



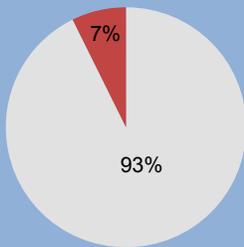
RESULTS OF THE FIRST

Evidence-Based Options To Improve Outcomes

Report Issued:
April 2014

Evidence-Based Programs to Reduce Child Maltreatment.

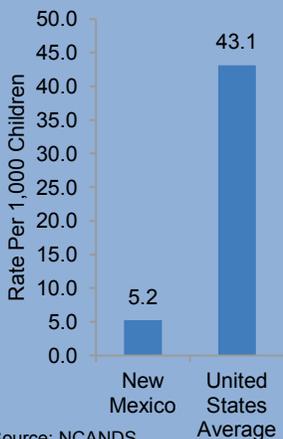
CYFD Protective Services Spending on Evidence Based Programming



■ Other Spending
■ Evidence Based Services

Source: LFC

FY12 Rate Receiving Preventative Services per 1,000 (total receiving services=2,685)



Source: NCANDS

Background. Costs of child maltreatment are substantial and result in general expenses to taxpayers and specific expenses to victims. In New Mexico, 36 percent of children who are the victim of a substantiated case of maltreatment will be abused or neglected again before they are 18. The average child in foster care in New Mexico has 3 placements, although some have had many more. About five out of every 1,000 New Mexico children in the New Mexico child protection system will receive preventive services, compared with the national average of 43 children per 1,000. Reducing child maltreatment and placement in foster care, even just by 10 percent, can save tens of millions of dollars.

Rigorous research has demonstrated that some programs and strategies can improve outcomes and keep children safely at home with their families. In many cases, the benefits to taxpayers and society outweigh the costs. Strategic investments, along with careful attention to implementation and performance monitoring, could help the state achieve reductions in child maltreatment and improve outcomes for New Mexico families.

Cost of Child Maltreatment. New Mexico spends about \$113 million through the Child Protective Services Division responding to child maltreatment, through investigation, in-home services, foster care, adoption and associated administrative costs. CPS spends most of its funding on foster care, adoption and administration.

Protective Services Administrative Overhead: \$27 Million

Includes administrative staff, training, travel, rent and other capital costs

*Note totals do not include domestic violence contracts or grants to tribes.

Prevention Services

- \$0.9 million
- CYFD is contracting services with Triple P and Parents as Teachers to serve 400 children

Intake and Investigation

- \$11.3 million
- 33,000 reports and 18,000 investigations of abuse and neglect

Intervention Services

- \$7.4 million
- In-Home Services serves around 2,000 children per year.

Foster Care Services

- \$36.3 million
- Around 2,000 children in care

Adoption Services

- \$30.5 million
- 333 Children Adopted in FY12 with 840 waiting for adoption



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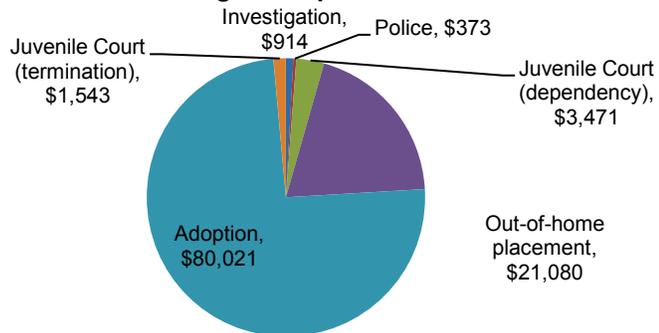
A single case of child maltreatment resulting in adoption can cost taxpayers an estimated \$107 thousand.

In New Mexico a foster care placement costs around \$21 thousand a year, compared with \$3,700 for in-home services.

The majority of spending focuses on children once they have been taken into foster care.

Certain services and intervention strategies, while necessary in some cases, cost taxpayers significantly more per child. For example, a single case of child maltreatment resulting in adoption can cost taxpayers an estimated \$107 thousand.

Average Costs of a Case of Maltreatment Resulting In Adoption in NM



Source: LFC

Funding for child welfare in New Mexico follows federal patterns of funding with the majority of spending focused on children once they have been taken into foster care. Most state and federal funding expended in the child welfare system is concentrated on foster care and adoption with the least amount spent on preventative services.

In New Mexico a foster care placement costs around \$21 thousand a year, compared with \$3,700 for in-home services, and the average duration of foster care cases is typically much longer than in-home cases. Much more money is invested in maintaining children in foster care than is invested in prevention or intervention, a practice incentivized by federal grants. Federal IV-E monies are primarily focused toward children in the care of the state whether in foster care or adoption subsidy. The federal government also provides some monies through IV-B which can be invested in keeping children safely out of foster care including preventative programs and permanency efforts.

"Many more children receive prevention services in their homes than are in foster care. Yet we invest much more money to maintain children in foster care than we do to keep them safely at home with their families"

-Casey Family Programs 2013

The In-Home Services model is a type of family preservation service which is an integrated, comprehensive approach to strengthening and preserving families who are at risk for or who are currently experiencing problems in family functioning.



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“The Pew-MacArthur Results First Initiative has partnered with over a dozen states to implement a benefit-cost model... The President has made it clear that policy decisions should be driven by evidence.”

----The federal Office of Management and Budget recognized the Results First approach in the 2015 budget.

Much more money is invested in maintaining children in foster care than is invested in preventative care, a practice incentivized by federal grants.

Approximately 5 children per 1,000 received preventative services from the New Mexico child welfare agency in 2012 compared to a national average of 43 children per 1,000.

Federal Child Welfare Funding In New Mexico

Title IV-E money spent to maintain children in foster care
\$27 million

3,700 children are served by the foster care system each year



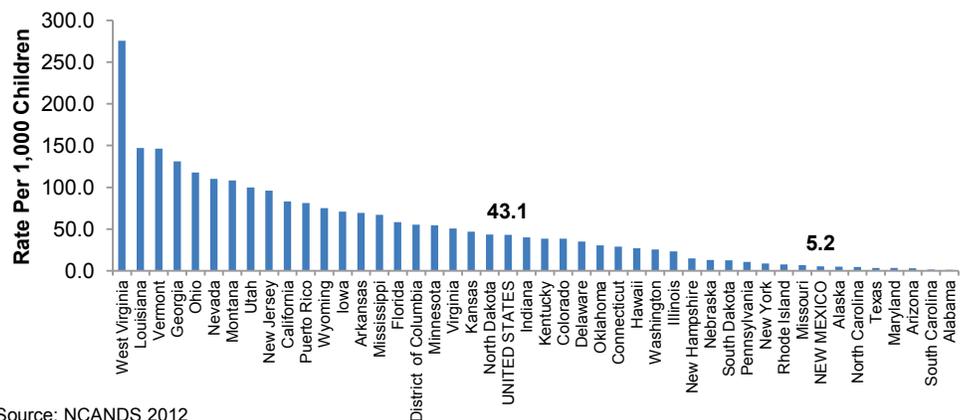
Title IV-B money for keeping children safely out of foster care
1.6 million



33,000 children are involved in reports of maltreatment each year where timely interventions are important

The New Mexico child welfare agency spends \$8.3 million on prevention and intervention services including Triple P, Parents as Teachers and In-Home Services. Federal data reflects the New Mexico child welfare agency spends less on preventative services than most other states. Approximately 5 children per 1,000 received preventative services from the New Mexico child welfare agency in 2012 compared to a national average of 43 children per 1,000.

FY12 Rate of Children Receiving Preventative Services Per 1,000 Children (Total Received Services=2,685)



Source: NCANDS 2012



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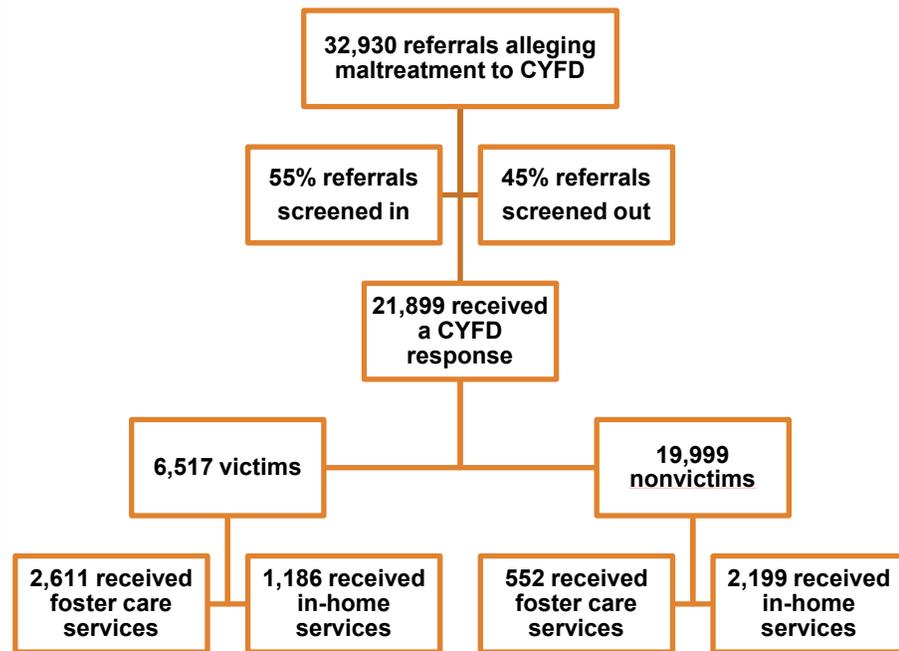
Each year, over 6,500 victims of maltreatment are identified and around 2,000 children are in foster care at any given time.

Many New Mexico children are at high risk for a number of negative outcomes.

The number of reports alleging maltreatment, the percentage of substantiated maltreatment reports, and the victim rate in New Mexico have all risen since 2009.

System Performance. An estimated 36 percent of children who are the victim of a substantiated case of maltreatment will be abused or neglected again before they are 18 based on historical data in New Mexico. CYFD receives over 30 thousand referrals alleging maltreatment each year. Around 55 percent of these are screened in and receive a response through investigation. The number of reports alleging maltreatment, the percentage of substantiated maltreatment reports, and the victim rate in New Mexico have all risen since 2009. Each year, over 6,500 victims of maltreatment are identified and around 2,000 children are in foster care at any given time. Reducing child maltreatment and placement in foster care, even just by 10 percent, can save tens of millions of dollars.

New Mexico Child Welfare Statistics FY12



Source: NCANDS

Investigators substantiated 6,517 victims of maltreatment in FY12. According to federal data from the NCANDS data system, of the 6,517 victims of maltreatment, 2,611 received foster care services and 1,186 received in-home services. Of the 19,999 non-victims, 552 received foster care services and 2,199 received in-home services. Note that this analysis counts any service provided in the home as an in-home service and reflects number of responses so duplicate children appear.

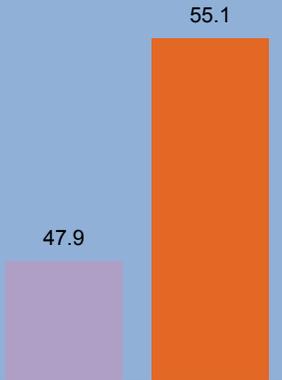
Risk of Maltreatment. Many New Mexico children are at high risk for a number of negative outcomes. Poverty is one of the most reliable risk factors predicting negative outcomes for children. According to the Department of Health (DOH), 47 percent of New Mexico infants were born into poverty in 2010 and another 27 percent were born into low income families. The Census Bureau reports that a higher



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Percentage of Children From Birth to 17 Years with Adverse Childhood Experiences FY12



Adverse childhood experiences
 ■ Nation ■ New Mexico

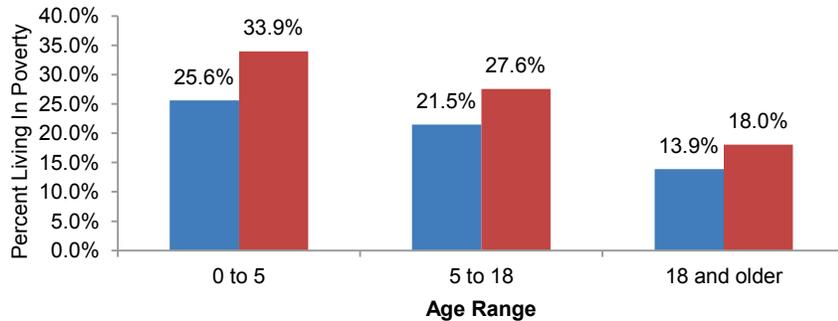
Source: The Child and Adolescent Health Measurement Initiative

New Mexico ranks the highest among all states on the federal measure of children with a drug abusing caregiver risk factor.

The child victim rate has risen to 11.4 child victims per 1,000 children in the state.

percentage of New Mexican children are living in poverty than any other state with the exception of Mississippi. Children ages 0-5 in New Mexico make up a larger proportion of the population and make up a higher percentage of children in poverty compared with national data.

Percent Living in Poverty By Age Range in 2012 (US and NM)



Source: US Census Bureau

■ US ■ NM

Additional risk factors are evident from federal data and occur at levels unique to New Mexico. For example, New Mexico ranks the highest among all states on the federal measure of children with a drug abusing caregiver risk factor. According to federal data 63 percent of substantiated victims and 36 percent of nonvictims have a caregiver abusing drugs. The national average for these numbers is 20 percent for substantiated victims and 8.4 percent for nonvictims.

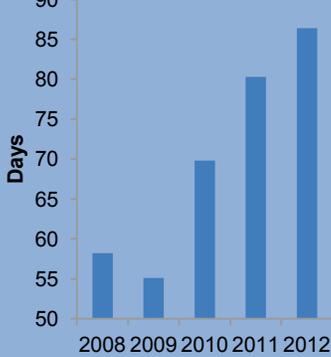
Child maltreatment in New Mexico. According to the US Department of Health and Human Services (HHS), the child victim rate has steadily risen in New Mexico over the last four years and surpassed four of our neighboring states in 2012 with 11.4 child victims per 1,000 children in the state. The amount of time to reach a disposition for an allegation, substantiated or unsubstantiated, has also risen significantly since 2009 from 55 to 85 days in 2012.



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NM Length of Time to Reach Disposition (in Days)



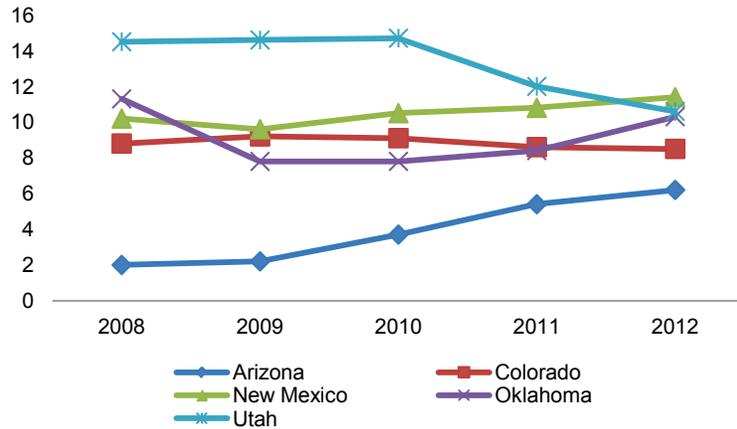
Source: NCANDS
Calculated as time between referral and disposition date

Number of Maltreatment Victims in New Mexico



Source: NCANDS

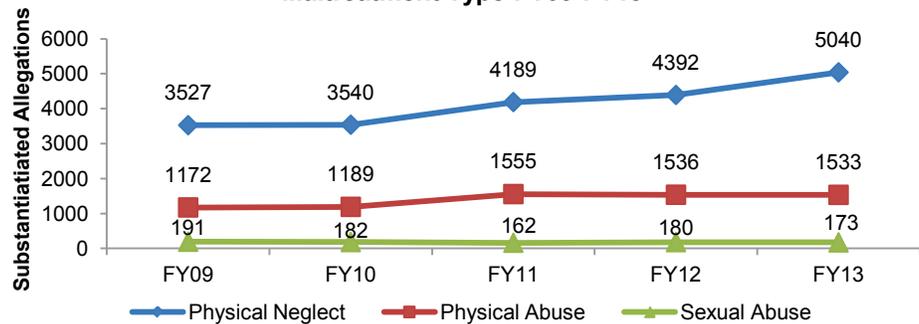
Child Victims Rate (per 1,000 children) 2008-2012



Source: HHS Child Maltreatment 2012

Most substantiated allegations of maltreatment are the result of physical neglect. Physical abuse and sexual abuse occur at a lower rate. Reporting and substantiation of physical neglect has risen in recent years.

New Mexico Substantiated Allegations of Maltreatment by Maltreatment Type FY09-FY13



Source: CYFD 360 Report

Maltreatment victims are more likely to be young children and suffer from neglect rather than abuse. Young children are maltreated at a higher rate with children under the age of nine accounting for 63 percent of all maltreatment in 2012.



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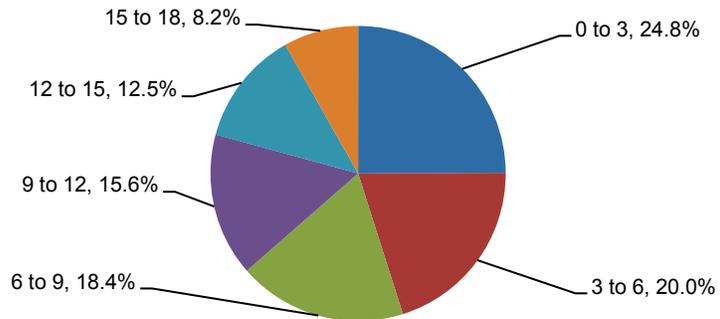
Evidence-Based Options To Improve Outcomes

Over an eight year period, 54 percent of children were re-referred to CYFD, in some cases more than 20 times.

According to the Children's Bureau, cases with prior referrals are more likely to be substantiated as maltreatment.

Recurrence of maltreatment has increased.

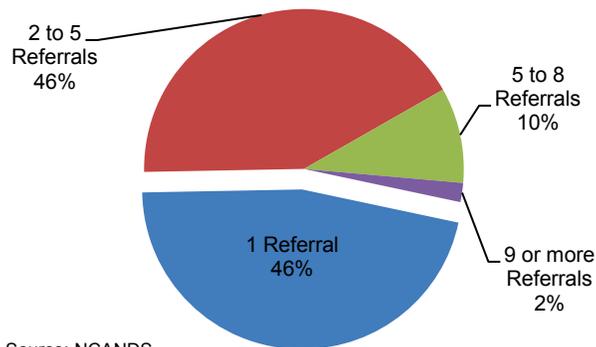
New Mexico Maltreatment Victims By Age FY2012



Source: NCANDS

Repeat contact with Child Protective Services. Over an eight year period, 54 percent of children were re-referred to CYFD, in some cases more than 20 times. Of a cohort of 11,993 children from 2004, ages 0-9, 6,432 were re-referred over a span of 9 years. Children are often referred to the state for suspected maltreatment multiple times without receiving services of any kind. According to the Children's Bureau, cases with prior referrals are more likely to be substantiated as maltreatment. However, research also shows that some services reduce re-referral. The Children's Bureau points to strategies used in some states that ensure services are available to families including employment of an alternative response model.

Number of Accepted Re-referrals 2004-2012 Cohort of Children Ages 0-9 from 2004 N=11,993 Children



Source: NCANDS

Recurrence of maltreatment has increased. Many children experience repeat maltreatment within a very short time period (6 months). Over 11 percent of children with a substantiated case of abuse and neglect have another substantiated case within six months. Additional analysis by LFC staff on federal NCANDS data indicate that



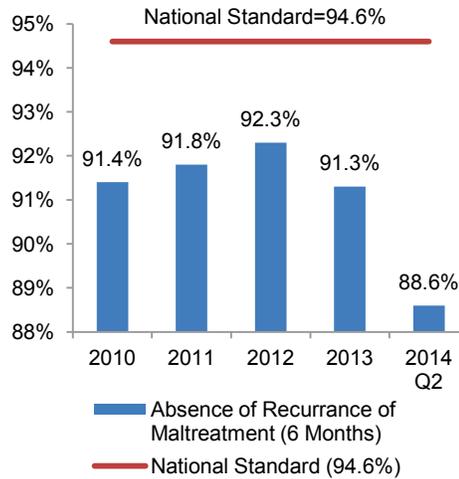
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Percentage and number of children that are victims of recurrence of maltreatment are rising.

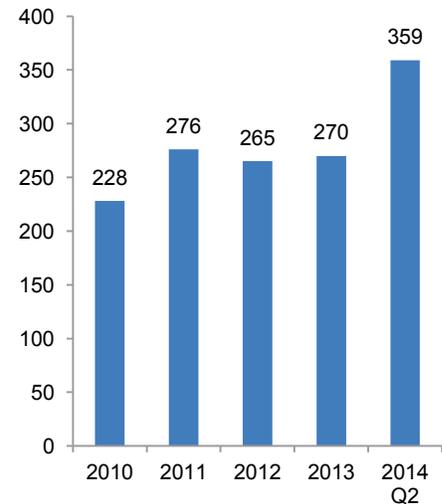
children with a substantiated case of abuse or neglect have almost a 40 percent likelihood of being the victim of another substantiated case sometime during their life.

NM Absence of Recurrence of Maltreatment Within 6 Months



Source: NCANDS and CYFD

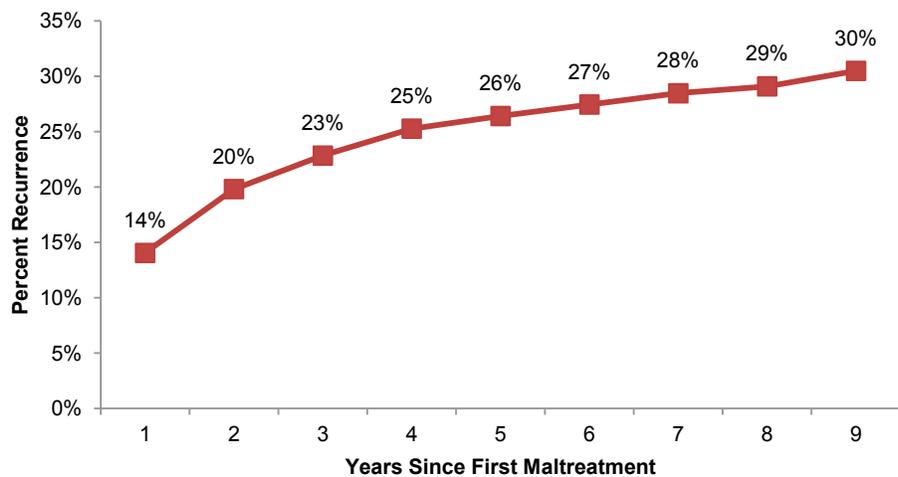
Number of Repeat Victims Within 6 Months



Source: NCANDS and CYFD

Recurrence of maltreatment continues beyond the federal measure of 6 months since initial maltreatment such that within nine years over 30 percent of children experience a subsequent case of abuse or neglect.

Cumulative Recurrence of Maltreatment By Years



Source: NCANDS 2004 Cohort

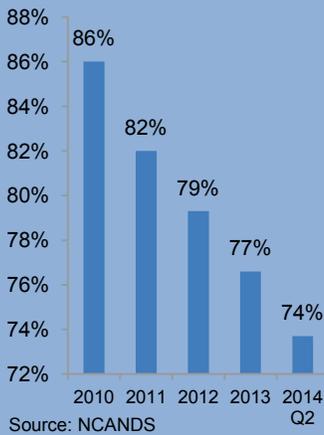
Almost a third of children maltreated will be maltreated again within 9 years.



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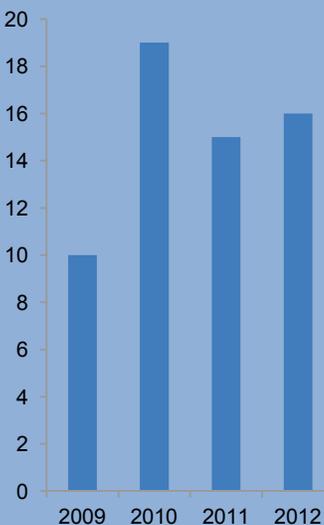
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Children in Care for 12 Months with 2 or Fewer Placements



Source: NCANDS

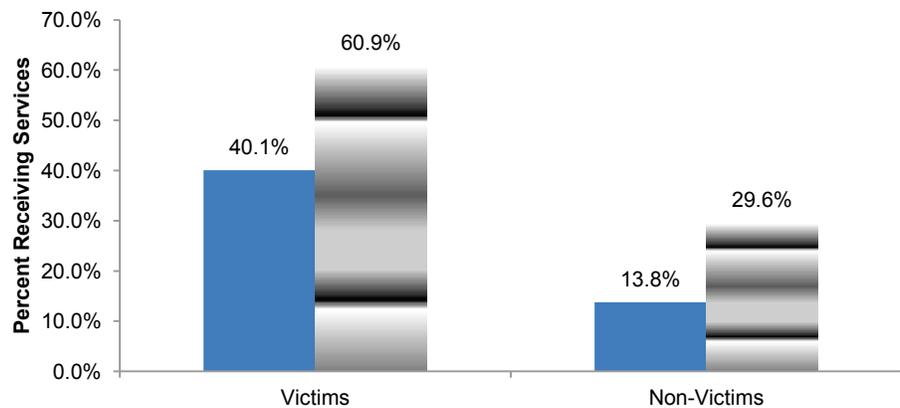
Child Maltreatment Fatalities



Source: NCANDS

Not all children identified as being victims of maltreatment receive services from the state. Families identified as high-risk do not always receive services. During the 2014 Legislative session, HB 298 was introduced in an effort to promote court-ordered services such as in-home services to those at risk for maltreatment. As it stands, the numbers of children receiving post-response services (either foster care or in-home services) in New Mexico are lower than national averages by about 21 percent for victims and 16 percent for non-victims.

Percent of Children Receiving Post-investigation Services in FY12 (Foster Care or Other Services Provided in the Home)



Source: NCANDS

■ NM ■ US

The average number of children in foster care has been increasing over the last three years. Once a child is in foster care, on average they will have three placements. The number of placements that a child has in foster care, or placement stability, is a predictor of many negative impacts for children including increased mental health costs, child developmental problems, detriments in child well-being, increased juvenile delinquency for males, and increased use of the emergency department by children.

In New Mexico, the number of children with 2 or fewer placements within the first 12 months of foster care has been on the decline in recent years, meaning that children are being subjected to more placements within the first 12 months of care. The increase in the number of placements for children will likely correlate with more negative impacts for children previously mentioned, each of these being costly for taxpayers. The number of deaths as a result of maltreatment fluctuates every year and shows no trend. Note that federal data appears to show that in 2012, four of the 12 fatalities for the year received family preservation services in the last five years. The 25 percent figure for this measure is higher than the national average of 8.7 percent.

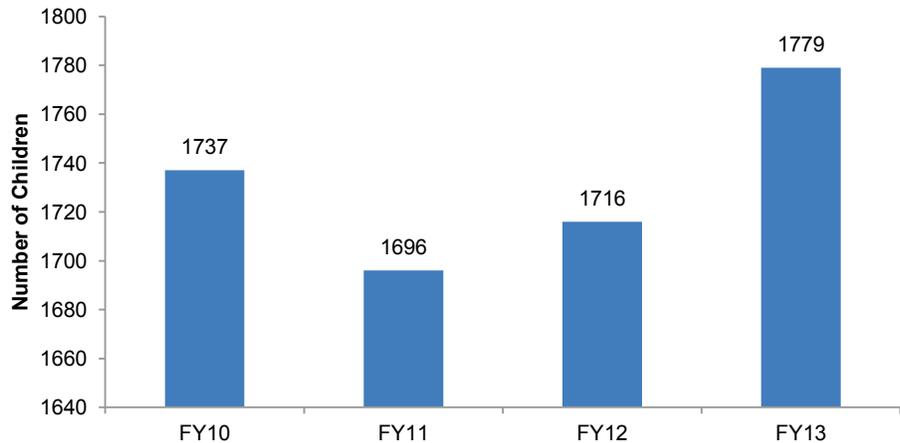


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The average number of children in foster care has risen over the last three years.

Average Number of Children In Foster Care



Source: CYFD 360 Report

What works? Research shows that investing in families before it is necessary to remove children is a safer, more cost-effective approach. It is such research on which the implementation of evidence-based programs is based. Evidence-based programs are approaches that have proven results which are demonstrated through rigorous evaluation. Proven results could reflect that programs are effective or that programs are ineffective regarding outcomes of participants.

Casey Family Programs has cited that some states are using one or more evidence-based approaches to prevent unnecessary out-of-home-placements including alternative or differential response systems, family-based services such as parent-child interaction therapy (PCIT) and Triple P Positive Parenting Program, Nurse-Family Partnerships, and SafeCare among others.



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Poor implementation can result in poor outcomes.

Two programs, alternative response and the Homebuilders model of family preservation were run in New Mexico but have since been discontinued.

Evidence-Based Prevention and Intervention Programs in Results First Analysis (Bold Are Currently Run in NM)

Prevention

- Nurse Family Partnership for low-income families
- **Other home visiting programs for at-risk mothers and children**
- **Triple P Positive Parenting Program**
- **Parents as Teachers**
- Healthy Families America
- Parent Child Home Program
- SafeCare

Intervention

- **Other family preservation services (non-Homebuilders®)**
- Alternative response/Differential Response
- Intensive family preservation services (Homebuilders)
- Parent Child Interaction Therapy (PCIT) for families in the child welfare system
- Subsidized guardianship (Title IV-E waivers)

Note that despite relatively low spending levels, some evidence-based programs (cited by Casey Family Programs and the Pew-MacArthur Results First model) are currently run or have a history of being run in New Mexico. Two programs, alternative response and the Homebuilders model of family preservation were run in New Mexico but have since been discontinued. A number of other evidence based programs are funded through CYFD Protective Services and Early Childhood Services serving a total of 3,183 children at a cost of \$10.4 million in FY13. Note that some school districts and providers may provide additional services not listed below.

Evidence-Based Programs Run By CYFD In NM FY13

Program Name	Program Status in New Mexico	Total Program Cost (in millions)	Number of Participants
Alternative Response/ or Differential Response	Pilot Program at CYFD 2005-2007	N/A	N/A
Intensive family preservation services (Homebuilders(c))	Discontinued by CYFD 10 years ago	N/A	N/A
Nurse Family Partnership for low-income families	Currently run through CYFD-UNM CDD	\$0.15	50
Other family preservation services (non-Homebuilders®)	Currently run by CYFD and providers	\$7.1	2040
Other home visiting programs for at-risk mothers and children	Currently run through CYFD	\$2.1	690
Parents as Teachers	Currently run through CYFD	\$0.8	255
Triple P Positive Parenting Program	One level currently run through CYFD	\$0.2	148
Total	N/A	\$10.4	3,183

Source: LFC, CYFD



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Evidence-Based Options To Improve Outcomes

The results of cost-benefit analysis indicate that New Mexico can obtain favorable outcomes such as reduced cases of abuse and neglect and reduced out of home placement if evidence-based programs are successfully implemented.

Note that a number of promising programs are not included in the analysis below and some of these are programs that have been developed in New Mexico.

Several models of home visiting exist throughout the state. Only two home visiting programs funded by CYFD are evidence-based with rigorous research demonstrating positive outcomes. CYFD contracts with the UNM Health Sciences Center for implementation of the Nurse-Family Partnership Home Visiting Program (NFP). This program has been adopted by many states and produces evidence of short-term benefits, long-term positive impacts on the health of the family and child, and decreased costs to society as a whole. Parents as Teachers (PAT) is the second evidence-based program, while the First Born program is currently under evaluation to demonstrate evidence of effectiveness and is generally considered a promising program. Other programs funded by CYFD do not meet federal standards for funding.

Next Steps and Available Options. The results of cost-benefit analysis indicate that New Mexico can obtain favorable outcomes such as reduced cases of abuse and neglect and reduced out of home placement if evidence-based programs are successfully implemented. These estimates are constructed conservatively to reflect the difficulty that can be encountered when implementing programs at scale. Some of these programs are currently implemented in New Mexico and the results of this study present the outcomes these programs should be producing based on rigorous research. However, as previous program evaluations have found, poor implementation can result in poor outcomes. Note that a number of promising programs are not included in the analysis below and some of these are programs that have been developed in New Mexico. These include First Born and Neurosequential Model of Therapeutics.

The graph below shows some programs benefits far outweigh their cost. Appendix A provides more detail. The predicted costs, benefits, and return on investment ratios for each program are calculated as accurately as possible but are, like all projections, subject to some level of uncertainty. Accordingly, it is more important to focus on the relative ranking of programs than small differences between them; some programs are predicted to produce large net benefits and may represent 'best buys' for the state, while others are predicted to generate small or even negative net benefits and may represent neutral or poor investment opportunities.



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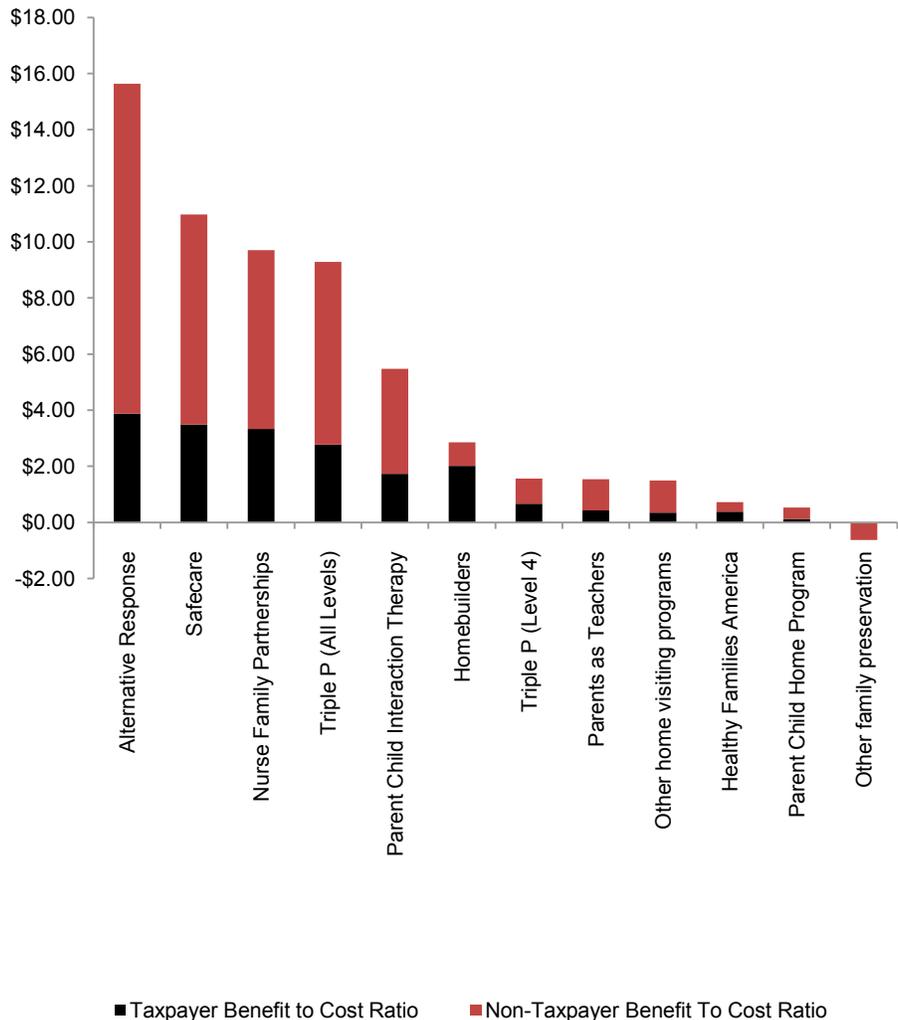
Evidence-Based Options To Improve Outcomes

Benefit to cost ratios range from \$15.64 for every dollar spent in Alternative Response, to \$-0.63 for every dollar spent in Other Family Preservation

Alternative response method conducts a family assessment, with the goal of engaging a family to determine strengths and needs and plan for the future.

Alternative Response was run as a pilot in NM from 2005-2007

Total Benefit to Cost Ratio by Program



Alternative Response/Differential Response. Alternative Response (also called Family Assessment Response or Differential Response) is a system of responding to referrals to Child Protective Services that is an alternative to a traditional investigation. If there are no imminent concerns about a child's safety, the Alternative Response method conducts a family assessment, with the goal of engaging a family to determine strengths and needs and plan for the future, without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment. It is perceived by some as less intrusive and less confrontational than a traditional investigation. Alternative response was run as a pilot in New Mexico from 2005-2007 and outcome data showed families who accepted assessment services had



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**Results showed that families who accepted services...
-had almost half as many repeat reports.
-had a lower rate of repeat maltreatment.
-had fewer children removed and placed in foster care.**

Healthy Families America should reduce maltreatment for low income families by 12 percent and should reduce recurrence of maltreatment by 10 percent.

Homebuilders was run in New Mexico and discontinued about 10 years ago.

a lower rate of repeat maltreatment, had fewer children removed and placed in foster care, and had almost half as many repeat reports compared with families who declined services. Furthermore, families that did re-enter the system after accepting assessment services had their children returned to them more often after the children were placed on a 48-hour hold, meaning that fewer children were removed from their homes and put into costly foster care. Note that some states are moving toward implementing differential response and the federal government is creating requirements around the program as well. The Child Abuse Prevention and Treatment Act of 2010 requires states to include in their state plan “triage 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.”

PSD Differential Response Pilot's Effect on the Recurrence of Investigations

Did the client accept or decline Differential Response intervention?	Investigation After Contact	No Investigation After Contact	Re-Entry Rate
Accepted Assessment Services	57	355	14%
Declined Assessment Services	115	329	26%

Source: PSD

Research indicates that Alternative Response should reduce maltreatment for low income families by 11 percent and should reduce recurrence of maltreatment by 9 percent.

Healthy Families America. Healthy Families America is a network of programs that grew out of the Hawaii Healthy Start program. At-risk mothers are identified and enrolled either during pregnancy or shortly after the birth of a child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes and case management. Research indicates that Healthy Families America should reduce maltreatment for low income families by 12 percent and should reduce recurrence of maltreatment by 10 percent.

Intensive Family Preservation Services (Homebuilders). Homebuilders was run in New Mexico and discontinued about 10 years ago. Intensive Family Preservation Services are short-term, home-based crisis intervention services that emphasize placement prevention. The program emphasizes contact with the family within 24 hours of the crisis, staff accessibility around the clock, small caseload sizes, service duration of four to six weeks, and provision of intensive, concrete services and counseling. These programs are intended to prevent removal of a child from his or her biological home (or to promote his or her return to that home) by improving family functioning. Research indicates that Homebuilders should reduce maltreatment for low income families by 23 percent and should reduce recurrence of maltreatment by 20 percent.



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Nurse Family Partnerships should reduce maltreatment for low income families by 26 percent and should reduce recurrence of maltreatment by 22 percent.

Research on Parent-Child Home program is inconclusive regarding reductions in maltreatment for low income families and recurrence of maltreatment.

PCIT should reduce maltreatment for low income families by over 25 percent and should reduce recurrence of maltreatment by over 25 percent.

Nurse Family Partnership for Low-Income Families. The Nurse Family Partnership program provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth; the program was developed by Dr. David Olds. The goal is to promote the child's development and provide support and instructive parenting skills. The program is designed to serve low-income, at-risk pregnant women bearing their first child. Research indicates that Nurse Family Partnerships should reduce maltreatment for low income families by 26 percent and should reduce recurrence of maltreatment by 22 percent.

Other Family Preservation Services (non-Homebuilders). "Other" Family Preservation Services Programs have the same goals as "intensive" family preservation services: to prevent removal of a child from his or her biological home (or to promote his or her return to that home) by improving family functioning. However, "other" family preservation services programs lack the rigorous criteria for implementation as defined by the Homebuilders® model. Research on other family preservation services is inconclusive regarding reductions in maltreatment for low income families and recurrence of maltreatment.

Other Home Visiting Programs for At-Risk Mothers and Children. This broad grouping of programs focuses on mothers considered to be at risk for parenting problems, based on factors such as maternal age, marital status and education, low household income, lack of social supports, or in some programs, mothers testing positive for drugs at the child's birth. Depending on the program, the content of the home visits consists of instruction in child development and health, referrals for service, or social and emotional support. Some programs provide additional services, such as preschool. This group of programs also includes a subset that is specifically targeted toward preventing repeat pregnancy and birth in the adolescent years. All home visiting programs have similar results in reducing maltreatment in low income families as well as recurrence of maltreatment.

Parent-Child Home Program. The Parent-Child Home Program is targeted at two- and three-year-olds whose parents have a limited education or who have other obstacles to educational success. The program involves twice weekly, half-hour visits from trained paraprofessionals over a period of two years. Each week, the visitor brings a new toy or book which she uses to demonstrate verbal interaction techniques and encourage learning through play. Research on Parent-Child Home program is inconclusive regarding reductions in maltreatment for low income families and recurrence of maltreatment.

Parent Child Interaction Therapy (PCIT). PCIT in child welfare populations has been successfully tested with addition of a group motivational component to increase engagement and success of the parent. As in standard PCIT, a therapist directly observes a parent and child through a one-way mirror, and provides direct coaching to the parent through a radio earphone. The focus is building the skills of the parent to more positively interact with the child and manage his or her behavior. Research indicates that PCIT should reduce maltreatment for low income families by over 25 percent and should reduce recurrence of maltreatment by over 25 percent.



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Parents as Teachers is a home visiting program for parents and children with a main goal of having children ready to learn by the time they go to school.

Triple P (All Levels) should reduce maltreatment for low income families by 19 percent and should reduce recurrence of maltreatment by 16 percent.

Research on Triple P (Level 4) is inconclusive regarding reductions in maltreatment for low income families and recurrence of maltreatment.

Parents As Teachers. Parents as Teachers is a home visiting program for parents and children with a main goal of having children ready to learn by the time they go to school. Parents are visited monthly by parent educators with some college education. Visits typically begin during the mother's pregnancy and may continue until the child enters kindergarten. All home visiting programs have similar results in reducing maltreatment in low income families as well as recurrence of maltreatment.

SafeCare. Formerly known as Project 12-Ways, SafeCare is a manualized parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Trained professionals work with at-risk families in their home environments to improve parents' skills in several domains, such as planning and implementing activities with their children, responding appropriately to child behaviors, improving home safety, and addressing health and safety issues. SafeCare is generally provided in weekly home visits lasting 1-2 hours. The program typically lasts 18-20 weeks for each family. Research indicates that SafeCare should reduce maltreatment for low income families by 12 percent and should reduce recurrence of maltreatment by 10 percent.

Subsidized Guardianship (Title IV-E Waivers). Subsidized Guardianship is a permanent placement alternative that does not require termination of parental rights. Research indicates that Subsidized Guardianship should reduce maltreatment for low income families by 12 percent and should reduce recurrence of maltreatment by 10 percent.

Triple P Positive Parenting Program (All Levels). Triple P – Positive Parenting Program (all levels) is a universal prevention program that aims to increase the skills and confidence of parents in order to prevent the development of serious behavioral and emotional problems in their children. Triple P has five levels of intensity. The base level is a media campaign that aims to increase awareness of parenting resources and inform parents about solutions to common behavioral problems. Levels two and three are primary health care interventions for children with mild behavioral difficulties, whereas levels four and five are more intensive individual- or class-based parenting programs for families of children with more challenging behavior problems. The evaluation in this study was a population-based trial that provided all levels of the program. Research indicates that Triple P (All Levels) should reduce maltreatment for low income families by 19 percent and should reduce recurrence of maltreatment by 16 percent.

Triple P Positive Parenting Program (Level 4). Triple P – Positive Parenting Program (Level 4, self directed) is an intensive individual-based parenting program for families of children with challenging behavior problems. In the self-directed modality, parents receive a full Level 4 curriculum with a workbook and exercises to complete at their own pace. They are also offered support from a therapist by telephone on a regular basis. Research on Triple P (Level 4) is inconclusive regarding reductions in maltreatment for low income families and recurrence of maltreatment.



RESULTS FIRST

Evidence-Based Options To Improve Outcomes

Summary. Given New Mexico’s worsening child abuse and neglect rates and the continued struggle with recurrence of maltreatment, the state may wish to make increased investments in proven early intervention programs such as alternative response, SafeCare, and evidence-based family preservation. As noted, most of the current investments in child welfare are aimed at foster care and adoption services. Some programs will likely be easier to implement and more effective in communities that have the capacity to run some programs where in others that capacity might need to be built. Additionally, statutory changes for programs such as alternative response (even if only run in selected counties), would be necessary for implementation. Finally, further evaluation is needed to assess the effectiveness of family preservation programs run by CYFD and its contractors.



Appendix A. Results First Analysis Detail

Program	Benefits to Participants	Benefits to Taxpayers	Other Beneficiaries	Other Indirect Benefits	Total Benefits	Costs	Benefits -Costs Net Present Value	Benefits/Costs Ratio	Percent of Time Net Present Value is Greater Than Zero
Alternative Response	\$868	\$380	\$285	\$0	\$1,533	(\$98)	\$1,435	\$15.64	99%
SafeCare	\$1,006	\$617	\$320	\$0	\$1,943	(\$177)	\$1,766	\$10.98	98%
Nurse Family Partnerships	\$9,974	\$9,868	\$8,946	\$0	\$28,789	(\$2,967)	\$25,822	\$9.70	89%
Triple P (All Levels)	\$705	\$403	\$239	\$0	\$1,346	(\$145)	\$1,201	\$9.28	99%
Parent Child Interaction Therapy	\$4,450	\$2,720	\$1,452	\$0	\$8,622	(\$1,574)	\$7,048	\$5.48	99%
Homebuilders	\$2,126	\$6,759	\$697	\$0	\$9,582	(\$3,355)	\$6,228	\$2.86	99%
Triple P (Level 4)	\$769	\$1,241	\$1,298	(\$406)	\$2,903	(\$1,866)	\$1,036	\$1.56	72%
Parents as Teachers	\$2,282	\$1,282	\$997	\$0	\$4,561	(\$2,966)	\$1,595	\$1.54	68%
Other home visiting programs	\$2,210	\$1,035	\$1,173	\$0	\$4,419	(\$2,970)	\$1,449	\$1.49	69%
Healthy Families America	\$1,124	\$1,810	\$375	\$47	\$3,357	(\$4,680)	(\$1,323)	\$0.72	29%
Parent Child Home Program	\$1,546	\$679	\$768	\$0	\$2,993	(\$5,601)	(\$2,608)	\$0.53	29%
Other family preservation	(\$251)	(\$100)	\$0	(\$1,603)	(\$1,954)	(\$3,099)	(\$5,053)	(\$0.63)	0%
Subsidized Guardianships (IV-E Waiver)	\$714	\$515	\$226	\$0	\$1,454	\$4,078	\$5,532	No Estimate	99%

Source: LFC



Appendix B. Description of Federal Funding Sources

The Children's Bureau awards funds to states and Tribes on a formula basis and to individual organizations that successfully apply for discretionary funds.

Title IV-E Foster Care Maintenance, Adoption Assistance, and Guardianship Assistance. The Children's Bureau provides these funds to the States, the District of Columbia, and Puerto Rico as an open-ended entitlement on a formula basis to provide reimbursement for a portion of the costs of providing foster care, adoption assistance, and, if elected by the State or Tribe, guardianship assistance to eligible children. Beginning October 1, 2008, an Indian Tribe, Tribal consortium, or Tribal organization may submit title IV-E plans for direct funding for Indian children served by the Tribe in its identified service area(s).

Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program (ETV). These programs are funded under title IV-E on a formula, fixed-grant basis to assist States in providing services and supports that help foster youth acquire the training and skills needed for self-sufficiency. Tribes, Tribal consortia, and Tribal organizations that have an approved title IV-E plan, as well as those that have entered into a title IV-E cooperative agreement or contract with a State, may apply for direct funding for CFCIP (including ETV funding and services) as of October 1, 2009.

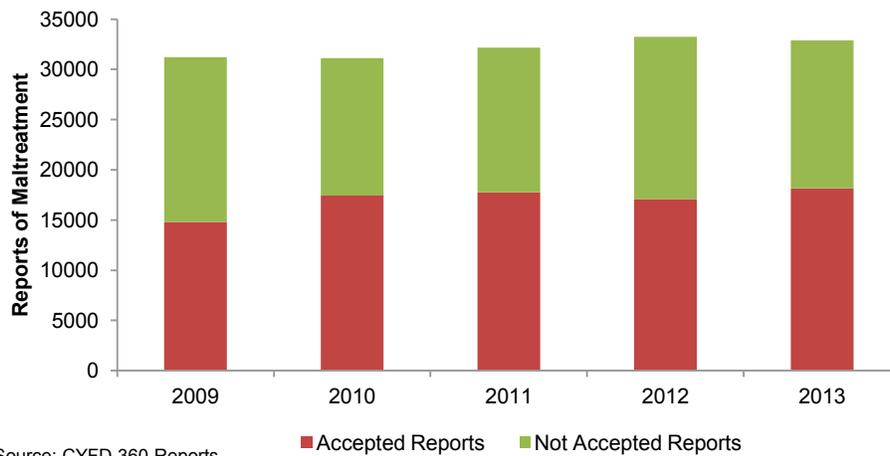
Title IV-B Child and Family Services. The mandatory formula funding is awarded as annual fixed grants to support States, Tribes, and territories in the development of effective child welfare services and to help them operate every aspect of their child welfare systems—from prevention of child abuse and neglect to adoption—and the information systems necessary to support these programs. Specific programs include the Promoting Safe and Stable Families Program (PSSF) and the Court Improvement Program (CIP).

Child Abuse and Neglect Prevention and Treatment Act (CAPTA). Funds are awarded to States on a formula, fixed-grant basis to assist States in improving child protective services and child maltreatment prevention programs. Programs include the CAPTA State grants, Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), and the Children's Justice Act (CJA).

Appendix C. New Mexico Child Welfare Statistics

More than 55 percent of children in New Mexico, ages birth to 17 years, reported having one or more adverse childhood experiences (ACE) compared with 48 percent nationally in FY12. ACE fall into nine categories: (1) socioeconomic hardship, (2) divorce/separation of parent, (3) death of parent, (4) parent served time in jail, (5) witness to domestic violence, (6) victim of neighborhood violence, (7) lived with someone who was mentally ill or suicidal, (8) lived with someone with alcohol/drug problem, (9) treated or judged unfairly due to race/ethnicity. There are significant associations between childhood abuse, neglect, and exposure to violence that may lead to adult health problems.

Total, Accepted, and Not Accepted Reports of Maltreatment in New Mexico 2009-2013



Source: CYFD 360 Reports

New Mexico Exits of Children From Foster Care

	2009	2010	2011	2012
Adoption	23.1%	22.8%	20.1%	21.7%
Guardianship	15.0%	9.0%	24.0%	15.0%
Reunification	68.2%	68.4%	69.6%	70.3%
Other	7.3%	7.9%	7.8%	6.5%
Number	2,149	1,844	1,766	1,605

Source: AFCARS

Appendix D. Results First Approach

Currently there is a shift among state and federal governments to base funding on delivery of evidence-based programming. The Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states to implement an innovative cost-benefit analysis tool that helps them invest in policies and programs. This cutting-edge approach provides policymakers with new information that estimates the long-term costs and benefits of investments in public programs; this report compares options and identifies those that most effectively achieve outcomes at the lowest cost to taxpayers. New Mexico is one of a growing number of states that are customizing this approach and using the results to inform state policy and budget decisions.

The Washington State Institute for Public Policy (WSIPP) has utilized a cost-benefit model to inform decisions of policy makers so that they can invest in evidence-based programs that deliver the best results for the lowest cost. WSIPP has attributed a number of positive outcomes to the use of the approach that Results First is based upon including a savings of \$1.3 billion per biennium and lower arrest and crime rates in the state of Washington. The majority of early childhood evidence-based programming research has focused on home visiting models, although models in early childhood education, child welfare, and child mental health are also prevalent.

Figure 1. Results First: Five steps to evidence based policy making



Source: Adapted from the Pew Charitable Trusts

Cost-Benefit Analysis of Evidence-Based Programs. The results of cost-benefit analysis indicate that New Mexico can obtain favorable outcomes such as increased student achievement if it successfully implements several evidence-based programs. These estimates are constructed conservatively to reflect the difficulty that can be encountered when implementing programs at scale. Well-run programs will



achieve results reported here or better. Poorly run programs will not. Some of these programs are currently implemented in New Mexico and the results of this study present the outcomes these programs should be producing based on rigorous research.

Several factors need to be considered when interpreting findings. Our analysis is based on an extensive and comprehensive review of research on program outcomes as well as an economic analysis of the benefits and costs of investments in evidence-based programs. The results indicate that New Mexico can obtain favorable outcomes if it can substantially and successfully increase its use of several evidence-based programs. The predicted costs, benefits, and return on investment ratios for each program are calculated as accurately as possible but are, like all projections, subject to some level of uncertainty. Accordingly, it is more important to focus on the relative ranking of programs than small differences between them; some programs are predicted to produce large net benefits and represent 'best buys' for the state while others are predicted to generate small or even negative net benefits and represent neutral or poor investment opportunities.

Program Fidelity. Program fidelity refers to how closely program delivery matches its design. Fidelity to program design determines if a program is effective in achieving its intended outcomes. Delivering a program as intended, and using research proven best practices, is critically important to achieving the predicted outcomes. The New Mexico Results First model assesses evidence-based programs that are designed to follow specific treatment models, and failure to operate these programs as prescribed can dramatically reduce their outcomes. For example, Washington State's experience with Functional Family Therapy for juvenile offenders found that when the program was not implemented competently it did not reduce crime at all. On the other hand, when it was delivered as designed, the program produced very positive returns on investment. In New Mexico, a drug treatment program in state run prisons called Therapeutic Communities should reduce recidivism if implemented correctly. A 2011 LFC evaluation found that instead of reducing recidivism, graduates of Therapeutic Communities in New Mexico were more likely to return to prisons compared to the average inmate. Experiences with these two programs illustrate that when practices do not align to the design of a program outcomes can be adversely affected.

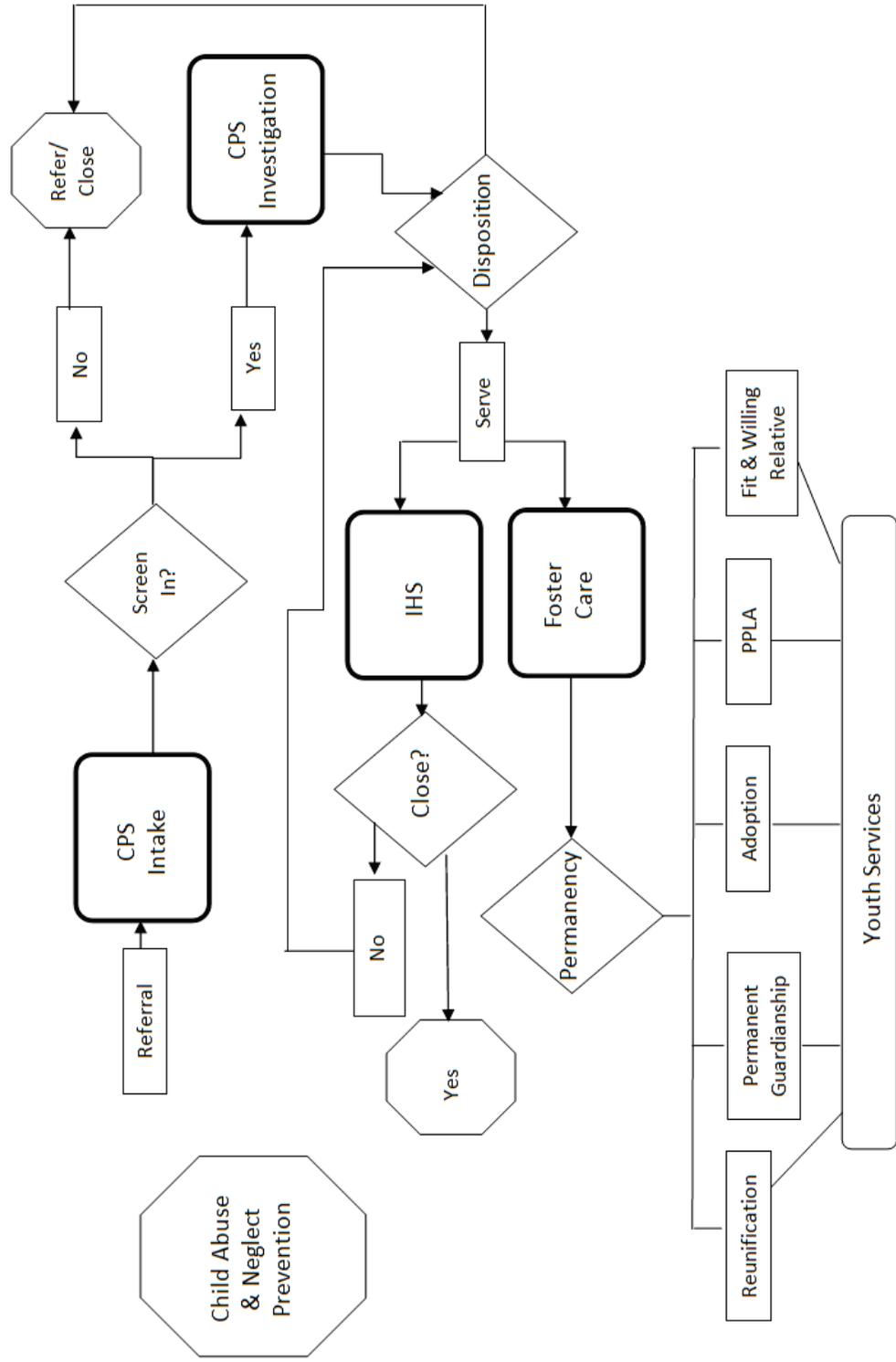
Maintaining program fidelity requires ongoing efforts to assess program delivery, provide training on best practices, and give feedback to service providers. Safeguarding the state's investments in evidence-based programs also requires taking corrective actions to hold managers and service providers accountable for the program's outcomes (e.g. reducing child abuse and neglect in clients served). Responsible parties for carrying out these efforts can vary but some point in the service delivery system should have such quality assurance checks built in whether it is at the agency level, the service provider level, or a third party.

Evidence-Based Program Implementation in Other States through Results First. States have made substantial progress in their implementation of Results First over the past year and their use of the process to inform and strengthen policy and budget decisions. These efforts have resulted in millions of dollars in targeted funding, cost-savings, and cost-avoidance that will improve long-term outcomes for citizens. States have identified many lessons learned that can help all teams maximize the value of their work, and Results First will use this feedback to develop new tools over the coming year to help states collaborate and share these best practices. Results First is also working to expand the scope of the cost-benefit analysis model and bring additional tools to states to support evidence-based policymaking. Collectively, this work can be instrumental in helping states live within their means while improving their ability to achieve critical goals, such as reducing recidivism, strengthening families, and preparing children for the future. The number of states participating in Results First has grown to 14 over the past year. Most states



have completed initial implementation of the Results First model’s criminal justice component. Oregon has used the analysis broadly to determine whether a long-standing (10-year) statutory mandate directing agencies to invest in evidence-based programs has been cost-effective. New Mexico, along with a number of other participating states, plans to expand Results First into policy areas in addition to integrating the results of the analysis into the state’s performance-based budgeting work.

Appendix E. CYFD Protective Services Service Continuum



**Performance Report Card, Children, Youth and Families Department
Second Quarter, Fiscal Year 2014**

Performance Overview: The Children, Youth and Families Department (CYFD) continued to struggle meeting performance measures in the Protective Services program. The CYFD is implementing several initiatives to improve services for at-risk children and families such as a new mandatory screening of every child in custody to provide additional services if needed. Additionally, the agency is working to re-evaluate the effectiveness of training for frontline direct service employees. The General Appropriation Act (GAA) supported an expansion of \$100 thousand for the department to implement a training academy for this purpose in FY15.

Juvenile Justice Facilities		Budget: \$72,357.5	FTE: 942.3	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
1	Percent of clients who complete formal probation*			90.7%	92.1%	92.0%	93.2%	93.7%		G
2	Percent of incidents in juvenile justice services facilities requiring use of force resulting in injury*			1.4%	1.8%	1.5%	2.7%	2.6%		R
3	Percent of clients recommitted to a children, youth and families department facility within two years of discharge from facilities*			12.4%	9.0%	10.0%	15.3%	10.7%		Y
4	Percent of juvenile justice division facility clients age eighteen and older who enter adult correction within two years after discharge from a juvenile justice facility*			n/a	n/a	8.0%	8.2%	9.6%		R
5	Number of physical assaults in juvenile justice facilities*			n/a	n/a	<260	48	92		Y
6	Percent of clients re-adjudicated within two years of previous adjudication			6.6%	5.8%	6.0%	5.7%	5.0%		G
Program Rating				Y	G					Y

Comments: The increase in youth recidivism into adult facilities does not reflect the relatively new implementation of the Cambiar model in Juvenile Justice Facilities (JJF). Due to a two year system wide implementation process the first Cambiar cohort will not be measured and reported in performance until the end of FY14. The division's action plan to reduce JJF clients entering adult facilities includes an emphasis on transitional services such as education, housing, employment and behavioral services. Reintegration centers, for example, are being re-utilized as a step-down for clients entering supervised release. The increase in incidents requiring use of force resulting in injury is of concern, especially in light of recent litigation regarding allegations of excessive force towards children in custody of JJF.

Protective Services		Budget: \$126,417.7	FTE: 851.8	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
7	Percent of adult victims or survivors receiving domestic violence services who have an individualized safety plan*			92.8%	92.3%	93.0%	91.5%	92.1%		Y
8	Percent of children who are not the subject of substantiated maltreatment within six months if a prior determination of substantiated maltreatment*			92.3%	91.3%	93.0%	89.3%	88.6%		R
9	Percent of children who are not the subject of substantiated maltreatment while in foster care*			99.5%	99.7%	99.7%	99.8%	99.8%		G
10	Percent of children reunified with their natural families in less than 12 months of entry into care			67.3%	62.4%	65.0%	61.5%	60.5%		R
11	Percent of children in foster care for 12 months with no more than two placements			79.3%	76.6%	82.0%	74.4%	73.7%		R
12	Percent of children adopted within 24 months from entry into foster care			35.2%	31.3%	26.8%	34.8%	33.2%		G
13	Percent of adult victims or survivors receiving domestic violence services who are made aware of other available community services			89.0%	87.7%	90.0%	86.2%	88.8%		Y
Program Rating				Y	Y					Y

Comments: Protective Services continued to struggle to meet FY14 targets. The vacancy rate for caseworkers remains high, impacting timely completion of investigations and the ability to provide intensive work with families. The division is implementing strategies to improve services to children and families, such as mandatory screening of every child in custody for Severe Emotional Disturbances (SED). If the child is determined to meet SED an additional diagnostic and psycho-social assessment of the child and family will be performed to provide additional services. In FY15 the division will receive significant additional resources for the care and support of child in custody and foster parents. These additional resources should assist Protective Services to provide improved services to at-risk children and families. However, the continued increase in the first and second quarter of substantiated maltreatment within six months of a prior determination is of concern.

Alternative response programs may be an option for corrective action to decrease recurring substantiated abuse or neglect. Alternative Response (also called Family Assessment Response or Differential Response) is a system of responding to referrals to Protective Services as an alternative to a traditional investigation. If there are no imminent concerns about a child's safety, the Alternative Response method conducts a family assessment, with the goal of engaging a family to determine strengths and needs and plan for the future, without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment. This system of response is perceived as less intrusive than a traditional investigation. A 2011 LFC Program Evaluation recommended that implementing a differential response system provides better outcomes for children, more positive experiences for families, and long-term cost savings. However, Protective Services did not concur with the recommendation citing a lack of availability in comprehensive community-based services. The agency did not see the implementation of differential response as a viable option at the time. Additionally, the decrease of children reunified with their natural families in less than 12 months is of concern, as it is considered optional for children to remain with their natural families. However, this performance must be balanced to ensure children are only reunified to families in which the environment is safe and the child will not be subjected to recurring abuse, neglect, or maltreatment.

Early Childhood Services		Budget: \$175,737.8	FTE: 151.5	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
14	Percent of children receiving subsidy in Stars/Aim High programs level three through five or with national accreditation*			n/a	39.5%	25.0%	40.2%	40.8%		G
15	Percent of licensed child care providers participating in Stars/Aim High programs levels three through five or with national accreditation*			n/a	32.3%	25.0%	31.7%	31.5%		G
16	Percent of mothers participating in home visiting who are identified as having symptoms of postpartum depression who were referred to services then received services*			44.5%	36.7%	25.0%	55.2%	39.3%		G
Program Rating				Y	Y					G

Comments: Early Childhood Services (ECS) continued to exceed FY14 targets for the second quarter. However, as reported in quarter one, women receiving home visiting services in some rural communities continue to face challenges regarding available resources to access additional services for postpartum depression. The agency is currently working to align federally-funded home visiting programs and state programs for referrals to additional services for postpartum depression and local municipalities to develop infrastructure and capacity for the neediest communities. Additionally, due to uncertainty regarding the replacement of Tobacco funds appropriated to home visiting programs the agency is projecting about \$900 thousand of the FY14 appropriation will not be expended. While the percent children receiving care from three to five star providers is above target this performance measure may not be the best indicator of quality early childhood development. The agency is currently implementing the FOCUS rating program which will be the newest standard for provider ratings, and is a higher standard of quality than the star system. The performance measures for ECS should be updated and expanded to better measure performance of the many early childhood development programs, which encompass a division budget of \$176 million annually.

Program Support		Budget: \$32,161.9	FTE: 201.0	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
17	Turnover rate for youth care specialists*			33.2%	15.2%	25.0%	3.8%	1.0%		G
18	Turnover rate for protective services workers*			20.4%	19.2%	25.0%	6.8%	6.0%		G
Program Rating				Y	Y					G

Comments: Program Support continued to exceed FY14 targets for the second quarter. However, the agency is still struggling with significant turnover for youth care specialist in JJF. The continued support to recruit, train, and retain positions which provide direct services is essential to improving services for one of New Mexico's most vulnerable populations, children. The agency recently implemented a 3 percent increase of frontline direct service positions, such as youth care specialist, which was recommended by the LFC in an effort to stabilize the workforce.

* Denotes House Bill 2 measure