

New Mexico Children, Youth, and Families Department – Draft Strategic Plan

May 29, 2019



PULLTOGETHER.ORG

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

Kinship Care

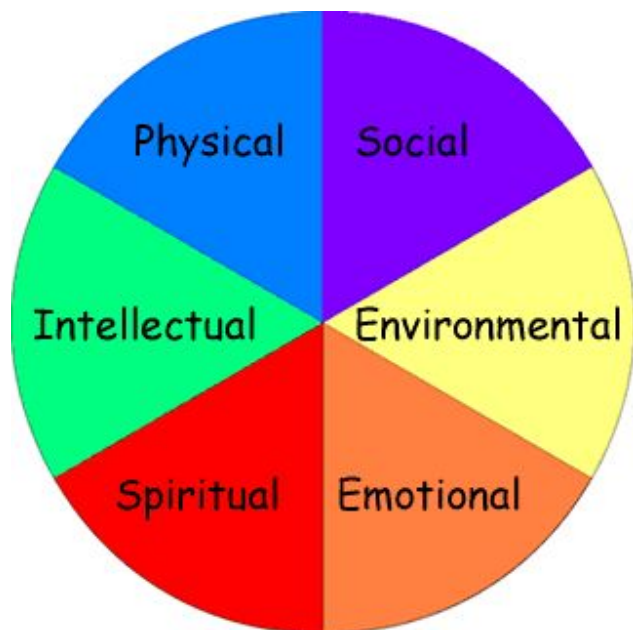


Reliance on congregate / group care is associated with poor outcomes for youth



- X** Significantly **increased risk of arrest**
(Hernandez, 2008)
- X** **Higher rates of re-entry** into foster care after reunification than those reunified from family-based care
(Barth, 2002)
- X** **Less likely to graduate** and more likely to drop-out of school than children and youth in family-based care
(Wiegmann et al, 2014)

When foster children are connected to kin, however, the experience is often more positive



Research has shown that foster **children in kinship care** have:

- ✓ Fewer prior placements
- ✓ More frequent and consistent contact with birth parents, siblings
- ✓ Felt fewer negative emotions about being placed in foster care than children placed with non-relatives
- ✓ Less likely to runaway

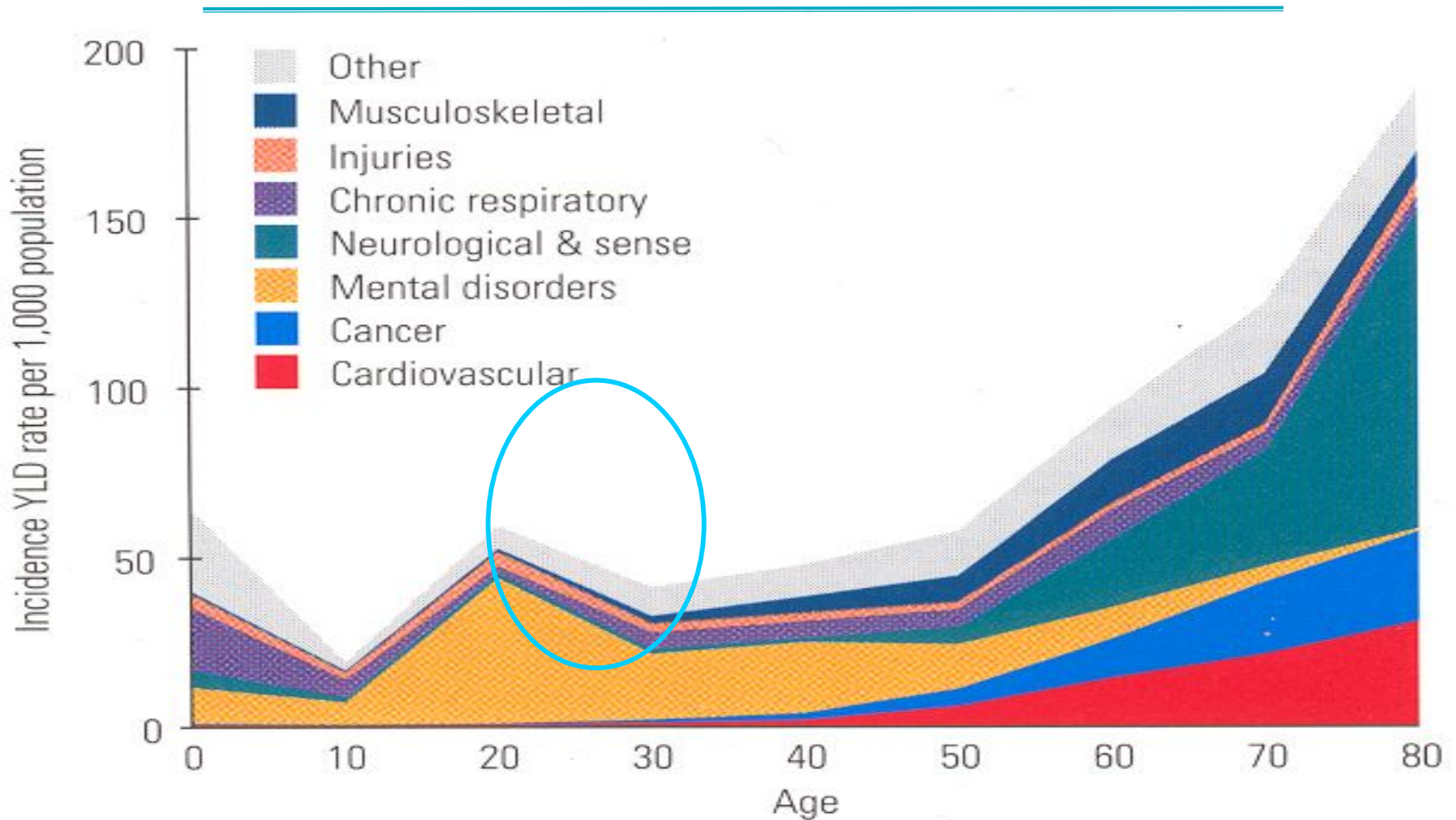
Kinship Care – What's Next?

- Dedicated staffing
- Family finding – More than asking
- Funding + Behavioral Healthcare Supports
- Transparency and Responsiveness
- Revising licensing standards
 - Generations United and ABA Center on Children and the Law conducted **survey of foster care licensing standards to identify trends, problematic standards, and barriers specific to relatives**

Community Based Mental Health Services



Incidence of Disease across the Lifespan



Outcomes

50%

of students age 14 and older living with a mental illness dropout of high school.



GIRLS



75%



65%

in juvenile detention centers have at least one mental illness.

SUICIDE is the **3rd**

leading cause of death in youth ages 15 to 24. 90% of those who die by suicide had one or more mental health condition.

Why Mental Health Matters to **FOSTER YOUTH:**

- According to a NIMH survey, about half of all foster youth have “clinically-significant” emotional or behavioral problems. Only 1/4th of whom received care during the one-year time period of the survey
- Out-of-home placement is associated with disruptions in attachment relationships as children’s attempts to form secure attachments with a primary caregiver are interrupted
- Foster Youth often experience violence and neglect prior to placement, leading to a higher prevalence of mental health needs
- Foster youth are at an increased risk of exposure to risk factors, such as: poverty and maltreatment, putting them at greater risk for mental health issues .
- 30% of former foster care children suffer from PTSD as adults, compared with the approximately 15% of U.S. combat veterans who suffer from PTSD (American Psychological Association, 2012)

Medicaid/EPSDT – Medical Necessity

“Such other necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.”

42 U.S.C. § 1396d(r)

EPSDT

EPSDT's goal is to assure that individual children get the health care they need when they need it – **the right care to the right child at the right time in the right setting.**

https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

Three-Part Framework

- Menu of available array
- Clear mechanism to order/refer
- Clear mechanism for due process



The Directions to Get There



LFC Results First Report

The project team recommended that:

In the next Behavioral Health Collaborative strategic plan, focus on children throughout New Mexico.

On the Horizon –CMH R&D

Therapeutic Behavioral Services (TBS)

- Time limited, intensive, strength-based, community-located
- Behavioral support to prevent institutionalization

Therapeutic Case Management (TCM)

- Non-clinical intervention with an emphasis on lived experience and connection/maintaining.
- EMT Corps
 - Workforce development with wraparound therapeutic supports

Vulnerable Populations

- CSEC screening and response
- Revamping LGBTQ policies
- SSI Trusts + IEP Transition Planning + Decision Maker Processes

Increased Permanency

- Customary Tribal Adoptions
- Evaluating subsidies policies and incentives



Prevention

- Institutionalization
 - Families First – making the most of an empty promise
 - 3 work streams – congregate care reform, community based supports, and prevention
- Homelessness
 - SB 23 and the Office of Youth Homelessness
- Trauma
 - The right youth in foster care
 - Revamping front door policies
 - SCI repair
 - APD pilot
 - Screening tools

Optimization

- Data
 - MMIS 2020 / CCWIS Compliance
 - Modules – Agile, mobile, **who is getting what when and what is the result.**
 - Data driven decision making
 - Structured Decision Making
 - Risk Assessment Revamp
 - CSE-IT
 - CANS



- Accountability
 - Youth-centered
 - Formal grievance processes
 - Increased transparency through data
 - Child welfare community taskforce – HJM10
- Funding
 - Federal penalties (e.g., CAPTA and HB 230)
 - IV-E, EPSDT + Medicaid, SSI
 - Private funding for R&D



Staffing

- Vacancy rate
 - Increased hiring – 40+ on boarding in the next two months
 - Reduction of vacancy rate from 20%+ to 11% by July 1st.
 - Retention – communication, secondary trauma services, good stories, clear vision.
- Training
 - Revamping training and restructuring

Workforce Development

- Gideon's Army
 - Incoming students leveraging IV-E stipends
 - Existing workforce leveraging IV-E stipends

