



New Mexico Children,  
Youth & Families Department

# Building a Child Well Being System

Legislative Finance Committee  
December 3, 2020

## Children Youth and Families Department General Fund FY 16 - FY 22



# Budget Considerations

Aligning **dollars** with strategic plan **targeted outcomes**

**Reforming** the agency to meet **legal requirements**

CYFD

Supporting Core **Child Well Being**

Becoming **financially stronger** through smart finance and **increased federal leverage**

# CYFD Strategic Plan

## More Appropriate Placements

Kinship Care

Community Based  
Mental Health  
Services

Specific protocols for  
vulnerable  
populations

Increased  
Permanency

## Prevention

Institutionalization

Homelessness

Trauma

## Optimization

Data

Accountability

Funding

## Staffing

Vacancy Rates

Increased  
training/support

Workforce  
Development

## Kevin S.

- ▶ Filed on Sep 22, 2018 on behalf of 14 individual plaintiffs
- ▶ Coalition of plaintiff attorneys with varying motivations and substantive knowledge
- ▶ Settled on Mar 26, 2020 with
  - ▶ Contractual agreement re: outcomes
  - ▶ Oversight by panel of three co-neutrals
  - ▶ Standard for progress is good faith effort to achieve substantial and sustained progress
  - ▶ Hold and release individual elements of the agreement (24 months)
  - ▶ Remedy is Alternative Dispute Resolution to demand performance

# What are the primary legal claims?

- ▶ Entitlements to:
  - ▶ **Least restrictive** settings in foster care (ADA and Sec 504)
  - ▶ “**Appropriate** placements” under the Indian Child Welfare Act (ICWA)
  - ▶ **Trauma responsive** services for youth in foster care (Peter P.)
  - ▶ **Community based** mental health services (Medicaid/EPSTD)

# CYFD Strategic Plan

## More Appropriate Placements

Kinship Care

Community Based  
Mental Health  
Services

Specific protocols for  
vulnerable  
populations

Increased  
Permanency

## Prevention

Institutionalization

Homelessness

Trauma

## Optimization

Data

Accountability

Funding

## Staffing

Vacancy Rates

Increased  
training/support

Workforce  
Development

# ACES – Adverse Childhood Experiences

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical

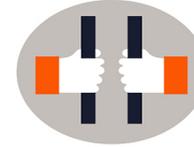


Emotional

## HOUSEHOLD DYSFUNCTION



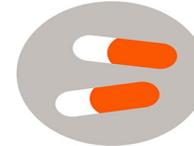
Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

<b>Number of Adverse Childhood Experiences (ACE Score)</b>	<b>Women</b>	<b>Men</b>	<b>Total</b>
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

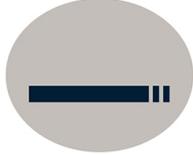
New Mexico is well over the national average and has the highest rate of children with 4 or more ACES at 18%.

# Trauma – The Impact

## BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

## PHYSICAL & MENTAL HEALTH



Severe obesity



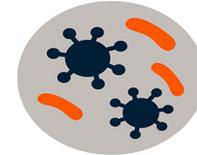
Diabetes



Depression



Suicide attempts



STDs



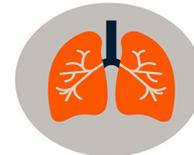
Heart disease



Cancer



Stroke



COPD



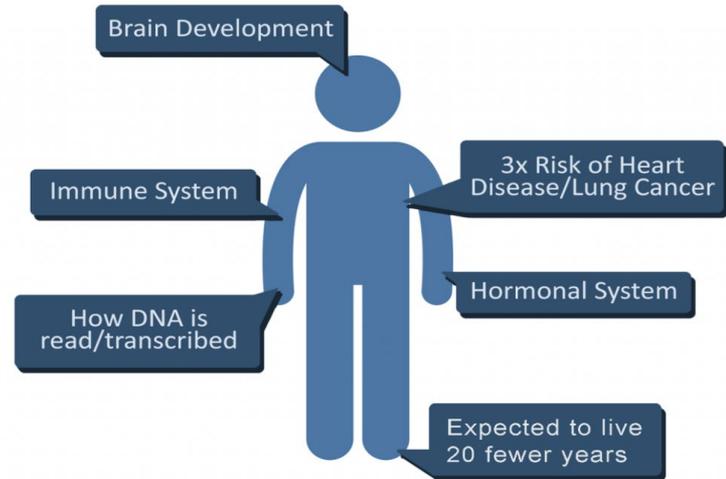
Broken bones

# ACES – Why does it matter?

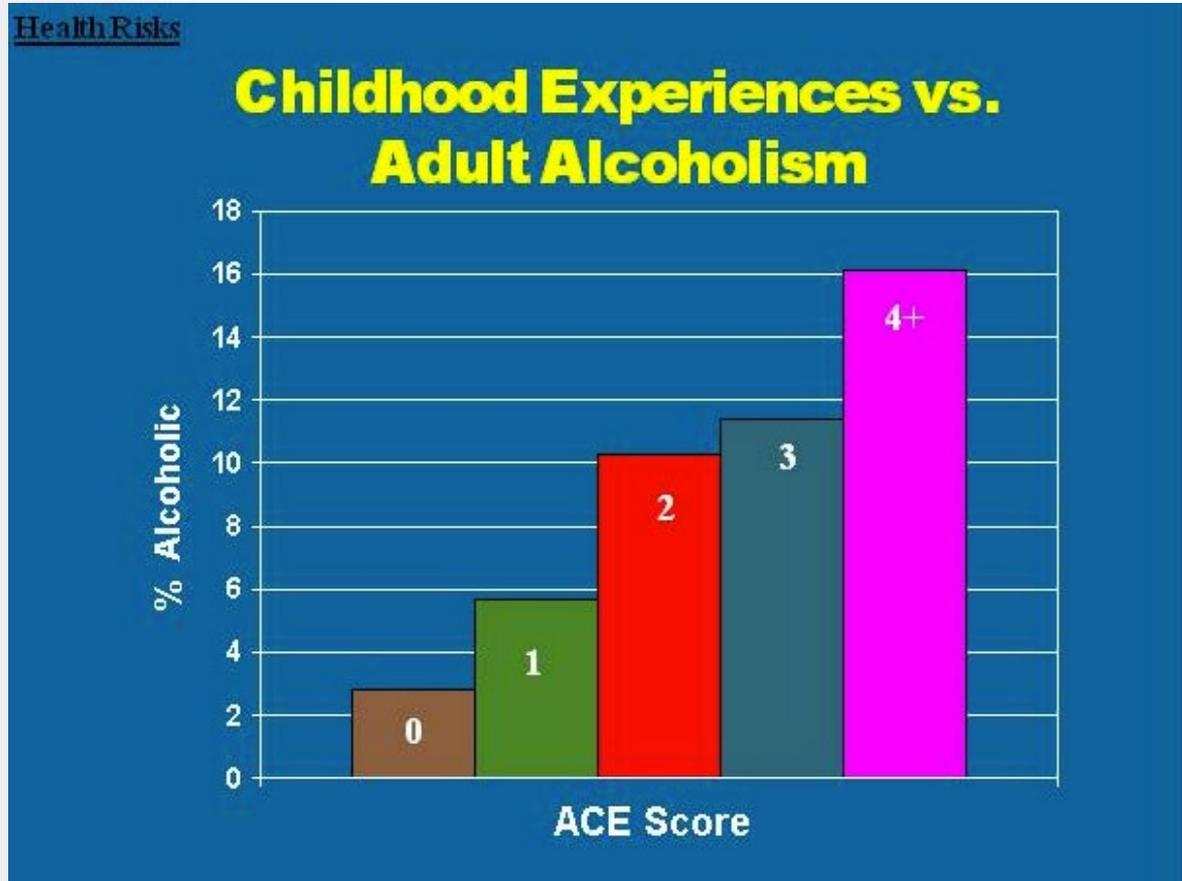
4 or more ACES seems to be a real tipping point for subsequent adverse consequences.

The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis, 240 percent; depression 460 percent; attempted suicide, 1,220 percent.

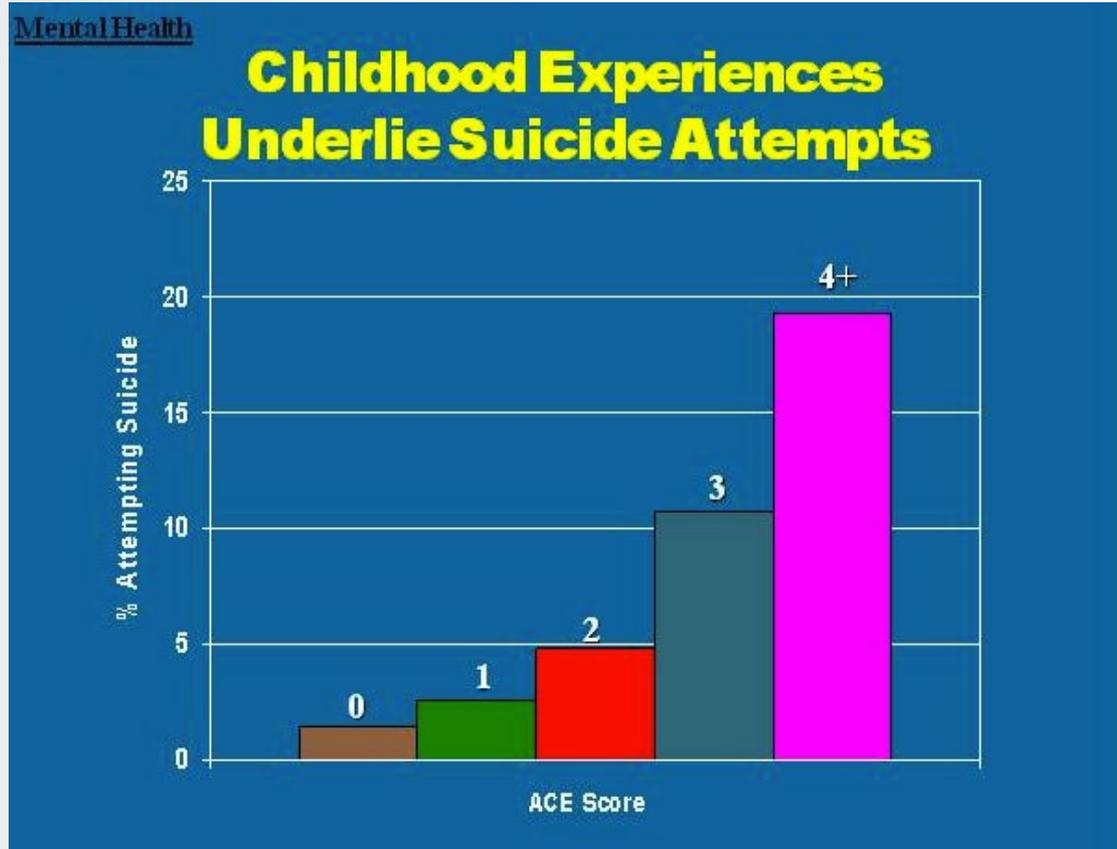
Adverse Childhood Experiences affect a variety of factors in adulthood, such as:



# ACES – Adverse Childhood Experiences



# ACES – Adverse Childhood Experiences



# Proven Responses to Trauma



# Trauma Responsive Services

Shift from what's wrong with you to what happened and how can we help?

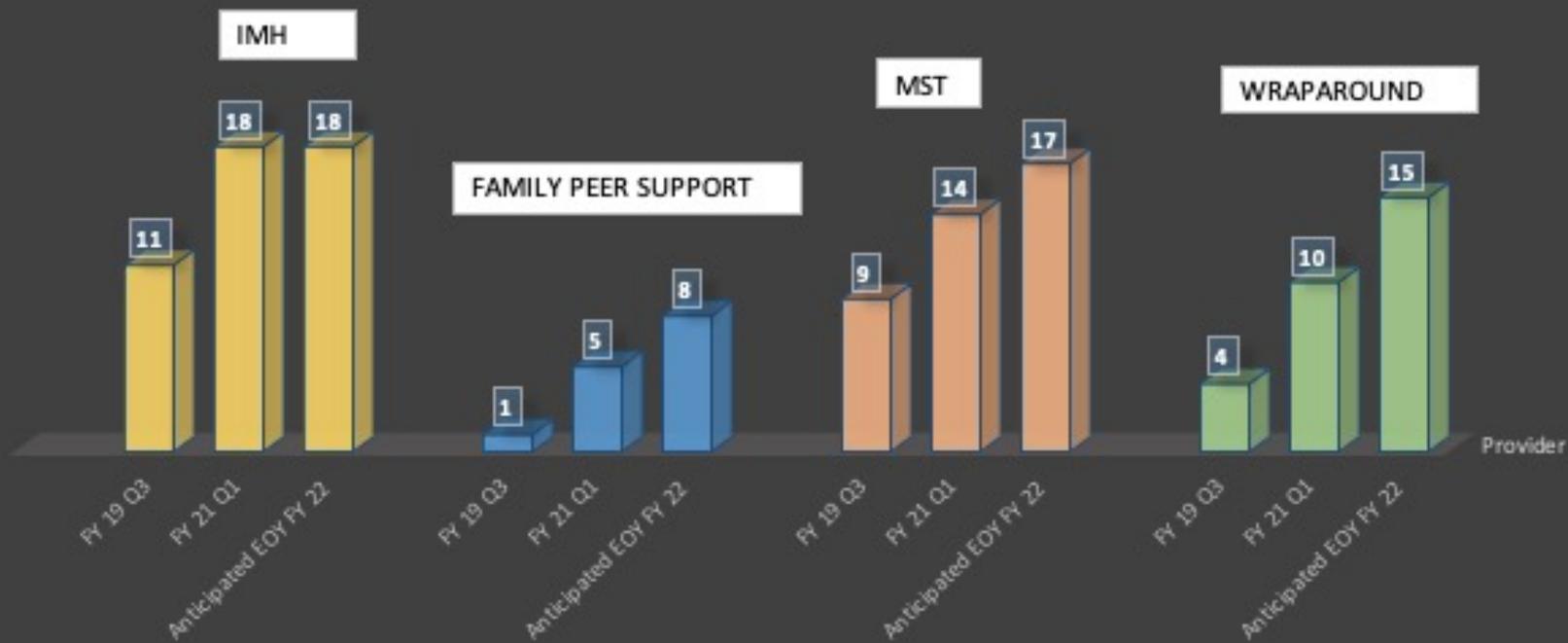
Approach for building empathy and shared understanding that includes the child's trauma history, the impact of that trauma on how the child experiences the world, and how we will be responsive to help get the child what s/he needs.



# Behavioral Health



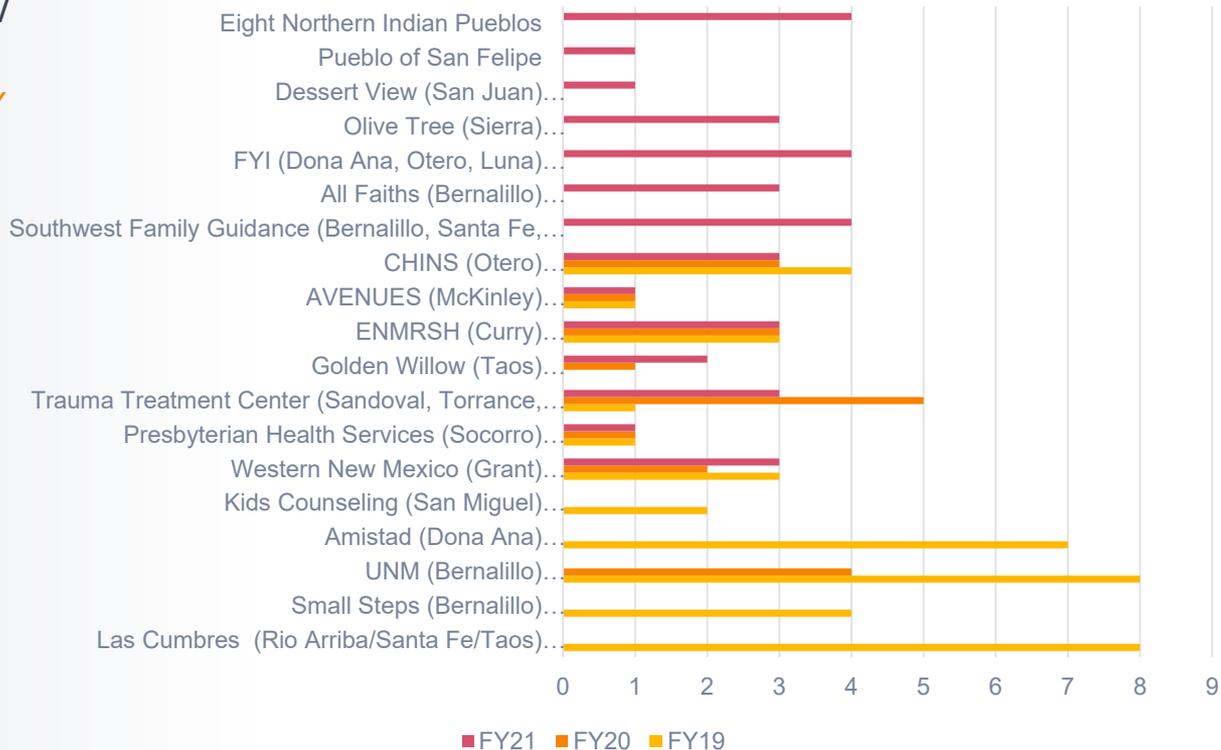
# BEHAVIORAL HEALTH SERVICES



# COMMUNITY BASED MENTAL HEALTH SERVICES

*Infant Mental  
Health –  
increased by  
50%+*

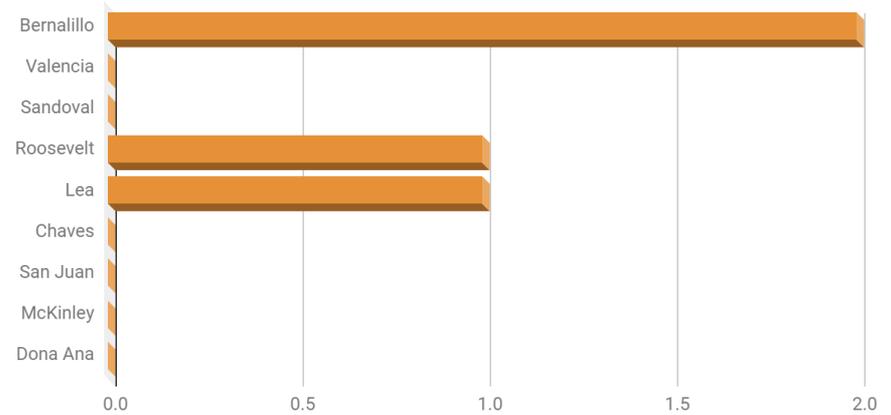
Number of Infant Mental Health CPP Clinicians Per Site



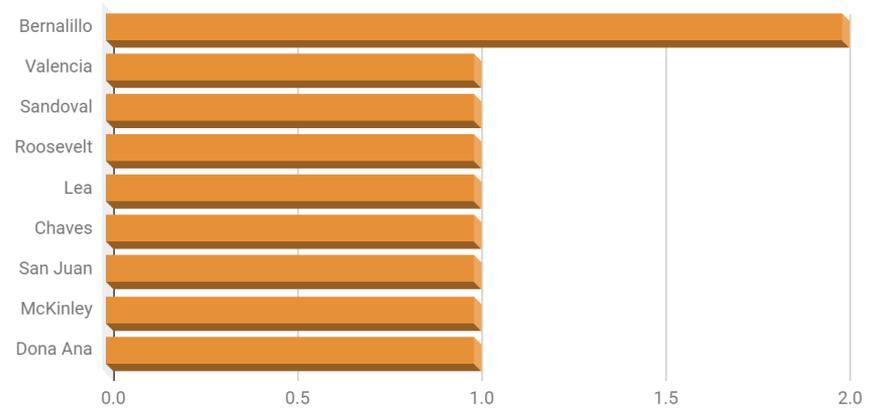
# COMMUNITY BASED MENTAL HEALTH SERVICES

*Wraparound Sites increased by more than 100%*

### Wraparound Sites Before 2019



### Wraparound Sites as of July 2020

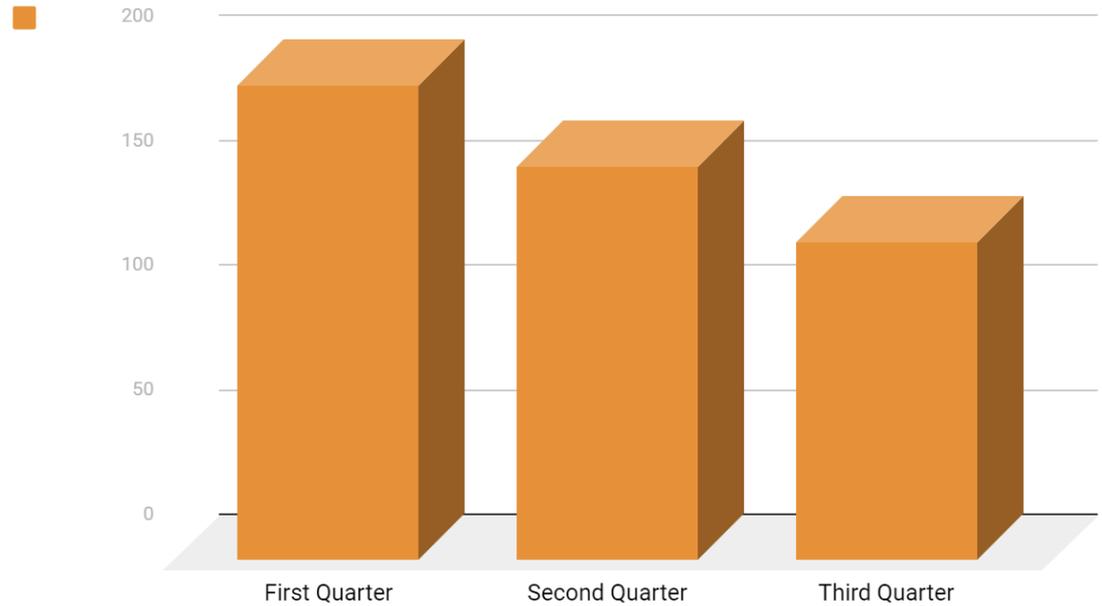


July 2020

# YOUTH PLACED OUT OF STATE

## *Residential Treatment Centers*

Number of Youth



# How Many Services have been Rendered Telephonically ?

Fiscal Year: All Fiscal Years



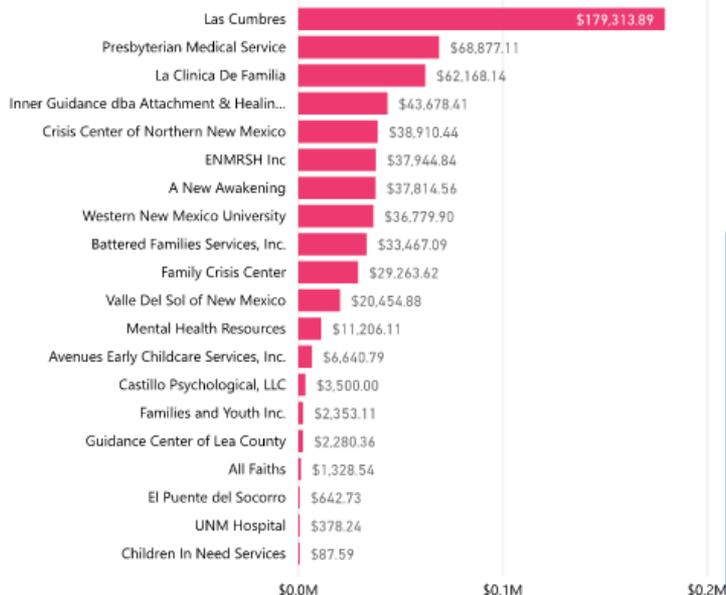
**\$617,090.35**

Total Expenditure

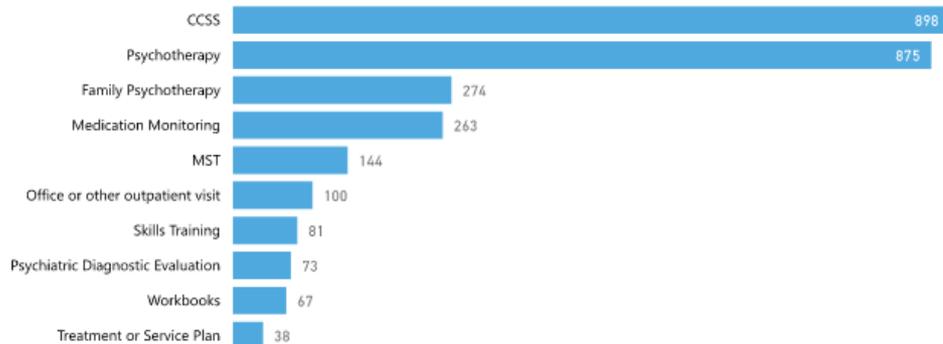
**521**

Clients Served

## Expenditure by Provider (Top 20)



## Services Rendered (Top 10)

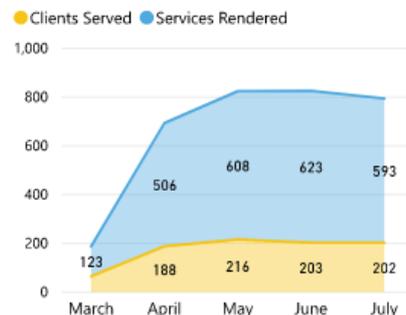


## Increase in Telephonic Services During Covid-19 Pandemic

### Expenditure by Month



### Services by Month



Free 24-hour crisis and non-crisis support and access to behavioral health professionals who can text or talk via phone with individuals needing a listening ear or referrals to longer-term support. The app links users to the New Mexico Crisis Access Line (NMCAL), which provides safety net services statewide. *NMCAL is still available via phone 24/7 toll-free by calling 1-855-NMCRISIS (1-855-662-7474).*



## NMConnect

ProtoCall Services Health & Fitness

★★★★★ 5

Everyone

⚠ You don't have any devices.

➦ Add to Wishlist

Install

Categories

Home

Top charts

New releases



The New Mexico Statewide Crisis and Access Line and Peer-to-Peer Warmline have been serving New Mexicans since 2013. Our trained professional counselors and peer supports are available to provide free and confidential access to support when it's needed most. Keep us in your pocket and take us with you! After installing the App, you can look up helpful information and resources anytime, and you can even call or text us right from the App! Check back frequently for updates

# Trauma Responsive Services in New Mexico CYFD, HSD, and more

- ▶ Trauma screenings (CAN& ACES)
- ▶ Trauma trainings for staff + providers including a training + coaching plan



# Protective Services



## Child Welfare Services in the Pandemic

Kinship Care –  
Even more  
important during  
pandemic

Out-of-State  
placements and  
bringing our  
children home

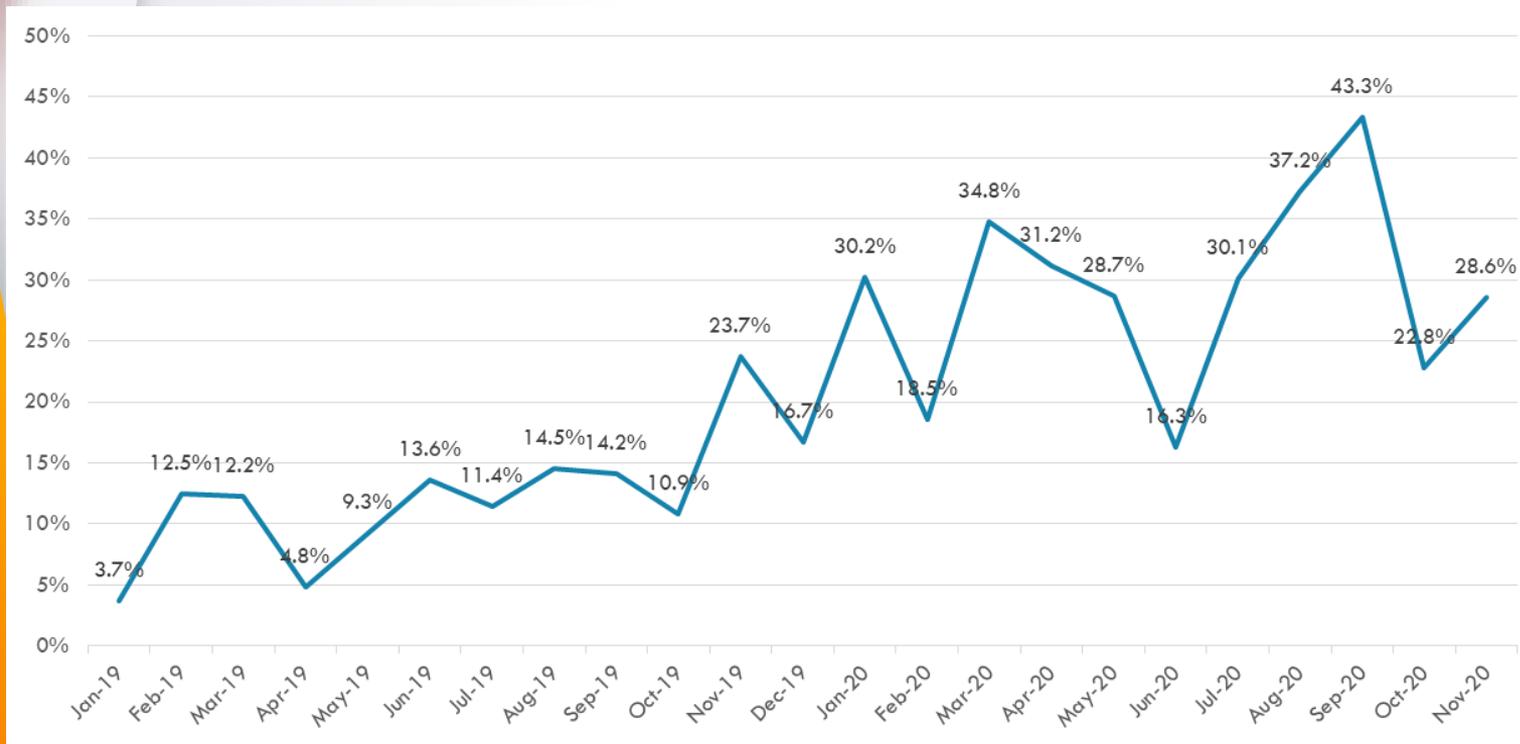
Supporting our  
children and  
families in new  
ways

Predictive analytics  
and preventative  
services

ICWA Unit and  
Collaboration with  
Tribes

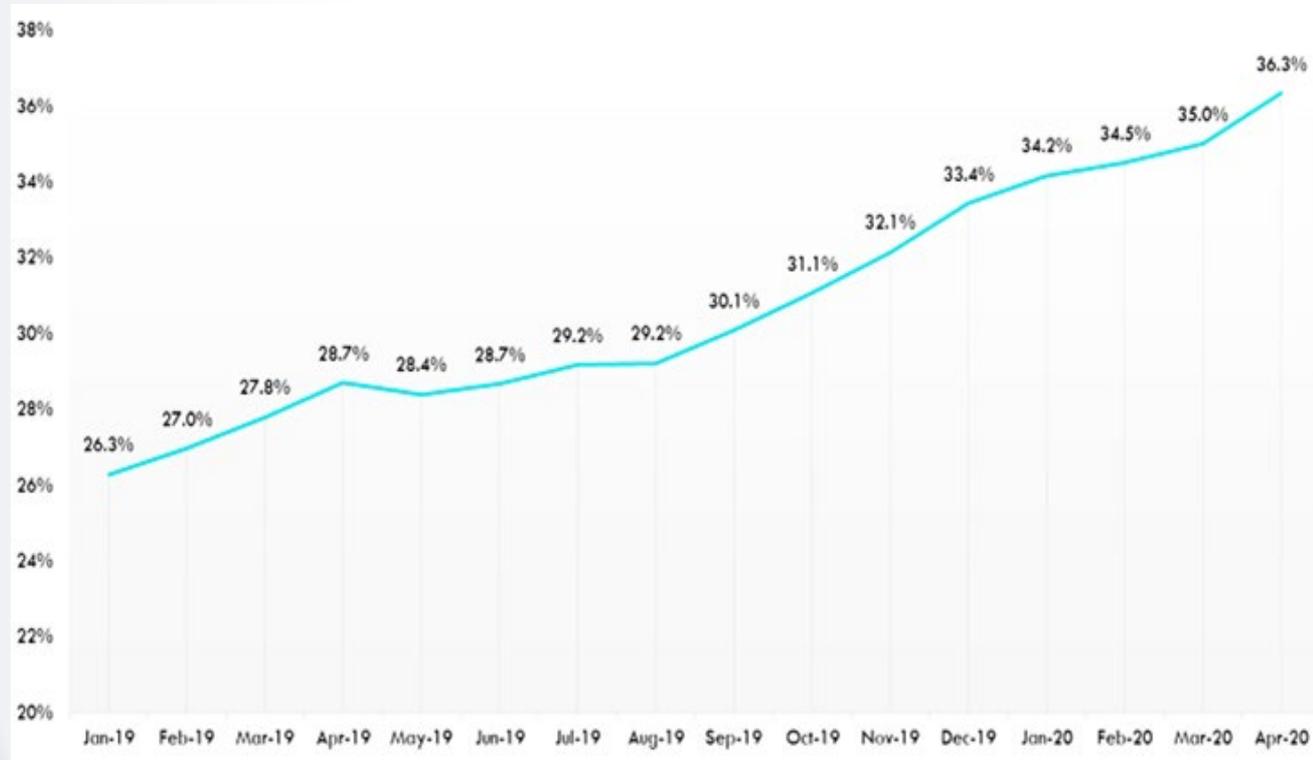
## PLACEMENT METRICS

*Percent of Children Placed with Relatives Upon Removal (Of Children Removed During the Month)*



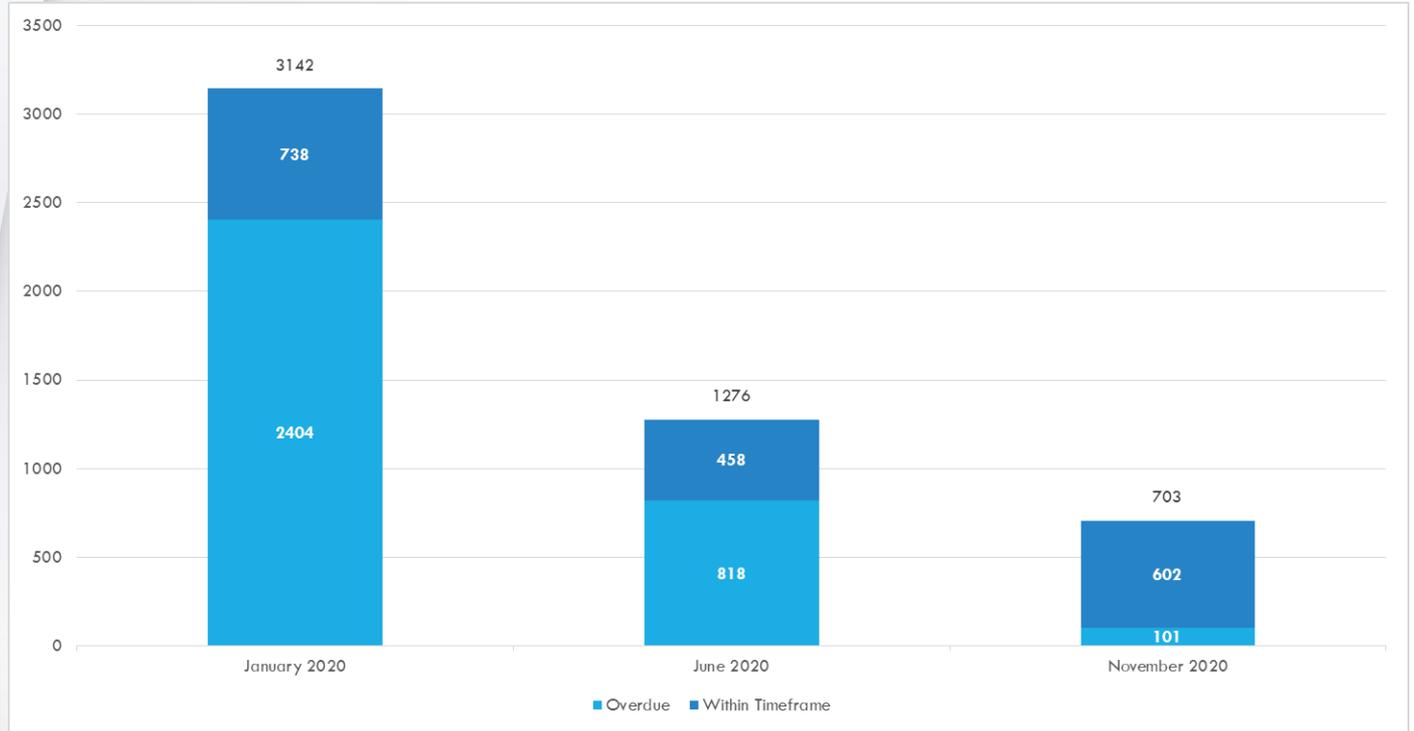
## PLACEMENT METRICS

*Of Children in Family Foster Care Settings, % Placed with Relatives  
(Point in time, end of month)*



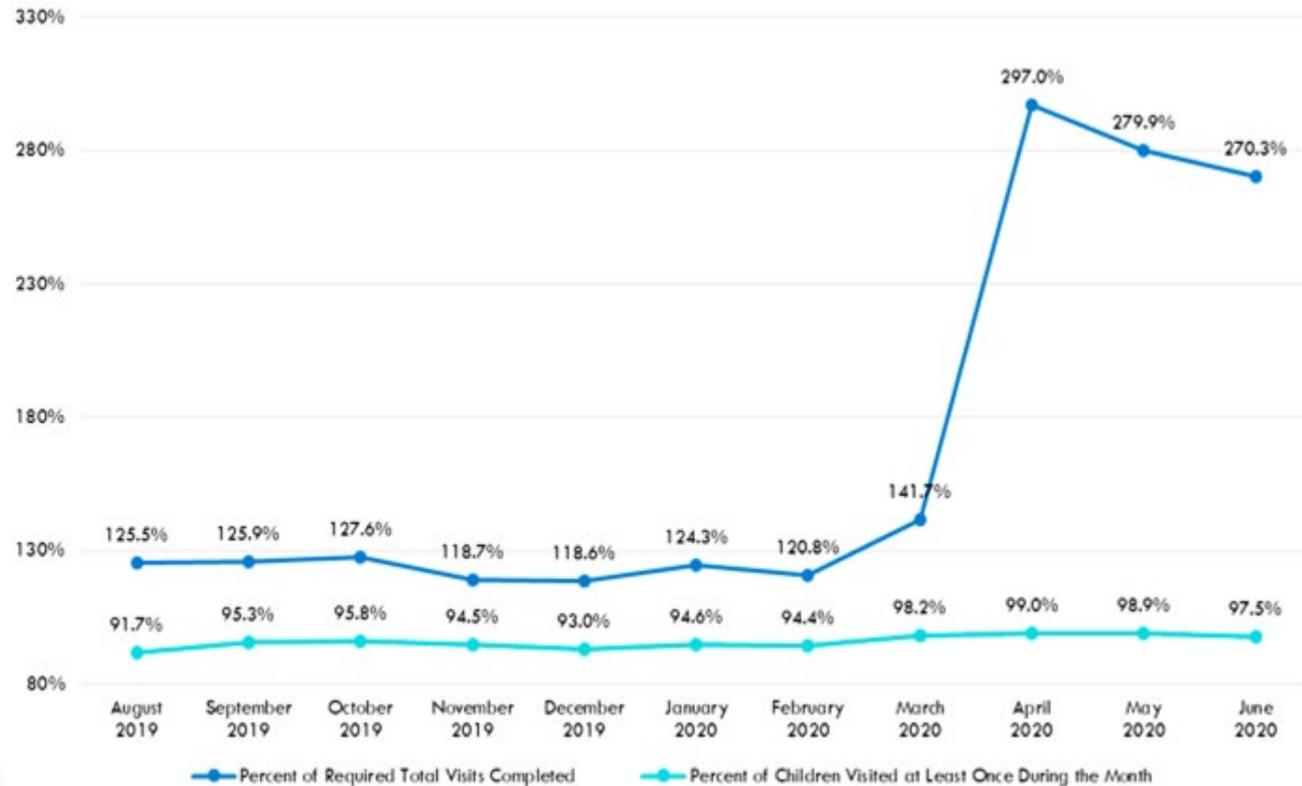
# PENDING INVESTIGATIONS

## *Bernalillo County*



# VISITS

*Worker-Child Visits for Children in Foster Care (Aug.2019 -June 2020)*

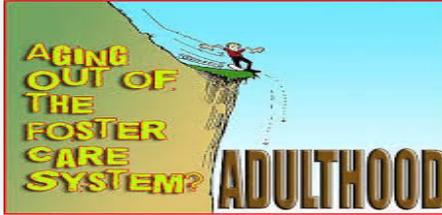


## PS and the Pandemic



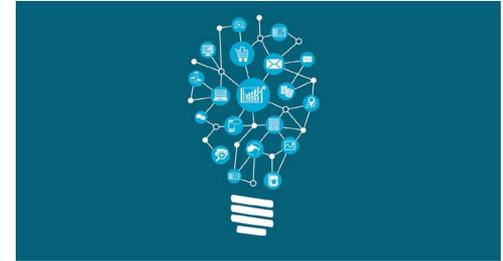
### **Stimulus checks to foster children**

Additional funding to foster children and families to help support with increased expenses and to help with economic downturn + additional funding to youth formerly in care to help avoid homelessness.



### **Extended Supports**

Launched extended foster care with a goal of ending homelessness for youth who would age out of care + connecting every youth with behavioral health supports. 100% of youth in EFC (currently 85 youth) are stably housed and connected to behavioral health services.



### **Predictive analytics for better prevention**

Identifying at-risk families with no current foster care involvement and proactive reaching out to provide additional supports.

# On the Horizon

Text based help  
line for older  
youth

Continued  
investment in  
kinship care

Integration of  
community  
behavioral health

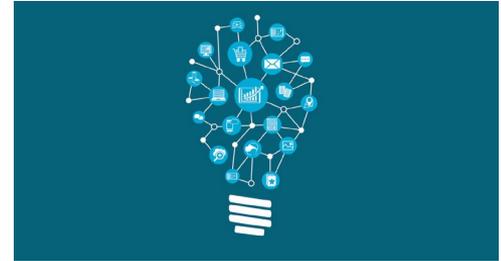
Expansion of  
supportive  
housing  
programs

Differential  
Response and  
Focus on  
Prevention

# Juvenile Justice System in New Mexico

- ▶ Phase 1 -
  - ▶ First state to pass law to implement risk assessment as a contributing criteria to determining appropriateness of confinement
  - ▶ JDAI Best Practices Sites
  - ▶ Led to reduction in confined youth from more than 400 to less than 140.
  - ▶ Reduction led to higher prevalence of higher needs youth – ACES, trauma, disability, family dynamics including domestic violence and abuse.
  - ▶ Simultaneously, New Mexico drastically shrunk it's available community based mental health services making it more difficult to serve youth outside of institutions
- ▶ Phase 2 –
  - ▶ Building services for the public health issues that are prevalent with our population and supports for our communities
  - ▶ Formally (legally) acknowledging where our children are required to be
    - ▶ Many youth are “placed” with kin
    - ▶ Many youth are placed out-of-state

## JJ and the Pandemic



### Overdose prevention

As suicides and overdoses have increased during the pandemic, trained 227 Juvenile Justice Field Staff in the use of Narcan for the prevention of overdose death in the community

### Increased precautions

Increased protections, cleaning, and screening protocols that have led to having zero Covid+ cases among youth in our JJ facilities + made and distributed more than 15,000 homemade masks throughout state government and community partners.

### Predictive analytics for better prevention

Identifying at-risk families with no current juvenile justice involvement and proactive reaching out to provide additional supports.

# On the Horizon

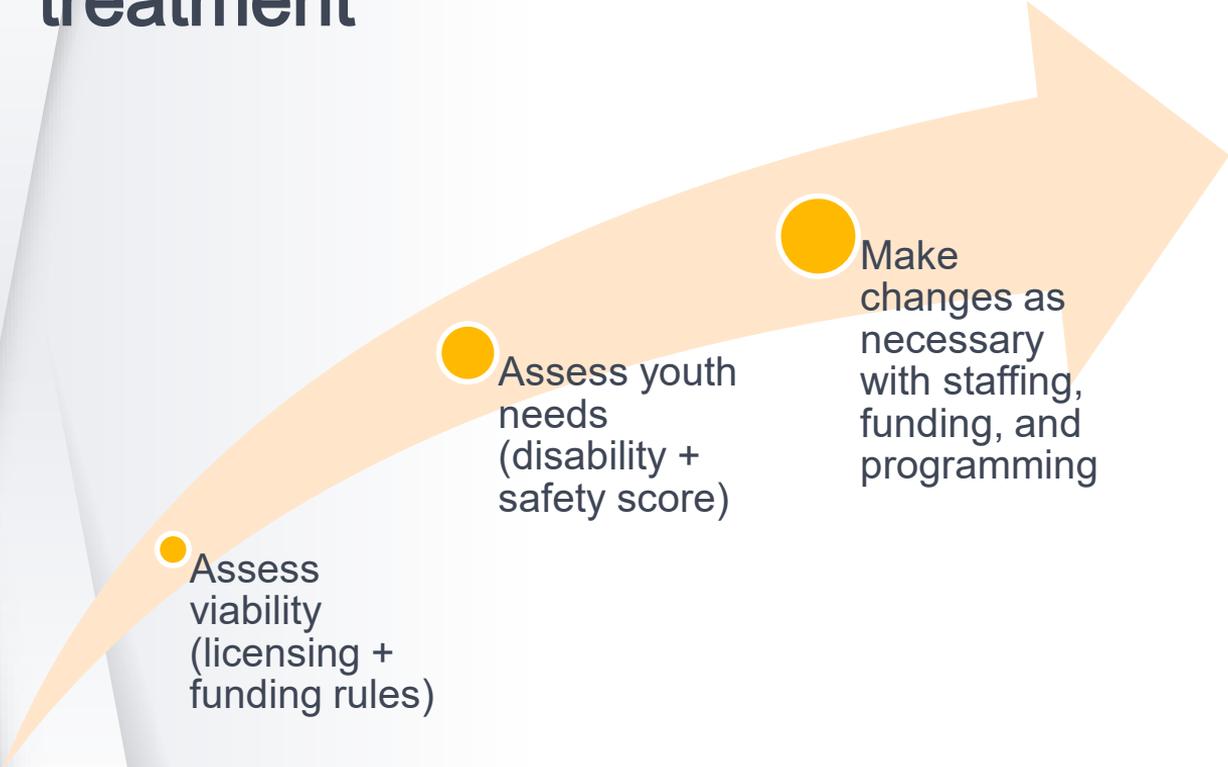
Exploring conversion of secure facilities to therapeutic Medicaid placements

Working to ensure youth in out-of-home placement have access to appropriate services

Integration of community behavioral health

Working across JJ and PS with older youth to reduce caseloads, expand expertise

# Moving from detention to more treatment



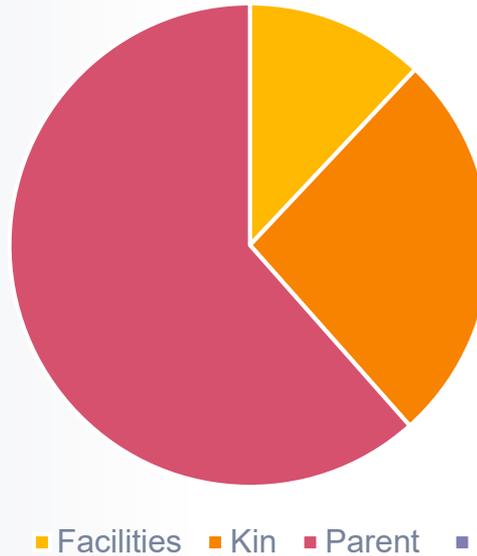
Assess viability  
(licensing +  
funding rules)

Assess youth  
needs  
(disability +  
safety score)

Make  
changes as  
necessary  
with staffing,  
funding, and  
programming

# Juvenile Justice System in New Mexico

Juvenile Justice Placements



Increased supports for caregivers, including subsidies, reunification and family maintenance services, + subsidized permanency options

Increased support for youth, including subsidies, housing, identity theft protections, family maintenance and permanency supports + eligibility for extended care

Court Findings for Out-of-Home Placements

Increased availability of placement options, including family and community placements with therapeutic supports

Increased support can support lower recidivism, decreased exits to homelessness, increased family connections, and increased resources for therapeutic supports

# Increased Transparency and Accountability



# On the Horizon: MMIS/HHS 2020 Specialty Children's Mental Health Modules MVO Launched in June

## Applications

Filtered by: Current Status

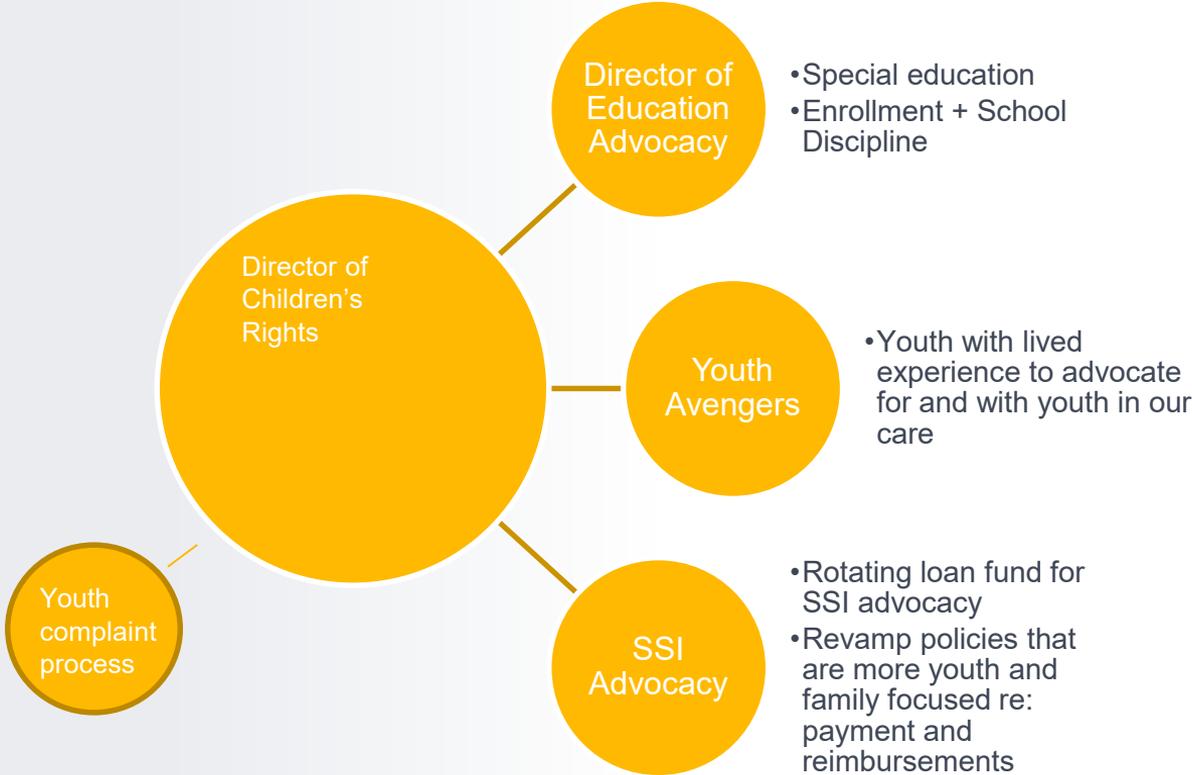
- RECRUITING (217)
- APPLYING (33)
- IN RENEWAL PROCESS (0)
- RECRUITING DROPOUT (0)
- WITHDRAWN (0)
- DENIED (0)
- CLOSED (0)
- ALL (250)**

Hide Columns ▾ Add Filters ▾

Family	Workers	Applicant Forms	Supporting Docs	References	Training hours	BG Checks	Agency forms	Days since app signed	Days since child placed	
NewMexico Family		16%	0%	0 / 3	<a href="#">0 / 22</a>	<a href="#">0 / ?</a>	0%	Not signed	?	<a href="#">Actions</a>
		16%	13%	0 / 3	<a href="#">0 / 44</a>	<a href="#">0 / 10</a>	0%	Not signed	No child	<a href="#">Actions</a>
		16%	0%	0 / 3	<a href="#">0 / 22</a>	<a href="#">0 / ?</a>	0%	Not signed	?	<a href="#">Actions</a>
		0%	0%	0 / 3	<a href="#">0 / 44</a>	<a href="#">0 / 15</a>	0%	Not signed	No child	



# Increasing Accountability for All Vulnerable Youth



# Increasing Responsiveness and Transparency

- ▶ New parent grievance policies
- ▶ New retaliation policies
- ▶ Increased relationship and support of Substitute Care Advisory Council for third party oversight and review of specific cases
- ▶ Data dashboards and public data sites

# During Pandemic, Training Continues and Grows



**COVID-19**  
**RESPONSE**

New Employee Training  
Went Virtual

Weekly Drop-in Training and  
Increased E-Learning  
Available

Building New E-Learnings

Prepping to Launch New  
Initiatives

# New Employee Training

March 2020 New Employee Training was mid-session when restrictions went in place.

Stood up virtual New Employee Training within two weeks

Continue to start a new class each month

Developed an On the Job Manual to assist Supervisors to virtually train new employees

# Responding to Employee Needs in a Changed Environment

Trainings for Employees Who Want to Use Environment to Build Expertise

Drop-in Trainings Every Day

Certification Series

Trainings, as requested

Trainings for Employees Having Difficulty Adjusting

Self-care Drop-in Twice a Week

Improving Productivity while Working Remotely

Improving Virtual Training

Confidentiality and Privacy while Working Remotely

Resources for Employees Adjusting

Weekly Self Care Handout

Weekly Supervisor Handout for Remote Supervising

Peer Learning Network Meetings



Virtual training is available to boost skills, learn something new or follow along self-care. No need to register, just click the link at the time of the training to join the Webex

## Self-Care Labs

Drop-in: Mondays 8:15-8:45

[JOIN HERE](#)

Mindfulness: Fridays 3:00-3:45

[JOIN HERE](#)

## Verbal De-Escalation

Review and Practice Key Skills and Verbal De-Escalation  
Tuesdays Noon-1:00 PM

[JOIN HERE](#)

## Professional Writing and Documentation

Tips on Improving Professional Writing for Documentation  
Thursdays Noon - 1:00 PM

[JOIN HERE](#)

## SOP/SDM Refresher

Covering a few basic SOP/SDM Concepts.  
Mondays 9:00-10:00

[JOIN HERE](#)

## Motivational Interviewing Basics

Learn or Review the Basic MI Skill of OARS  
Wednesdays 10:00-11:00

[JOIN HERE](#)

## Tips for Holding Virtual Meetings

Tips and strategies for using software for virtual meetings and trainings  
Fridays 10:00-11:00

[JOIN HERE](#)



## CYFD Pandemic Shelter Work

ESF6: A collaboration between HSD, DOH, and CYFD leadership



### Site Coordination

On the ground site coordinators in all of our major shelter locations who work closely with local emergency managers, medical staff, and community partners.

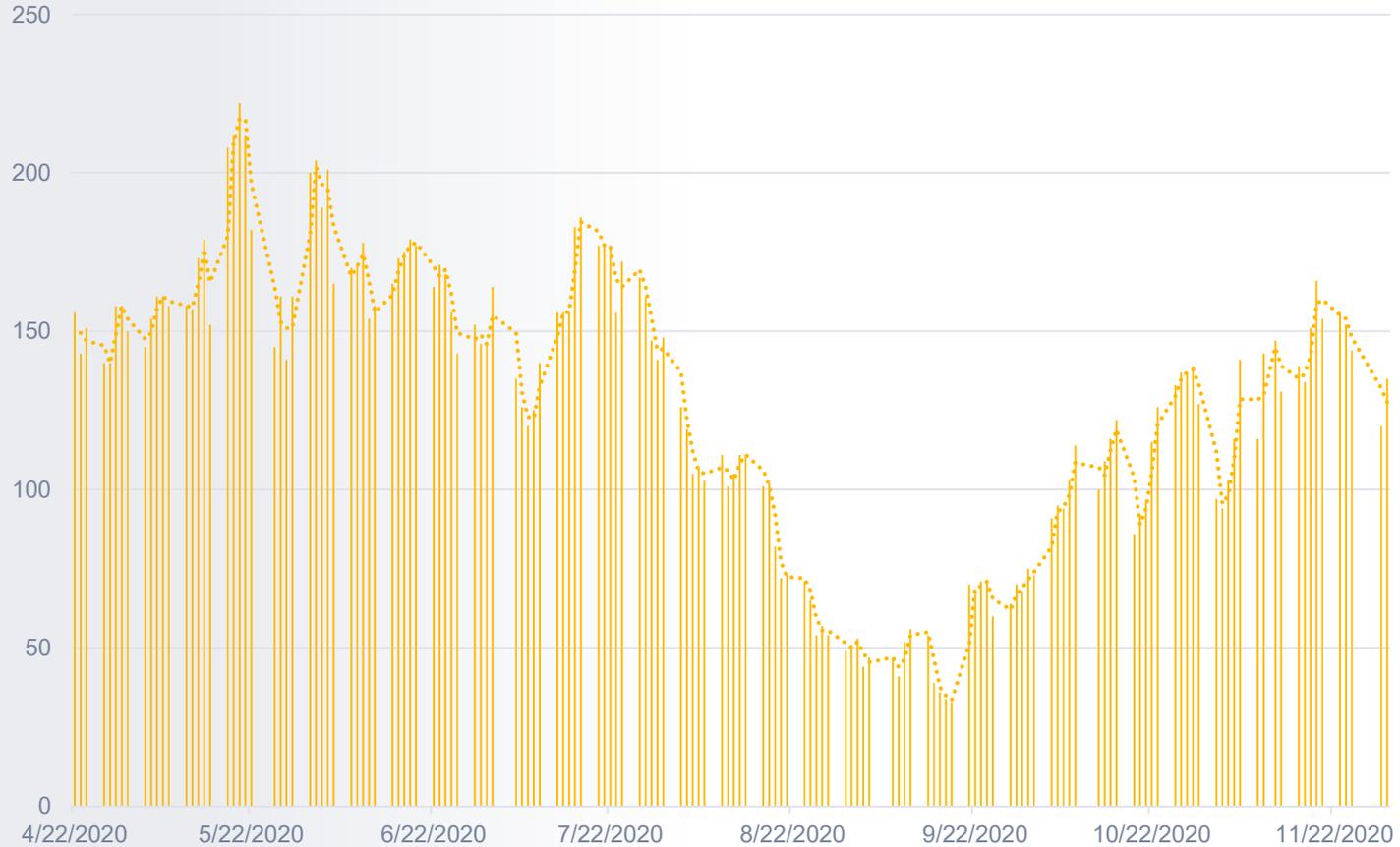
### Call Center

23 24-hour call center volunteers to screen and coordinate intake as well as help local managers problem solve and find additional resources and supports

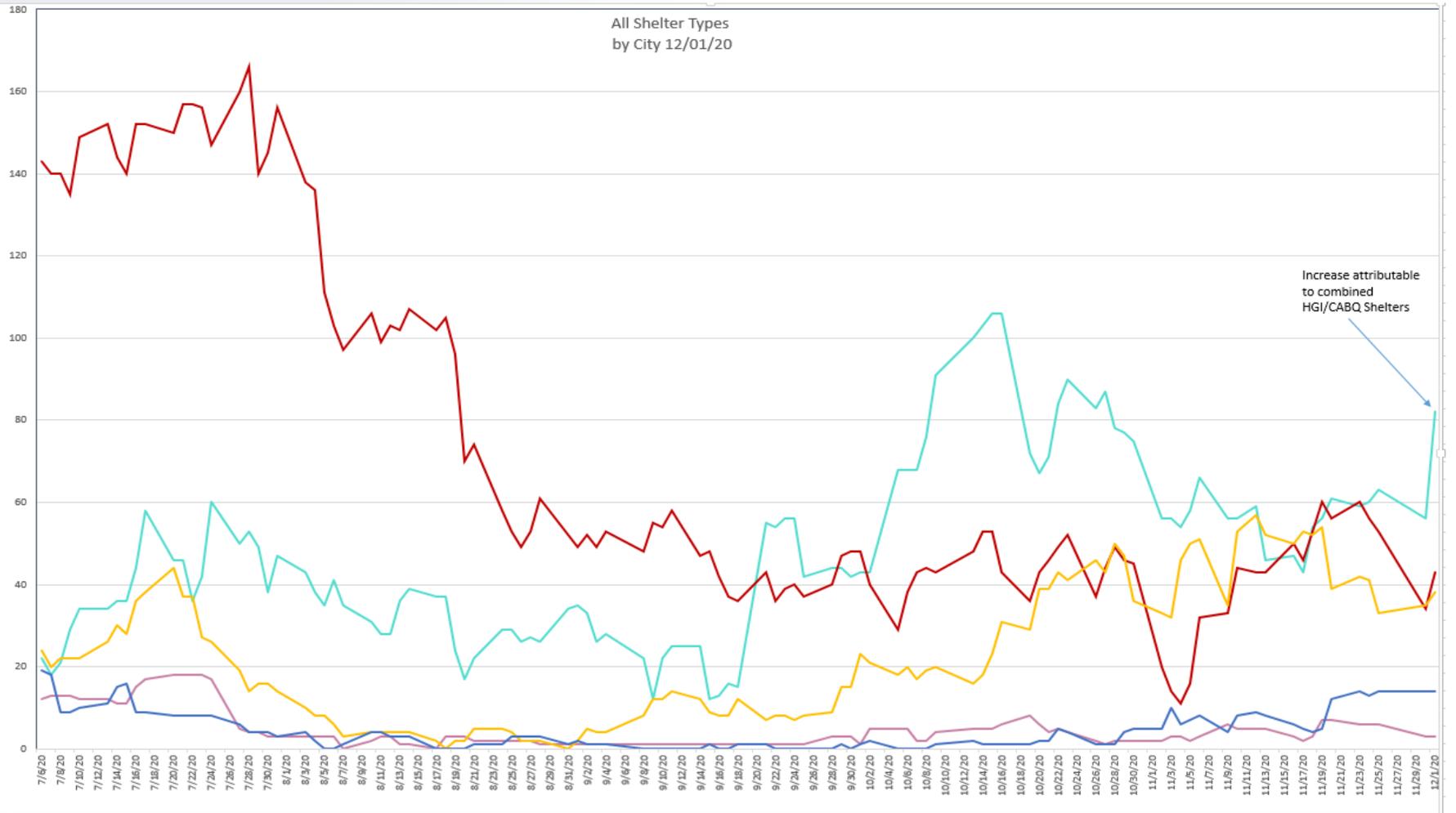
### CBHCs

Community Based Mental Health Clinicians (CBHCs) to coordinate well being checks, assist with discharge planning, and connect individuals to supports in their communities. (6 on site, 15 via remote)

# Medical Shelters/Moving Average Total Patients 12/01/20



All Shelter Types  
by City 12/01/20



Increase attributable  
to combined  
HGI/CABQ Shelters



NM Emergency Operations Center  
 Food and Water Deliveries  
 Total Meals Delivered: 2,011,531  
 Total Expenditures: \$1,290,156  
 11/25/2020

