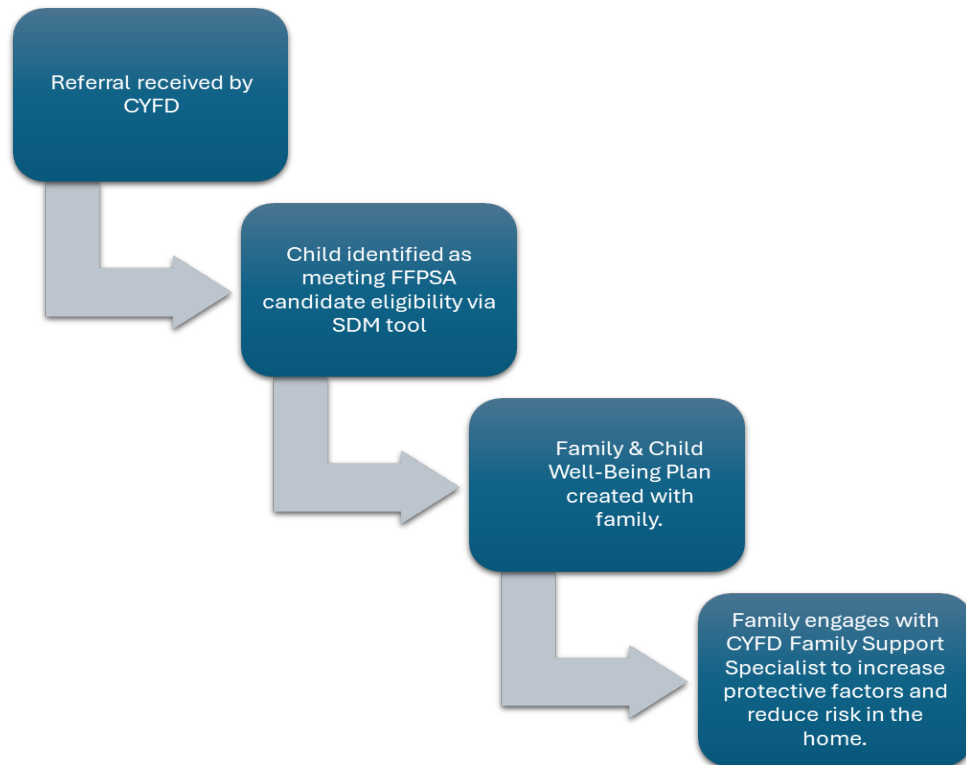
Child and Family Prevention Plan

FFPSA requires that any child who is a candidate for foster care have a prevention plan that identifies:

- the foster care prevention strategy for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver; and
- list the services to be provided to or on behalf of the child to ensure the success of that prevention strategy.

Eligibility for Title IV-E Prevention Services will be documented in each child and family's prevention plan. This child specific plan, known as the Family and Child Well-Being plan, will be developed with the family and CYFD's family support specialist. The plan must include the evidence-based program being used and list any additional services that assist the family and child toward the successful completion of their plan. Each Family and Child Well-Being plan will include identified strategies to support the child's safety and well-being. For those foster care candidates with a CARA Plan of Safe Care, the plan of safe care will be integrated into the family well-being plan. The family and child well-being plan will identify the safety and risk indicators that brought the family to the attention of CYFD, the protective factors of the parent or caregiver, and the strategies and services put into place to prevent the removal of the child from the home. The plan will identify goals and timelines, observations, engagement strategies, recognition of family supports and strengths, identification and discussion of community resources, and evaluation to work toward the successful completion of the plan.

Eligibility for the Title IV-E Prevention Program is not linked to whether a child would be eligible for Title IV-E Foster Care Maintenance Payments but rather is based on the risk of entering foster care or risk of re-entry into foster care due to an adoption or guardianship disruption or dissolution. A child cannot be simultaneously in foster care and be determined to be a candidate for foster care. Once a child enters foster care, reimbursement for Title IV-E prevention services ends.



Use of Evidence-Based Models

New Mexico has selected two evidence-based programs from the Title IV-E Prevention Services Clearinghouse: SafeCare (Supported), and Motivational Interviewing (Well Supported). These models will require ongoing evaluation and Continuous Quality Improvement (CQI) efforts by CYFD. CYFD has also chosen to continue Family Connections through Action for Child Protection. Family Connections is currently rated in the California Evidence-Based Clearinghouse as a promising practice. Family Connections has also been recognized as a curriculum to be considered for review by the Title IV-E Prevention Services Clearinghouse. New Mexico will not seek Title IV-E reimbursement for the Family Connections program. New Mexico has explored the use of other evidence-based curriculums/models currently in the Title IV-E Prevention Services Clearinghouse. However, concerns regarding workforce capacity, age served limitations, and concerns brought forward by tribal partners have prevented the selection of a model other than Family Connections for families with older children. New Mexico will review new curricula/models as they are added. New Mexico is also reviewing outcome data for Family Connections to ensure this model continues to be positive for families across the state.

Title IV-E agencies may claim reimbursement for mental health prevention services, substance abuse prevention and treatment services, and in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling rated in the Title IV-E Prevention Services Clearinghouse. Currently, 80 models/curricula listed on the federal [Title IV-E Prevention Services Clearinghouse](#) meet the promising, supported, or well-supported EBP requirements to be eligible for Title IV-E reimbursement. Of those programs, 32 are listed for in-

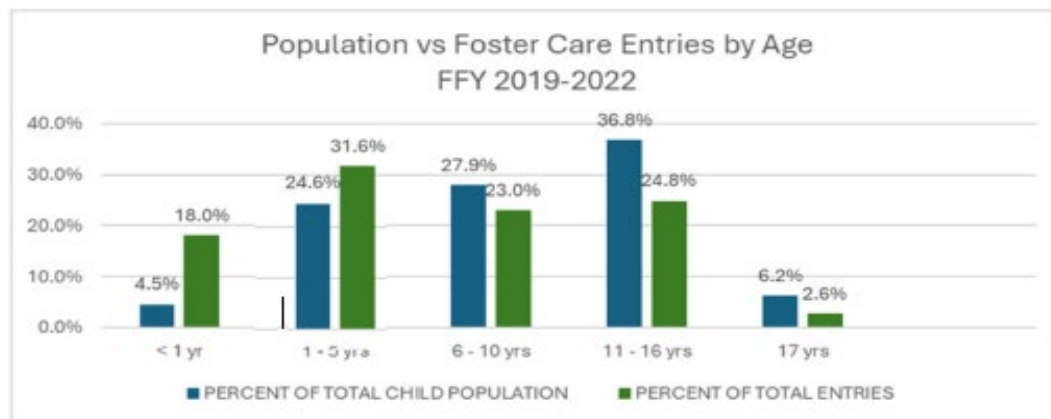
home parenting skill building. Of those 32, eleven (11) in-home parent skill-base are well supported, eleven (11) supported, and ten (10) promising.

As noted above, New Mexico has selected two Title IV-E Prevention Services Clearinghouse evidence-based programs and one non-Title IV-E Prevention Services Clearinghouse Evidence-Based Model. CYFD's In-Home Services Family Connections Program is not yet listed in the Title IV-E Prevention Services Clearinghouse. However, Family Connections has been listed as a program for consideration in the Title IV-E C Prevention Services Clearinghouse. ([Programs and Services Recommended for Review I Title IV-E Prevention Services Clearinghouse](#)) New Mexico has selected programs based on trauma informed programming, provider capacity, child and family needs, and the state's Medicaid plan. Many services are fundable through Medicaid, and the FFPSA requires Title IV-E to be the payer of last resort. At least 50% of the amount expended by the state for a fiscal year for Title IV-E reimbursement must meet the "well supported" practice criteria in the Title IV-E Prevention Services Clearinghouse. The remaining expenditure can be spent on either "supported" or "promising" programs.

To inform our FFPSA Title IV-E Prevention Plan, New Mexico reviewed both qualitative and quantitative data available for children and families in New Mexico. This included reviewing risk factors services available, maltreatment and repeat maltreatment data, and program-specific data to identify evidence-based programs that would be supportive of achieving the goals to reduce child maltreatment/repeat maltreatment.

CYFD recognizes a combination of individual, family, community, and societal factors contribute to the risk of child maltreatment and increases the likelihood of entry into foster care. Review of New Mexico's data shows 49.6% of children entering care were aged 0-5, with 18% of those children under 12 months of age. Additionally, children aged 0-5 appear to be entering foster care at a disproportionate rate compared to the total population of children in that age group in the state.





Source: CFSR Data Profile New Mexico Supplemental Context Data – February 2024

When examining New Mexico's maltreatment data, it's essential to understand the risk factors that increase the likelihood of maltreatment. By doing so, we can develop or expand programs that reduce these risks within families. This proactive approach not only prevents families from entering the child welfare system but also significantly reduces repeat maltreatment by providing targeted early intervention services to families already known to the child welfare system, instilling hope for a better future. This aligns with the goals within New Mexico's 2025-2029 Child and Family Services Plan to "reduce occurrence of repeat maltreatment of children and youth," and "increase family engagement with prevention and intervention services for children who are risk of entering or re-entering foster care."

In efforts to decrease the risk of child maltreatment, there are common protective factors that can be built up at the individual, family, and community levels through:

- **Strengthening Economic Support to Families:** Provide information and outreach through warm hand-off referrals for Women, Infant, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Energy Assistance Program (LIHEAP), housing assistance, transportation, employment opportunities, and adult education/skill development programs.
- **Changing Social Norms to Support Parents and Positive Parenting:** Using statewide campaigns, such as New Mexico's Safe Sleep Campaign and Moments Together Campaign, and providing community-based parenting support groups or parenting education classes to make progress toward breaking generational beliefs about discipline that can be harmful to a child's safety and well-being.
- **Providing Quality Care and Education Early in Life:** Ensuring families are aware of early education programs in their communities. Providing easy access to enrollment and assisting with food or transportation needs to assist with attendance. Engaging parents and families in the participation of their child's early education experience and provide education to parents and families about healthy child

development and positive learning environments.

- **Enhancing Parenting Skills to Promote Healthy Child Development:** Implement evidence-based, in-home parent skill-based programs rated within the Title IV-E Prevention Services Clearinghouse and use community resources to lift-up parent support groups. Provide tools and skills in the home and in community settings to engage parents in adapting and improving parenting styles.
- **Increasing Access to Evidence-Based Mental Health Treatment Services, Substance Abuse Prevention and Treatment Services, and In-Home Parent Skill Based Programs:** Lessen harm and reduce future risk and trauma by strengthening existing programs, especially in rural areas of the state, to make services more accessible to families. Increase access to physical and mental health treatment services, and substance use prevention and treatments services through building up community supports to address the needs of their families and children. Incentivize community-based service providers to use evidence-based programs rated within the Title IV-E Prevention Services Clearinghouse to engage and work with families with the highest needs.

**Source:* [Risk and Protective Factors | Child Abuse and Neglect Prevention | CDC](#)

In addition, information pulled from monthly county case reviews support evidence that when CYFD can engage parents and focus on protective factors, parents are more likely to feel supported in their ability to be resilient and respond to their children's needs and recover from difficult situations in a way that strengthens the family. In the development of the FFPSA Prevention Plan, data from the Protective Factors Survey administered by the Community Based Prevention Intervention and Reunification programs, were utilized in understanding areas where additional prevention supports were needed. *The Protective Factors Survey, 2nd Edition (PFS-2), is designed for use with parents and caregivers participating in family support and child maltreatment prevention services.

The survey results are designed to:

- Provide agencies with a snapshot of the families they serve,
- Measure changes in family protective factors, and
- Help identify areas where staff can focus on increasing protective factors for each family.

[*Protective Factors Surveys - Friends NRC](#)

New Mexico also selected Motivational Interviewing as a tool for family service specialist to utilize to improve engagement in prevention services and support the successful achievement of goals within the Family-Well Being plan. As indicated below, Motivational Interviewing has shown in numerous studies to be a positive intervention for families to support engagement in programming. This improved engagement is supported by helping parents/caregivers express why and how they can change.

Motivational Interviewing supports collaboration rather than confrontation with individuals, thus it is a tool that all family service specialists will utilize with families throughout New Mexico to promote a change in behavior to decrease child maltreatment.

Title IV-E Prevention Services Clearinghouse Overview

Program/Service	Rating	Service Category	Program or Service Documentation	Target Population
Motivational Interviewing (MI)	Well Supported	Substance Abuse Prevention and Treatment	Miller, W.R., & Rollnick, S. (2012). <i>Motivational Interviewing: Helping people change</i> (3rd ed.). Guilford Press.	MI will be used with adults (parents/caregivers) who have identified as being ambivalent to change and whose current behaviors may compete with attainment of their personal goals. The clinical strategies may be used to promote behavior change with a range of target populations and for a variety of problem areas.
SafeCare	Supported	In-Home Parent Skill Based Program	Lutzker, J. R. (2016). <i>SafeCare provider manual</i> (version 4.1.1).	SafeCare is designed for parents/caregivers of children age 0-5 who are either at risk for or have a history of child neglect and/or abuse.

Motivational Interviewing

Service Description	<p>MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen a person's motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.</p> <p>Key qualities include:</p> <ul style="list-style-type: none"> • MI is a guiding style of
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	<p>communication, that sits between following (active listening) and directing (offering information and advice).</p> <ul style="list-style-type: none"> • MI is designed to empower people to change by drawing out their own meaning, importance, and capacity for change. <p>MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy.</p>
Level of Evidence	Well Supported
Service Category	<p>Mental Health</p> <p>Substance use prevention</p> <p>In-Home Parenting Skills</p>
Version of Book or Manual	Miller, W.R. & Rollnick, S. (2012). Motivational Interviewing, Third Edition: Helping People Change. Guilford Press.
Reason for Selection	MI was selected as it utilizes a wide variety of strategies to elicit change with a variety of populations. It supports workers in using a guided communication style that is respectful of and curious about people, supporting change naturally while respecting autonomy.
Outcomes Expected to Improve	<p>Increase parental engagement and service participation</p> <p>Improved family functioning</p> <p>Improve behavioral challenges and educational attainment</p> <p>Reduce risk behaviors (substance use)</p> <p>Improve connection to essential community services</p>
Target Population and How the Service will meet their needs	MI was selected because it engages individuals and assists them in exploring and resolving their ambivalence about change. It can be used in many contexts and addresses mental health, substance use, and parenting skills needs through identification of a path to behavioral change using the individual's own motivations. CYFD's target population for this technique includes families receiving prevention services to support making changes in behavior to reduce risk.
Dosage	New Mexico will implement MI as a brief, structured intervention for candidate families. MI will be delivered in one to three sessions,

	<p>with flexibility for up to five sessions based on family need. MI may be used as a stand-alone intervention to strengthen engagement/readiness or integrated into ongoing evidence based programming such as SafeCare. When MI is embedded within other services, the session length (30-50 minutes) will be maintained while the frequency and count may vary according to case needs.</p>
How Evaluated	<p>CYFD is requesting a waiver from a rigorous evaluation for MI, which has been designated by the Title IV-E Prevention Services Clearinghouse as "Well- Supported."</p>
Plan to Implement	<p>CYFD intends to use MI as a core component of prevention programming. MI is utilized by CYFD family services specialists to support caregivers in expressing empathy through reflective listening, supporting self-efficiency, optimism, motivation for change, and working through resistance to change. MI will be used in conjunction with evidence-based programming.</p>
CQI and Fidelity Monitoring	<p>CYFD has selected the Behavior Change Counseling Index (BECCI) instrument to conduct fidelity monitoring. CYFD will collaborate with MI training leads, in conjunction with the Motivational Interviewing Network of Trainings (MINT) to develop a strategy for monitoring fidelity and measuring outcomes. CYFD will select a statistically valid sample of cases for which MI was employed for supervisors to complete the BECCI quarterly.</p> <p>The outcomes of interest for CQI include reports of maltreatment and repeated incidents of maltreatment, as well as entries into foster care. We will measure these outcomes using data from our child welfare data system. Agency leadership will use this data to assess the effectiveness of implemented programs and make necessary adjustments.</p>

SafeCare

Service Description	SafeCare focuses on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of unintentional child injury, and keeping children as healthy as possible. SafeCare is a brief, evidence-based skills training program for caregivers of children under the age of 5.
Level of Evidence	Supported
Service Category	In-Home Parent Skill Based Programs
Version of Book or Manual	Lutzker, J. R. (2016). SafeCare provider manual (version 4.1.1).
Reason for Selection	Evidence-based practice with successful outcomes for populations served within New Mexico's Family Services programs. Curriculum selected for families with children under the age of five with a focus on the child's health and safe home environment.
Outcomes Expected to Improve	Improved parent-child relationships and improving family functioning by reducing risk and building protective factors.
Target Population and How the Service will meet their needs	SafeCare is designed for parents/caregivers of children ages 0-5 who are either at-risk for or have a history of child neglect and/or abuse. New Mexico will utilize SafeCare for families with children ages 0-5 who are enrolled in Family Support Services with CYFD.
Dosage	SafeCare is designed to be completed in approximately 18 sessions, though some parents may need fewer or more sessions to master new skills. During this time, providers deliver three curriculum modules, with each module lasting for six sessions. Providers typically meet with clients weekly for about 50 to 90 minutes.
How Evaluated	CYFD will follow The National SafeCare and Training Research Center (NSTRC) training for providers on quality assurance and fidelity monitoring. CYFD will also evaluate the impact of the program by using a quasi-experimental design approach, comparing outcomes for caregivers who participated in the program to a matched group who did not participate, to assess the effectiveness of the intervention.

Plan to Implement	SafeCare will be utilized by family support specialists with CYFD focusing on children under age five who are in homes assessed as high risk. Family service specialists will be trained, coaches identified and trained, and the assurance and fidelity monitoring trained by NSTRC.
CQI and Fidelity Monitoring	<p>Training begins with a four-day workshop in which trainees learn to engage caregivers, use structured problem-solving techniques, and carry out three SafeCare modules (Health, Safety, and Parent-Child/Infant Interaction training). Following the training workshop, trainees are paired with a SafeCare Coach for additional in-field support. Each provider trainee is required to pass an applied certification process which involves audio reviews of recorded family sessions and coding the sessions for fidelity. Once trainees demonstrate mastery of SafeCare skills in the field (defined as meeting an 85% session fidelity standard across their sessions), they are granted certification as SafeCare Providers. The National SafeCare and Training Research Center (NSTRC) allows six months for a Provider to complete the required fidelity checks. Following certification, SafeCare Coaches or Trainers conduct monthly fidelity-monitoring. Coaching decreases to a quarterly basis when a provider passes their two-year anniversary as an active providers. Within the first year, the NSTRC trains agency staff to conduct their own quality assurance/fidelity monitoring.</p> <p>As with Motivational Interviewing, the outcomes of interest for CQI include reports of maltreatment and repeated incidents of maltreatment, as well as entries into foster care. We will measure these outcomes using data from our child welfare data system. Agency leadership will use this data to assess the effectiveness of implemented programs and make necessary adjustments.</p>

CYFD will utilize SafeCare in its Family Support programs as the curriculum is designed for children birth to age 5. SafeCare is rated as "Supported" by the Title IV-E Prevention Services Clearinghouse and focuses on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of child unintentional injury, and keeping children as healthy as possible.

The program targets behaviors promoting a safe, stable, nurturing relationship and encouraging

social and emotional health in children. It also targets risk factors associated with neglect and physical abuse. SafeCare addresses three primary goals in Child Welfare: Safety, Permanency, and Family and Child well-being. (National SafeCare Training and Research Center)

CYFD utilizes Motivational Interviewing as a communication tool when working with parents. Motivational Interviewing is a guiding style of communication between following and directing. It is designed to empower people to change by drawing out their own meaning, importance, and capacity for change. Motivational Interviewing is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy. Miller, W. R., & Rollnick, S. (2012). This engagement style helps to develop trusting relationship and is based on the point of view and experiences of the client.

Motivational Interviewing is utilized by CYFD family service specialists to support caregivers in expressing empathy through reflective listening, supporting self-efficacy, optimism, motivation for change, and working through resistance to change. Motivational Interviewing will be used in conjunction with evidence-based programming.

Section 2. Evaluation strategy and waiver request

New Mexico is to evaluate the effectiveness of our approved Evidence-Based Practices (EBPs). This systematic assessment will not only enhance the evidence base for each program but also underscore our agency's commitment to data-informed decision-making and the achievement of positive outcomes. We will have a dedicated evaluator from the Office of Performance and Accountability who will collaborate closely with program managers to design a comprehensive data collection framework.

We will implement targeted strategies, establish clear outcome metrics, and refine our methodologies for measuring results through our child welfare data system. The evaluations will be structured with a primary focus: to ensure the successful prevention of children entering out-of-home care. This objective aligns seamlessly with our agency's commitment to the Family First Prevention Services Act (FFPSA), which prioritizes providing essential support services to families.

We believe that through continuous monitoring and rigorous evaluation, we can enhance our prevention services, thereby facilitating lasting positive impacts for the children, youth, and families we serve.

Evaluation Strategy

This section is a practical guide to help our teams implement and monitor SafeCare in a way that is high-quality, family-centered, and supportive of employee wellness. It uses the strategic plan's language and structure so staff can see exactly how the day-to-day work connects to statewide goals and requirements.

Scope of the evaluation

Our proposed program focuses on decreasing the various stressors while increasing the quality of life for New Mexico families in need. We plan to enact this using SafeCare, a brief, evidence-based at home parenting skills program for caregivers of children under five, focused on three outcomes: positive caregiver–child relationships, safer home environments (reduced unintentional injury risk), and better child health. Title IV-E Prevention Services Clearinghouse rated the program “Supported” and tends to include three modules (Home Safety, Health, Parent-Child/Infant Interaction) delivered over about eighteen weekly sessions of fifty to ninety minutes. We will pilot SafeCare within the In-Home Services program. Family Support Specialists will be trained and supported with coaching along fidelity monitoring by the National SafeCare Training and Research Center (NSTRC). Our target population focuses on families served by In-Home Services where we identify a child being at risk for removal from their home; Family Support Specialists coordinate services and complete comprehensive family assessments and SDM safety/risk tools. We align SafeCare to caregivers of children, birth to five years-old, deemed “at-risk” for or have a history of neglect and/or abuse, with a particular emphasis on families receiving In-Home Services. New Mexico CYFD will integrate SafeCare with the Family and Child Wellbeing Plan, so case goals and services remain unified. We will monitor safety using the SDM during prevention program services.

With these programs in place, New Mexico CYFD expects a variety of improvements with the at-risk families—those with unsubstantiated or substantiated reports—we serve. We expect to evaluate: how many eligible families successfully get offered and enroll into SafeCare focused on their wellbeing; Family Support Specialists delivered the estimated eighteen sessions along with the three modules; measure NSTRC fidelity standards (with a minimum 85% session fidelity) with the six-month certification and maintaining that fidelity thereafter; effective SafeCare integrates with the Family and Child Well-Being Plan; staff compliance using Motivational Interviewing (MI), monitoring with BECCI fidelity, and delivery of SafeCare delivery; Family Support Specialists connect with Managed Care Organization coordinators and with community providers to secure services; and staff can train, coach, document, and provide supportive programming.

Process Evaluation Design

New Mexico CYFD will conduct four process evaluation phases with our proposed programs. First, we will examine how we carry our program framework by tracking various inputs, activities, and outputs. These three-outcome come from training, compliance with program frameworks, and the effects of the training. Second, we will conduct Family Support Specialist SafeCare training starting in early FY25, earn certification within six months, and conduct monitoring starting out examining each month and shifting to quarterly after two years. Third, we will monitor specialist compliance with MI, via BECCI, quarterly—after two years—during the fiscal year. We will continuously monitor safety with our programs to track progress and inform decisions in the Family and Child Well-Being Plan. Finally, New Mexico we will ensure all the Family and Child Well-Being Plan merge with evidence-based programming.

Data collection (sampling and analysis plan)

New Mexico CYFD's population of interest for our proposed programs are the state's at-need/risk families who are need of services to prevent the child from being removed from the home. We will sample from the families that are participating in our prevention programming and meet the eligibility criteria for identified FFPSA programming. Our Family Support Specialist cases will initiate SafeCare during the review period, via the census approach, with continuous enrollment to reflect practical operations. We expect about 500 families to enroll per twelve months and will offer the program for five years. Thus, we expect to serve about 2,500 families and we will use that for our quantitative analysis. As for our qualitative sub-sample, we expect to conduct focus groups by randomly sample Family Support Specialists, supervisors, and a cross-section of families to improve our understanding of barriers, promoters, and wellness impacts.

To conduct our proposed plan, CYFD has a variety of data sources and instruments to guide our programs. Starting with administrative or clinical sources, such as, referral notifications, Family and Child Well-Being Plans, Structural Decision Making (SDM) task along with other risk assessments, case management notes, and Family Support Services coordination logs. To ensure SafeCare fidelity, we will use NSTRC fidelity tools, session audio files, session logs, and coding reports. For MI fidelity, we will use BECCI scores for a sample of cases during each quarter. We will also use attendance rosters, certification status along with timelines, and coaching frequency along with focus areas.

We have multiple key measures to focus on when our programs receive evaluation to examine their effectiveness. First, we will examine reach and timeliness such as days from referral to first Family Support Specialist contact, days to SafeCare first session, and enrollment rate among eligible families. Second, we will examine the number of sessions—similar to a dose—families complete all three sessions and the average amount of time a family finishes. Third, we will examine fidelity among our providers, especially the proportion that reach fidelity within six months, their fidelity scores, and the MI BECCI quartile distribution. Fourth, we will examine integration for the proportion of cases with parts recommended by the Family and Child Well-Being Plan, the number along with timeliness for referrals, and evidence of Family Support Specialist coordination from case notes. Fifth, we will do continuous safety monitoring by looking at SDM checks and CYFD documented actions tied to safety along with risk changes. Finally, we will examine workforce wellness via employee comments, time to complete documentation, perceived caseload manageability, and reflections on supervisor usefulness.

After we collect our key measures and background data and depending on some variables examine relationships monthly or quarterly, CYFD will analyze a variety of processes. We will examine basic demographics for process indicators as well as create trend lines along with run charts for timeliness, fidelity, and dosage. We will stratify families among the five New Mexico Regions, urban along with rural designation, and workforce variables to examine impartiality and capacity issues. Beyond those summaries, we also plan to examine these variables under the qualitative and quantitative scope. We will conduct in-house focus groups to give context to quantitative findings and identify aspects that can be fixed quickly, such as scheduling, forms, and coaching cadence. From those qualitative analyses, we will use Continuous Quality Improvement (CQI) forums to

convert findings into minor tests of change and track changes over time to stay consistent with the CQI's orientation. We conduct three to five in-house Multilevel Model (MLM) Analyses. Using our Theory of Change, each one of our analyses will include mental health, Region in New Mexico, rural or metro New Mexico county, amount of attended sessions, financial status, domestic violence, and other societal pressures as predictors or independent variables. As our proposed programs focus on decreasing the amount of forced involvement with CYFD—for example, substantiated cases—our primary dependent variable to examine if a family interacts with CYFD. Our other dependent variables—using the same Theory of Change variables with separate MLMs—will include the number of children entering foster care, fidelity to the programs, and number of families engaging in the program (as well as how many families complete all or some of the sessions), and other relevant outcomes of issue. A MLM will identify meaningfulness in terms of odds ratios (OR), correlations (r), and an Intraclass Correlation Coefficient (ICC) to analyze the effectiveness of the proposed programs.

The first two measure the strength of a relationship—or for an odds ratio, to examine an association between a family exposed to the program and less interaction with CYFD—between our programs and family outcomes. The ICC informs the reader about the percentage of observed variation due to differences among the programs. These three assess the magnitude of an effect, thus demonstrating the consequences of our programs. Due to our estimated sample size of 700 families per year, totaling 3,500, we expect a power analysis above 90%. This estimated 90% will exceed the minimum total of 80% as recommended heuristic provided by Cohen (1992).

Once New Mexico CYFD works on these possible issues and conduct our qualitative as well as quantitative analyses, we will report and disseminate our findings to three stakeholders. First, CYFD will send monthly reports to our frontline employees on a dashboard along with thirty-minute huddles focused on two to three actionable metrics. Second, CYFD will inform supervisors and managers per quarter with CQI briefs with thorough discussions about fidelity, timeliness, and workload balance. We will do this to celebrate our successes and address bottlenecks. Finally, CYFD will inform leadership and our various partners via quarterly and annual summaries demonstrating the workforce successfully put into effect SafeCare within the broader Title IV-E prevention continuum and Family Support Services compliance. For all three stakeholders, we will share core indicators, successes, improvement tests along with the associated results, and immediate workforce wellness. We will also share next steps with owners and timelines to align with our plan outcomes (e.g., Family Support Specialist Training/coaching and fidelity targets).

Reporting and dissemination

While CYFD proposed these programs and analyses based on well-supported evidence, we do acknowledge possible and probable limitations. We will discuss five. First, we expect quick effects due to how we carry out the programs. Training and certification timelines may depress early fidelity and completion rates. We will interpret early trends with caution. Second, we expect possible issues with data completion. Session audio uploads and fidelity coding may be incomplete without effective consent and technology support. Third, we expect issues from selection and attrition. Families that decline services along with support and leave early may differ compared to those that do not. We will also examine a similar issue. There may be differences among those families due to their location in New Mexico region that lead to greater attrition rates. Third, we expect caseload issues that occur due to where county offices and families live—to clarify, rural

or metro classification—which may affect delivery dose along with timeliness in smaller dense areas. Finally, we expect integration issues due to the complexity of our programs. These issues may include merging elements discovered from SDM identified risk into Family and Child Well-Being Plans as well as coordinating with Family and Child Support Services may introduce documentation lag or duplication without streamlined templates. While we acknowledge these issues, we expect to mitigate their effects through our iterative effects process via CQI, focus groups, examining trends to identify errors, and our use of MLM for our quantitative analyses.

Audiences and Cadence

Once New Mexico CYFD works on these possible issues and conduct our qualitative as well as quantitative analyses, we will report and disseminate our findings to three stakeholders. First, CYFD will send monthly reports to our frontline employees on a dashboard along with thirty-minute huddles focused on two to three actionable metrics. Second, CYFD will inform supervisors and managers per quarter with CQI briefs with thorough discussions about fidelity, timeliness, and workload balance. We will do this to celebrate our successes and address bottlenecks. Finally, CYFD will inform leadership and our various partners via quarterly and annual summaries demonstrating the workforce successfully put into effect SafeCare within the broader Title IV-E prevention continuum and Family Support Services compliance. For all three stakeholders, we will share core indicators, successes, improvement tests along with the associated results, and immediate workforce wellness. We will also share next steps with owners and timelines to align with our strategic plan milestones (e.g., Family Support Specialist Training/coaching and fidelity targets).

Data security and informed consent

When we conduct our proposed programs, we shall collect only the data needed for the evaluation. New Mexico CYFD will only designate access to data based on their role into the data evaluation process and leadership along with a QA team will restrict access lists. All other CYFD employees will not have access. For audio files, we will use secure storage. For those conducting data evaluation, we will de-identify feasible data for analysis and differentiate families along with individuals based on a unique identification number.

As New Mexico CYFD's proposed programs can be consider a study, we will collect informed consent. We plan to provide plain-language informed consent to caregivers, along with clarifying purpose for quality improvement, voluntary nature, confidentiality, and included for services not affected by consent decisions. Obtain separate consent for staff observation, via BECCI, as applicable. As for staff pulse surveys and interviews, we will use brief consent language to emphasize confidentiality with the goal to improve workflow and wellness. To further protect confidentiality and privacy, we will share only summary data in state government reports as well as suppress small cells. New Mexico CYFD will follow state retention schedules and vendor agreements for NSTRC-related materials and fidelity artifacts; align with interagency expectations under Family Support Services and Title IV-E. As for creating safeguards, when CYFD collects SDM data to identify risk into the Family and Child Well-Being Plan along with case notes. This strategy ensures documenting system flag sensitive health information and limit access to authorized employees as well as standardize templates to reduce duplicate entry and errors.

Opportunities to support employee wellness during implementation

New Mexico CYFD will take steps to support specialists' wellness while they train and learn about their new duties. We will help those specialists reserve time for four-day training, early coaching cycles, and fidelity work. This strategy can help adjust caseloads during the six-month certification window to prevent overload and maintain quality. We will streamline processes to improve specialists carrying out documenting. Additionally, we will implement short, pre-filled templates that automatically pull elements into the Family and Child Well-Being Plan. These templates will also require specialists to input SafeCare fields, including modules, sessions, and fidelity checkpoints, to reduce their workload. Our managers will integrate MI fidelity points of contact with BECCI and SafeCare coaching. We expect this choice will coordinate, strength-based, and time-efficient feedback. Will provide checklists aligned to Home Safety aspect for quick pre-visit planning. This planning will ensure scheduled and recognized travel time to improve efficient productive expectations. Thus, offering Specialist a chance to debrief and rest after challenging visits with families.

Appendix: Indicator starter set (per review session)

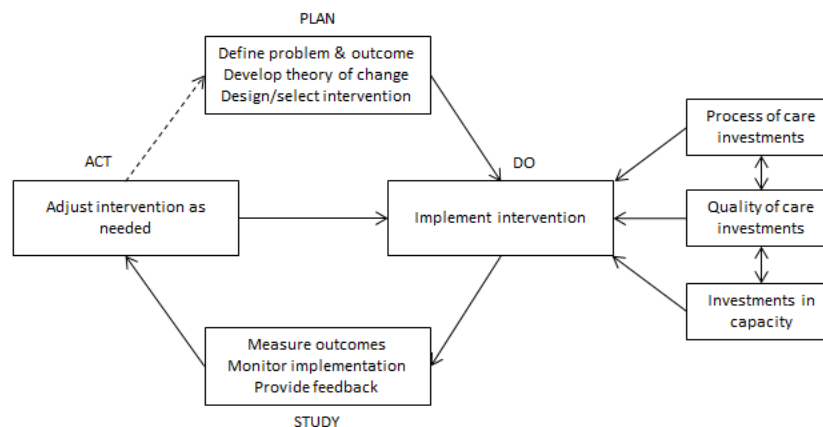
This section serves as an appendix for specialists to use as an indicator for starter sets for each review session as part of our iterative improvement process. First, to assess timeliness, we will provide specialists information, specifically, about the median days from referrals to notifications as well as first SafeCare session. Second, we will indicate dosage via mean sessions per family, the percentage of those that finish all three modules, and the average weeks to completion compared to the estimated eighteen sessions. Third, for fidelity, we will inform specialists the percent of providers certified within six months, an average faithfulness to the score trend, an MI BECCI quarterly scores. Fourth, in terms of integration along with coordination, we will provide percentage of Family and Child Well-Being Plans that reflect SDM identified safety risk items, number of referrals completed, and document Family Support Services coordination. Sixth, we will provide the percent of cases with SDM safety/risk assessments completed—according to policy and actions document—for safety monitoring. Finally, each month, we will measure and provide staff on training sufficiency, documentation time, and supervision usefulness. We expect providing the above information to specialists will improve their review sessions.

New Mexico CYFD will use a multi-pronged approach in reviewing the success of prevention programs. By assessing the effectiveness of programs, CYFD will engage in self-evaluation to inform and improve the planning along with carrying out of program activities to achieve desired outcomes effectively. Our evaluation processes assess results and provide information essential to improving them. Comprehensive evaluation plans look at practices on multiple levels and from many angles. New Mexico CYFD uses an iterative improvement process, via CQI, to help programs determine their success and identify areas that need change. This system improves outcomes for the children and families we serve. Each well-supported program must have a well-designed and rigorous evaluation and CQI strategy.

Continuous quality improvement reviews occur with each program identified within the prevention plan. We perform this CQI review by using the developed process by which the agency will report

required data to the Administration for Children and Families. For youth who receives prevention services, CYFD will collect and report the following data on a quarterly basis: total expenditure for each of the services provided to the child and/or family; duration of the services provided; the child's placement status from beginning to end of the 12-month period that begins on the date the child was identified as a candidate for foster care in our prevention plan; whether the child entered foster care during the initial twelve-month period as well as during the subsequent 12-month period; and basic demographic information.

New Mexico CYFD will use the previously mentioned data as the basis for our iterative improvement process, CQI, to determine our successes and areas to improve. This data will provide CYFD leadership to understand what does and does not work along with where gaps in services exist. By evaluating each program, we may examine our current practices and work to improve our systems and processes to achieve our primary outcome: **reducing maltreatment of children**. New Mexico CYFD uses the CQI process to continuously improve the lives of our families and communities. The CQI process for the Title IV-E Prevention Plan will use the Plan-Do-Study-Act cycle. As identified by The Center for State Child Welfare Data, the Plan, Do, Study, Act cycle unfolds in the child welfare context as identified below:



© The Center for State Child Welfare Data

Our CYFD Family Services will work with our internal Office of Performance and Accountability in the evaluation process for prevention programming selected that is not identified as "well supported" in the Title IV-E Prevention Services Clearinghouse. New Mexico CYFD will seek a waiver request for the following well-supported services on the Title IV-E Prevention Services Clearinghouse: Motivational Interviewing. (See Waiver Request below)

The evaluation process exists as a crucial step in understanding the effectiveness of the prevention programs for families and practitioners. New Mexico CYFD will review the data to determine if it effectively informs programs about the barriers or challenges faced by families and practitioners. The findings from our in-house analyses will describe the parents/caregivers who participate in prevention services and the characteristics of their families, such as social connections, parental resilience, knowledge of parenting and child development, and other protective factors.

The analysis of our program data will include a descriptive statistical analysis of study participation and measures of prevention services involvement. Leadership will report statistical information in frequencies (e.g., percent participation), measures of central tendency (e.g., mean, median, mode participation length), and variability. We purpose to analyze these programs and their effectiveness using Multilevel Modeling (MLM). The Title IV-E Prevention Services Clearinghouse criteria for analyzing results will be a reference for best practices in data analysis. The evaluation will also include the following practices, which will compare areas of the state for performance:

- The data analyses conducted are thorough to ensure minimal data errors (e.g., detecting missingness patterns, attrition, and inspection of data reporting protocols). Exploratory data analyses will ensure the data are feasible for ongoing collection and data analyses of outcomes (e.g., inspect non-normality, patterns); however, due to the type of data we will collect, our expectation is for a non-normal spread. Part of the reason we chose to use MLM, we will avoid issues that result from this compared to using ANOVA or Multiple Regression. This ongoing process will ensure the continuous improvement of the programs. Test the relationship between child welfare involvement and groups identified within the analyses as comparable (i.e., complete vs. incomplete, by reason). These analyses will examine short-term and long-term outcomes using program-level data (e.g., child and parent measures) and state administrative data (e.g., entry into foster care).
- Baseline equivalence analyses to compare served clients to other clients not referred to the program or who are served by other CYFD family services. This approach follows the What Works Clearinghouse, which performs an omnibus test of differences between groups on the following selected variables: child age at enrollment, child gender, caregiver differences such as marital status, prior involvement in child welfare, recipient of community resources, employment, marital status, substance use, individual differences, and income. This approach to baseline equivalence will help to mitigate potential false-positive discovery.
- Lastly, CYFD will use data from its case management system to answer the question of to what extent the families remained in child welfare services at the completion of the documented well-supported curriculum and six months after.

Evaluation Question	Measure and Evaluation Hypothesis	Data Source/Means of Verification
Q1. Who are the caregivers enrolled in the prevention program	<ul style="list-style-type: none"> • Parent/caregiver age, gender, ethnicity, highest education completed, marital status, housing status, employment. 	<ul style="list-style-type: none"> • Individual data on intake forms

	<ul style="list-style-type: none"> • Child welfare involvement • Past trauma 	<ul style="list-style-type: none"> • CYFD data management data
Q2. What are the characteristics of the families whose caregivers enrolled in the prevention program?	<ul style="list-style-type: none"> • Family composition • Child and family demographics 	<ul style="list-style-type: none"> • CYFD data management system
Q3. To what extent did the prevention program improve the protective factors of the caregivers?	<ul style="list-style-type: none"> • Degree of parent/caregiver protective factors upon entry of program • Degree of parent/caregiver protective factors upon exit of program 	<ul style="list-style-type: none"> • CYFD data management system
Q4. To what extent did the families remain involved in child welfare services at completion of the training and six months thereafter?	<ul style="list-style-type: none"> • Child safety • Child welfare involvement 	<ul style="list-style-type: none"> • CYFD data management system

Waiver Request

New Mexico CYFD will carry out one evidence-based program that the Title IV-E Prevention Services Clearinghouse has rated "well-supported," Motivational Interviewing (MI). New Mexico requests a waiver to conduct a rigorous evaluation of this service. This request is consistent with section 471(e)(S)(C)(ii) of the act because the Clearinghouse itself has determined that the evidence of the effectiveness of each program is compelling. CYFD is submitting Attachment II, Request for Waiver of Evaluation Requirement for a Well-Supported Practice, for the following well-supported services for which the evidence of effectiveness of the practice is compelling.

New Mexico CYFD's signed Request for Waiver for Evaluation Requirements for Well-Supported Practice documents has been submitted to the Children's Bureau as a separate attachment. As previously discussed, MI has demonstrated to be a valuable strategy for engaging with families. It provides a framework for child welfare professionals to engage with families through a strength-based approach that can be combined with other family-strengthening approaches. This strength-based approach leads to more consistent engagement and follow-through and supports the family in attaining their goals of family well-being. By attaining these goals, families are less likely to engage in an incident of child maltreatment. Motivational Interviewing is critical to prevention programs as it supports families to be less likely to have their children enter into foster care.



The effectiveness of MI has been demonstrated through more than thirty studies and inclusion as evidence-based in multiple clearinghouses, which, when considered together, led CYFD to conclude that the program's effectiveness is compelling for New Mexico's child welfare population. For example, this conclusion is supported by the Title IV-E Prevention Services Clearinghouse's Summary of Findings, which reflects findings from two studies that were eligible

for review. It is also supported by the California Evidence-Based Clearinghouse for Child Welfare Office, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the U.S. Department of Justice, and the Pew's Results First Clearinghouse. The review by Pew's Results First Clearinghouse found favorable outcomes in areas of safety, targeting caregivers of children referred to the child welfare system and in use with adolescents. When researchers specifically examined outcomes related to New Mexico, a study demonstrated improved engagement in treatment. Specifically, more participants in the MI group went on to attend treatment sessions than in the standard group (59.3% versus 29.2%). (Carroll, Libby, Sheehan, & Hyland, 2001). The evidence base for MI demonstrates an effective way to improve health and decrease addictive behaviors.

The effectiveness of Motivational Interviewing in increasing family involvement and collaboration in prevention services was a reason for selection in New Mexico's prevention plan in ensuring continuity of services and increasing engagement across the EBP continuum. The use of Motivational Interviewing will enhance familial engagement in prevention service and EBP interventions, and will maximize positive outcomes for families and youth served. MI is likely to lead to client improvement when directed at increasing healthy behaviors and/or decreasing risky or unhealthy behaviors as well as increasing client engagement in the treatment process (Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010). The use of MI assisted in the uptake of services specific to another Title IV-E Prevention Clearinghouse EBP, PCIT (Chaffin et al. 2009), and maltreatment was found to be decreased when MI and PCIT were used together, than either alone (Chaffin et al. 2009).

Family support specialists at CYFD play a crucial role in expanding MI. Family service specialists receive training to use MI to engage parents and caregivers with the desired outcomes of motivating behavioral change, ensuring service completion, and increasing family well-being plan attainment. In addition, the family service specialists will assist families in setting individualized family goals related to improved parenting skills and mental health and building engaging relationships through open questions, affirmations, reflective listening, and summarizing. Our family support specialists will use MI with all evidence programming to support the connection to community services, improve the attainment of goals on the family well-being plan, and improve the completion of prevention services.

Motivational Interviewing Summary of Findings in the Title IV-E Prevention Services Clearinghouse is as follows: [Title IV-E Prevention Services Clearinghouse: Motivational Interviewing \(hhs.gov\)](https://www.hhs.gov/prevention-services-clearinghouse/motivational-interviewing),

Outcome	Effect Size  and Implied Percentile Effect 	N of Studies (Findings)	N of Participants	Summary of Findings
Child well-being: Substance use	-0.01 0	5 (33)	1634	Favorable: 0 No Effect: 33 Unfavorable: 0
Adult well-being: Parent/caregiver	0.00 0	3 (5)	1464	Favorable: 0 No Effect: 5

mental or emotional health				Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.166	15 (109)	6066	Favorable: 16 No Effect: 91 Unfavorable: 2
Adult well-being: Parent/caregiver criminal behavior	-0.010	2 (7)	1610	Favorable: 0 No Effect: 7 Unfavorable: 0
Adult well-being: Family functioning	0.104	1 (1)	777	Favorable: 0 No Effect: 1 Unfavorable: 0
Adult well-being: Parent/caregiver physical health	0.000	4 (10)	2158	Favorable: 0 No Effect: 10 Unfavorable: 0
Adult well-being: Economic and housing stability	-0.020	1 (1)	777	Favorable: 0 No Effect: 1 Unfavorable: 0

We at CYFD remain committed to continuous quality improvement through measuring our Family Support Specialists' adherence to carry out these processes to provide outcomes of evidence-based programs and services rated from "promising" to "well-supported." On a periodic or ongoing basis, New Mexico's contracted evidence-based providers submit data to their program proprietors to report fidelity to the model, ensuring programs are implemented as defined by policy guidance, and outcomes are positively achieved. Using data reported to the proprietors, reports are transmitted highlighting fidelity and client outcomes, as well as practice strengths and areas needing improvement. New Mexico will seek support from the Motivational Interviewing Network of Trainings (MINTI) to develop a CQI strategy. New Mexico intends to put into effect the Behavior Change Counseling Index (BECCI) instrument to increase the skills of caseworkers and provider staff in the practice of MI and monitor fidelity.

Section 3: Monitoring Child Safety

The Family First Prevention Services Act (FFPSA) requires states to monitor child safety for foster care candidates while the candidate and their family are receiving Title IV-E prevention services. New Mexico CYFD Family Support Specialists will use the Structured Decision-Making Safety and Risk Assessment to assess safety and risk throughout prevention services being put in place.

The purpose of the Structured Decision Making® (SDM) safety assessment is to (1) help assess whether any child may be in serious danger of serious harm that requires a protective intervention and (2) determine what interventions should be initiated or maintained to provide appropriate

protection. The safety assessment provides structured information concerning the danger of serious harm or maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention (safe), may remain in the home with continued safety interventions in place (safe with a plan), or must be placed out of the home (unsafe).

The SDM risk assessment classifies families into low-, moderate-, or high-risk groups based on the group's overall probability of experiencing future CYFD involvement. Families classified as high-risk have greater rates of subsequent referral and substantiation compared to families classified as low-risk. The risk assessment identifies the likelihood that a family will have repeat system involvement in the next 18 to 24 months. Offering preventive services to a high or moderate-risk family will likely reduce the risk of repeat system involvement. If a family's risk does not decrease at the end of the program period, then an extension for services to continue may occur with CYFD.

Some families may be intermittent in their engagement, thus are not seen on a regular basis. If the family does not engage with the family services specialist on regular basis, then the SDM tool will be used each time engagement does occur. For families whose engagement is on a regular basis and appointments are kept at the agreed upon schedule, the SDM tool will be reviewed on a monthly basis.

During any child and family contact, both existing and new safety issues will be continuously assessed. We address any risk factors and promptly deal with any barriers to improving child safety and the family's progress. With all these crucial factors in place, we expect to reduce ongoing safety issues, thus bringing hope for positive outcomes.

Each well-supported curriculum chosen has identified assessments to identify areas for the family services specialist to offer intervening support. These assessments will be completed as indicated by the curriculum used to ensure fidelity to the curriculum.

Section 4. Consultation and Collaboration

New Mexico CYFD recognizes the importance of coordinating its Title IV-E prevention program with other state agencies working with children and families. Our CYFD coordinates with multiple state agencies, including the Department of Health (DOH), the Early Childhood Education and Care Department (ECECD), and the Health Care Authority (HCA). Community-based service providers confer a necessary continuum of prevention services to children and families across the state. New Mexico CYFD will work with community providers to expand the prevention services targeted at identified foster care candidates and their families. The community-based prevention services will be added to New Mexico's FFPSA Prevention Plan at a later time, allowing New Mexico to focus on internal prevention services. Title IV-E prevention dollars will supplement existing prevention programs by creating tertiary responses and advanced interventions designed to prevent the escalation of issues using trauma-informed, evidence-based practices. New Mexico Tribes, Pueblos, and Nations are also important stakeholders. Services for Native American families and children must uphold the authority of each Tribe, Nation and Pueblo, respect tribal autonomy and provide access to traditional healing practices

Our CYFD's collaborative work with other state agencies within the Children's Cabinet on the Thriving Families Plan is a proactive step towards a better future for child welfare in New Mexico. This plan, which aims to coordinate systems across the Children's Cabinet, is designed to prevent and reduce child maltreatment and enhance family and child well-being. The coordination of efforts around parent education, referrals, and funding by CYFD, ECECD, DOH, HCA, and other state agencies ensures that prevention services are available to all families before they encounter the child welfare system.

New Mexico's CYFD's collaborative work with the HCA to coordinate the Keeping Families Together program and other prevention programming through Temporary Assistance to Needy Families (TANF) funds is a comprehensive support system. We designed the KFT program--which targets families with children ages 0-17 who have had or possibly will become involved with the New Mexico CYFD and experience homelessness-- to provide a variety of services. These include housing, case management, vocational or educational development, employment, and other supportive services to meet the identified needs and ensure the family's safety. Regular meetings between staff with CYFD and HCA ensure that services are occurring optimally and provide a platform to discuss innovative ways to expand the program to support more families in need of housing.

Our CYFD works with HCA, DOH, and ECECD in New Mexico's response to the Comprehensive Addiction and Recovery Act (CARA), which requires the state to report the number of infants born exposed to substances and the number of those infants that received a Plan of Safe Care.

Consultation between CYFD, HCA, DOH, and ECECD occurred throughout the development of New Mexico's FFPSA Prevention Plan. This consultation will continue as New Mexico reviews adjusts and expands prevention services within the state. Addendums to the Title IV-E Prevention Plan will occur as innovative programs and adjustments to current programs are made to enhance prevention services.

Stakeholder Meetings

A series of statewide stakeholder meetings were held in December 2021, January 2022, and April 2022. The meetings (1) explained that Title IV-E funding could be used to prevent unnecessary removals of children from their homes and support families by addressing factors that may be contributing to the need for a family prevention plan and CYFD intervention in the home, (2) familiarized stakeholders with the requirements of the Title IV-E Prevention Plan, and (3) described the scope of reimbursable activities that could be supported with Title IV-E prevention funding. Over the next five years, stakeholder input will be critical to successfully carrying out the Title IV-E Prevention Plan. Key stakeholder groups will include:

- Community-Based Prevention and Intervention service providers
- Domestic Violence Services Community Providers
- Administrative Office of the Courts and Judges and Contract Attorneys for children, youth, and caregivers
- Human Services Department and Managed Care Organization Care Coordinators

- Medical and Behavioral Health Professionals that Specialize in Substance Use Disorder
- New Mexico Tribal Indian Child Welfare Consortium (NMTIC) and the twenty-three unique Tribes and Pueblos across the State
- Office of African American Affairs
- Department of Health Children Medical Services and Infant and Maternal Health
- Early Childhood Education and Care Department
- Governor's Children's Cabinet

This Prevention Plan is an evergreen document designed to adapt to best serve the evolving needs of children and families across New Mexico. The plan is crafted to put into effect selected evidence-based programs and aid in developing the capacity to deliver and monitor services effectively. In addition to convening stakeholder workgroups, CYFD ensures that all divisions across the agency work in tandem to put the prevention plan into effect, including fiscal and technical aspects, over the next five years.

The Thriving Families PN3 Plan focuses on strategies for primary, secondary, and tertiary prevention of child maltreatment, including intervention and education for families with children prenatal to age three. The ECECD leads this plan with the New Mexico Children's Cabinet and will complement efforts within CYFD's Title IV- E Prevention Plan.

Section 5. Child Welfare Workforce Training & Support

The beauty and strength of New Mexico lie in all the elements that make up the "Land of Enchantment." Our statewide recruitment plan includes a workforce that is demographically representative of the families we serve, which is not just a goal but a necessity. The Children, Youth and Families Department (CYFD) will ensure that family support specialists meet the necessary qualifications that align with the evidence-based programs selected. Additionally, we will provide training and coaching on developing family and child well-being plans for children and families, along with conducting ongoing safety and risk assessments.

CYFD is aware that new staff come to the agency with a wide array of prior knowledge and experience. However, family support specialists must receive training and coaching specific to the knowledge, skills, competencies, policies, and procedures related to their specific job within the agency. This training improves their chance at success and occurs prior to their independent case work for prevention programming. We have designed a comprehensive training program to ensure that they are fully prepared for their roles within CYFD. This program, which includes an overview of CYFD and the Family Services Division, prevention services within the state, the importance of collaboration with other state agencies and community resources, FFPSA and foster care candidate eligibility, principles of family engagement, SDM tool and safety and risk, family well-being plan development using a strength-based approach, CQI process for programs within Family Services, targeted curriculum training for the program they implement and MI training, is designed to equip CYFD staff with all necessary skills and knowledge. In addition to the specific training for Family Services, the employees receive New Employee Onboarding training, including trauma responsiveness and ICWA/IFPA training. New Mexico CYFD family services specialists will receive SafeCare, MI, and Family Connections training and mentorship before working independently with families. The Graduated Caseload plan is woven into the design to begin giving workers manageable experiences, training and coaching before carrying a full caseload and is

aligned with the Child Welfare League of America (CWLA) standards. As additional training is needed, supervisors will engage in coaching tools and techniques to strengthen practice proficiency in their staff. To ensure that a prevention lens is embedded in practice, supplemental training will reinforce skill development in translating the need for services or supports, especially to prevent safety issues.

Our CYFD's training focuses on skill building related to recognizing trauma responsive care, adaptability, and flexibility. Training through a prevention lens will reinforce skill development in translating the need for services or support to improve families' well-being. CYFD, along with our partners at HCA, is building a supportive and trauma-responsive system of care. The system supports and serves all stakeholders, including families and persons who work with children, youth, and families. All stakeholders within the New Mexico child welfare system must participate in trauma-responsive training. This training will support the workforce's understanding of the impact of trauma on child development, behavior, impact on parent/caregivers, and parenting. The training will support skill development to respond effectively and prevent re-traumatization.

New Mexico CYFD understands the importance of our family service specialists having the skills necessary to ensure child safety and well-being. Our CYFD knows improved results happen when parents engaged, as partners, with the child welfare system. Using MI--as previously discussed--will support the family service specialists to engage families in a strength-based approach while actively listening to families and inviting participation in the development of their Family and Child Well-Being Plan and in creating a safe and nurturing environment for children and themselves.

Retaining employees begins with a structured onboarding process. New Mexico CYFD consistently works to improve its onboarding process. New employees undergo rigorous five-week training to develop their knowledge and skills, including two weeks of on-the-job training. New Employee Training (NET) has been redesigned to be more experiential and align with current adult learning best practices. Our CYFD also developed a New Employee Onboarding (NEO) track. Combined, they are a six-week comprehensive start for the new employee. As a result, the new format engages learners in a cycle of learning and application with greater job-specific focus. New Mexico CYFD also has an extensive organization-wide training requirement on topics such as Trauma-Responsiveness, MI, ICWA and other child welfare best practices.

Current pre-service training for new employees includes role-specific instruction and coaching; however, over the last few years, it has become apparent that workers need more focused training and coaching that is specific to the knowledge, skills, competencies, policies, and procedures related to their specific job within the agency. The Workforce Development Division's Regional Coaching Unit has added to its existing coaching model role-specific coaching and mentoring. Each coach has developed expertise in one Protective Services field role (Investigation, Permanency or Placement). Building expertise includes re-training of the use of the structured decision-making (SDM) and Safety Organized Practice (SOP) tools and attending train-the-trainer training facilitated by CYFD contractors Evident Change to improve the ability to assist in coaching and mentoring field staff. The skills and knowledge building around SDM and SOP by all the coaches allows each coach to tie safety measures and tools into their role-specific coaching, regardless of the role.

CYFD recognized the need for an Indian Child Welfare Training Coordinator to support the federal Indian Child Welfare Act (ICWA) and state Indian Family Protection Act (IFPA) training needs. This position provides support to the Office of Tribal Affairs Director on training matters as they

relate to ICWA and IFPA. The Office of Tribal Affairs works closely with the Nations, Pueblos, and Tribes to ensure compliance with the federal requirements of the ICWA, the state requirements of the IFPA, and other laws governing child welfare. The ICWA/IFPA Training Coordinator will also support the agency's efforts in meeting the Kevin S. Settlement Agreement deliverables, the New Mexico Children's Code, and the New Mexico State-Tribal Collaboration Act. The Office of Tribal Affairs also provides supportive services and technical assistance to the CYFD workforce within the Behavioral Health Services Division, Juvenile Justice Services Division, Family Services Division, and Protective Services Division. The Indian Child Welfare Training Coordinator will work with the agency's workforce to build professional knowledge and practice through training, coaching, and materials development in collaboration with the Nations, Pueblos, Tribes, and the Workforce Development Bureau. The Indian Child Welfare Training Coordinator will train and coach at the individual, group, and community levels to provide knowledge and skills of best practice approaches when working with native children, families, and Tribal partners with a focus on compliance with ICWA and IFPA standards addition, CYFD has an ICWA/IFPA Trainer/Coach in the Office of Tribal Affairs. The Trainer/Coach will provide small group and one-on-one coaching that includes activities to increase our workers' knowledge, skills, and abilities related to ICWA and IFPA implementation. Activities may include group coaching, manual/guide creation, unit meetings or training, and community liaison meetings. Additionally, the position may provide case-specific guidance and problem-solving. This position supports ensuring that staff know best practices with native children and families, that practice is compliant with ICWA and IFPA. All employees may be self-referred, referred to, or mandated by their supervisors for coaching on specific areas of need.

Section 6: Prevention Caseloads

Overseeing caseload size and type is essential. Manageable caseloads and workloads can make a significant difference in a worker's ability to spend adequate time with children and families and on completing critical case activities and ultimately having a positive impact on outcomes for children and families. New Mexico will manage caseloads by using the nationally recognized strategy of managing "workloads" rather than caseloads. Workload is defined as the amount of work required to successfully manage assigned cases and bring the case to resolution. Caseload and workload can be reviewed when new case assignments are given and in monitoring child and family progress and overall worker progress. Using the workload strategy, the prevention workers' case load size will vary depending on curriculum used, family needs, worker experience and qualifications. Each prevention worker needs to have a manageable caseload to ensure the family receives the level of support needed for the child to remain safely in their home. The CYFD In-Home Services prevention workers using the Family Connections curriculum have a recommended caseload of size of 1:8. If a prevention worker sees a family multiple times a week, then the caseload will be adjusted lower (workload) to ensure the worker is able to connect with each family and spend adequate time with the children and families they are supporting.

As mentioned above, CYFD's In-Home Services personnel use Family Connections curriculum along with MI. To achieve fidelity, case load sizes average eight families. Within CYFD, a worker will be considered ready for an independent caseload when they are able to move through a case from start to finish with minimal direction from their supervisor. Independent workers know the

steps and processes needed to complete a case, and they know where to find relevant information (e.g., Intranet, policy, and procedures). While the worker is independent, the supervisor continues to provide education, administration guidance, and support.

Fidelity criteria focus on performance of intervention parts rather than caseload size when using evidence-based curriculums. While each evidence-based curriculum has a standard recommended caseload, the variables that exist within families and their needs must be considered when determining the size of caseload or the actual workload of the prevention worker.

Section 7: Assurance on Prevention Program Reporting

New Mexico commits to comply with the Family First Prevention Services Act's reporting requirements.

Federal Reporting and Assurances:

Attachment I: State Title IV-E prevention program reporting assurance

Attachment II: State request for waiver of evaluation requirement for a well-supported practice

Attachment III: State assurance of trauma-informed service-delivery

Attachment IV: State annual maintenance of effort (MOE) report

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