

Recap: LFC Child Welfare Policy Recommendations

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Framework for Child Welfare System Improvement

Over more than a decade, LFC program evaluations, research, and analysis have recommended the following levers for system improvement:

- 1. Implement evidence-based prevention and early intervention programs to support families and divert formal system involvement
- 2. Recruit, retain, support and develop a **professional** social work **workforce**
- 3. Expand access to behavioral health and other community-based services for children and adults, particularly evidence-based approaches
- 4. Strengthen **oversight** and **accountability** mechanisms

Many of these recommendations have been focused on implementation at the agency level, while several statutory changes have not been adopted.

Evidence-Based Prevention, Early Intervention, and CARA



CARA Law Enacted in 2019 to Comply with Federal Law

Figure 1. Change in Reporting of Suspected Abuse or Neglect Before and After New Mexico CARA Statute



Note: A report of suspected neglect or abuse to CYFD is different from CYFD receiving a not fication of a plan of care. A report necessitates a CYFD family assessment and potential investigation. A notification of a plan of care does not necessitate a family assessment or potential investigation. Prior to the CARA law, CYFD reported to LFC that the birth of a newborn exposed to substances constituted substantiated child abuse or neglect.

Source: LFC Staff Review of Statute and Rule



2023 LFC Evaluation: CARA-related case management, screening, and identification of substance-exposed newborns should be improved.

- New Mexico's CARA law does not include monitoring of family's followthrough with plans of care, a recommended best practice.
- New Mexico hospitals are under-identifying substance-exposed newborns by up to 40 percent and differ in screening practices. Plans of care are established at birth but not prenatally.
- Hospitals often submit CARA plans of care with missing information, which could lead to insufficient case management.
- Many CARA families are not aware a plan of care was created for them.
- The vast majority of CARA families are not receiving support services or substance use treatment; almost half of families with a plan of care are not referred to substance use treatment and only 15 percent accept
 referrals.



CARA Recommendations and Progress to Date

Recommendation	Progress	Notes
The Legislature should consider amending statute to include references to implementing prenatal plans of care		
Adopting statute that makes HCA the lead agency for CARA	\bigcirc	In FY25, \$1.9 million was appropriated to HCA related to CARA implementation. No legislation relating to CARA changes was passed.
CYFD should promulgate rules requiring birthing center staff to report families if referrals for substance use treatment for illegal drugs are declined		CYFD has not promulgated rules but is hiring CARA-related positions.
Promulgate rules requiring hospitals and birthing centers require a referral to early intervention or evidence-based home visiting for every CARA family		
Implement differential response statewide in line with best practices	\bigcirc	The Legislature appropriated \$1.4M annually for 3 years through the GRO. CYFD is seeking technical assistance from Casey Family Programs to implement.
HCA should require hospitals to universally screen pregnant women using SBIRT		HCA has not required universal SBIRT but has created a new billing code hospitals may use when developing a CARA plan
Direct MCO care coordinators to monitor completion of specific action steps and services agreed to by the family in the plan of care and notify CARA navigators		HCA issued a LOD to MCOs directing the placement of care coordinators in certain birthing hospitals and requiring specific care coordinator activities prior to discharge and requires care coordinators to submit follow-up assessments and create transition plans. CYFD has posted 18 CARA-related positions and has hired 4 as of August 1.
Improve portal functioning for case management		



Legislative Recommendations: Prevention and Early Intervention

The Legislature

- Use appropriation language and performance measures to target the implementation and evaluation of evidence-based prevention and early intervention programs.
- Amend the CARA statute to make HCA the lead agency and consider additional statutory changes proposed if not accomplished through rule, including:
 - Requiring referrals to home visiting and early intervention programs
 - Requiring CYFD conduct a family assessment if families refuse substance-use related services for illegal substance use.



Oversight and Accountability Mechanisms



Oversight of Child Welfare Systems

Federal Oversight Mechanisms

- States are required under the Child Abuse Prevention and Treatment Act (CAPTA) to establish citizen review panels (also known as foster care or substitute care review boards).
- States must also establish child fatality review panels to review, learn from or prevent child fatalities.
- The federal Administration of Children and Families provides comprehensive oversight of state child welfare agencies, but the scope is limited and driven by federal reporting (data lags 2 years).

NM Oversight Mechanisms

- Substitute Care Advisory Council (SCAC) is housed within RLD but scope is limited and reporting has been inconsistent (FY23 report reviewed 242 case review for the period 2022-2022, following no annual reports).
 - New Mexico **Child Fatality Review** is housed within DOH and releases, non-identified, aggregate data and descriptive risk information in an annual report. Historically, reporting has been inconsistent with gaps in publication years. Reports for last two years are published online.
- Other oversight mechanisms include internal case reviews or investigations conducted by AOC or CYFD, though reports are not publicly available. (Ex. CYFD inspector general).
- Performance and oversight data is published in quarterly desktop reports published by CYFD online, but metrics reported over time have decreased.



Child Welfare Oversight Functions in Other States

According to NCSL, **Children's Ombudsman and Child Advocacy Offices** are an increasingly common form of statutory oversight in other states.

As of May 2024, **33 states have established children's ombudsman or child advocate offices** with duties and purposes specifically related to child welfare.

Duties of these offices vary by state and typically include:

- Investigating complaints from citizens and families
- Recommending system-wide improvements to benefit children and families
- Monitoring placements, programs, and departments responsible for providing services to children.

CYFD has an internal Office of Children's Rights, but the Office has gone without committed staffing.



Recommendations

to Strengthen Child Welfare System Oversight

- Move SCAC to be administratively attached to the Administrative Office of the Courts and strengthen oversight and reporting functions (Ex. Increased minimum number of reports, annual review of certain types of cases, strengthening CYFD feedback and response requirements.)
- Consolidate functions of existing oversight and any newly proposed oversight mechanisms to avoid duplication of efforts and improve coordination.
- Strengthen Accountability in Government Act performance measures (Ex. Multilevel response/ differential response measures)



Risk Management Recommendations

2023 Risk Management Program Evaluation

- Under rule, New Mexico agencies are required to establish and implement procedures for the investigation, analysis, and evaluation of incidents and losses, but agencies are not required to document that they perform post-hoc reviews.
- Implement best practices from other states: through statute, direct all agencies to appoint a loss prevention review in the event of a death, serious injury, or other substantial loss.

CYFD Costs

- Since 2021, the state has paid \$21.2 million for legal settlements on behalf of CYFD.
- CYFD's liability insurance will increase by \$1.5M in FY26 to a total of \$5.6M.

