

The logo for the New Mexico Children, Youth & Families Department (CYFD). It features the lowercase letters "cyfd" in a bold, sans-serif font. The "c" and "y" are orange, while the "f" and "d" are a darker shade of orange. Below the letters is a yellow swoosh that starts under the "c" and ends under the "d".

New Mexico Children,
Youth & Families Department

CYFD Status Update – How Are We Doing?

LFC

July 20, 2021

CYFD Strategic Plan Priorities

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



Promises Made / Setting the Course

- Reduced Backlog
- Increased Kinship
- Mental Health
- Kids in School
- Staffing Shortages
- Staff Morale
- Lawsuits settled
- Texting and new services for kids

The review by the transition team cites lawsuits against the agency, low morale among staff, persistent staffing shortages, an investigation backlog more than 2,000 cases deep and, most troubling, “preventable” child deaths that “have been normalized in the agency.”



CYFD Secretary-designate
Brian Blalock

One of his immediate priorities will be to boost staffing in CYFD, the state agency that investigates child abuse and oversees a variety of programs for children.

Meet visionary tasked with transforming CYFD

By Cynthia Miller | cmiller@sfchronicle.com | Feb. 16, 2019 | Updated Feb. 16, 2019

The state’s embattled Children, Youth and Families Department will be led by Brian Blalock, the law and policy director of the nonprofit Tipping Point Community group that helps impoverished residents of the San Francisco Bay area secure housing, employment and a better education.

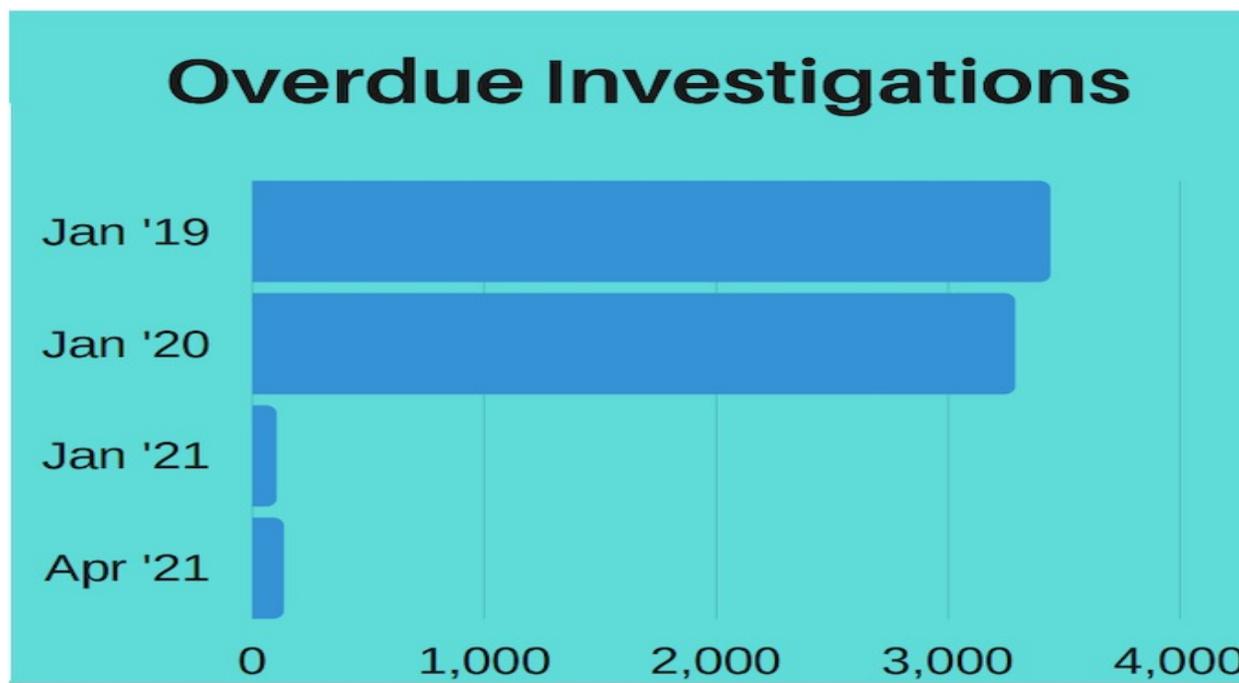
In appointing Blalock, Lujan Grisham said she wants to revamp the Children, Youth and Families Department to address chronic staffing shortages and transform the state’s foster care system. The state’s protective services system for abused or neglected children has struggled to keep pace with high rates of mistreatment, amid a string of high-profile child killings.

“We are not actively engaging to stop child abuse and minimizing the situations for those who are risk,” the governor said.

By Russell Contreras and Morgan Lee Associated Press

Monday, Jan. 7, 2019 3:44 PM

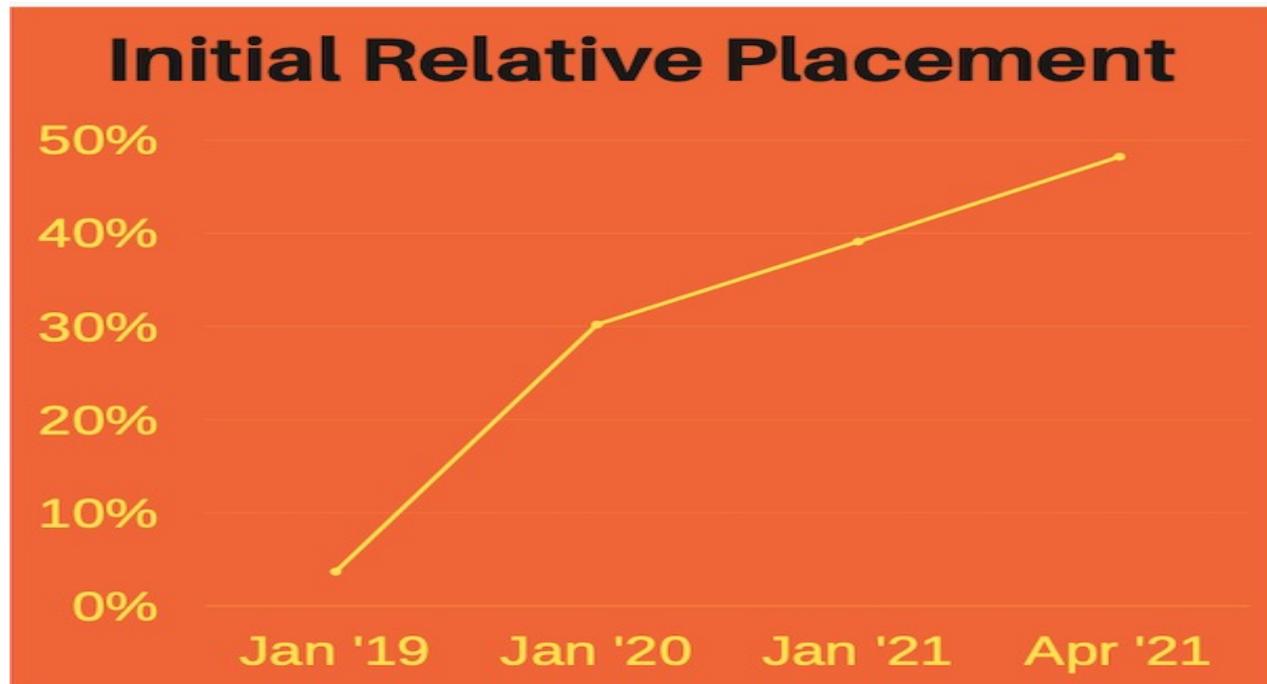
What we said we would do: reduce backlog





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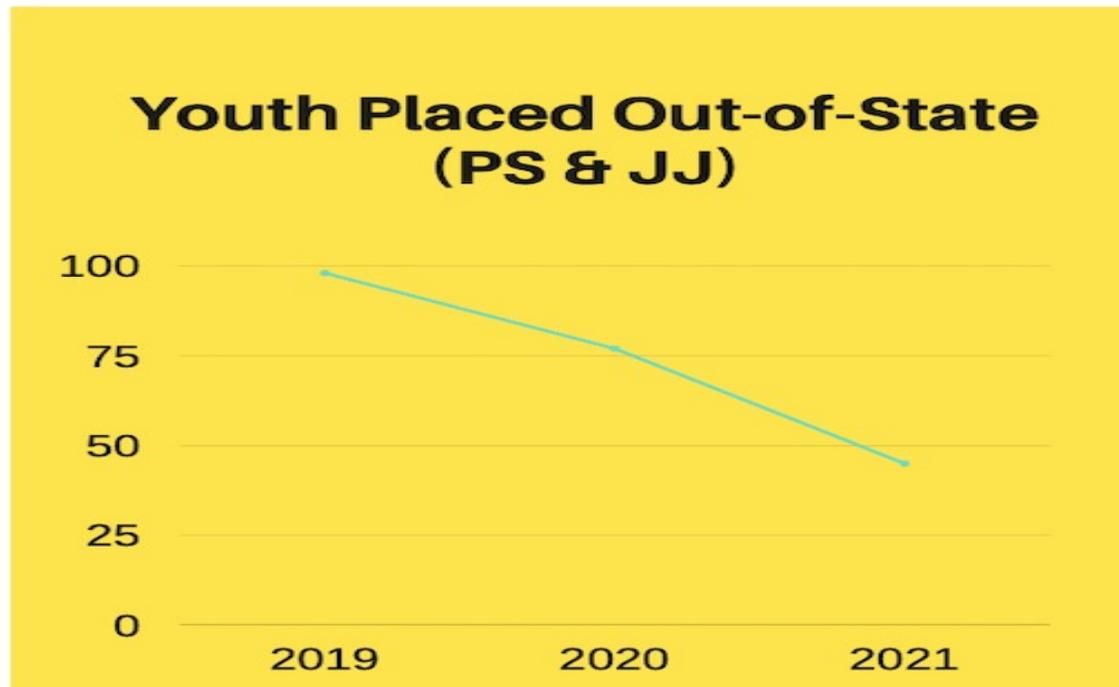
What we said we would do: increase kinship





Children Youth & Families Department

What we said we would do: bring our kids back home with supports





Children Youth & Families Department

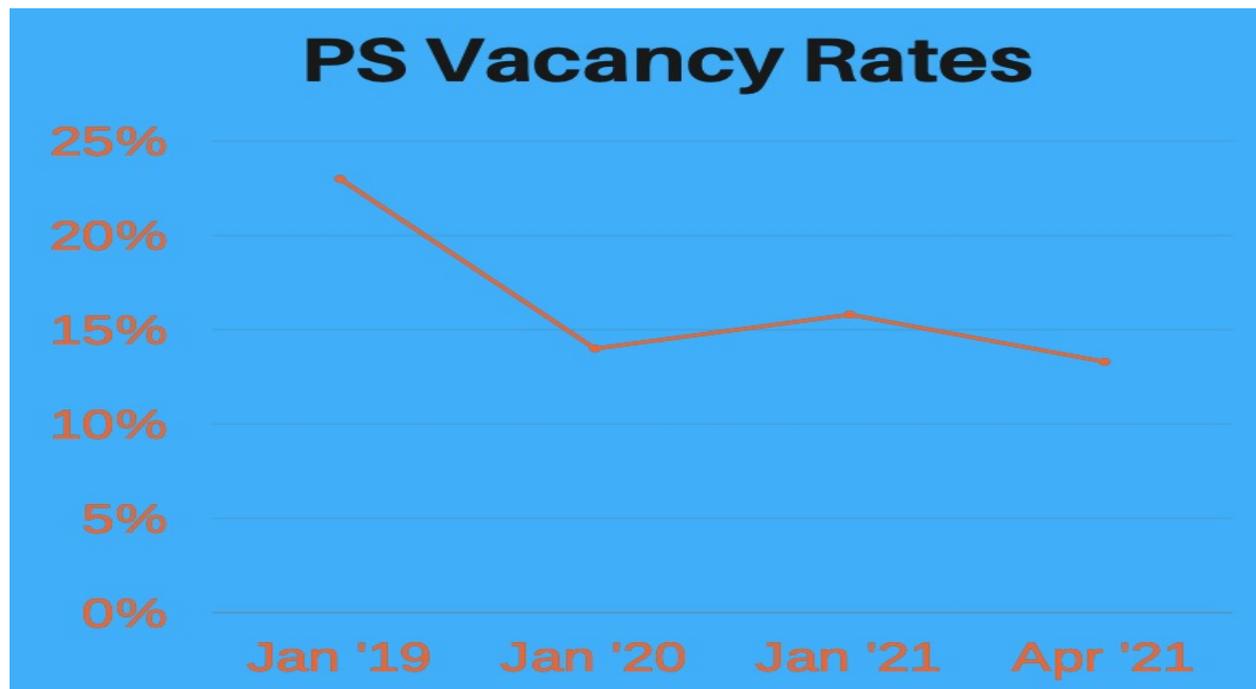
Results: Overall health indicator of a child welfare system





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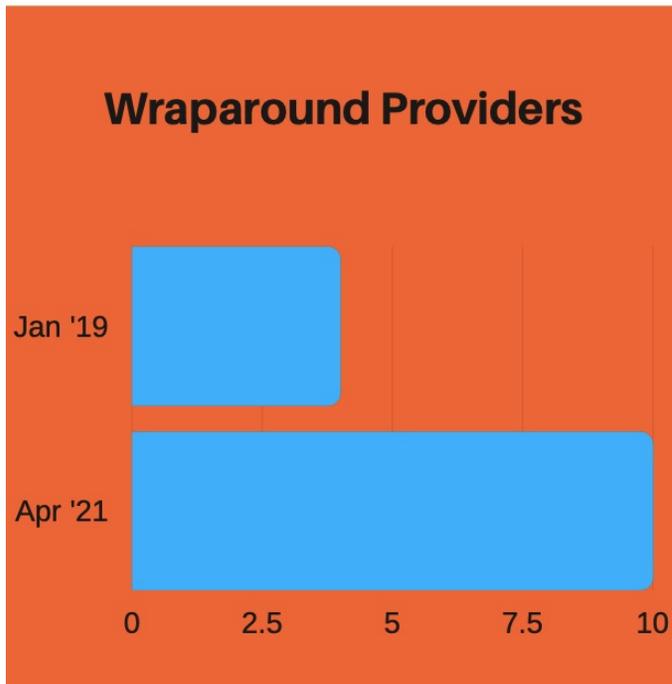
What we said we would do: frontline vacancy rates





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What we said we would do: rebuilding community based mental health



DATA- INFORMED APPROACHES TO PERFORMANCE MEASURE IMPROVEMENT

**New Mexico Children Youth and
Families Department**

Cabinet Secretary Brian Blalock, JD
Presented by Alberto Edeza, PhD, Chief Data Scientist

OUTLINE

- Recent and imminent improvements to data collection practices
- Examples from on-going data-informed projects
- Performance measure analysis and improvement

CHANGES TO DATA COLLECTION

- Linkage of service utilization data (Medicaid and non-Medicaid) for children in protective custody, in collaboration with HSD – beyond simply referrals to a complete picture of access
- More robust information captured for Native American and ICWA-eligible children, including acceptability, feasibility, and participation in traditional interventions outside of corporate healthcare system
- Comprehensive and tailored team meetings with and for every child, including review of service utilization and behavioral needs
- Trauma-responsive assessments and indicated services provided for all indicated children in state custody, with self-audits of timeliness
- Workgroups to identify statistical correlates of specified outcomes for our children in order to optimize our service to them (e.g., Length-of-stay in suboptimal placements, racial/ethnic correlates of placement types and time to permanency, etc)

DATA-INFORMED PROJECTS

- Predictive unsupervised machine learning to identify risk classes associated with childhood mortality and other adverse outcomes
- Setting recruitment targets for culturally-reflective foster care providers and increasing placements in treatment foster care for eligible children based on historic trends
- Mixed-methods approaches to identifying commonalities among children who are in suboptimal placements, by region and by placement type
- Statistical correlates of kinship care placements and impact on odds of achieving permanency
- Continued, robust qualitative analyses of outcomes for children in state custody, by county
- Building interactive dashboards to help CYFD leadership access key performance indicator data easily

PERFORMANCE MEASURE IMPROVEMENT

- Quarterly tracking and reporting of all performance measures in order to take corrective action when needed
- Change requests or additional data for imprecise PMs
“Number of Physical Assaults in Juvenile Justice Facilities” → Doesn’t account for population nor repeats
- Pairing of system-reform initiatives with Performance Measures, for example:
“Percent of children in foster care for more than eight days, who achieve permanency within twelve months of entry into foster care” ← rigorous approval process for congregate care placements and prioritization of kinship placements, both associated with less time to permanency
- Some PMs are not directly influenced by CYFD (i.e., recidivism rates within 2 years of discharge)

EXAMPLE – PROTECTIVE SERVICES

- “Rate of maltreatment victimizations per one hundred thousand days in foster care”

FY18	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY21 Total	FY21 Target
21.08	13.37	12.57	13.54	14.67	14.31	-	-	8.5

- Calculations for this measure include maltreatment incidents that occur prior to a child entering foster care -- about 25% of all incidents reported in this measure are prior to CYFD custody
 - Case reviews revealed most incidents of maltreatment are NOT physical or sexual abuse, but rather, lack of supervision or other neglect.
 - This points to the tendency for providers to be overwhelmed at times and the need for consistent, ongoing support by PS staff and natural support networks for resource families.
- “Of children who enter foster care during a twelve-month period and stay for more than eight days, placement moves per one thousand days of foster care”

FY18	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY21 Total	FY21 Target
6.89	7.79	5.84	5.29	4.87	4.71	0	0	4.00

EXAMPLE – JUVENILE JUSTICE

- “Recidivism Rates of Clients Discharged from Field Formal Supervision”

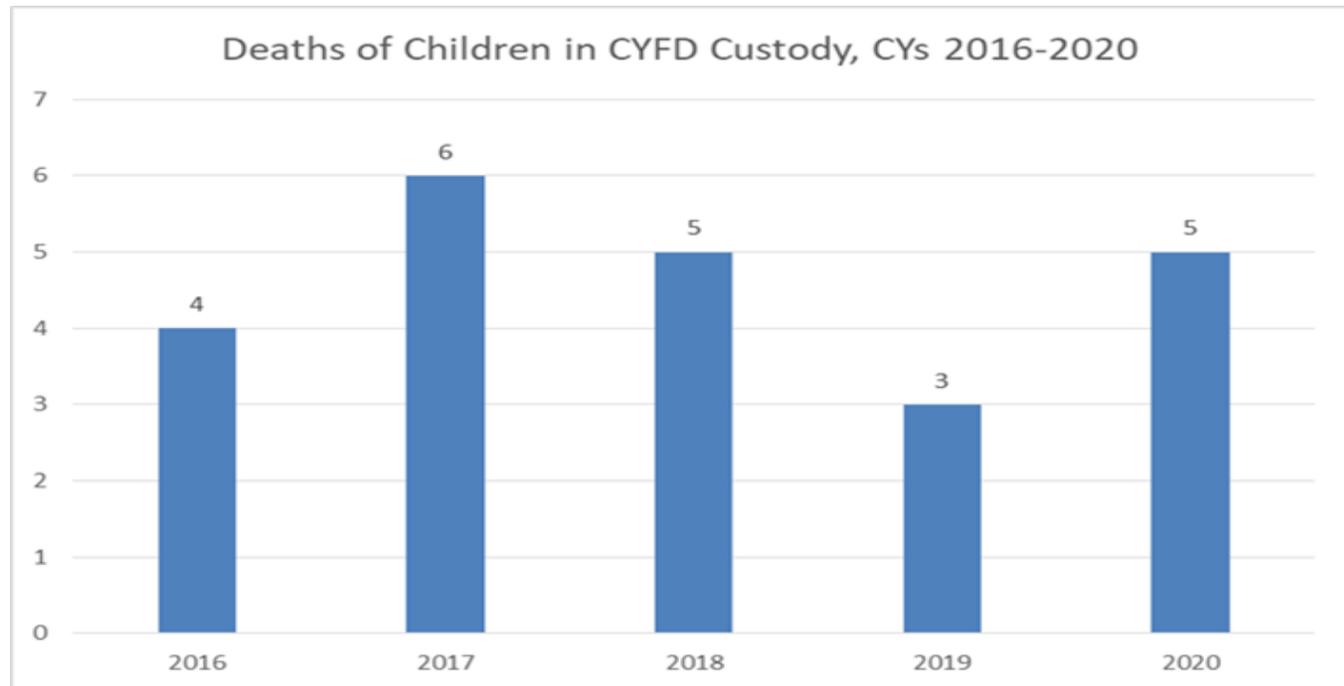
FY18	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY21 Total	FY21 Target
20.1%	20.0%	20.0%	17.9%	17.0%	17.4%	18.4%	17.7%	12.0%

- “Recidivism Rates for Youth Discharged from Commitments”

FY18	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY21 Total	FY21 Target
36.2%	44.5%	41.1%	35.5%	35.2%	33.0%	30.0%	33.4%	40.0%

- Substantial progress has been made since FY19, despite the difficulty of impacting distal outcomes such as these
→ Leveraging Title IV-E funds through Fostering Connections to provide transition supports
Youth transition coordinators info and expansion of other transitional services

What we said we would do: keeping children safe



Causes of death 2019-2020: 4 natural, 2 inconclusive medical related, 1 gun death by law enforcement, 1 due to injuries caused before coming into care.



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Data Approaches to Child Fatalities: Finding and Responding to Trends

- Per DOH, New Mexico is below the national average in both child abuse related fatalities and child maltreatment.
- For all child fatalities with some CYFD involvement (including PS investigations and JJ) within 2 years of involvement dating back to 2015:
 - **SAFE SLEEP:** 77% of all fatalities of <1 year old were safe sleep related
 - **GUN SAFETY:** 43% of CYFD-involved youth fatalities 11-17 years old were gun related
 - **SUICIDE:** 38% of CYFD-involved youth fatalities between ages 11-17 were suicides

What we said we would do: transform to increase prevention

Prevention Approach to Child Welfare

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Federal Government Drives Child Welfare Practice

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- Family First Prevention Services Act 2018 - promotes prevention services for states.
- Comprehensive Addiction Recovery Act 2018 -response to the Opioid Crisis
- Administration for Children and Families, Associate Commissioner - Jerry Milner 2020 - “Foster Care should be a support to families not a substitute for parents”
- Thriving Families and Safer Children 2021- New Mexico is a Round Two site:
 - Awareness of poverty and racism in decision making
 - Keep children in their communities
 - Provide support to families
 - Empower families to care for their children

Institutionalization

Unnecessary
System
Involvement

Trauma+ACES

Suicide

Homelessness

Differential Response- Family OutReach and Community Engagement (FORCE) - Phase One

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2019 NM Legislation HB 376- Differential Response at Intake to divert families- Representative Gail Chasey

Educational Neglect/Truancy calls during the Pandemic - JJ and PS reaching out to families to support them

Community Service Providers in 4 sites will reach out pro-actively to families to provide services and support. Launched

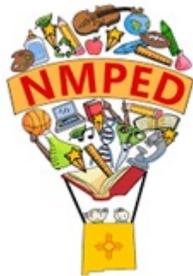
Re-engaging students

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- CYFD partnered with Engage NM, PED, and other state agencies around students that were missing from the current database of students not showing enrolled. In addition to families being connected to educational resources, they were asked if they were in need of any services or supports. Those families were then contacted by CYFD workers to connect them to those services.
- Following attempts by each of the agencies via phone calls and emails, any families not reached received home visits by Juvenile Probation Officers to provide educational resource information.

Interagency Collaboration

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Children Youth & Families Department



New Mexico
Indian Affairs
Department



Early Childhood
Education & Care Department



By the numbers

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- Over 12,000 students originally identified after cross-referencing multiple databases and lists
- PED and its partners called thousands of families, talking directly to some and leaving messages for others. Those who didn't call back received a second and sometimes third call.
- Less than 2,500 names remained on the list following contacts by the cross-agency team

DATA - Educational Interventions and FORCE

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- Educational Neglect Requests for Help- PS
 - 948 families contacted
 - 308 served
- FORCE - officially launched 01/08/2021 (due to Pandemic)
 - Referrals from SCI - 185
 - Referred to Providers - 24
 - Receiving Services - 24

Phase I- Pilot Sites

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- Four sites- chosen in collaboration with NM Tribal Indian Consortium
 - Valencia
 - McKinley
 - Rio Arriba
 - Sandoval

Phase II: Prevention Response Track 1 and 2

28

Track 1: Community Response

- Referral does not meet the statutory requirements for abuse and neglect
- PTT staff connects with family and completes needs assessment
- Family linked to needed services
- Engagement with community supports is voluntary

Family
connected to
community

Track 2: Collaborative Response

- Referral is assessed low-moderate risk
- Multi-disciplinary response with child welfare (Investigators) and community
- Family engages in services and is re-assessed for determination (time limited 30-60 days)

Family
connected to
community and
supported by
child welfare

Comprehensive Addiction Recovery Act- CARA in New Mexico

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- HB 230 Plan of Care 2019 - Representative Christine Trujillo
- Guidance for stakeholders in the care of newborns who exhibit physical, neurological, or behavioral symptoms consistent with prenatal drug exposure or fetal alcohol spectrum disorder.
- DOH and CYFD collaboration
- Specifies that the rules are to include guidance on the creation of a Plan of Care for any substance-exposed newborn for the family, mother and child.

CARA- DATA

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- 1700 plans of care as of 07/21
 - 1105 in the year 2020
- All 29 birthing hospitals plus Shiprock (Northern Navajo and Gallup Indian) trained yearly since 2019.
- Training with MCO's-Annual Training is required, now part of their contract, completed for 2020 and 2021.
 - We have 58% of plans of care with Presbyterian; 33% with BCBS; 10% with Western Skies

Structured Decision-Making Tool - Prevention

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- Evident Change formerly know as National Center on Crime Delinquency
- Guide to ensure the right children come in to foster care
- Implementation of the Structured Decision-Making Tool - second year
 - Provides guidance to Investigative Case Workers using safety and risk to determine intervention
 - Service Matrix-high risk families with repeat referrals require an internal or external intervention

Prevention of Trauma to Children - Intervention Response

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- Children belong with their families
- Placement in foster care is traumatizing to children
 - Kinship placement reduces this trauma
- Increase from 8 agencies to 32 agencies statewide to provide case management services, parenting, referrals for BH services.
- Caseworkers conduct a “warm handoff” with provider agencies who then link to other needed services for the children and their families

Evidence Based Practices

- **Trust Based Relational Intervention (TBRI)**
Promising
- **Active Parenting**
Promising

Child Welfare Relevance

- **Nurturing Parenting** - *high*
- **Circle of Security**- *medium*
- **Strengthening Families** -*high*
- **Love and Logic**- *medium*
- **24/7 Dads**- *low*

CBPIR Provider	Promising	Relevance for CW	Other Parenting Curriculum	Areas covered
Roosevelt General Hospital- Arise		Nurturing Parenting- High		Curry and Roosevelt
Chaves County CASA		Nurturing Parenting- High		Chavez
Colfax County Youth Empowerment Services		Circle of Security- Medium Nurturing parenting- High	co-parenting curriculum called Children in the middle.	Colfax and Union
Desert View		Nurturing Parenting- High Love and Logic- Medium	Nurtured Heart,	McKinley and San Juan
Families and Youth Inc	Trust Based Relation Intervention - TBRI	Nurtured Parenting- High Circle of Security- Medium TBRI - High	Nurtured Heart and	Dona Ana, Sierra, Luna and Otero
Guidance Center of Lea County		Circle of Security - Medium		Lea
Kids Counseling		Nurtured Parenting- High Circle of Security- Medium		San Miguel and Mora
Las Cumbres Community Services		Nurturing Parenting- High Circle of Security- Medium Strengthening Families- High		Rio Arriba, Los Alamos, Taos, Santa Fe and Bernalillo
Mesa Counseling		Nurturing Parenting- High	ABC of Parenting	Quay, Harding and De Baca
PB&J Family Services		Nurtured Parenting- High Circle of Security- Medium 24/7 Dads- Low		Valencia, Sandoval and Bernalillo
Positive Outcomes	Active Parenting	Nurtured Parenting- High Circle of Security- Medium		Socorro and Catron
Recovery Management			The ABC's of Parenting	Grant, Catron and Hidalgo
The Counseling Center	Active Parenting	Nurturing Parenting- High	Circle of Serenity	Otero and Lincoln
Youth Development Inc		Nurturing Parenting- High		Valencia, Torrance, Cibola, Eddy and Bernalillo

Other Evidenced Based Programs in NM

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- Multi Systemic Family Therapy
- Motivational Interviewing
- Parent Child Interaction Therapy
- Child Parent Psychotherapy
- Functional Family Therapy

Data on CBPIR

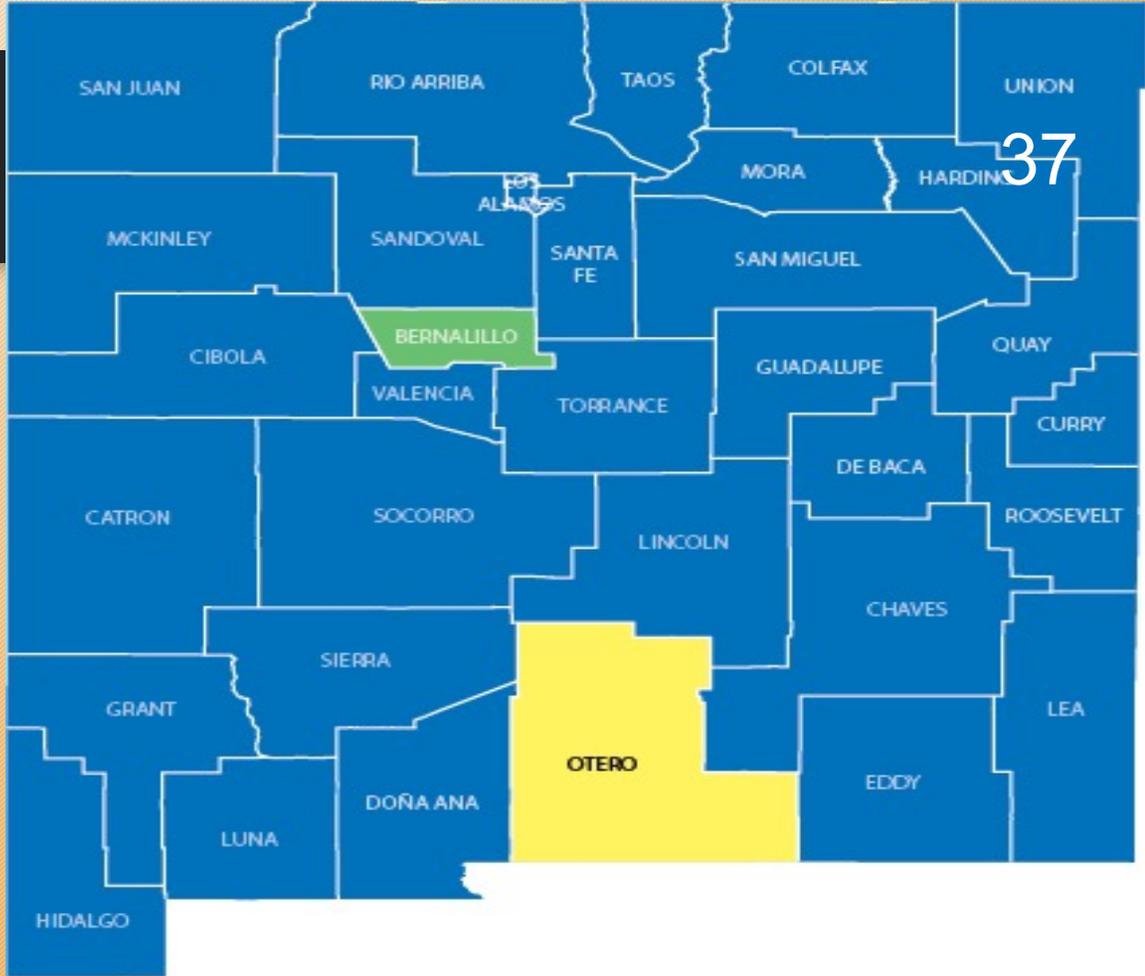
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Children and Families Served by Program (July 2020-May 2021)

Program	Families Served	Children Served
Dual	33	82
FRS	15	27
FSS	274	641
IFSS	173	399
SPS	74	178
TLR	66	108
Grand Total	635	1435

Map of Services

- Blue = 1 CBPIR Provider
- Yellow = 2 CBPIR Providers
- Green = 3 CBPIR Providers



REACH NM

- Text Reporting Application
- Launched December 28, 2020
- Fully staffed
- Chats Received: 1,221

INTRODUCING.38

REACH NM

A New Way for Youth to Reach CYFD

REACHNM TEXT REPORTING NOW AVAILABLE TO NEW MEXICAN YOUTH

The New Mexico Children, Youth and Families Department has launched a new service, REACH NM, providing text-based reporting and engagement. REACH NM allows young people to connect directly with CYFD workers for resources, help, and reporting potential abuse or neglect. The service is free to any New Mexican with a text-message enabled cell phone.

REACH NM is available 24 hours a day, 365 days a year. You can text with an expert for help finding resources in your community, reach out for assistance with basic needs for yourself or others, report concerns of abuse and neglect in your home, or report suspected abuse or neglect that may be occurring in someone else's home or in the community.

Help is a text away.

CONTACT REACH NM
24/7
TEXT US AT
505-591-9444

SCAN THE CODE TO ADD TO YOUR CONTACTS

cyfd
New Mexico Children, Youth & Families Department
PULLTOGETHER.ORG

Thriving Families and Safer Children

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- State plan will be developed
- Focus on strengthening families in their communities- empowering parents
- Stop intergenerational trauma and attend to the impact of poverty and racism

Investing in Older Youth + Housing



Fostering Connections-

July 1, 2020 through January 25, 2021

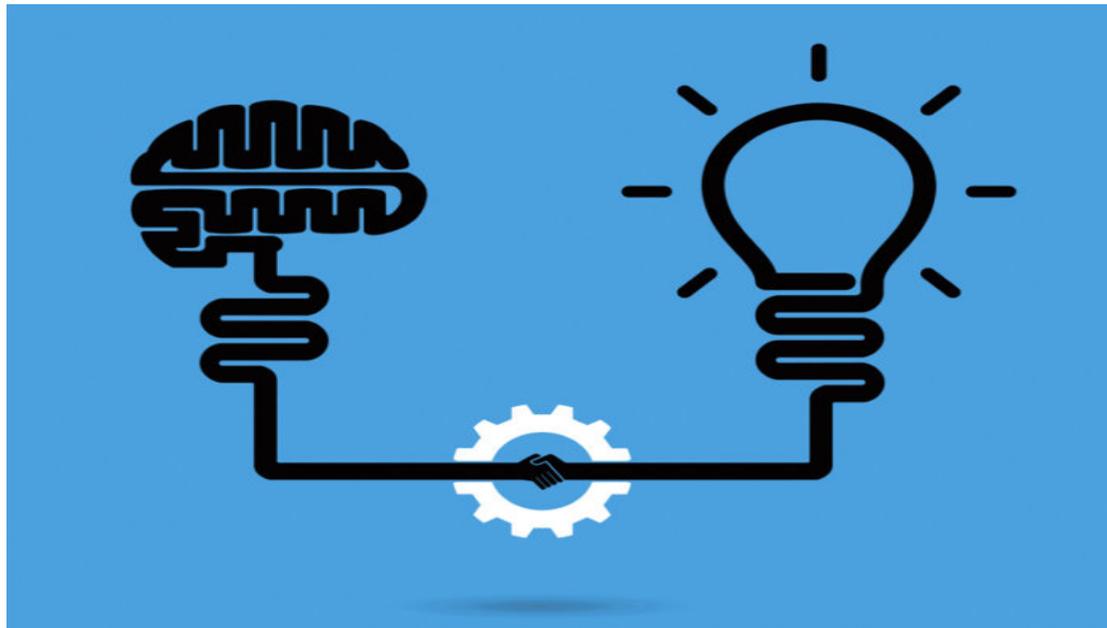
Entry is Voluntary and Youth Driven

- **Year One Implementation:**
 - **140 Entries (including Tribal youth)**
 - **95% Entry Rate**
 - **100% in stable housing currently**
 - **77% Eligible for Title IV-E federal reimbursement**
- **Living Arrangement Types- 100% Stable Housing:**
 - Relatives/Biological Family
 - Non-Relative Foster Family
 - Transitional Living Program
 - Group Home
 - Supportive Housing through CYFD, FUP or FYI vouchers
 - Own Apartment
 - College Dorms

July 1, 2021 through June 30, 2022

- Approximately 100 entries expected in FY22
- **Projected** Care and Support Budget FY22 for youth entry (approximately 200 eligible adults):
 - \$2.4 million at current eligibility rate (77%)
 - \$1.84 million Title IV-E federal reimbursement
 - \$552k State General Fund

New Innovative Projects



EMS CORPS



Building a Child Well Being System

Services not
predicated on court
involvement

Trauma responsive

Up stream +
prevention

Data driven fueled by
predictive analytics

Public health model at
its core

Less restrictive
placements with
emphasis on families,
kin, community

A VERY BRIEF OVERVIEW OF THE KEVIN S. SETTLEMENT

Kevin S.

- Filed on Sep 22, 2018 against HSD and CYFD 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

Terms of Settlement Intended to Fit Entirely Within CYFD Strategic Plan

More Appropriate Placements

Reduce Congregate Care

Increase Kinship Care

Increase Community Based Mental Health Services

Special Protocols for Vulnerable Populations

Prevention

Institutionalization

Homelessness

Trauma

Optimization

Data

Accountability

Funding

Staffing

Vacancy Rates

Increased training/support

Workforce Development

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/EPSSDT)
-

What are least restrictive settings in foster care?

Congregate Care Settings - Locked v Unlocked, Out-of-state v Close to Community

Therapeutic Foster Care

Non-Relative Foster Care

Fictive Kin / NREFM

Kin

Home with parents

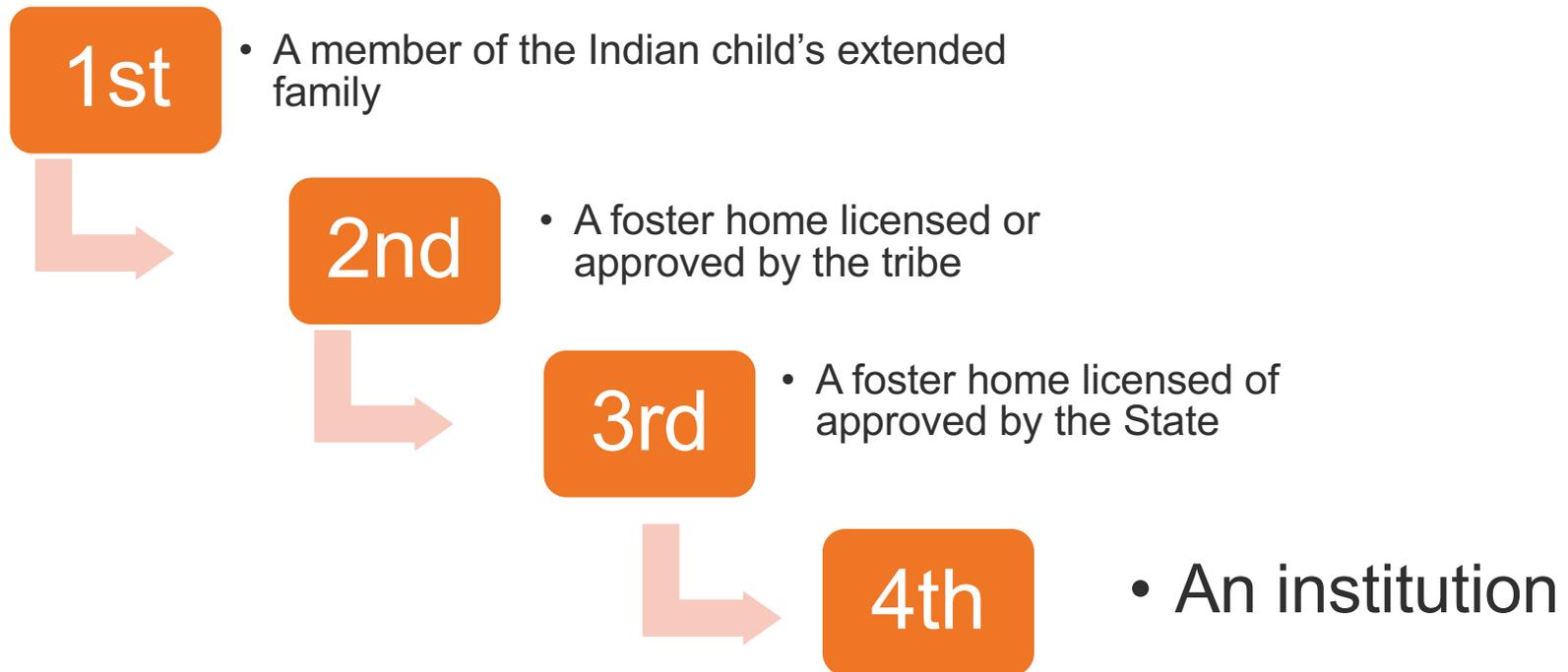
Least restrictive settings – the focus

- Kinship care targets and processes
- Out-of-state placements targets and processes
- “Culturally appropriate homes” targets and processes
- Targets and processes for certain types of congregate care settings (eliminating shelters, short-term non-placements)
- Overlapping focus with ICWA appropriate placements and community based mental health services
- Individualized planning team meetings for any youth in certain specified placements

What are appropriate placements under ICWA?

- ICWA (1978) governs jurisdiction and placement of Native American (Indian) children in foster care.
- Any ICWA eligible youth in foster care must be placed in the least restrictive setting + within reasonable proximity to the child's home

Appropriate placements under ICWA



ICWA appropriate settings – the focus

- Increasing kinship and Native American / Indian foster care placements
- Increasing culturally appropriate practices and services
- Creating ICWA court and ICWA unit
- Safeguarding protections of Indian children through proposing state ICWA legislation
- Individualized team planning meetings for every ICWA eligible youth

What are trauma responsive services?

- Peter P., et al. v Compton Unified School District, et al.
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



Trauma responsive services— the focus

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



Medicaid/EPSDT – Who is eligible?

“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)

OVERVIEW: EPSDT Specialty Mental Health Services Medical Necessity Criteria

- Eligible for MHP services if he or she meets all of the following:
 - Has an included diagnosis
 - The services are necessary “to correct or ameliorate defects and physical and mental illnesses”
 - The focus of the proposed treatment is to address the impairments
 - The condition would not be responsive to physical health care-based treatment



National Trends

- Focus on the treatment piece of EPSDT instead of the screening or informing.
- Specifically, big focus on community based care, bringing claims under:



EPSDT – the focus

- **Intensive community based mental health services** (e.g., high fidelity wraparound, intensive case management, and intensive home based services available to every child in foster care who meets medical necessity)
- Screenings and offering of appropriate services within established timeframes.
- Individualized team planning meetings to determine appropriate level of services tailored to the child's needs

Psychotropic Medication

- More Prescribed: 1 out of every 4 foster youth
 - Compared to 6% in non-foster care
- Higher level drugs: Over 60% of those prescriptions are for antipsychotics
- More polypharmacy – More likely to be prescribed multiple psychotropic medications at a time.
- Access to care and medications also an issue.

Psychotropic medication – the focus

- Development of protocols and tracking mechanisms for heightened protections and safeguards including medical consultations, staff approval processes, and analysis of Medicaid data for trends and alerts for polypharmacy.
- Policies promulgated May 4th.

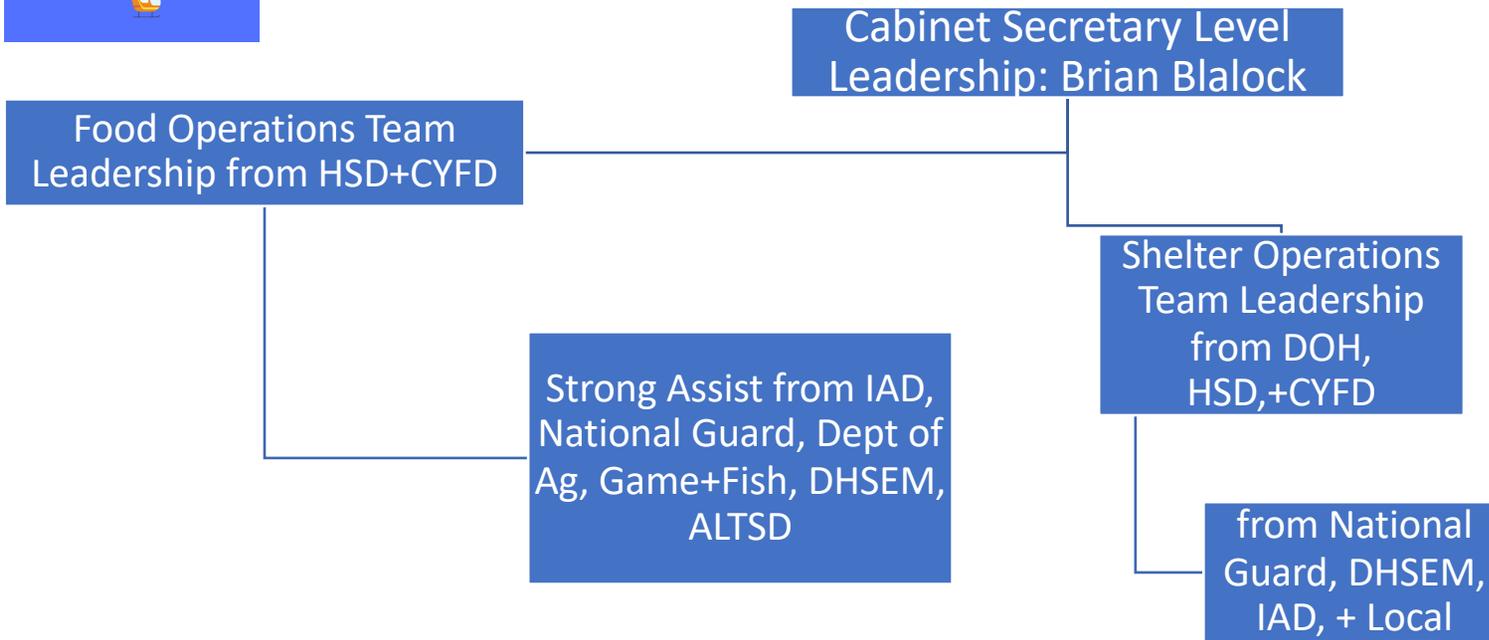


ESF6:
FOOD
+
SHELTER





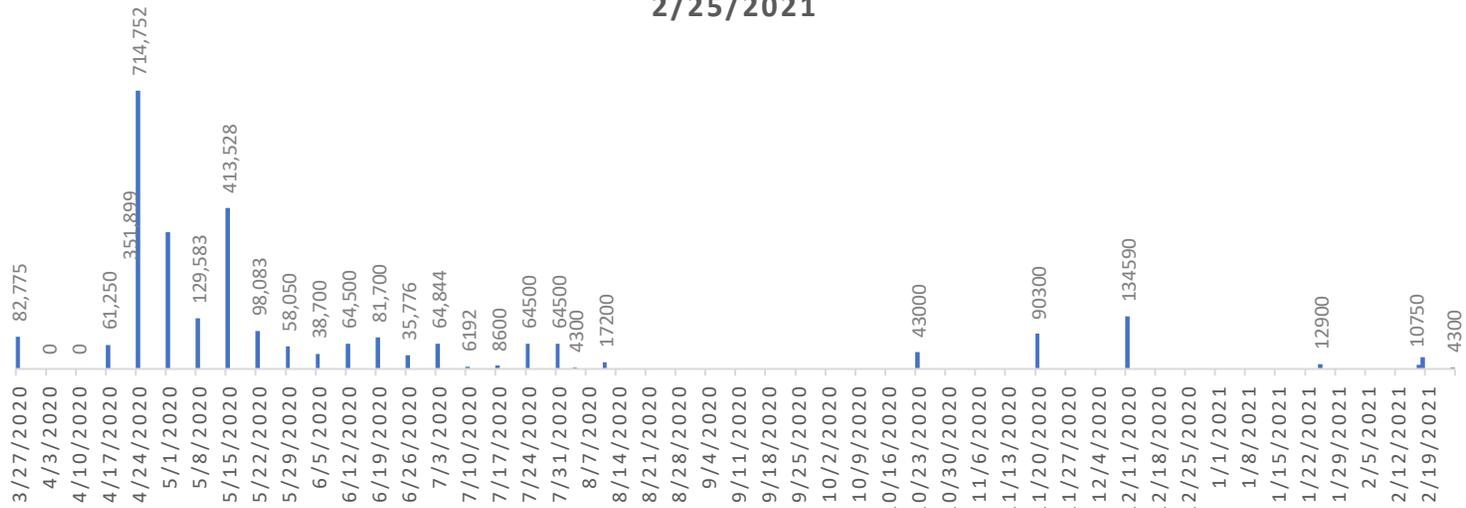
ESF6 Food+Shelter Emergency Response Across State Government



- As of February 25th, 2021:
- 2,686,672 lbs. of food delivered to 72 Tribal locations and 3 towns.



TOTAL FOOD DELIVERED (ALL PUBLIC)(LB)
2,686,672 LBS
2/25/2021





Set up medical shelters with behavioral health supports throughout the state providing more than 47,000 nights of medical shelter.

Lessons Learned – Building to Come Through the Pandemic Stronger



Building **telehealth options** throughout the state for those sheltering

Building **substance use treatment services** and **permanent supportive housing** that will last beyond the pandemic

Improving our food delivery systems and state government collaboration to help **reduce child hunger** through the pandemic and beyond

Learning from and collaborating with tribal nations, building relationships that will make us stronger as a state going forward.

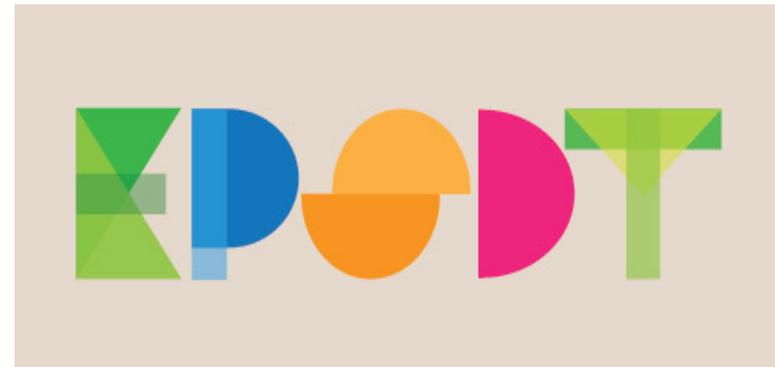
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Children Youth & Families Department

A P P E N D I X

Community Based Mental Health Services



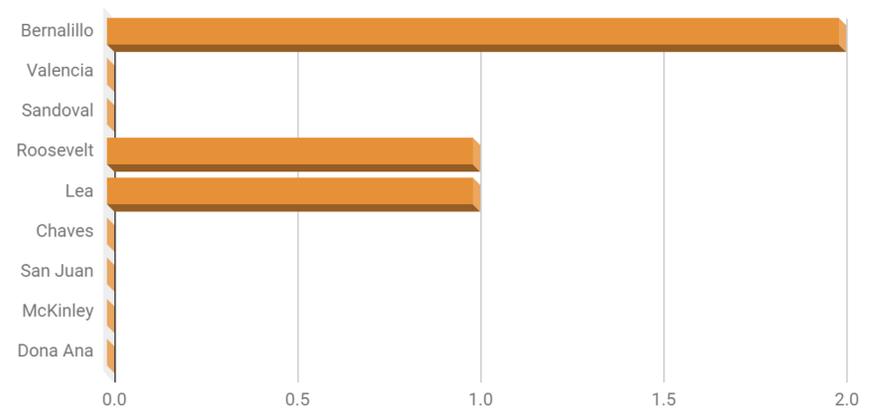
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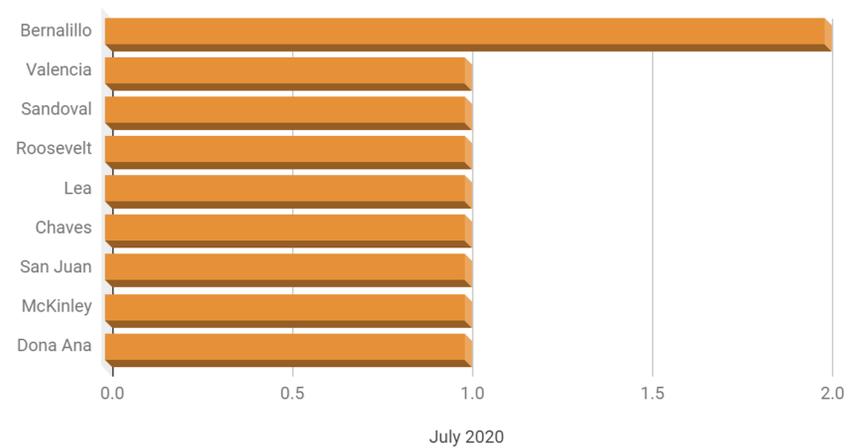
COMMUNITY BASED MENTAL HEALTH SERVICE

*Wraparound
Sites increased
by more than
100% since 2018*

Wraparound Sites Before 2019



Wraparound Sites as of July 2020

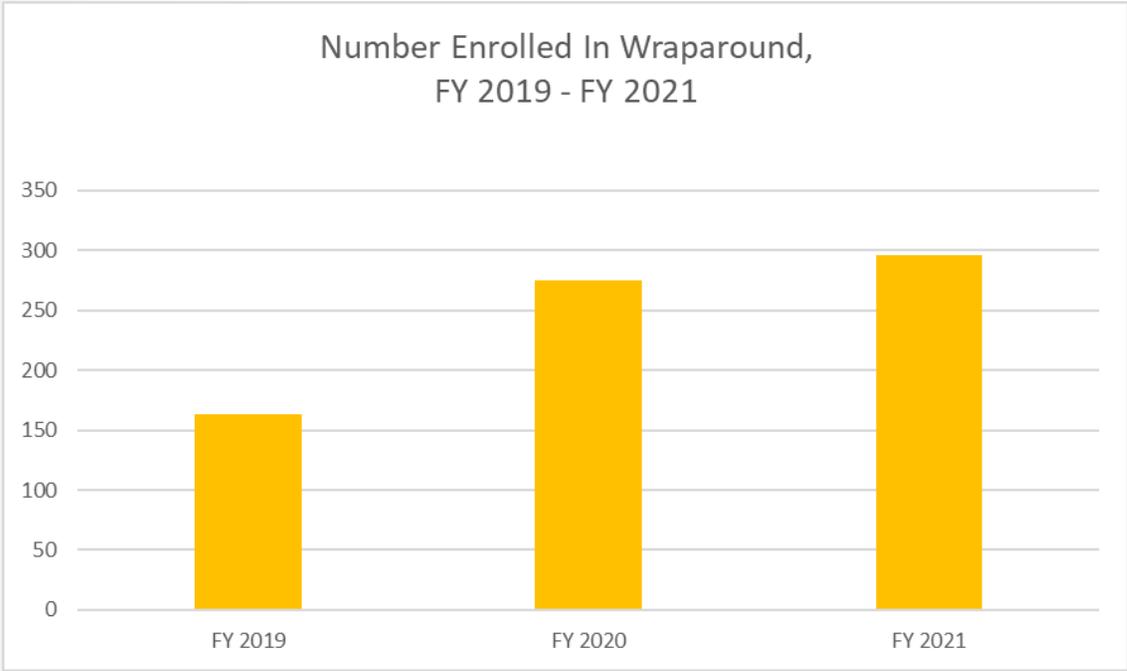


Wraparound

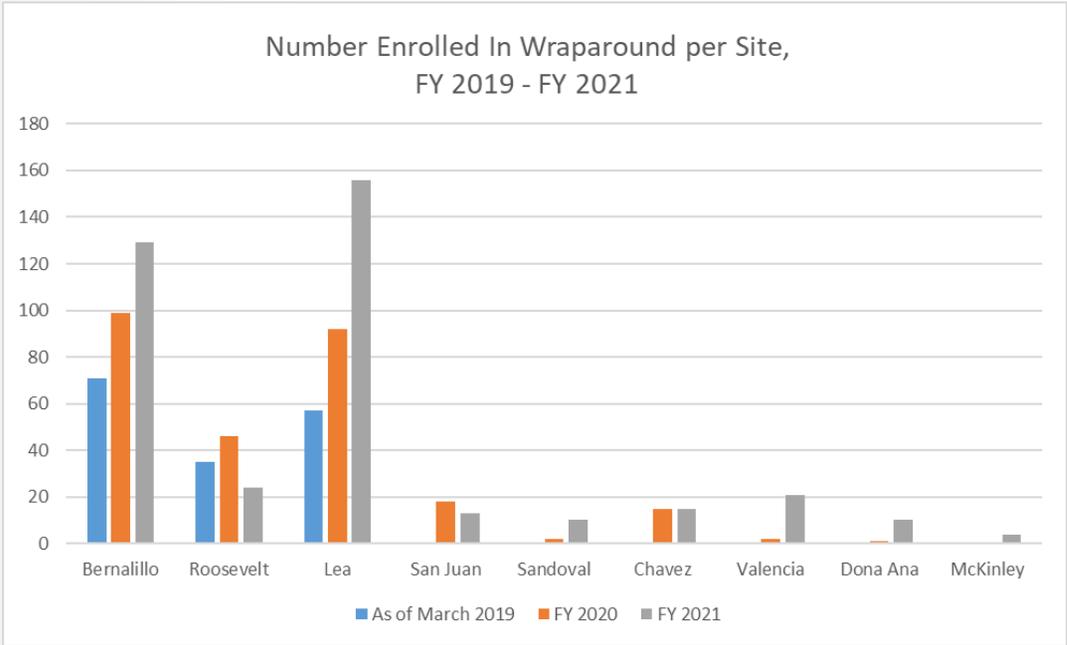
WRAPAROUND PROJECTION				
	County	# of Providers	# of Staff	Enrolled
2020	9 Counties	10	53	281
Anticipated Growth by June 2022	3 counties	3	9	75
	Anticipated Total	13	62	356



High Fidelity Wraparound

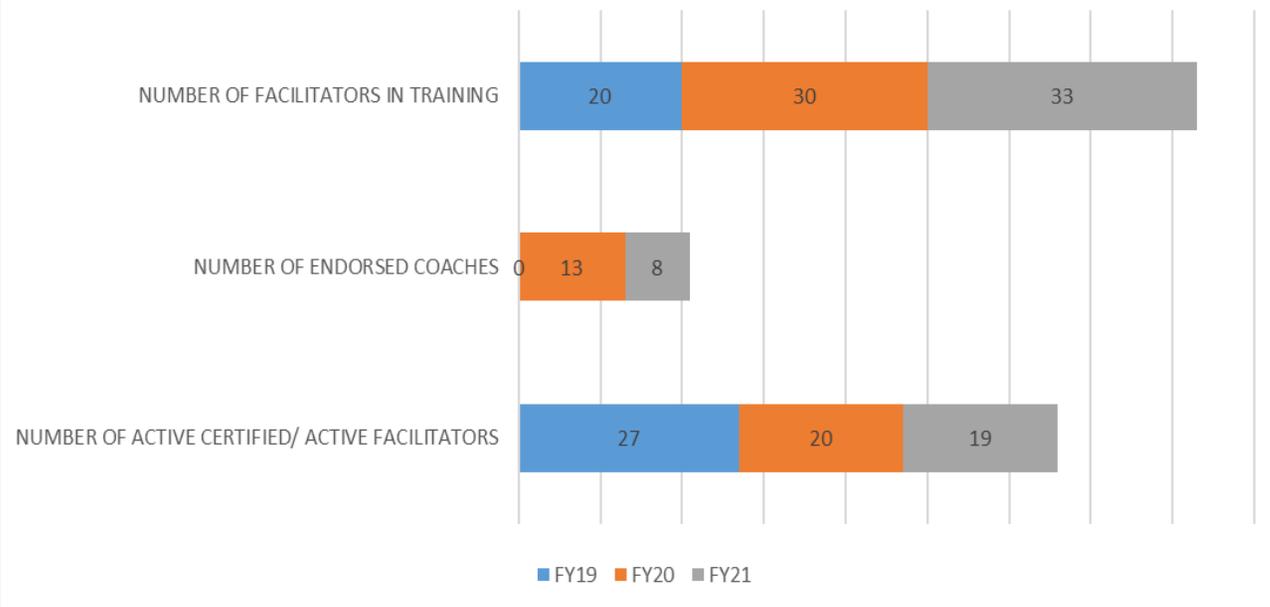


High Fidelity Wraparound



High Fidelity Wraparound Facilitators and Coaches

HIGH FIDELITY WRAPAROUND NUMBER OF COACHES OF FACILITATORS & COACHES



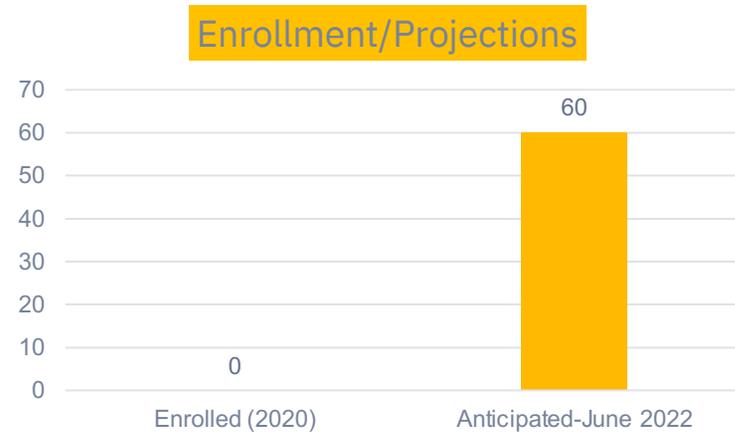
Wraparound – Infrastructure and Sustainability

EFFORTS TO EXPAND WRAPAROUND IN NEW MEXICO

- ❑ CYFD-BHS in cooperation with NM HSD Medicaid Assistance Division is pursuing an amendment to the Medicaid 1115 waiver to make Wraparound Medicaid reimbursable. When this is finalized it will create fiscal sustainability and a pathway for new behavioral health providers to implement Wraparound.
- ❑ CYFD-BHS has partnered with the New Mexico State University to develop the Center of Innovation (COI). The COI is developing a plan to increase Wraparound training and coaching capacity in New Mexico. This is in anticipation of the growth Wraparound will experience once it becomes Medicaid reimbursable
- ❑ CYFD-BHS has partnered with the University of New Mexico to develop a data base to consolidate Wraparound administrative, enrollment, outcome and fidelity data. This is a strategic step to monitor the growth of the program while maintaining fidelity practice and adjust training and coaching needs.

Respite

Respite Projections				
	County	# of Providers	# of Staff	Enrolled/Capacity
2020	Bernalillo	1	Unknown	Unknown
	Valencia	1	Unknown	Unknown
Anticipated Growth by June 2022	Chavez	1	3	12
	Valencia	1	3	12
	Sandoval	1	3	12
	Anticipated Total	5	12	60



Respite – Infrastructure and Sustainability

EFFORTS TO EXPAND RESPITE IN NEW MEXICO

- ❑ Behavioral health providers have advocated for a higher rate to provider Respite in New Mexico. CYFD-BHS in cooperation with the NM Behavioral Human Services Department state wide family organization, Families ASAP, and behavioral health providers are reviewing the current Respite service definition and rate. This group will be making recommendations to update the definition and rate.
- ❑ CYFD-BHS has a SAMHSA grant, SOC III, which has a deliverable to expand Respite in three counties in New Mexico: Chaves, Valencia, Sandoval. The grant will be able to provide fiscal support while the service definition and rate are reviewed and adapted.

Mobile Response

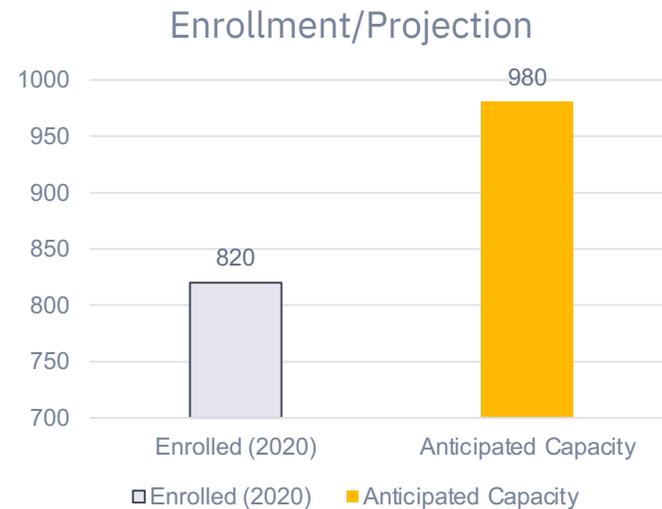
Mobile Response Projections			
County	# of Providers	# of Staff	Enrolled/Capacity
Anticipated Growth by June 2022	Chaves	1	4 (2 Teams) One team can have the ability to respond to one crisis every four hours on average
	Sandoval	1	4 (2 Teams) One team can have the ability to respond to one crisis every four hours on average
	Valencia	1	4 (2 Teams) One team can have the ability to respond to one crisis every four hours on average
	Anticipated Capacity	3	12 Staff or 6 Teams

Mobile Response for Children/Youth Efforts

- The CYFD-BHS federal SAMHSA grant Systems of Care (SOC) III has a deliverable to introduce Mobile Response for children & youth, starting in three grant sites : Chaves, Sandoval, and Valencia Counties.
- CYFD-BHS is in consultation with the University Of Maryland's Institute for Innovation and Implementation to receive technical assistance in the development of Mobile Response in New Mexico.
- CYFD-BHS is structuring the implementation of a children's Mobile Response model that includes:
 - Differentiation of a child/youth vs adult approach to Mobile Response
 - Identification of a dedicated Access Point
 - Identification of a training curriculum
 - Exploration of developing a certification path to standardize practice
 - Provision of temporary intensive care coordination as part of Mobile Response.
- The SOC III grant will provide the fiscal support to build the model outlined above, while services would be sustained through Medicaid.

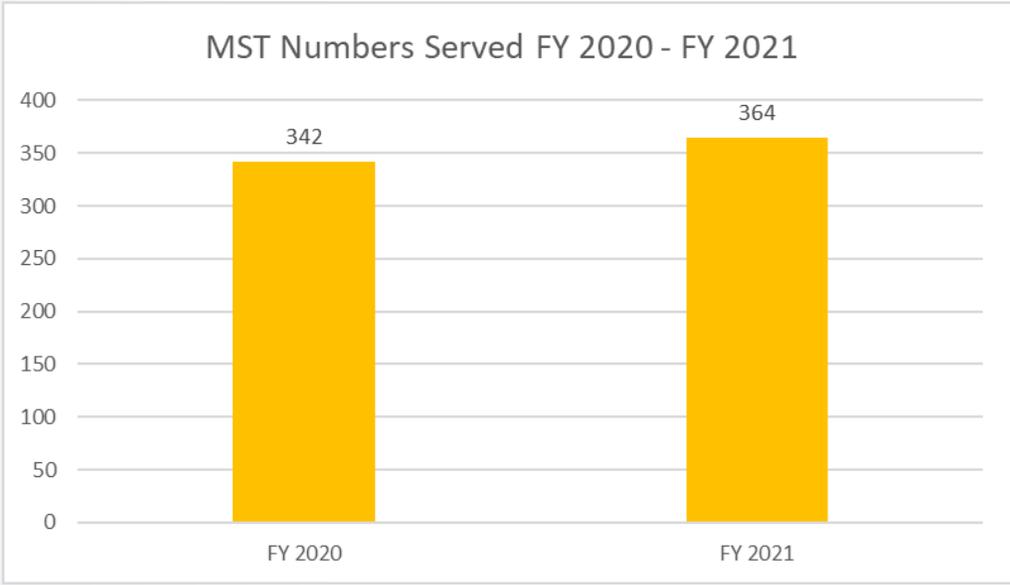
Multi-systemic Therapy (MST)

MST PROJECTION				
	County	# of Providers	# of Staff	Enrolled
2020	8 Counties	7	41	820
Anticipated Growth by June 2022	5 counties	4	8	160
	Anticipated Total	11	49	980



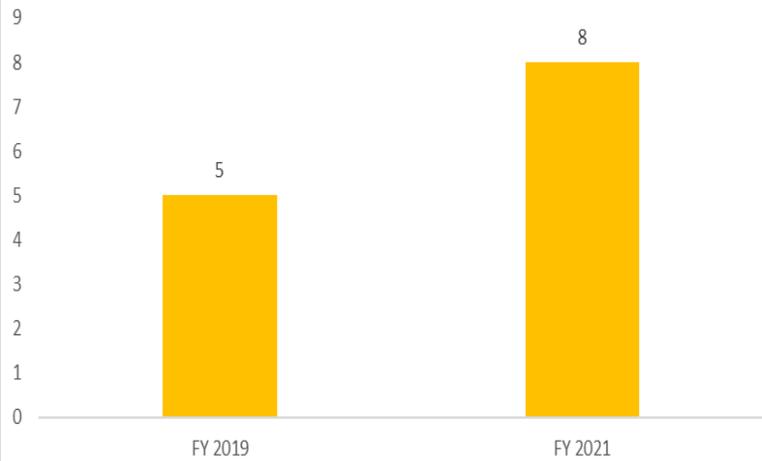
1. Number of staff is quantified as number of active FTE therapist positions
2. This number is based upon the projection that each therapist will be billing between 20-24 clients per year

Multisystemic Therapy (MST) Numbers Served

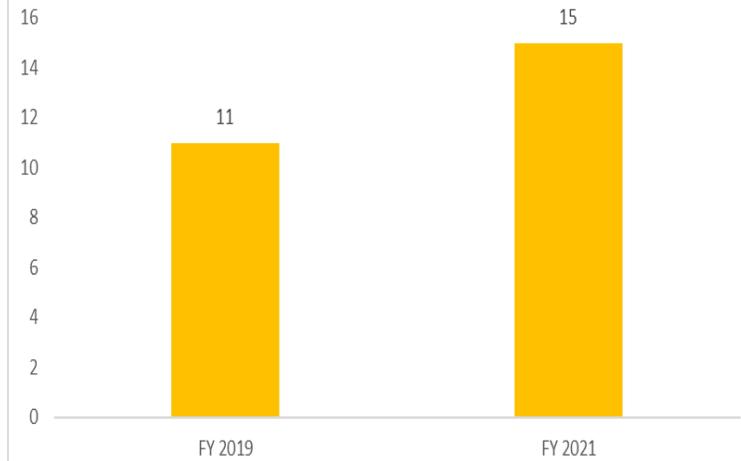


Multisystemic Therapy (MST) Providers

MST Providers - FY 2019- 2021



MST Teams - FY 2019- 2021



Multisystemic Therapy (MST) Providers and Staff (growth with new providers)

MST PROGRAM REPORT FY2020		
Location	# of Providers	# of Program Staff
Bernalillo	1	6
Clovis	1	2
Santa Fe	1	2
Las Cruces	1	3
Los Luna, Las Cruces, Santa Fe, Bernalillo	1	22
Total	5	35

MST PROGRAM REPORT FY2021		
Location	# of Providers	# of Program Staff
Bernalillo	2	8
Clovis	1	3
Santa Fe	1	2
Las Cruces	1	3
Los Luna, Las Cruces, Santa Fe, Bernalillo, Rio Arriba, Sandoval	1	21
Total	6	37

Multisystemic Therapy (MST) – Infrastructure and Sustainability

EFFORTS TO EXPAND MST IN NEW MEXICO

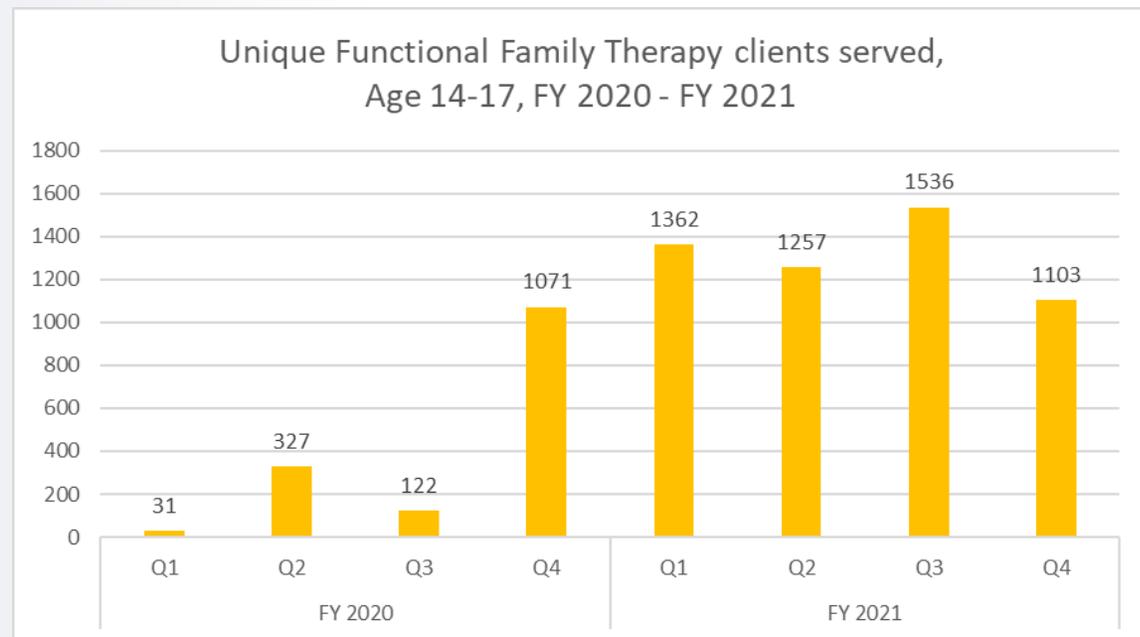
Multisystemic Therapy (MST) is an evidence-based, intensive family and community-based treatment for serious behaviors, including possible substance abuse issues, and their families.

- ❑ In recognition of MST's efficacy as an EBP youth-based intervention, the New Mexico 2020 Legislative Session approved an allocation of non-recurring funds to support additional MST services in New Mexico. With this funding, University of Denver's Center for Effective Interventions (DU-CEI), which is a licensed Network Partner to administer MST, developed an MST rebuilding program that will both increase MST outreach to New Mexico's underserved youth and support the sustainability of all MST teams. This plan is being accomplished in close collaboration with New Mexico Children Youth and Family Department and the evaluation team at University of New Mexico. Over the last few months, DU-CEI and CYFD disseminated a RFA, reviewed all RFA applications, and chose five viable candidates. All five candidates have been fully vetted and approved through DU-CEI, are in the process of training, and have begun the recruitment process for staff.
- ❑ In addition to the five teams funded through the 2020 Legislative Session, two additional teams have begun the process of applying for MST credentials. CYFD and DU-CEI will continue to support the development of new teams.

Functional Family Therapy (FFT)

FFT Projections			
	County	# of Staff	Enrolled/Capacity
2020	N-A	N-A	N-A
Anticipated Growth by June 2022 (n)	County 1	3	10
	County 2	3	10
	County 3	3	10
	Anticipated Total capacity (June 2022)	9	30

Functional Family Therapy (FFT)



Functional Family Therapy (FFT) Infrastructure and Sustainability

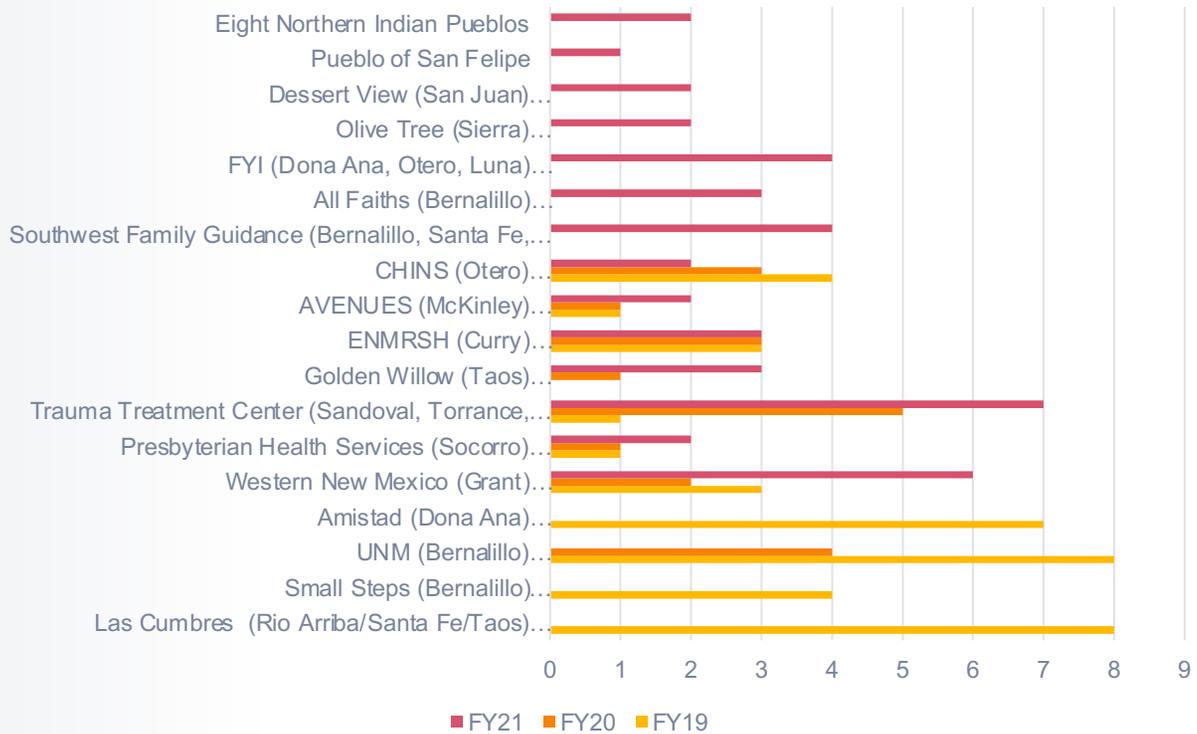
EFFORTS TO EXPAND FFT IN NEW MEXICO

Functional Family Therapy is an evidence-based, intensive, short term intervention/prevention program that offers in-home family counseling designed specifically to address problematic behaviors from a relational/family based perspective.

- ❑ Identify FFT as a priority EBP to be implemented statewide with dedicated work group.
- ❑ Develop MOU with BHSD to identify barriers to FFT provision.
- ❑ FFT trainer has been identified and CYFD BHS is currently coordinating training with NMSU Center of Innovation.
- ❑ CYFD has scheduled meeting with Bernalillo County to discuss their FFT provision project.

COMMUNITY BASED MENTAL HEALTH SERVICES

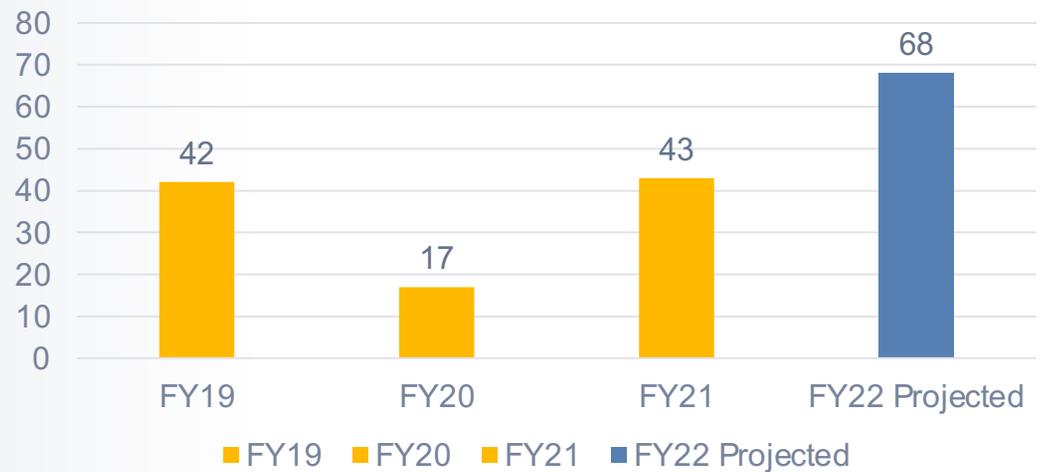
Infant Mental Health Number of Infant Mental Health CPP Clinicians Per Site



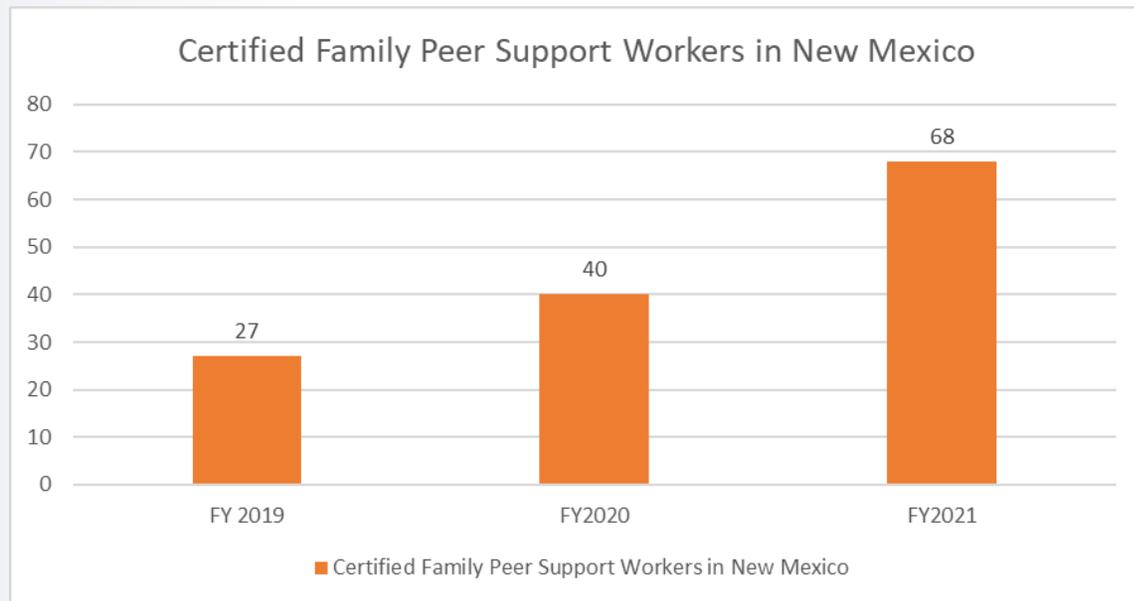
COMMUNITY BASED MENTAL HEALTH SERVICES

*Infant Mental
Health*

Number of IMH CPP Clinicians Per
Year



Family Peer Support Workers (FPWS)



Investing in Older Youth + Housing – beyond Foster Care



Housing Supports- Transitional Living Programs

SFY 2020 and Prior

- \$380k Transitional Living Programs (Chafee)
 - 18 Youth Served Annually
 - 4 Communities
 - Bernalillo
 - Lea
 - Santa Fe
 - Taos

SFY 2021

- Transitional Living Programs
 - \$380k (Chafee)
 - 18 Youth Served Annually
 - \$2.5 million (State General Funds, including re-investment)
 - Increase to 55+ Youth Served Annually by June 30, 80+ by October 1
 - 8 Communities
 - Bernalillo
 - Chaves
 - Colfax
 - Dona Ana
 - Lea
 - Rio Arriba
 - Taos
 - Union
 - Building Community Based Provider Network to access Title IV-E, Medicaid and TANF to move into funding streams for SFY 2022
 - Increase capacity to provide Behavioral Health services in addition to case management and life skill development.

Housing Support- CYFD Supportive Housing Vouchers

FY 2020 and prior

- \$180k State General Funds
 - 1 Community Served
 - Bernalillo
 - 20 Youth Annually

FY 2021

- \$240k State General Funds
 - Expanding program to increase youth served in Bernalillo County
 - Potential extension to greater Albuquerque Metro Area

FY 2021

New Partnerships and Housing Program Development

- **MOU's between CYFD and Local Housing Authorities to Support Youth FYI & FUP vouchers:**
 - Socorro
 - San Juan
 - Santa Fe
 - Dona Ana
 - Bernalillo County
 - In Development:
 - Bernalillo County
 - Albuquerque City
 - Dona Ana
 - Eastern Regional (Curry, Roosevelt)
 - Western Regional (Cibola, McKinley)
 - Gallup (city)
- **Host Home Development**
 - Pilot in Albuquerque with New Day
 - TANF Funded
- **Pregnant and Parenting Group Homes**
 - Lea County
 - Second site in development
- **Safe Home for Survivors of Human Trafficking**
- **Re-vamp Keeping Families Together Program (TANF)**
 - Will include support for young families at risk of homelessness

PREPARING THE WORKFORCE TO REACH OUR STRATEGIC PLAN

Building a
Strong
Foundation
of
Knowledge,
Skills, and
Attitudes



Supporting the
Workforce for
Improving Their
Child Welfare
Practice

Professional Development Continuum



Trauma Responsive Departments

- Comprehensive Trauma Training for Staff that Grows as They Grow
- Experiential Learning and Skills Development
- Coaching
- Culture Shift

Improving Practice for ICWA Eligible Placements

- Partnering with Tribal Social Services for Training
- Understanding of ICWA as the Gold Standard
- Role Specific Application of ICWA Provisions
- Critical Self Reflection to Identify Own Bias and Build Culturally Responsive Practice

Viewing Partners as Workforce

- New Pre-Service Training for Resource Parents
- Ongoing Training, Personalized Needs for Resource Parents
- Recruitment and Retention for Resource Parents
- Mutual Support and Accountability with Contractors and Other External Stakeholders

Workforce Development

- Specializing Hiring Practices
- Increasing Resiliency Supports
- Identifying Professional Capacity to Meet Agreements