

# CAPTA STATE GRANT PROGRAM

New Mexico State Plan  
Children, Youth & Families Department  
Protective Services  
June 30, 2019



# CAPTA STATE GRANT PROGRAM

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## ATTACHMENTS

1. Agency Response to 2018 Annual CRB Report
2. 2018 Annual CRB Report

# CAPTA STATE PROGRAM

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## NEW MEXICO STATE PLAN

### CHILDREN, YOUTH & FAMILIES DEPARTMENT PROTECTIVE SERVICES DIVISION

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

PSD is one of three service areas that make up the New Mexico Children, Youth and Families Department (CYFD), along with Juvenile Justice Service and Behavioral Health Services.

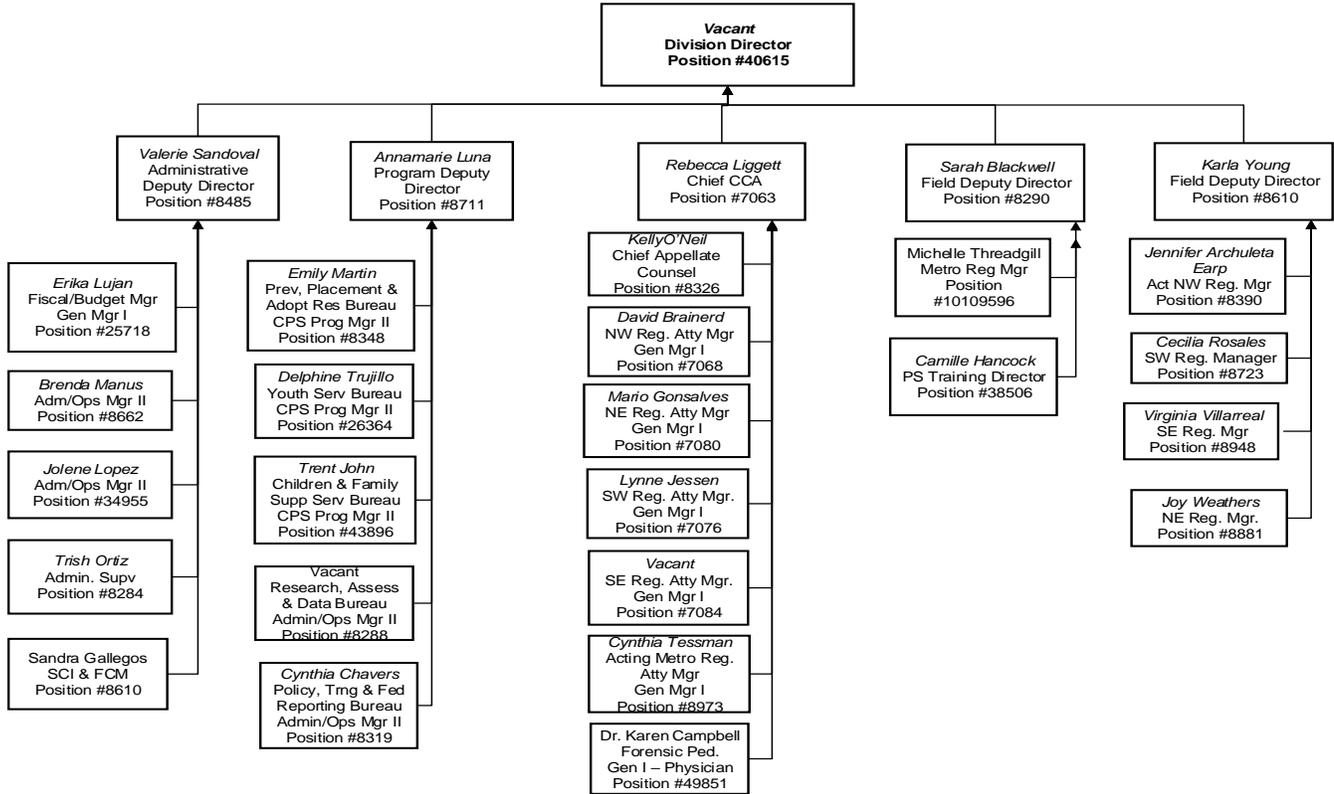
CYFD administrative services supports all the service areas and includes budget and revenue, financial management, employee support services, and information technology services. The office of the cabinet secretary includes the general counsel's office, the inspector general's office, the constituent affairs director, the Native American liaison, and the director of legislative and community affairs.

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

PSD provides child protective services and other child welfare services throughout the state of New Mexico. Administration of the child welfare program is centralized, with direct services offered through county offices located within five designated regions. PSD consists of one director, one deputy director, two field deputy directors and one chief children's court attorney. County office managers report to five regional managers who, in turn, report to one of two field deputy directors.

PSD has in-house Children's Court Attorneys, located throughout the state and managed by Regional Attorney Managers under the Chief Children's Court Attorney.

## Protective Services Division Organization Chart May 23, 2019



## PROGRAM AREAS DESCRIBED IN CAPTA AND PROPOSED FUNDING USE

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

New Mexico has elected to address the following program areas:

Program Area 1: the intake, assessment, screening, and investigation of reports of child abuse or neglect;

Program Area 2:

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

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

Program Area 4: enhancing the general child protective services system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response;

Program Area 5: developing and updating systems of technology that support the program and tracking of child abuse and neglect from intake through final disposition and allow intrastate and interstate information exchange;

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

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

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

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

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

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

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

## CHANGES FROM THE PREVIOUSLY APPROVED CAPTA STATE PLAN

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

## DESCRIPTION OF ACTIVITIES, SERVICES AND TRAINING UNDER THE GRANT

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

Activity/Service/Training	2020 Status	Corresponding CAPTA Program Area
Continued support for maintenance of FACTS, the system used by PSD to track reports of child abuse and neglect from intake through final disposition and allows interstate and intrastate information exchange.	<b>On-going:</b> PSD anticipates use of funds in for basic maintenance of FACST as we transition to CCWIS in 2020 and future years.	Program Area 5
During the 2019 Legislative Session, a law was passed required CYFD to develop and implement Differential Response.	CYFD will be developing an implantation plan to begin piloting Differential Response in 2 counties in FY21.	Program Area 4
Provide training to foster parents, staff and other stakeholders at the New Mexico’s Children’s Law Institute (CLI), on the prevention of human trafficking and the prudent parent standards as outlined in the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183)	Support attendance and participation of PSD staff and foster parents (CPS workers and children’s court attorneys) at the annual conference held in January 2019. Will continue to support attendance and participation at the January 2020 institute and annual CLI thereafter.  A specific track is provided on Preventing & Responding to Sex Trafficking at the CLI Conference.	Program Areas 2, 6, 7

Activity/Service/Training	2020 Status	Corresponding CAPTA Program Area
Provide training to staff and other stakeholders throughout the year on the cross section of Domestic Violence and Protective Services using the Safe and Together Model. Training is provided in person, online, and through coaching and consultation.	<b>On-going:</b> PSD has entered into contracts with Safe and Together Institute. Multiple trainings are scheduled in locations throughout the state with direct staff, supervisors, and management and training coaches, along with program evaluation following trainings.	Program Areas 3, 4, 8 and 14
Develop tracking mechanism for CARA Plans of Safe Care and training.	<b>On-going:</b> PSD entered into a contract with Falling Colors to create the CARA portal and phase 2 will be worked on FY20.	Program Area 2, 3, 6

## DESCRIPTION OF SERVICES, TRAINING AND POLICIES AND PROCEDURES

### SERVICES

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

- Information and referral services through PSD Statewide Centralized Intake (SCI) services. Services are available 24 hours a day, 7 days a week.
- CYFD Family Nutrition Bureau administers a statewide Child and Adult Food and Summer Food programs that provides nutritional meals for children and adults and nutrition education training for childcare providers and families.
- CYFD Early Care Services is committed to building and maintaining a quality childcare system and to assuring that children from low income families have equitable access to high quality programs.
- CYFD provides an array of behavioral health services for children and youth in partnership with the state’s Behavioral Health Purchasing Collaborative.
- CYFD Domestic Violence Unit within Behavioral Health Division oversees the Family Violence Services Prevention Act which provides such services as education, shelter and support services.
- PSD, through the Safe and Stable Families program provides services and supports to families who have accepted children for foster care or adopted children.
- PSD through the Child Abuse Prevention and Treatment Act Title II program has funded services for community based child abuse prevention programs targeted at children aged 0-5 years old.
- New Mexico’s home visiting program partners visitors with families to promote child development and confident parenting by supporting the relationship among family, home visitor and the community. Home visiting programs provide parents with support to enhance the parent-child relationship.

The Children’s Trust Fund provides funding for a variety of community based child abuse and neglect prevention programs across the state.

**TRAINING**

PSD provides the following training to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect:

- CYFD PSD Statewide Central Intake (SCI) staff participate in mandatory Foundations of Practice (FOP) offered through the Academy for Training and Professional Development. Training includes but is not limited to topics on interviewing, engagement, identifying child abuse and neglect, worker safety, worker self care, decision making, and relevant New Mexico statutes on reporting child abuse and neglect.
- PSD SCI workers also receive on the job training and ongoing supervision.

CYFD PSD provides the following training to individuals who are required to report cases of child abuse and neglect:

- PSD provides training to community members including but not limited to: school personnel, early childhood education providers funded Part C of IDEA, law enforcement, behavioral health and community providers, and the medical community. Training is provided by SCI staff as well as staff from the local county offices. An e-learning has been completed for school personnel on detecting and reporting child abuse and neglect.

**POLICIES AND PROCEDURES CROSSWALK**

All Protective Services policies and procedures, and state statutes are available upon request.

Reporting of known or suspected child abuse and neglect, including a State law for mandatory for reporting.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-3 A</li> </ul>
Reporting and addressing the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-3 A</li> <li>• PS Intake Procedures PR 8</li> </ul>
Procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service.	<ul style="list-style-type: none"> <li>• In-Home Services Policy, 8.10.6 NMAC</li> <li>• In-Home Services Procedures</li> <li>• NM is currently developing pilot program from differential reponse and procedures are being developed.</li> </ul>
Procedures for immediate steps to be taken to ensure and protect the safety of a victim of child abuse or neglect and of any other child under the same care who may also be in danger of child abuse or neglect and ensuring their placement in a safe environment.	<ul style="list-style-type: none"> <li>• Permanency Planning Policy, 8.10.8.10 NMAC</li> <li>• Permanency Planning Procedure, PR 10</li> </ul>
Provisions for immunity from prosecution under State and local laws for individuals making good faith reports of suspected or known instances of child abuse or neglect.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-5 B</li> </ul>

Methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child’s parents or guardians.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-33</li> <li>• PS General Policies, 8.8.2.15 NMAC</li> <li>• PS General Procedures. PR 15</li> </ul>
Provisions to require a State to disclose confidential information to any Federal, State, or local government entity that has a need for such information in order to carry out its responsibilities under law to protect children from child abuse and neglect.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-33 B</li> </ul>
Provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-33.1</li> </ul>
The cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse and neglect.	<ul style="list-style-type: none"> <li>• NMSA 1978, “Abuse and Neglect Act,” Sections 32A-4-1 through 32A-4-34</li> <li>• PS Investigation, 8.10.3 NMAC</li> <li>• PS Investigation Procedures</li> <li>• Permanency Planning, 8.10.8 NMAC</li> <li>• Permanency Planning Procedures</li> </ul>
Provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role, shall be appointed to represent the child in such proceedings.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-1-7</li> </ul>
The establishment of citizen review panels.	<ul style="list-style-type: none"> <li>• NMSA 1978, “Citizen Substitute Care Act,” Section 32A-8-1 through 32A-8-7</li> </ul>
Provisions, procedures, and mechanisms for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and by which individuals who disagree with an official finding of child abuse or neglect can appeal such finding.	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-29</li> </ul>

<p>Provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction:</p> <ul style="list-style-type: none"> <li>• to have committed murder (which would have been an offense under section 1111(a) of title 18 if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;</li> <li>• to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18 if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;</li> <li>• to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter;</li> <li>• to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent;</li> <li>• to have committed sexual abuse against the surviving child or another child of such parent; or</li> <li>• to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)).</li> </ul>	<ul style="list-style-type: none"> <li>• NMSA 1978 Section 32A-4-2 C</li> <li>• Permanency Planning Procedures, PR 8</li> </ul>
<p>Provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse or neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant.</p>	<ul style="list-style-type: none"> <li>• PS Investigation, 8.10.3.12 NMAC</li> <li>• PS Investigation Procedures, PR 12</li> </ul>
<p>Provisions and procedures for improving the training, retention, and supervision of caseworkers.</p>	<ul style="list-style-type: none"> <li>• PS General Policies, 8.8.2.21 NMAC</li> <li>• PS General Procedures, PR 21</li> </ul>
<p>Provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).</p>	<ul style="list-style-type: none"> <li>• PS Investigation Procedures, PR 19</li> </ul>
<p>Provisions and procedures for requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household.</p>	<ul style="list-style-type: none"> <li>• Licensing Requirements for Foster and Adoptive Homes, 8.26.4.10 NMAC</li> <li>• Licensing Requirements for Foster and Adoptive Homes Procedures, PR 21</li> </ul>
<p>Provisions for systems of technology that support the State child protective service system track reports of child abuse and neglect from intake through final disposition</p>	<ul style="list-style-type: none"> <li>• PS General Policies, 8.8.2.14 NMAC</li> <li>• PS General Procedures, PR 14</li> </ul>

<p>Provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.</p>	<ul style="list-style-type: none"> <li>• Permanency Planning 8.10.8.24 NMAC</li> <li>• Permanency Planning Procedures, PR 24</li> <li>• Youth Services, NMAC 8.10.9.22</li> <li>• Youth Services Procedures, PR 22</li> </ul>
<p>Provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims</p>	<ul style="list-style-type: none"> <li>• Permanency Planning 8.10.8.24 NMAC</li> <li>• Permanency Planning Procedures, PR 24</li> <li>• Youth Services, NMAC 8.10.9.22</li> <li>• Youth Services Procedures, PR 22</li> </ul>
<p>Policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9)(A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse.</p>	<ul style="list-style-type: none"> <li>• Permanency Planning 8.10.8.24 NMAC</li> <li>• Permanency Planning Procedures, PR 24</li> <li>• Youth Services, NMAC 8.10.9.22</li> <li>• Youth Services Procedures, PR 22</li> </ul>

## COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA)

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

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

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

1. The importance of decriminalizing and de-stigmatizing addiction. In particular, the importance of decoupling substance use/substance exposure and mandatory referrals to CYFD Protective Services.

2. The strategic importance of making comprehensive prenatal care (including substance use screening and medically assisted treatment) available to all pregnant women in New Mexico.
3. The importance of enlisting families in the creation and implementation of Plans of Care, and of assigning a single care coordinator to the mother and infant to ensure coordination of services.

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

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

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

Health care professionals will also be responsible for assessing the mother’s substance use and impact on the child at the time of delivery. If it appears that the child has been exposed to drugs or alcohol (including prescribed, non-prescribed, and illicit drugs), a Plan of Care is required. This approach is based on a preference that infants, mothers, and families can remain together. If, however, the health care professional is concerned for the parent’s ability to safely care for the child, a referral should be made to Protective Services for a possible investigation of abuse/neglect. Removal of the child from the parent

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

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

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

should only be based on immediate safety concerns that present a danger to the child. If safety concerns can be mitigated, removal can be avoided. For example, if mother and infant are living in a residential treatment center, the safety concerns may be mitigated and the infant may remain with the parent. New mothers should be encouraged to hold and spend time with their infants as well as breastfeed when appropriate. “Skin to skin contact” and “rooming in” are encouraged.<sup>4</sup>

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

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

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

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

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

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

The training is conducted using a standardized Powerpoint presentation modified for each specific audience. The presentation was created collaboratively by CYFD PS and the Department of Health, and representatives from each agency conduct the training together. Some of the specialized trainings are also

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

conducted by Dr. Andrew Hsi, co-chair of the CARA Workgroup, and Dr. Janis Gonzales, President of the New Mexico Pediatric Society and member of the CARA Workgroup.

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

The CARA Safe Planning Approach has now been enacted into State law. House Bill 230, Plans of Care, was introduced during the 2019 legislative session. This legislation, sponsored by Representative Christine Trujillo (D) in the House and Senator Gay Kernan (R) in the Senate, creates a “substance exposed newborn plan of care” that notifies Protective Services when infants are born to mothers who test positive on toxicology screening at delivery. This bill brings New Mexico into compliance with CAPTA regulations and also builds on the work of the CARA Safe Planning Workgroup. This legislation specifies that a positive toxicology result at delivery shall not be the sole basis for mandatory reporting of suspected child abuse to Protective Services Statewide Central Intake. It does not change in any way the mandatory reporting requirements that are currently in state statute, but clarifies that if an infant is identified as being exposed, the development of a Plan of Care is required. It defines the role of health care professionals and delivery sites, which is to evaluate the capacity of the mother and family system to provide for the needs of the newborn, a process similar to how hospitals evaluate any mother with a mental health condition such as severe depression or schizophrenia. Hospital staff shall develop a Plan of Care for the family and communicate the plan to the ongoing primary care physician, the insurance plan care coordinator, CYFD, and DOH/Children’s Medical Services.<sup>5</sup> This bill changed the New Mexico Children’s Code to include the CARA Safe Planning approach. It is currently awaiting final signature from Governor Lujan Grisham was signed in to law by Governor Michelle Lujan-Grisham on April 2, 2019.

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

CYFD submitted the Governor’s Assurance on 06/30/2019.

## **CHILD FATALITIES AND NEAR FATALITIES**

### **CHILD FATALITIES**

In 2019, the number of deaths resulting from child abuse or neglect was 10. Data was gathered for the NCANDS child file through New Mexico’s SACWIS system; additional data was obtained regarding the NCANDS agency file was obtained through the New Mexico Office of the Medical (OMI). According to the New Mexico OMI’s website, the OMI “investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected, or where a person is found dead and the cause of death is

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

unknown.” Additionally the OMI provides the formal death certification. Reports from the OMI are utilized as these are the most comprehensive and reliable reports available.

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

32A-4-33.1 NMSA 1978 states:

- A. After learning that a child fatality has occurred and that there is reasonable suspicion that the fatality was caused by abuse or neglect, the department shall, upon written request to the secretary of the department, release the following information, if in the department's possession, within five business days:
  - (1) the age and gender of the child;
  - (2) the date of death;
  - (3) whether the child was in foster care or in the home of the child's parent or guardian at the time of death; and
  - (4) whether an investigation is being conducted by the department.
- B. If an investigation is being conducted by the department, then a request for further information beyond that listed in Subsection A of this section shall be answered with a statement that a report is under investigation.
- C. Upon completion of a child abuse or neglect investigation into a child's death, if it is determined that abuse or neglect caused the child's death, the following documents shall be released upon request:
  - (1) a summary of the department's investigation;
  - (2) a law enforcement investigation report, if in the department's possession; and
  - (3) a medical examiner's report, if in the department's possession.
- D. Prior to releasing any document pursuant to Subsection C of this section, the department shall consult with the district attorney and shall redact:
  - (1) information that would, in the opinion of the district attorney, jeopardize a criminal investigation or proceeding;
  - (2) identifying information related to a reporting party or any other party providing information; and
  - (3) information that is privileged, confidential or not subject to disclosure pursuant to any other state or federal law.
- E. Once documents pursuant to this section have been released by the department, the department may comment on the case within the scope of the release.
- F. Information released by the department consistent with the requirements of this section does not require prior notice to any other individual.
- G. Nothing in this section shall be construed as requiring the department to obtain documents not in the abuse and neglect case file.

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

CYFD PSD has members on four of the five panels of the New Mexico Child Fatality Review (NMCFR) which was established in 1998 to examine the circumstances that contribute to the deaths of infants, children and youth in New Mexico. NMCFR brings together a multidisciplinary teams of experts from professional and community agencies to systematically evaluate information on child death events and identify risk factors in these deaths. NMCFR focuses on systems changes that lead to greater collaborative efforts and improvements in child health and safety. Cases are grouped by the type of death events and reviewed accordingly by the following panels: deaths from accidents other than transportation, including SUID (Sudden Unexpected Infant Deaths); child abuse and neglect (child maltreatment); homicide; suicide; and transportation. The NMCFR releases an annual report that is posted to the New Mexico Department of Health public website. Case identifying information surrounding child fatalities is confidential.

### **CHILD NEAR FATALITIES**

PSD has developed a protocol system to report “serious injury,” which can be construed as a near fatality, to the CYFD Secretary and Chief of Staff, as well as PSD Executive Management. All public response to the any child fatality or serious injury is handled by the CYFD Public Information Office. This protocol has been added to PSD’s Intake Policy at 8.10.2.15 NMAC:

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

Further development of a “Near Fatality” protocol will be pursued in 2020, along with formal definitions of “serious injury” and “near fatality.” Workgroups have been assembled to formalize the protocol to better streamline the process for Child Near Fatalities.

### **NOTIFICATION REGARDING SUBSTANTIVE CHANGES TO STATE LAW**

There were changes to the New Mexico Children’s Code in 2019. HB 230 was passed and the legislation specifies that a positive toxicology result at delivery shall not be the sole basis for mandatory reporting of suspected child abuse to Protective Services Statewide Central Intake. It does not change in any way the mandatory reporting requirements that are currently in state statute, but clarifies that if an infant is identified as being exposed, the development of a Plan of Care is required. It defines the role of health care professionals and delivery sites, which is to evaluate the capacity of the mother and family system to provide for the needs of the newborn, a process similar to how hospitals evaluate any mother with a mental health condition such as severe depression or schizophrenia. Hospital staff shall develop a Plan of Care for the family and communicate the plan to the ongoing primary care physician, the insurance plan care coordinator, CYFD, and DOH/Children’s Medical Services.

### **NEW MEXICO SUBSTITUTE CARE ADVISORY COUNCIL**

The Substitute Care Advisory Council is created under Chapter 32 [32], Article 8 NMSA 1978. The purpose of the Act is to “establish a permanent system for independent and objective monitoring of children placed in the custody of the department. The Act establishes a nine-member Council who is authorized to hire staff to oversee the functions and procedures of the substitute care review boards. The Council is administratively attached to the Regulation and Licensing Department according to the

provisions of Section 9-1-7 NMSA 1978, with funding of the Council comprised of a combination of State General Funds and an interagency transfer of funds from CYFD. The Council functions under NMAC 8.26.7.

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

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

CAPTA requires the state agency to:

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

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

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

## CAPTA ANNUAL STATE DATA REPORT 2019

REQUIREMENT	VALUE	COMMENT
Number of children reported to the State during the year as victims of child abuse or neglect	26,041	Number of alleged child victims reported for FY2019
Number of children who were:		
• Substantiated	8,438	
• Unsubstantiated	17,602	
• Determined to be False	N/A	PSD does not collect information on false reports.
Of the number reported above, the number of children who:		

<ul style="list-style-type: none"> <li>• Did NOT receive services from state</li> </ul>	N/A	Not available. Provision of services is determined by placement, payment for services and development of a case plan for services. Unpaid and undocumented services cannot be counted. For this reason the count of children receiving services is considered underreported. Children not receiving services cannot be easily identified by subtracting the number receiving services from the total number of children reported.
<ul style="list-style-type: none"> <li>• Received services from state</li> </ul>	6,377	Number of duplicated children receiving services as a result of the investigation which includes both substantiated and unsubstantiated children.
<ul style="list-style-type: none"> <li>• Removed from families during year by disposition of case</li> </ul>	2,060	Number of duplicated children entering care which includes both substantiated and unsubstantiated children; the number of unique substantiated child victims entering care is 1,384.
Number of FAMILIES that received preventative services, including use of differential response, from state during year	N/A	
CHILDREN receiving preventative services through the Community-Based Prevention of Child Abuse & Neglect Grant	127	There was a decrease in families who received preventative services in FFY19 by 21 families. FFY19 was a transition year for the community-based child abuse prevention contractors. During this time period, four-year contract term of CYFD's community based providers terminated on June 30, 2019. One previous contractor decided in January 2019 that they would not be re-applying for the grant, and as a result, one staff member resigned in February 2019. Due to the contract ending, the contractor elected not to fill the position and stopped accepting new clients as of May 1, 2019.
CHILDREN receiving preventative services through the Safe and Stable Families Program	723	Due to the increase in the number of children served in FFY19, it is evident that contractors continue to support families with multiple children living in their household through Family Support Services and In-Home Services. In the 4 <sup>th</sup> Quarter of FFY19, new contracts were awarded that lengthened the time families could receive services. Families enrolled in Family Support Services can receive services for up to six months (previously two months), and families enrolled in In-Home Services can receive services for up to nine months (previously six months).

CHILDREN receiving preventative services through "Other" funding sources	580	There was a slight increase in the number of children served through Children's Trust Fund programming. Per program requirements, one agency expanded its service area in FF19 to serve additional counties throughout its parenting program, and another agency began serving families at their local jail. These expansions have helped these agencies reach additional families.
Number of deaths resulting from child abuse or neglect	10	
Of number of child deaths, number in foster care	0	
<b>REQUIREMENT</b>	<b>VALUE</b>	<b>COMMENT</b>
Number of CPS staff responsible for:		
<ul style="list-style-type: none"> <li>Intake, screening and assessment of reports</li> </ul>	43	Intake, screening and assessment are all done by SCI staff. There are 53 FTE SCI staff including intake workers, senior workers and supervisors.
<ul style="list-style-type: none"> <li>Investigation of reports</li> </ul>	128.5	This count includes all FTE Field Investigators PIT 09/30/2019. It does not include supervisors, CSA's or SCI staff.
Agency response time to initial investigation of reports	99.49 hrs.	Response time in Hours here is measured from the Report Received Date/Time to the Date/Time worker made contact with all alleged victims.
Response time with respect to provision of services	N/A	Not Available
Personnel qualifications		See Section 1 below
Number of children reunited with families who within 5 years are the subject of a substantiated report	504	The count of 504 child victims includes unduplicated children removed from their home and placed in out-of-home care for any period of time and then reunited with their family during the previous five years from the date of the report

Number of children whose family received family preservation services who within 5 years were the subject of a substantiated report	243	The count of 243 child victims includes unduplicated children whose families received Family Preservation services (referred to in New Mexico as In-Home Services) during the previous five years from the date of the report. The service may have been delivered by state staff or by a private contract provider. Family preservation services provided by external agencies are likely underreported.
Number of children with court appointed representation	1,930	Number of duplicated children with juvenile court petitions filed during FFY19. All children named in petitions are appointed a Guardian ad Litem or Youth Attorney.
Average number of out of court contacts		
Annual Citizen Review Panel Report		Submitted by NM Citizen Review Board
Number of children under care of CPS who are transferred into custody of state Juvenile Justice System	N/A	See Section below
Number of children referred to CPS who are drug affected at birth	N/A	See CARA section
Number of children eligible for referral to early intervention services	3,021	

**A. INFORMATION ON CHILD PROTECTIVE SERVICES WORKFORCE**

**1. Qualifications:** PSD staff must meet minimum qualifications, as determined by their positions and job functions. If a social work license is required for a position, the employee will meet the necessary requirements to maintain that licensure. Qualifications for each position are as follows:

- **Statewide Central Intake (SCI) Worker:** Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal justice or Family Services/Studies from an accredited college/university. Experience is not required for these positions.
- **SCI Senior Worker:** Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal justice or Family Services/Studies from an accredited college/university and two years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care.
- **SCI Supervisor:** Bachelor’s Degree in Social Work from an accredited college/university, four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care, and licensure by the NM Board of Social Work Examiners at the LBSW, LMSW, or LISW level or eligibility for such licensure in accordance with NM requirements **OR** Bachelor’s Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and six (6) years of any combination of experience including working with communities, working on health or social service

related matters, social work/case management experience, behavioral health and/or health care.

- **Investigation Case Worker:** Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and two (2) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care
- **Investigation Senior Worker:** Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Studies from an accredited college/university and four (4) years of any combination of experience including working with communities on health or social service related matters, social work/case management experience, behavioral health and/or health care.
- **Investigation Supervisor:** Bachelor's Degree in Social Work from an accredited college/university, four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care, and licensure by the NM Board of Social Work Examiners at the LBSW, LMSW, or LISW level or eligibility for such licensure in accordance with NM requirements **OR** Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and six (6) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care.
- **Senior Permanency Planning Worker:** Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Studies from an accredited college/university and two (2) years of any combination of experience including working with communities on health or social service related matters, social work/case management experience, behavioral health and/or health care.
- **In-Home Services Practitioner:** Master's Degree in Social Work, Guidance and Counseling, Counseling, Psychology, Sociology or Criminology from an accredited college/university, two (2) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care and current Master's level license to practice as a social worker, psychologist, counselor or therapist in New Mexico or licensure in another state and qualified to sit for the next testing session.
- **In-Home Services Practitioner Supervisor:** Master's Degree in Social Work, Guidance and Counseling, Counseling, Psychology, Sociology or Criminology from an accredited college/university, four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care and current Master's level license to practice as a social worker, psychologist, counselor or therapist in New Mexico or licensure in another state and qualified to sit for the next testing session.
- **Intensive Family Intervention Services (IFIS) and Family Support Services (FSS) Worker:** This position was created within the last year due to issues filling In-Home Services workers vacancies and obtaining workers who have a licensed masters social work license. This position has the same job educational requirements as a Senior Permanency Planning Worker. Please see above for these educational requirements.

2. **Training:** PSD staff participates in training as required by PSD and CYFD, and as determined by their positions and job functions. All training is based on competencies for positions and job functions.

- **Supervisory Training:** All new PSD supervisors and County Office Managers (COM) attend a week of Human Resources training and a three day Situational Leadership training.
- **Pre-Service Training:** All new Social and Community Services Coordinators working in PSD county offices and Statewide Central Intake and other staff as determined by supervisors and managers shall complete Foundations of Practice offered through the Academy for Training and Professional Development before receiving primary case assignment in FACTS. In addition to Foundations of Practice, workers attend on the job training.
- **In-Service Training:** All Social and Community Services Coordinators working in PSD county offices and Statewide Central Intake, Children’s Court Attorneys, COMs, and other staff as determined by supervisors and managers shall participate in in-service training as required by PSD management. In addition, the PSD worker meets any other training requirements set by his or her supervisor.

3. **Education:**

Full Time Employee (FTE)	Number
Total Division FTE	980
Total Case Worker Vacancies	83
Current FTE	1,063
Caseworker	Percentage
Total BSW w/ Licensure	8.8%
Total MSW w/ Licensure	15.3%
Total BSW no Licensure	7.3%
Total MSW no Licensure	4.1%
Total Related Bachelors no Licensure*	39.3%
Total Related Masters no Licensure*	7.5%
Total Related Degrees no Licensure*	46.8%

\*No related degree employees are licensed Social Workers.

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

Race	Percentage
Black or African American	5.8 %
Hispanic or Latino	52.1 %
American Indian & Alaska Native	8.9 %
Asian	1.2 %
Native Hawaiian & Other Pacific Islander	0.3 %
White	25.7 %
Other/Unspecified	6.0%
Gender	Percentage
Male	14.8 %
Female	85.2 %

5. **Information on Caseload or Workload Requirements:** The State does not set a maximum number of cases per child protective services worker or supervisor. As of FFY 2019, workload

was 14 new reports per month per investigation worker, 19 children per worker per month for permanency planning workers and 10 cases per month for in-home services workers. Case is defined as a family unit. The average ratio of supervisors to workers is 1 Supervisor to every 4 workers (1:4).

**B. JUVENILE JUSTICE TRANSFERS**

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

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