New Mexico Children, Youth & Families Department

Initial Assessment & Planning

Children, Youth & Families Department
STATE OF NEW MEXICO

Assessment Report

September 2025

Agenda

1. Executive Summary
2. Findings & Recommendations
    1. Workforce
    2. Operations & Administration
    3. Case Management & Service Access
    4. Strategic Financial Management
3. Implementation Workplan

Executive Summary

Background and Approach

A&M was engaged by the New Mexico Children, Youth and Families Department (CYFD) to conduct a 5-week assessment to identify performance and process improvement opportunities with the ultimate goal of enhancing outcomes for children and families. A&M's assessment included a series of leadership and staff interviews with CYFD and key partners, as well as data analysis, to document findings and identify high-impact recommendations.

Scope

Focus areas included:

- System Capacity and Service Access
- Human Resources and Workforce Development
- Operations and Business Processes
- Quality Oversight and Assurance
- Infrastructure with a focus on information technology and data needs

Approach

INTERVIEWS & SITE VISITS

- Interviewed CYFD leadership team to understand challenges and opportunities
- Met with CYFD consultants to discuss major projects that are currently "in flight"
- Met with HCA Behavioral Health and HCA Medicaid
- Interviewed NM Impact, Data, and Enterprise Project Management Office (EPMO) teams
- Interviewed case managers and support staff from a variety of field roles across multiple counties
- Visited Pinetree (Bernalillo County), including tours of SCI and the Receiving Center

INFORMATION REVIEW

- Reviewed Kevin S. Settlement documentation, NM Impact project status and design documentation, employee surveys, and other audits / studies
- Reviewed training and onboarding materials, supervisory documents, and case assignment documentation
- Reviewed and documented status of current initiatives underway

ANALYSIS

- Analyzed data related to personnel (e.g., attrition/turnover data, vacancy data, recruitment timeline)
- Analyzed budget, revenue, and expenditures data, exploring areas driving spend and trends in the realization of federal revenue; Reviewed the cost allocation plan
- Analyzed casework process and alignment
- Analyzed permanency and placement data files

VETTING FINDINGS AND RECOMMENDATIONS

- Reviewed analysis and draft deliverable content with functional leads and process owners to confirm that A&M has accurately captured the current state
- Discussed recommendations with functional leads and business process owners to align feasibility with policies and statutory requirements, as well as any past or existing initiatives
- Refined observations and recommendations to address any gaps in our understanding and incorporating final data analysis

Indicators of CYFD Challenges

CYFD has undertaken efforts to improve operations and outcomes for children and families. Despite these efforts, the department continues to face considerable challenges to realizing the desired improvements.

Indicators of CYFD Challenges

Since the Kevin S. Settlement Agreement was established in 2020, **CYFD has not been able to meet most of the standards** and outcomes agreed to as part of the settlement.

The 2025 Child and Family Services Review (CFSR) Final Report assigned a rating of **"Area in Need of Improvement"** for the **majority of review areas.**

In 2025, **Key performance indicators have deteriorated,** including a decrease in 12-month permanency and increases in office and shelter stays.

CYFD **has not been able to draw down federal funds** at the appropriated levels, leading to a **budget deficit.**

Findings Summary

A&M has identified four overarching findings that characterize the main challenges of the Department. The Department faces persistent challenges building and sustaining a stable workforce, advancing initiatives that improve outcomes, and in connecting children with appropriate services.

Workforce Capacity and Development

- **High turnover, combined with extended hiring timelines**, prevents CYFD from achieving and sustaining staffing levels within best practice standards.
  - For caseworkers, **turnover was significant at 30%** in FY2025.
  - 33% of all employees and **over 54% of caseworkers have less than 2 years of tenure**.
  - The **average time-to-fill for a CYFD position was 62 days** in FY25 with **caseworker positions taking an average of 77 days**.
- **Beyond initial new-hire training, there are no required ongoing trainings** to **reinforce critical skills** for caseworkers or to **build leadership capacity** among supervisors and managers.
  - Interviews, CFSR, and the Kevin S. settlement indicate training as a large area needing improvement.

Initiative Management

- While the department has identified **more than sixty potential initiatives** to improve outcomes and operations, there is **no clear prioritization or project management structure** to drive them forward.
  - **Each of the proposed initiatives has the potential to improve the organization and/or outcomes** for children and families if managed to completion.
  - Some **initiatives are stalled or not producing the expected results**.
- The **absence of a change management** approach makes acceptance and long-term sustainability of new initiatives and directives a challenge.
- The **interconnected nature of priority initiatives and NM Impact** (which is scheduled to launch in the next six months), underscores the need for project and change management of the broader organizational initiatives.

Case Management and Service Access

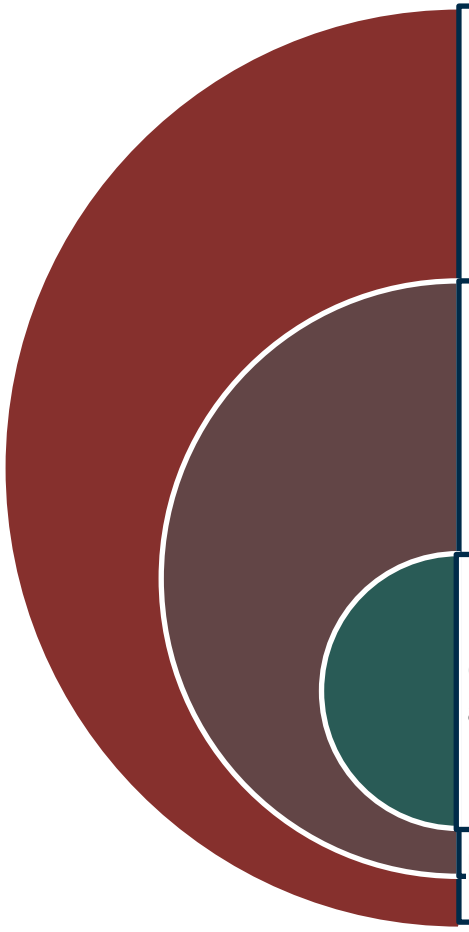
- Inconsistent use of standardized assessments (CAT-CANS) makes it difficult to consistently connect children with services
  - Only **40% of staff are trained on delivering the CAT-CANS** and a majority of children have not received the assessments.
  - The CFSR indicated that **fewer than 40% of children sampled received appropriate behavioral health services**.
  - 20% of children who experience maltreatment experience repeat maltreatment within 12 months.
- Not having a normed assessment makes it **challenging to understand service demand**, and to monitor quality of care.
- **Gaps in local provider/service availability** further **restrict access** to appropriate care (i.e. all girls requiring residential treatment must be placed out of state)
- Some misalignment exists across CYFD's policies, processes, and tools and data is not being effectively used to monitor day-to-day casework / operations.

Strategic Financial Management

- CYFD has not realized appropriated federal funds and has not clearly communicated drivers in spend and decreased federal revenues.
- Financial trends are not understood sufficiently to drive programmatic decision making.

Recommendation Summary

Addressing service gaps, workforce instability, and initiative management requires a focused approach. By standardizing assessments, expanding provider capacity, strengthening workforce supports, and prioritizing initiatives with dedicated management and change strategies, the department can improve outcomes for children and families while building long-term operational stability.



Workforce Capacity and Development	•**Surge Hire Effort:** Engage in a dedicated, time-limited effort to re-baseline CYFD staffing levels by streamlining the recruitment and onboarding process to reduce time-to-hire. •**Reduce Turnover:** Implement retention strategies such as workload balance, career progression, and supports. •**Build Continuous Learning:** Establish mandatory ongoing training for caseworkers and structured leadership development for supervisors and managers.
Initiative Management	•**Prioritize Key Initiatives:** Narrow focus to a manageable set of high-impact initiatives aligned to Department goals. •**Establish Integrated Project Management Function:** Align project management activities with regular leadership meeting structure to provide governance, coordination, and accountability for initiative implementation. •**Embed Change Management:** Develop communication, training, and feedback mechanisms to ensure change is embraced and to sustain improvements.
Case Management and Service Access	•**Standardize Assessment Practices:** Mandate and monitor consistent use of level-of-care assessments to ensure children are matched to the right services and that there is sufficiency capacity along the continuum. •**Expand Provider Capacity:** Invest in targeted provider recruitment and incentivize expansion in under-served areas and specialties to reduce out-of-state placements. •**Strengthen Partnerships:** Develop provider networks, as well as internal and cross-agency collaboration, to fill gaps in service availability. •**Dashboard Refinement:** Streamline dashboard to drive case management practices.
Financial Management	•**Clarify expense and revenue changes:** Continue the effort underway to trend changes in expenditures and revenue in order to present a complete story from 2022 to present.

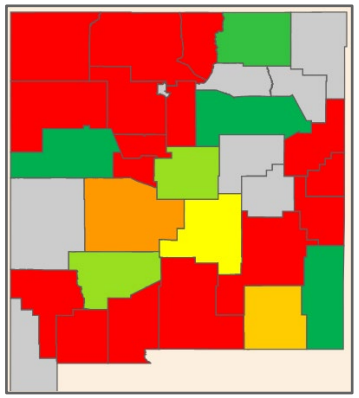
Workforce Findings: Hiring, Retention & Training

Caseloads remain high for CYFD caseworkers largely as a result of the Department's inability to quickly hire, train and retain staff to the point where they are able to carry a full caseload. Additionally, gaps in training to address performance issues or to drive career advancement limits the professional development of the field staff.

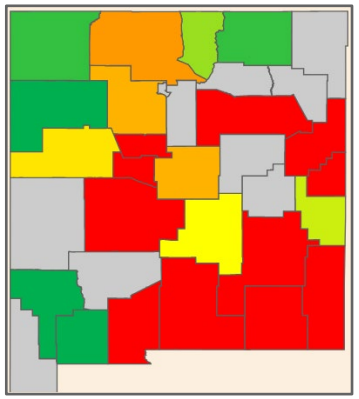
Caseloads by County, FY25

(100% Kevin S Requirement Compliance)

Investigations

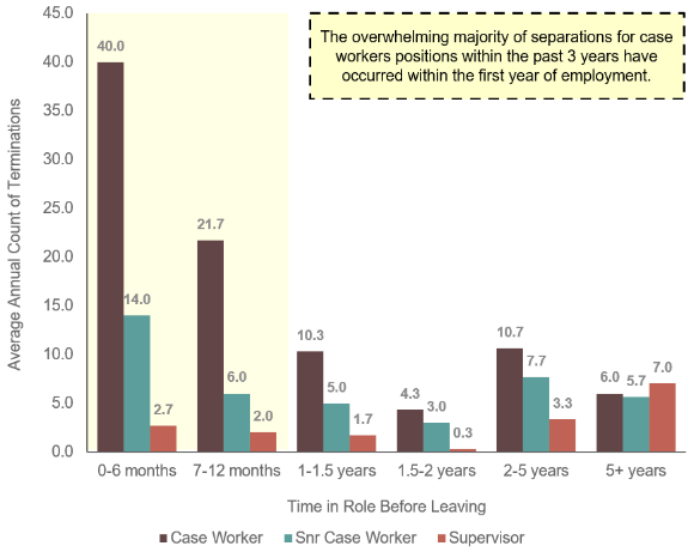


Permanency



Majority of counties across the State are not in compliance with Kevin S. maximum caseload requirements. High turnover and a long application process significant limit the ability to redistribute caseloads to achieve compliance.

Average Yearly Non-Retirement Separations by Tenure[2]



Staff turnover is a cause of even more staff turnover. Increased caseloads lead to more burnout, driving additional turnover.

Case Management Training Summary

Field Staff:

Caseworkers

NET, including two week in-person training. No required supplemental training.

Supervisors

No required training.

Managers

No required training.

Non-Field Staff:

Internal Staff

No training required on case management process.

Currently available training opportunities for caseworkers are not sufficient, leading staff to feel underprepared to perform in their role. This is particularly true for supervisors and managers that have no required training.

[1] EPMO Caseload Dashboard
[2] FY22 – FY25 Separations Dataset Provided by CYFD HR

Workforce Capacity & Development Recommendations: Sample Surge Hire Timeline

CYFD has been appropriated funding to hire an additional 101 people within the year. To re-baseline staffing levels and communicate that help is coming, CYFD should pursue a time limited surge hiring effort (3 to 4 months) using a compressed timeline, as illustrated below.

The Goal

Make **101*** net hires within **1** year, using **$10M** allowance allocated by the legislature.

**may need to hire 170+ individuals given current attrition for caseworker positions.*

How?

- A hiring period with full-time, dedicated resources
- Representative hiring panels, consisting of hiring managers, supervisors, and peers
- Leverage additional scheduled NET trainings in Oct & November to quickly onboard new hires
- A return to normal but improved hiring post-surge, reducing the quantity of hiring while maintaining speed

September 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1 Surge Hire Preparation	2	3	4	5	6
7	8 Job Posted	9	10	11 List Pulled (if Applicants Available) ★	12 Interview Scheduling	13
14	15 Interviews	16	17	18 HM sends IJF to HR	19 Finalist email, BG packet & CARF sent	20
21	22 BG Coordinator Returns Packet	23 HM Returns CARF to HR	24 Sends for ASD / OTS Approval	25 ASD / OTS Approves	26 HR Sends Offer Letter	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11 State Payroll Hire Date

Key:

HR | Hiring Manager | BG Coordinator | ASD / OTS | ★ Weekly Recurring

Workforce Capacity & Development Recommendations: Training & Retention Enhancements

In addition to the short-term surge hire effort, CYFD should engage in a phased approach to implementing training enhancements, initially focusing on staff capacity, clarity in role and supervision, and build out a competency-based framework throughout the employee lifecycle to drive retention.

Summary Timeline to Implement Training Enhancements:

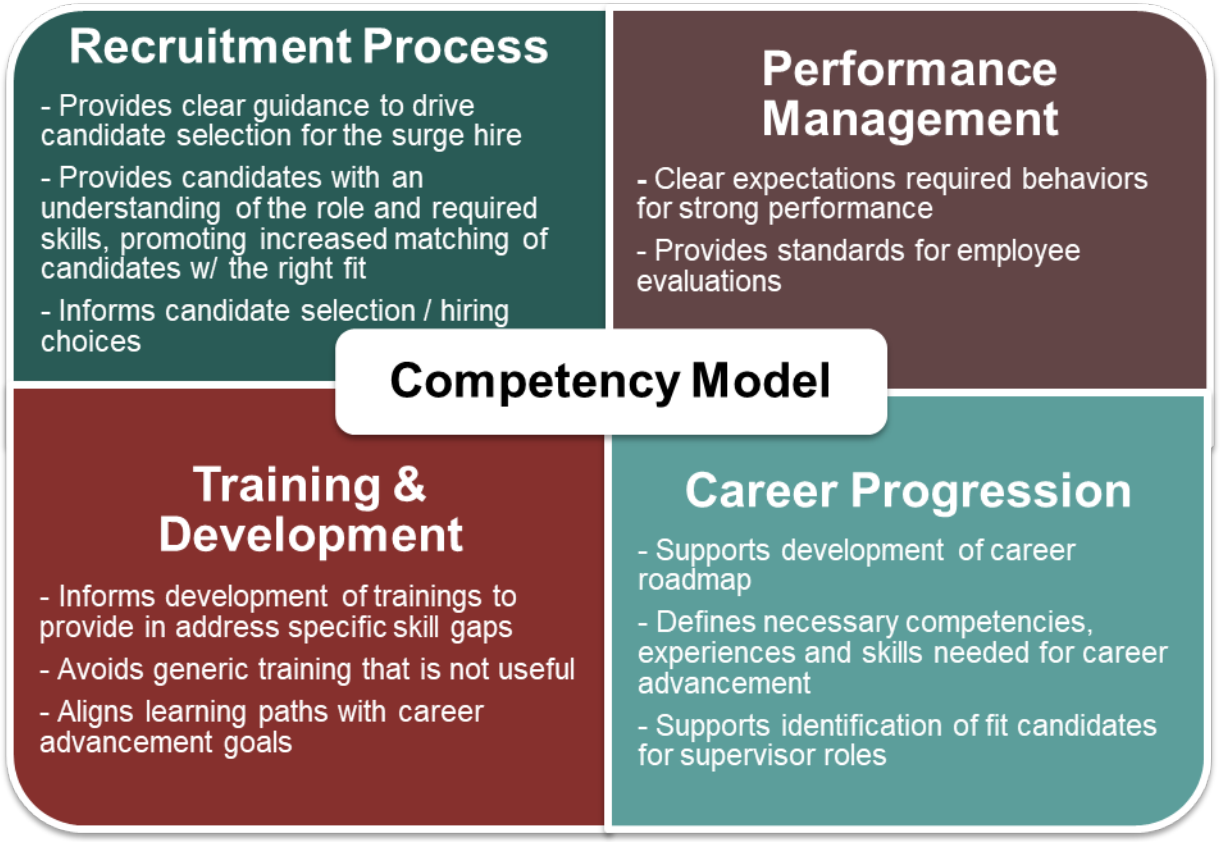
Short Term (0-6 months)
- Focus on staff capacity and performance deficiencies, including mechanisms to drive accountability

Medium Term (6-12 months)
- Focus on building out training along the career continuum

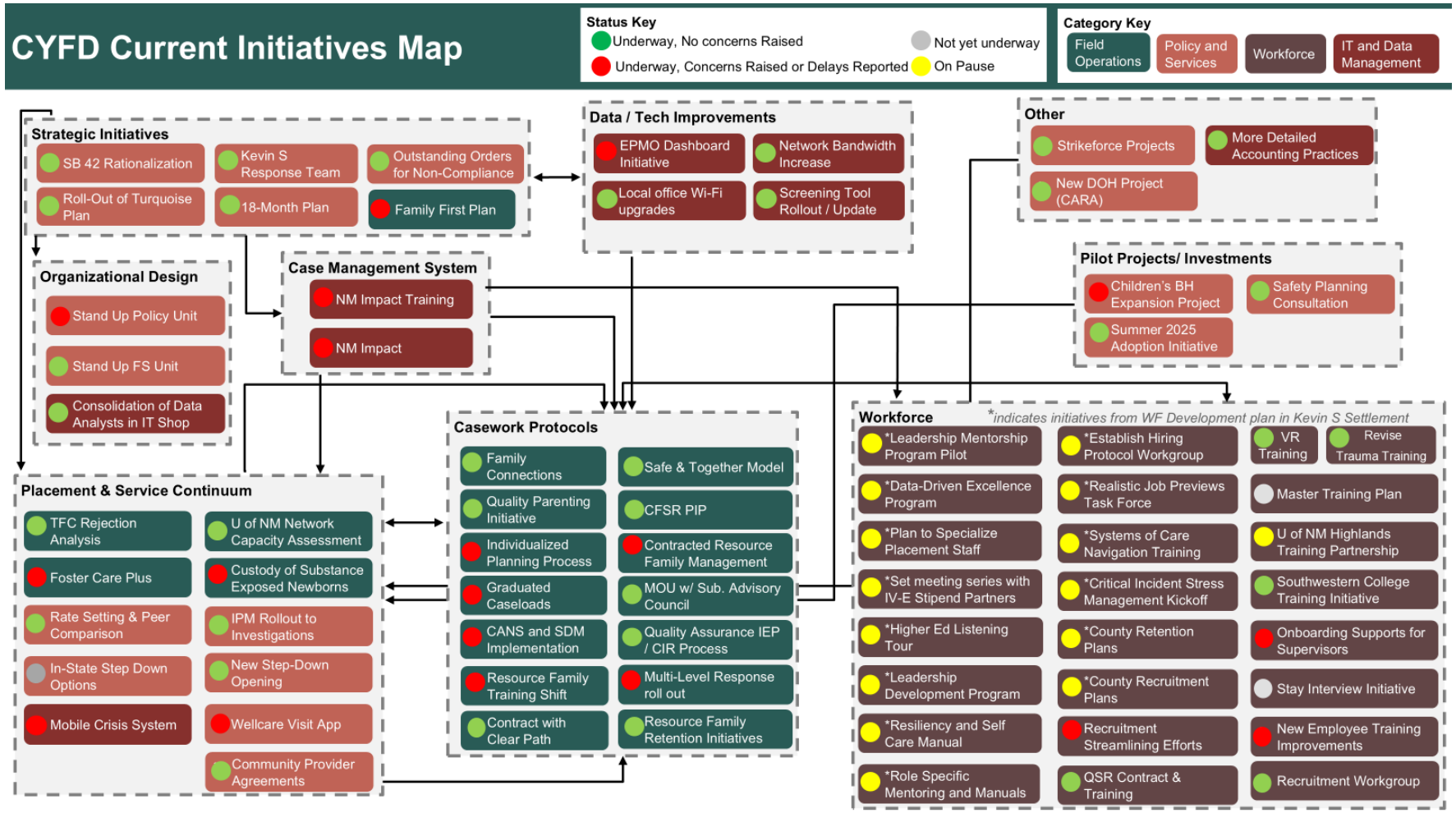
Long Term (12+ months)
- Consider opportunities to engage a training partner to design a comprehensive training program

Resources to Support Training
- University of Denver, Butler Institute for Families – Assessing Your Training System
- Foundations of Supervision – University of Pittsburgh / Pennsylvania Child Welfare Resource Center
- Supervising for Excellence and Success – Child Welfare League of America
- National Child Welfare Workforce Institute – A Comprehensive Workforce Strategy to Advance Workforce Outcomes

Benefits of Competency Framework on Workforce



Initiative Management Findings: Current Initiative Map



Each of the initiatives represented on this Initiative Map has the potential to improve operations, as well as well as outcomes for children and families.

There is not a project management effort that coordinates across all of these initiatives to support effective implementation. Additionally, a lack of change management limits the likelihood of adoption by CYFD staff compromising the impact of any implementation efforts.

Initiative Management Recommendation: Prioritization with Project / Change Management

Baseline Prioritization Strategy

A&M proposes this approach to initiative consolidation and prioritization. CYFD leadership should collaboratively review and adjust these priorities based on Department goals.

Organizational Strategy

Consolidate into "FY26 Strategy"
- CFSR PIP
- SB 42 Rationalization

Consolidate into "Resource Family Strategy"
- Contracted Resource Family Management
- Resource Family Retention Initiatives
- Resource Family Training Shift

Consolidate into "Kevin S Governance"
- Kevin S Response Team
- Outstanding Orders for Non-Compliance

High Stakes Implementation

Consolidate into "Continuum Investments"
- TFC Rejection Analysis
- Children's BH Expansion Project
- Roll-Out of Turquoise Plan
- In-State Step Down Options

- Custody of Substance Exposed Newborns
- CANS and SDM Implementation
- NM Impact & Training
- *Resiliency and Self Care Manual (**KS**)
- New Employee Training Improvements
- Stand Up FS Unit
- Surge Hire
- Improve Service Access Connections
- Provider network expansion

Stability Initiatives

- IPM Rollout to Investigations
- Individualized Planning Process
- Screening Tool Rollout / Update
- Strikeforce Projects
- Family Connections
- Recruitment Streamlining Efforts

Close Out & Triage

- Consolidation of Data Analysts in IT Shop
- Network Bandwidth Increase
- U of NM Network Capacity Assessment
- Wellcare Visit App
- Summer 2025 Adoption Initiative
- Local office Wi-Fi upgrades
- More Detailed Accounting Practices
- Family First Plan
- New Step-Down Opening
- New DOH Project

Category Key
- Field Operations
- Policy and Services
- Workforce
- IT and Data Management
- Alignment with Recommendations

Status Key
- Underway, No concerns Raised
- Underway, Concerns Raised or Delays Reported
- Not yet underway
- On Pause

Prioritizing the initiatives to focus on **Organizational Strategy, High Stakes Implementation, and Stability** will allow the Department to focus on those initiatives that will have the most impact.

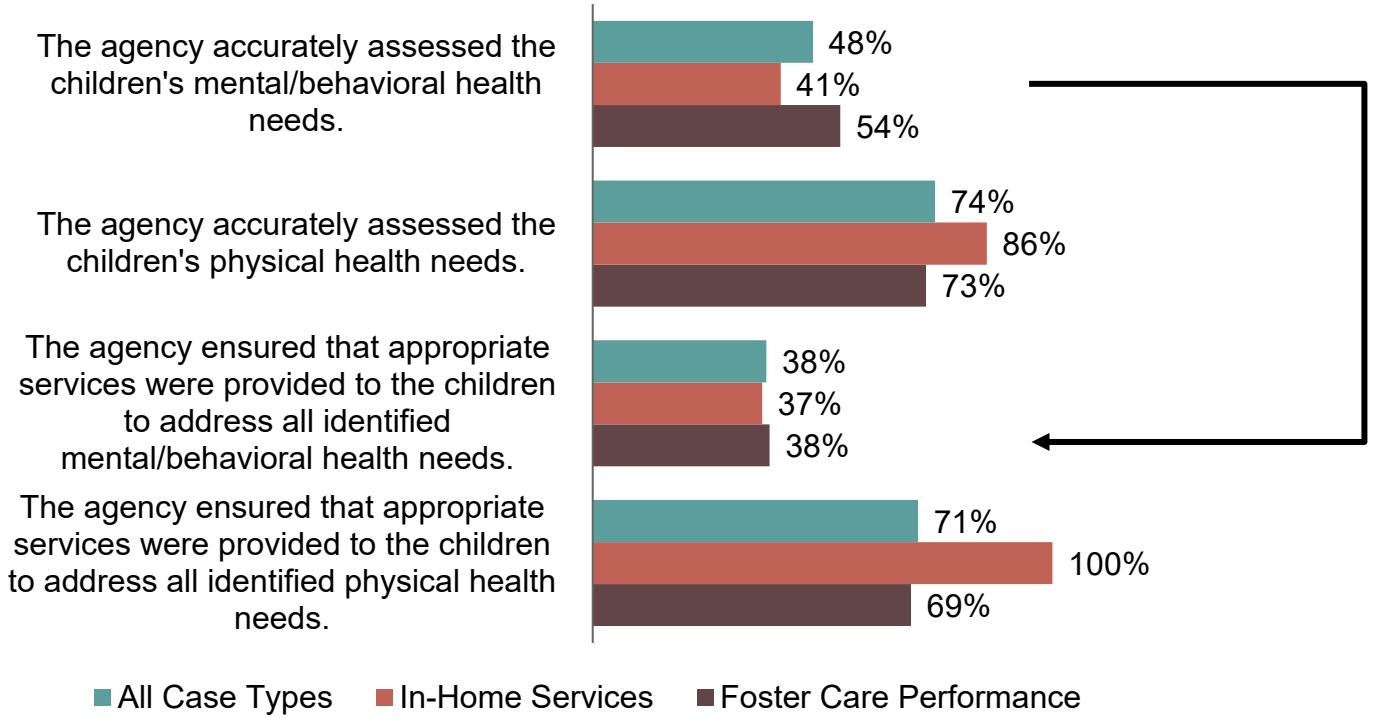
Having an **integrated project management approach**, with a focus on **governance and accountability**, will help drive implementation and support realizing the desired initiative outcomes. **Embedding change management** principles within the project management structure will help **drive change and sustain improvements** to key processes.

Case Management & Service Access Findings: Assessments & Service Access

The CYFD 2025 CFSR indicates that CYFD does not successfully identify children's behavioral health needs and does not ensure children and families receive the behavioral health services they need. Fewer than 40% of children included in the sample received appropriate behavioral health services.

Additionally, CYFD has not consistently completed CAT-CANS assessments. Of children in care in 2024, approximately 30% of children received a CAT screening, and 40% of children received a CANS screening. Low completion rates have persisted since implementation in 2018.

Select Performance Data | CYFD Appendix B CFSR Values 2025 – Case Sample Review



Lower assessment success corresponds to lower service provision.

CYFD managers acknowledged a lack of consistency in assessment tool use and decision support tools.

Additionally, field staff shared that they do not have easy access to information about what assessments are available to help determine needs, or what services are available in their regions to address those needs. One worker shared that people are "figuring it out as they go along."

Case Management & Service Access Findings: Impacts of Limited In-State Services

Of the placements included in the sample, nearly 20% (shown in red/yellow) may be misaligned with the child's level of care (LOC) score. These ~350 children are currently residing in a setting that is associated with a LOC higher or lower than the child's assessed LOC. This misalignment, combined with a reliance on emergency placements, indicates gaps in the residential continuum.

Current Residential Utilization | Snapshot of Placements by LOC and Category as of June 30th

Placement Type	LOC 1	LOC 2	LOC 3	Total
Out of State - Foster	43 (3%)	23 (5%)	4 (5%)	70
Out of State	1 (<1%)	20 (4%)	4 (5%)	25
State Office	3 (<1%)	12 (3%)	3 (4%)	18
Emergency Shelter	33 (3%)	13 (3%)	3 (4%)	49
Institution	3 (<1%)	6 (1%)	3 (4%)	12
Group Home	22 (2%)	8 (2%)	2 (2%)	32
Treatment Foster Care	11 (1%)	131 (28%)	15 (19%)	157
Specialty Foster Care (RH L2 and L3)	140 (11%)	157 (34%)	42 (52%)	339
Level 1 Foster Care	1,051 (80%)	95 (20%)	5 (6%)	1151
Total	**1307**	**465**	**81**	**1853**

Data excludes approximately 200 "other" placement assignments (e.g. runaways, trial home visits, independent living). If a child had multiple LOC values, A&M used the maximum LOC in these calculations. If the child had no LOC value, A&M assumed LOC=1. CYFD staff have indicated that some misalignment may be due to inconsistent data entry of a child's most recent LOC.

Out of State Placements
Predominantly younger, female children and those with specialized needs who require a PRTF level of care.

Characteristics of an Emergency Stay
Of the current state office placements and emergency shelter placements, the average duration through June 30th is approximately 110 days.

Emergency Shelter:
- Avg Duration: 125 days
- Median Duration: 70 days
- Avg Age: 14

CYFD Office
- Avg Duration: 40 days
- Median Duration: 35 days
- Avg Age: 11

Some children's emergency shelter placements have lasted for over a year.

Case Management & Service Access Findings: Lack of Availability Along the Continuum

Based on total number of providers, there appear to be services along the care continuum where existing provider capacity is not sufficient to meet the need. Additionally, gaps exist in some areas where there are no services available in-state.

Prevention & Early Intervention	Outpatient		Intensive Outpatient	Family-based placements	Shelter	Crisis	Step Down	Residential	Psychiatric Hospital
Home Visiting[1]	Comprehensive Community Support[1]	Functional Family Therapy[1]	Day Treatment Services[1]	Resource Homes[2]	Shelter with Outpatient Services[2]	Mobile Response & Stabilization[1]	Step Down[1]	Residential Treatment[1]	Acute Psychiatric Hospital[1]
Child-Parent Psychotherapy[1]	Dialectic Behavioral Therapy[1]	High Fidelity Wraparound[1]	Intensive Outpatient[1]	Kinship Care[2]		Crisis Triage Centers[1]		Adolescent Detox[1]	
Multi-level Response[2]	Youth and Family Peer Support[1]	Behavioral Management Services[1]	Partial Hospitalization Programs[1]	Foster Care Plus[2]				Group Home[1]	
	Multisystemic Therapy[1]	EMDR[1]		Treatment Foster Care[1]					
	Applied Behavior Analysis[2]	Trauma-Focused CBT[1]							

Key:

- **Available** — 80-100% of counties have a provider
- **Somewhat Available-** — Providers in 50-79% of counties
- **Limited Availability** — Providers in less than 50% of counties
- **Gap** — No Providers in state for children

Source:
1 University of New Mexico Health Sciences, Behavioral Health Services for New Mexico Children & Youth: Landscape and Gaps
2 A&M Interviews with CYFD staff

Case Management and Service Access Recommendations: Connection to Services

To improve service access, CYFD should focus on improving service completion, making pragmatic changes to information sharing to enhance utilization of existing services, and increasing the availability of certain high-demand provider types.

The Goal

Complete a CANS for every child that is custody for 2+ months.

How?

- Announce a deadline for CAT-CANS certification and track progress to that deadline. If possible, pair this expectation with a positive incentive.
- Update training materials to highlight assessment requirements and usage expectations.
- Work with the EPMO team to develop a performance scorecard system that aggregates individual performance at the supervisor, district, and county level.

The Goal

Improve access to existing services.

How?

- Improve transmission of entry-into-custody information between CYFD and the MCOs.
- Work with HCA to establish monthly reporting by the MCOs of services and providers by county.
- Develop a data-driven strategy to use casework data (FACTS/ NM Impact) and Medicaid claims data to identify cases with low service utilization. Make targeted interventions to address these cases.
- Improve role clarity for permanency case workers, community-based health clinicians, and MCO care coordinators.

The Goal

Improve service availability.

How?

- Based on analysis, recent reports, and staff input identify high-demand, low supply services to prioritize for expansion.
- Work with HCA to incentivize providers to supply high-demand services in areas of the state that need them the most.
- Work with HCA to explore increasing RTC capacity in the state.

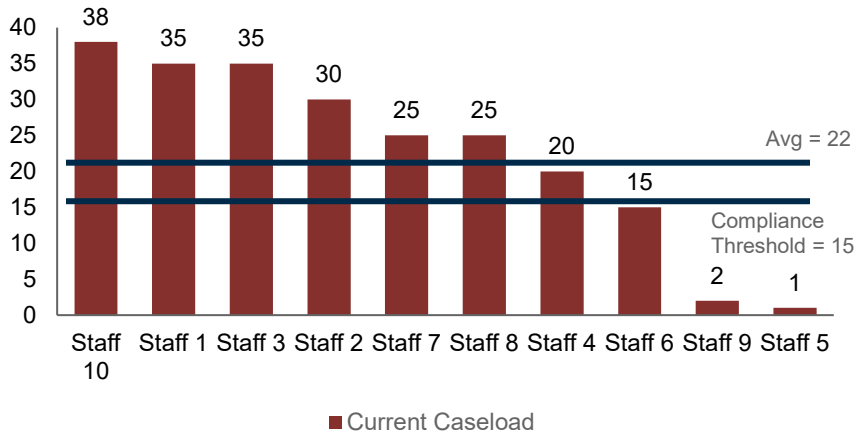
Case Management and Service Access Recommendations: Data-Driven Case Management

While CYFD tracks a significant amount of data, it is not actively used to drive case management, and generally, not available in real time. For data pulled for July 2025 there were 23 users. CYFD should refine the current case management dashboards to focus on a smaller subset of variables that are updated daily to make this data available to the field to drive case management practices.

Illustrative Simplified Dashboard Fields

Select Employee: [Name Drop Down]

Current Caseload by Staff Member



Caseload Details for Selected Worker

Case ID	Time Since Assignment	Time in Care	Child LOC	CAT-CANS Status	Reason for Entry	Permanency Goal	Time Since Last Case Visit	Time Since Last Case Note Entered
			These fields should be adjusted based on data availability. The intent is to provide managers with data that will help them understand case complexity and recent activity.					

This selection will inform the metric cards displayed here. These are calculated and displayed for each employee.

- **Number of Current Open Cases**
- **Quarterly Avg. Number of Open Cases**
- **Caseload Availability** *(Total (Based on NET scale) – Current Caseload)*
- **CAT-CANS Certification Status**
- **Worker Tenure**

Financial Management Findings: Trends in Federal Funds

Expectations around reimbursement potential for federal funds between Legislature and CYFD are misaligned.

Findings Discussion

The total availability of federal funds has declined as additional grants and enhanced FMAP from COVID-19 response has been phased down.

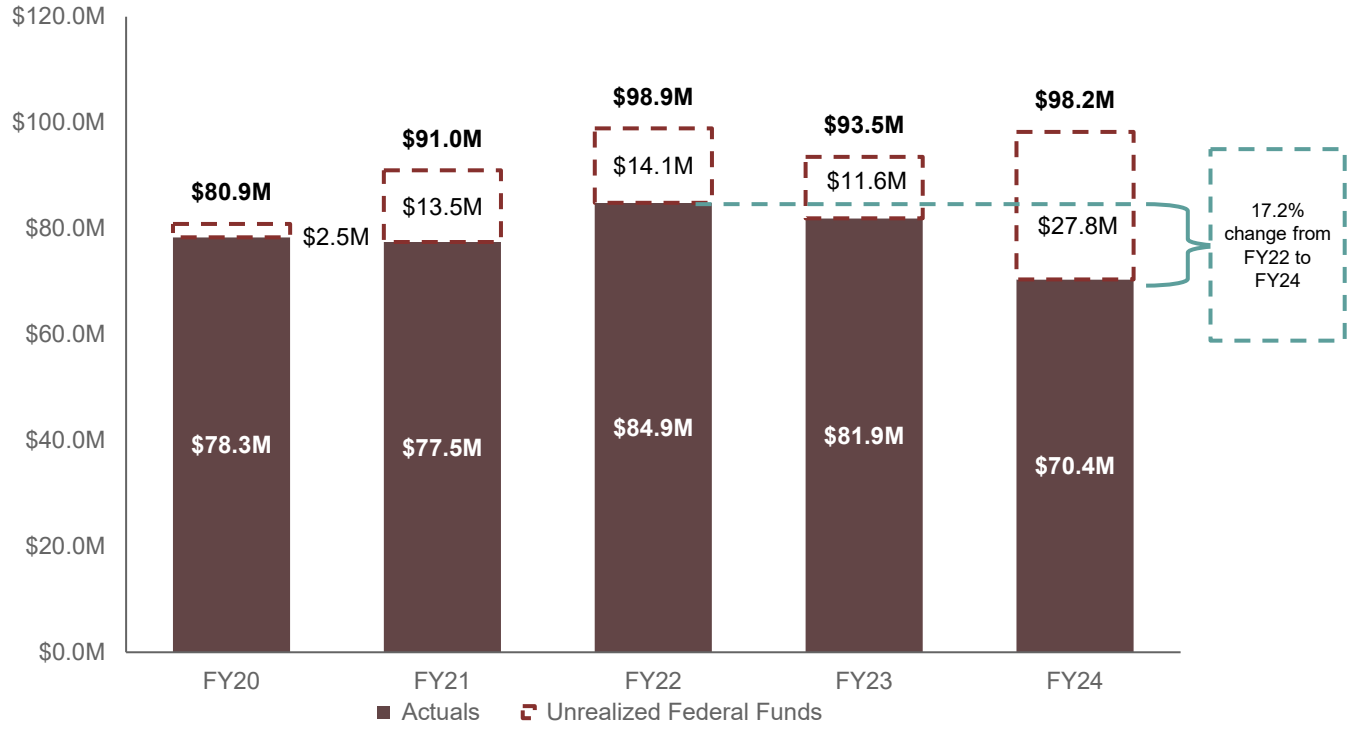
- Since FY20, the gap between appropriated federal funds and actual federal funds revenue has significantly increased. CYFD has realized just 85% of its federal funds appropriation per year on average.
- The 17.2% change in Federal Actuals from FY22 – FY24, decrease driven in part by:
  - Phase down of enhanced FMAP (6.2%)
  - End of COVID-era grants and other one-time funds
  - Changes in expenditures / caseloads
  - Changes in RMTS process and understanding of reimbursable expenditures between funds

Unrealized federal funding ultimately needs to be covered by General Revenue

- CYFD continues to spend their total appropriation level in each fiscal year. However, the disconnect between total appropriation of federal funds and actual realized dollars leaves CYFD with a deficit each fiscal year that must be covered by General Revenue.

Federal Funds Appropriation vs Actuals FY21-FY24

(excludes federal funds transfers)



Financial Management Recommendations: Understanding Revenue / Cost Drivers

CYFD's current accounting practices limit visibility into major drivers of spend. CYFD should continue ongoing efforts to improve level of detail and trend changes in expenditures and revenues based upon relevant cost drivers.

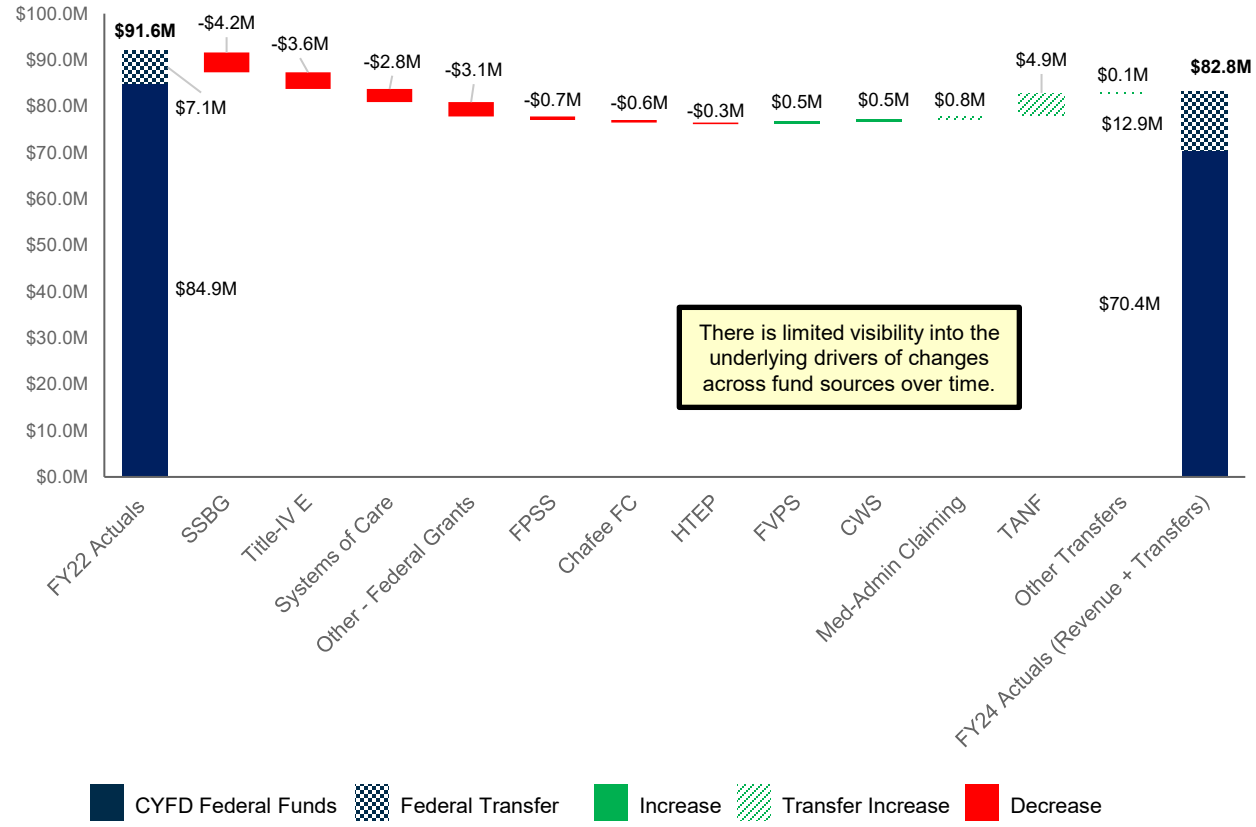
Recommendations

To support communication to the legislature, CYFD should develop a detailed breakdown of federal revenue changes which clearly illustrates the changes by federal fund source since the peak in FY22.

- CYFD should develop a detailed breakout explaining the impact of the following funding drivers for each fund source:
  - Random Moment Time Study (RMTS) outputs
  - Changes in eligible expenditures
  - Penetration Rate (IV-E, Medicaid)
  - Ending of the Enhanced FMAP
  - Grants ending and starting
- Across each of these explanations it will be critical to highlight:
  - On-going trends across fund sources
  - One-time events impacting fund sources

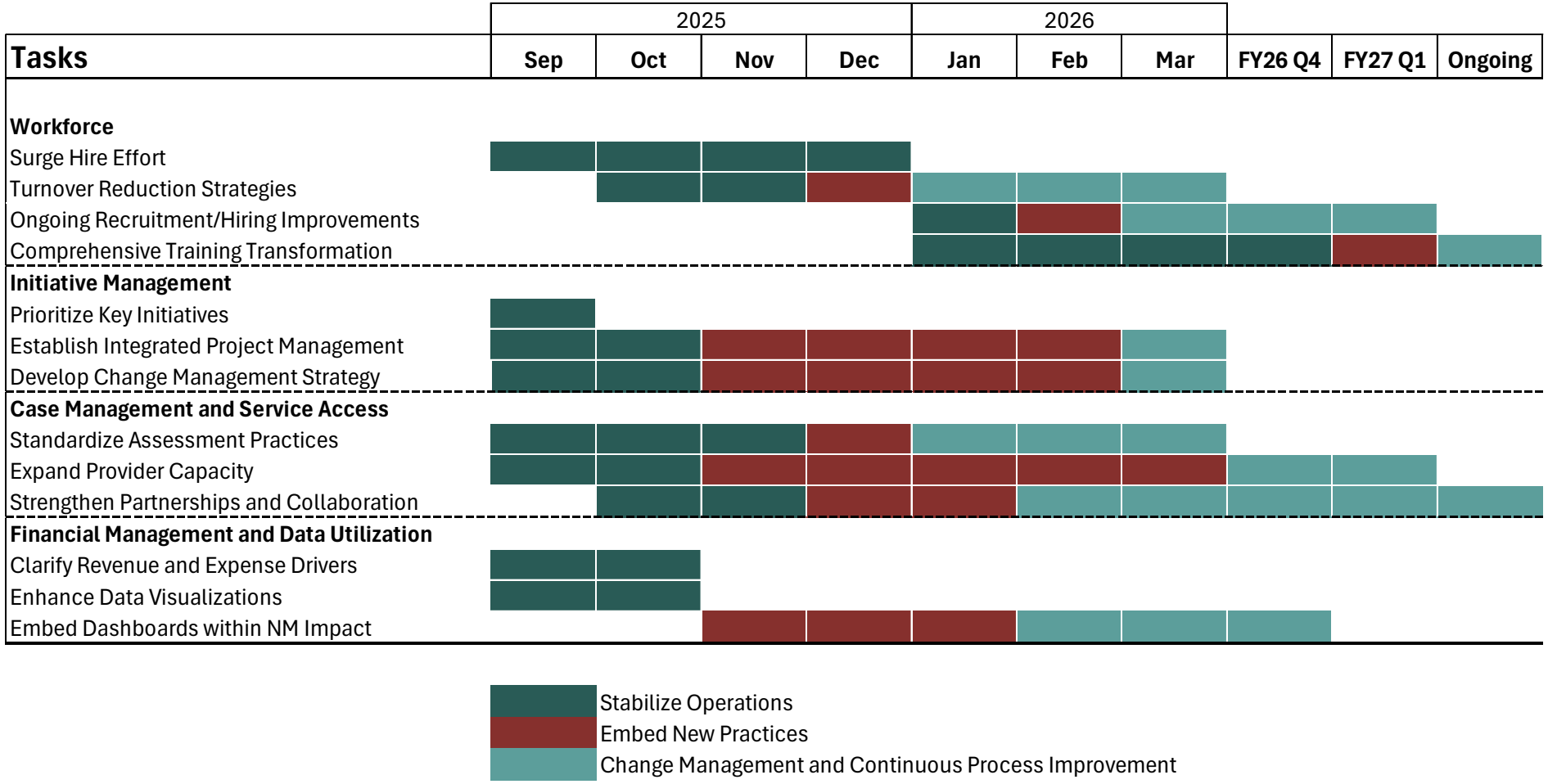
Federal Funds Waterfall FY22 to FY24

(includes federal interagency transfers, excludes state COVID relief funds)



Implementation Workplan

A&M recommends that CYFD focuses in the short-term on activities that stabilize operations to serve as the platform for embedding new practices and driving ongoing change management and continuous process improvement.



Workforce

Workforce Findings & Recommendations Summary

CATEGORY	APPROACH	OBSERVATIONS	RECOMMENDATIONS	IMPLEMENTATION RISKS & CONSIDERATIONS
Recruitment & Hiring	• Interviewed caseworker staff and HR staff responsible for hiring processes. • Analyzed data related to hiring process (recruitment timeline timing, SPO hiring dashboard)	CYFD's hiring process is long and administratively burdensome. This past fiscal year, it took CYFD 77 days on average to fill a position for field staff (caseworker) positions. Additional delays may exist based on the timing of when New Employee Training (NET) is offered and the time it takes new caseworkers to begin to manage a caseload.	• Pursue surge hire initiatives focused on addressing inefficiencies within the process to expediting time to hire. This may include adjusting training frequency as needed to support the hiring surge. • Establish clear performance indicator targets and monitor hiring outcomes against those metrics.	▪ Pressure to hire quickly may result in lower candidate quality or cultural misalignment. ▪ HR and hiring managers may be particularly overwhelmed during surge periods, contributing to attrition. ▪ CYFD may not have tracking / data infrastructure in place to effectively track hiring metrics.
Training & Development	• Reviewed current training materials/curriculum, NET schedules, Kevin S. settlement documentation and CFSR Final reports to assess quality and capacity of training. • Interviewed caseworkers, workforce development staff and OPA staff.	Currently available training opportunities for caseworker staff are not sufficient (known gaps exist) and staff feel underprepared to perform in their role. Interviews, CFSR, and the Kevin S. settlement indicate training as a large area needing improvement. After NET, there are no required trainings to solidify skillset for core functions or new processes. There is no supervisor training required when someone is promoted. Qualitative evidence points to the fact that NET is insufficient, training is not revisited periodically, supervisor training is non-existent, and the training culture is reactive and lacking in coordination	• Develop additional required trainings for supervisors and existing employees. • Follow a phased timeline to implement new training opportunities, prioritizing areas related to compliance followed by national standards and best practices. • Align supplemental training with performance deficiencies outlined in Kevin S. settlement and CFSR areas of improvement. • Consider opportunities to engage a training partner to redesign a comprehensive training program. • Use the Learning Management System (LMS) to monitor progress and drive accountability.	▪ Staff already overwhelmed with large caseload may see training modules as an added burden. ▪ Training cannot precisely replicate on-the-job experiences and therefore will not make up for lack of supervision or on the job supports.
Retention & Workplace Culture	• Analyzed data related to personnel (turnover, vacancy rates) • Interviewed caseworkers, supervisors, and workforce development staff.	CYFD has experienced very significant turnover with over 50 percent of separations occurring within 1 year of employment. This is particularly evident with caseworkers, many of whom leave within the first few months of employment. • Within the past 3 years, 35% of all separations for field worker positions occurred within the first 6 months of employment. • Over 40% of new hires in FY25 did not complete the probationary period, and CYFD experienced very significant turnover at 19.7%.	• Increase year one supports to new hires to boost retention. Including but not limited to peer support / buddy systems, resource groups and additional training/development opportunities. • Utilize tools like National Child Welfare Workforce Institute's Comprehensive Organizational Health Assessment to better understand workforce needs • Develop competency-based job descriptions and career roadmaps.	▪ Retention challenges may be related to overall staffing levels and workloads.

CYFD Workforce Development | Finding – High Caseloads

CYFD's caseworkers currently have very high caseloads many of which are often far more than CWLA standards and Kevin S. thresholds. High caseloads can feel unmanageable for staff and contribute to burnout.

Findings Discussion

Caseloads remain high across the state with the issue particularly concentrated in the larger counties such as Bernalillo.

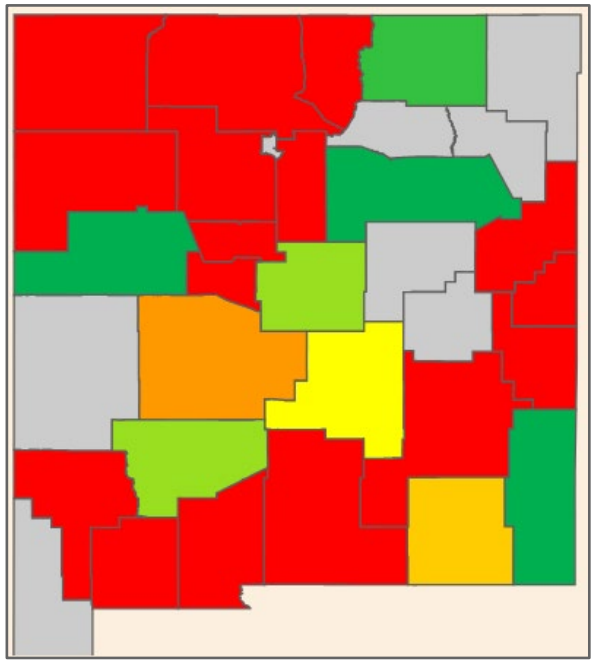
- There were only 3 counties which met the Kevin S caseload standards for investigations.
- As of August 2025, There were 16 counties with an investigation caseload count over the Kevin S Caseload maximum threshold levels. 12 of these counties had caseload levels which were more than double the Kevin S caseload threshold.
- For Bernalillo county, the count of primary cases over the Kevin S 100% threshold for investigations, permanency and placement were 529, 404 and 249, respectively.
- High staff turnover limits CYFD's ability to redistribute these caseloads, as many new hires may leave prior to being able to manage a full caseload.

Although the EPMO dashboard provides useful data on caseloads, the infrequent update cadence limit usefulness for field staff.

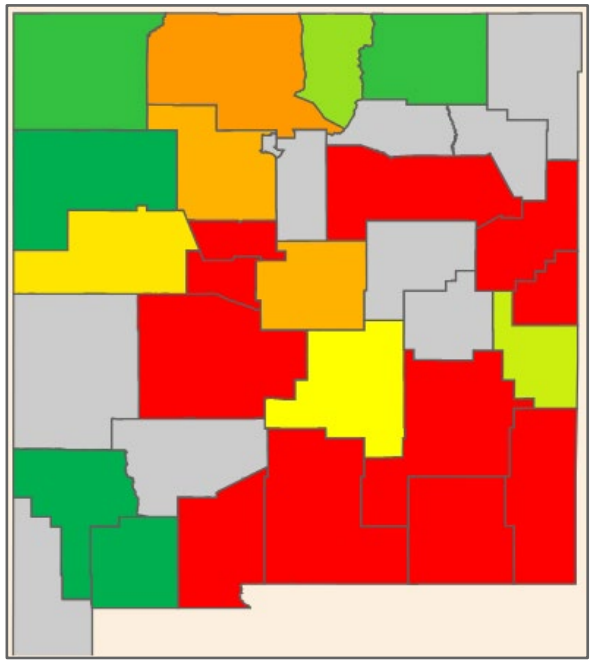
- The EPMO Caseload Dashboard is only updated twice a month, this lack of real-time data limits the utility for staff.
- Usage of the EPMO dashboard is low, averaging less than 10 unique viewers per day.

Caseloads by County, FY25[1]
(100% Kevin S Requirement Compliance)

Investigations



Permanency



1 EPMO Caseload Dashboard: Primary and Secondary Assignments

CYFD Workforce Development | Finding – Timeline to Hire

CYFD's current hiring process is long and administratively burdensome as reported by staff. An extended hiring processes can lead to the loss of qualified candidates, limiting ability to achieve Kevin S. caseload targets and negatively impacting outcomes for children and families.

Findings Discussion

Although investments have been made to expedite hiring process, the current hiring process remains long, and administratively burdensome.

- In FY25, it took CYFD **62 days on average** to fill a position, more than double the State's goal of under 30 days.[1]
- CYFD recently made impactful adjustments to the hiring process such as reducing the required amount of time a posting must be active before pulling a list of candidates.

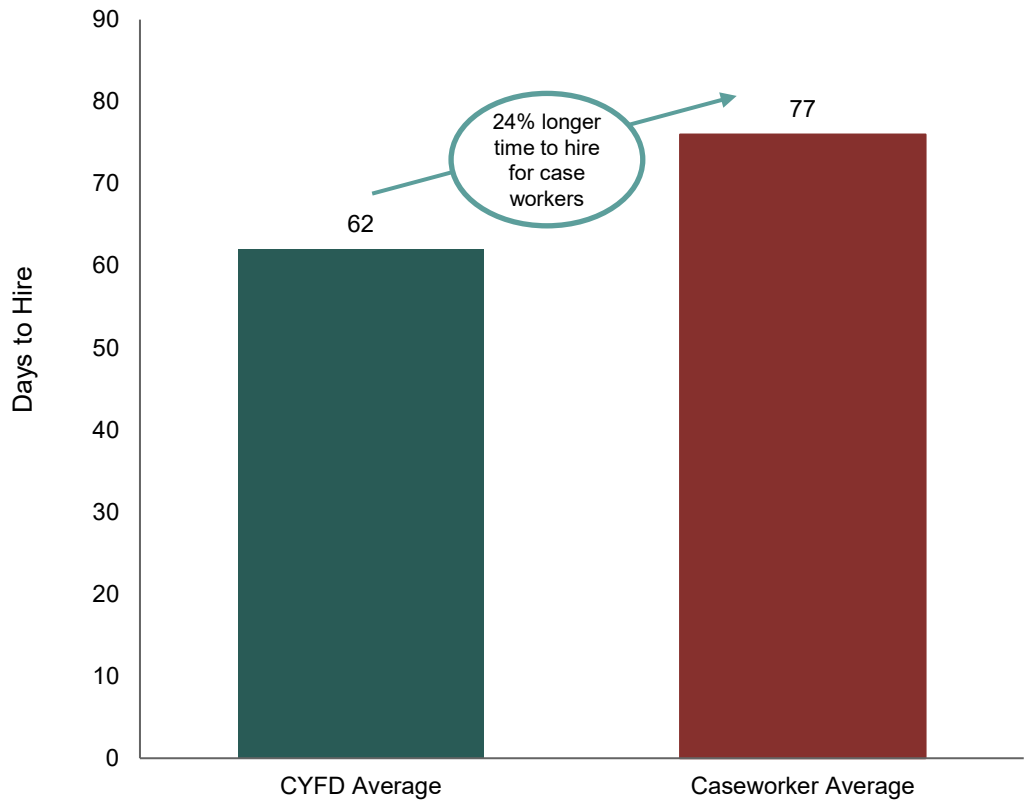
The extended application life cycle is particularly long for case worker positions, which significantly limits the ability to redistribute caseloads

- The average time to hire for case worker positions in FY25 was 77 days, which is 24% higher than the CYFD average across all positions within the same period.
- The most qualified candidates may be lost to other employment opportunities while waiting on their CYFD hiring process
- Additional delays may exist based upon the schedule of New Employee Training (NET).

While CYFD has access to data on overall time-to-hire data via SPO dashboard, individual application processes are tracked via a series of manual spreadsheets

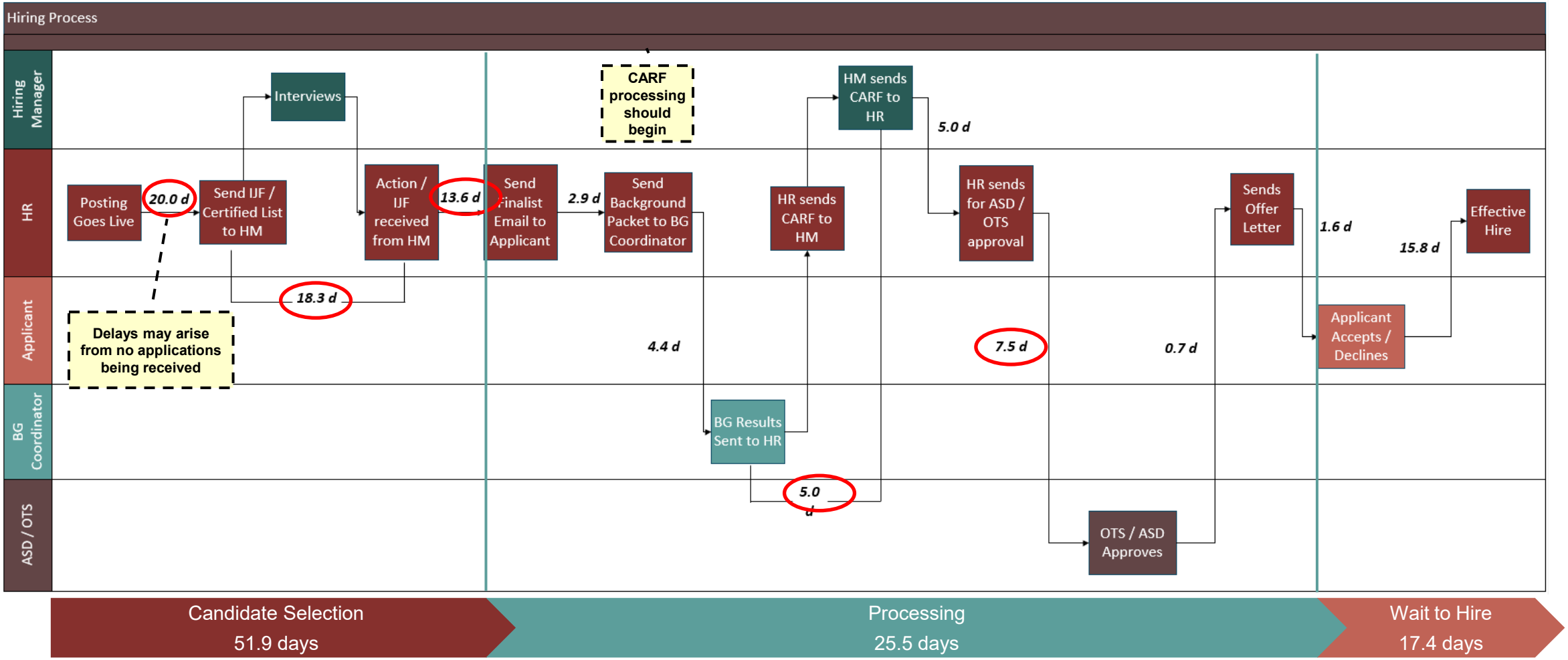
- These spreadsheets are poorly maintained, and accuracy of data is contingent upon the diligence and consistency of staff responsible for data entry.
- Inconsistent use of the spreadsheets limit visibility of potential bottlenecks within the application process.
- 75% of data entries for case worker positions had incomplete or missing data points at one or more steps in the application tracking sheet.

Average Time to Hire by Position Type, FY25



1 Provided by SPO Key Metrics Dashboard

CYFD Workforce Development | Current State Hiring Process



**Number of days between steps is based on averages for case workers*

= potential bottlenecks

Workforce Capacity & Development Recommendations: Sample Surge Hire Timeline

CYFD has been appropriated funding to hire an additional 101 people within the year. To re-baseline staffing levels and communicate that help is coming, CYFD should pursue a time limited surge hiring effort (3 to 4 months) using a compressed timeline, as illustrated below.

The Goal

Make **101*** net hires within **1** year, using **$10M** allowance allocated by the legislature.

**may need to hire 170+ individuals given current attrition for caseworker positions.*

How?

- A hiring period with full-time, dedicated resources
- Representative hiring panels, consisting of hiring managers, supervisors, and peers
- Leverage additional scheduled NET trainings in Oct & November to quickly onboard new hires
- A return to normal but improved hiring post-surge, reducing the quantity of hiring while maintaining speed

September 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1 Surge Hire Preparation	2	3	4	5	6
7	8 Job Posted	9	10	11 List Pulled (if Applicants Available) ★	12 Interview Scheduling	13
14	15 Interviews	16	17	18 HM sends IJF to HR	19 Finalist email, BG packet & CARF sent	20
21	22 BG Coordinator Returns Packet	23 HM Returns CARF to HR	24 Sends for ASD / OTS Approval	25 ASD / OTS Approves	26 HR Sends Offer Letter	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11 State Payroll Hire Date

Key:

HR | Hiring Manager | BG Coordinator | ASD / OTS | ★ Weekly Recurring

Sample Surge Hire Timeline – Net Schedule

CYFD can leverage the increased cadence of New Employee Training (NET) during November and October to quickly onboard any new hires from the surge effort.

October 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6 NET Training	7	8	9	10	11 State Payroll Hire Date
12	13	14	15	16	17	18
19	20 NET Training	21	22	23	24	25 State Payroll Hire Date
26	27	28	29	30	31	

November 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 NET Training	4	5	6	7	8 State Payroll Hire Date
9	10	11	12	13	14	15
16	17 NET Training	18	19	20	21	22 State Payroll Hire Date
23	24	25	26	27	28	29
30						

CYFD Workforce Development | Finding – Retention Challenges

Insufficient training, high caseloads and a lack of support resources contribute to increased burnout and high turnover at CYFD. Minimizing turnover will be essential to addressing other challenges faced by CYFD such reaching staffing levels required by Kevin S Settlement.

Findings Discussion

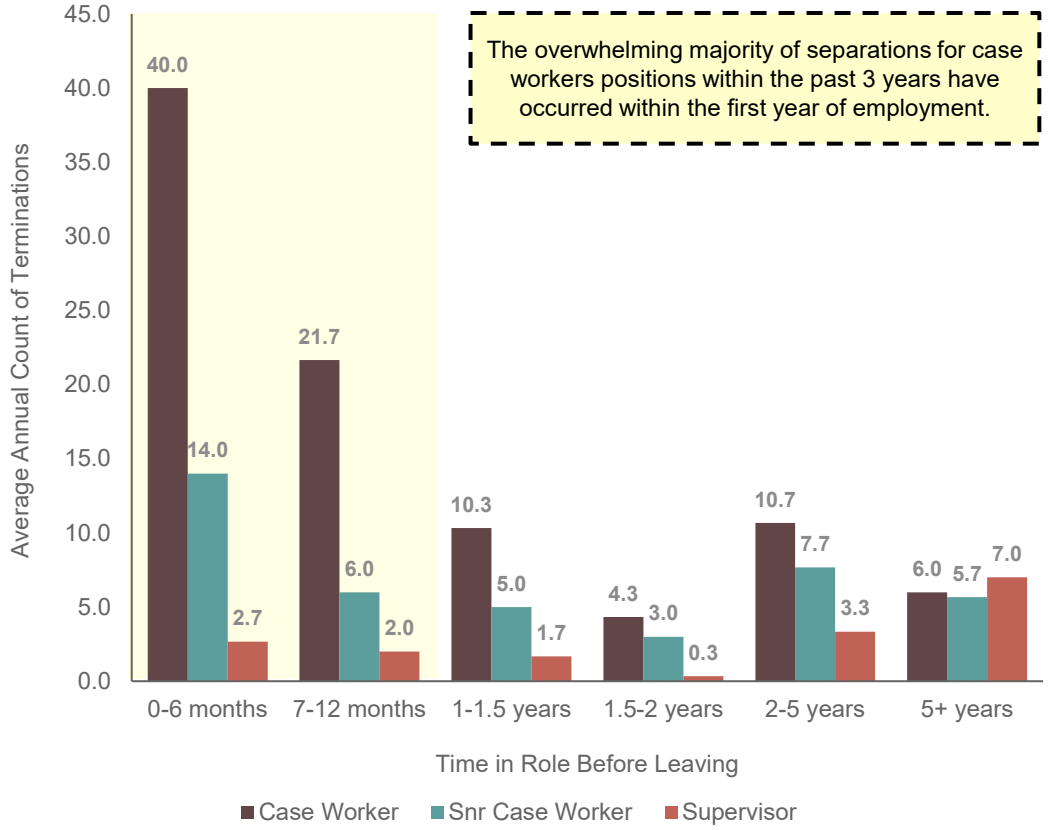
CYFD experienced very significant turnover.

- **CYFD experienced a high turnover rate**, with 19.7% of staff leaving their position in FY25.[1] Caseworkers, Senior Caseworkers and Supervisor positions within CYFD saw an even higher turnover at 30%.[2] This significant attrition has been linked to high caseloads, inefficient support and burnout which undermines service continuity and quality of care provided to children and families.
- **Turnover is particularly high for key field staff within the first year of and employment.** 66% of all separations for case workers over the past 3 years occurred within a year of employment, and 43% within the first 6 months.[2]
- **Staff turnover is a cause of even more staff turnover**. When staff leave, it puts more stress and strain on remaining staff by elevating their case load. This causes even more burnout and leads to additional turnover, creating a vicious cycle and a recruitment workload that is difficult to manage.

Case worker positions are particularly susceptible to secondary trauma and CYFD employees feel that they lack proper supports, contributing to retention challenges.

- A 2022 comprehensive survey by the Division of Performance and Accountability identified self-care as the highest rated priority amongst CYFD staff.[3]
- Critical Incident Stress Management (CISM) program and Resiliency / Self-Care Manual established within the 2023 Workforce Development Plan have yet to be implemented.
- One interviewee stated that she has had to step in as an informal therapist for many staff members as there is not appropriate access to resources for managing secondary trauma.

Average Yearly Non-Retirement Separations by Tenure[2]



1 Provided by SPO Key Metrics Dashboard
2 FY22 – FY25 Separations Dataset Provided by CYFD HR
3 Workforce Development Plan, New Mexico CYFD

Current Training Challenges

The CFSR 2025 Final Report and Kevin S. Settlement identified training gaps in both new employee training and ongoing staff training. Interviews confirmed these concerns, while also highlighting the lack of coordination and reactive nature of training at CYFD.

CFSR 2025 Final Report Training Assessment

The CFSR 2025 Final Report identified the following deficiencies in initial and ongoing training:

- Initial Staff Training (Item 26)
  - New Mexico received an overall rating of Area Needing Improvement.
  - Information reported indicates that the initial required training is not routinely completed in a timely manner and there are challenges in ensuring that training provides new case management staff with the knowledge and skills needed to assume their duties.
- Ongoing Staff Training (Item 27)
  - New Mexico received an overall rating of Area Needing Improvement.
  - It is unclear how any ongoing training received by staff addresses the skills and knowledge needed to carry out their supervisory and case management duties. In addition, it was reported that high caseloads due to worker turnover and vacancies prevent staff from participating in the extensive array of ongoing training opportunities for case management staff and supervisors that New Mexico has available.

Kevin S. Settlement Employee Training Requirements

The Kevin S Settlement includes the following training related initiatives as target outcomes:

- Trama-Responsive Training
  - By December 1, 2021, all CYFD employees should receive the training identified in the Trauma-Responsive Training and Coaching Plan and demonstrate competency through assessments and self-reporting.
- CYFD Workforce Development Plan
  - CYFD will create a CYFD Workforce Development Plan that will ensure CYFD's workforce has adequate qualifications, expertise, skills, and numbers of personnel, invoking several training initiatives.
- ICWA Training
  - The ICWA training will cover the history and best practices of ICWA, cultural competence in social work with Native American communities, and effective engagement with New Mexico Tribes and Pueblos.
- Behavioral Health Training
  - By December 1, 2021, HSD or its designees will offer incentives for providers to receive professional, experiential training in trauma-responsive services and therapies, ensuring alignment with best practices and adult education standards.

According to Interviews

NET requires 2 weeks in person in Alburquerque, which is a big ask if you are a caretaker. NET can feel pointless and insufficient, with most of the learning happening by watching senior staff.

There is no specific supervisor training, and many people are moved up to supervisor without actually knowing how to supervise due to staff vacancies.

"We have not had a coordinated, well-defined training program that specifies who needs what by role".

"Training seems to come as a solution for a tragedy or crisis rather than something to continue learning and growing. It's way too much too fast."

CYFD Workforce Development | Finding - Training

Currently available training opportunities to caseworker staff is not sufficient and known gaps exist, leading staff to feel underprepared to perform in their role.

Findings Discussion

Employees reported that NET trainings are not applicable to the on-the-job experience

- Outside of general information, there is not extensive position-specific information provided during NET.
- There are key requirements of caseworker responsibilities that are not included in NET training. CAT/CANS training in provided as a component of NET, but its relevance is not integrated throughout the training.
- Training documents appear to capture necessary soft skills, with less attention to specific CYFD tools and procedures.

After NET, there are no required trainings to solidify skill for core functions or new processes.

- Reinforcement training for areas noted as deficient in data, the Kevin S. Settlement, or other analyses is not required.
- There is no functional cross-training to prepare caseworkers to transition between roles.
- As new directives or processes are announced, there is no training to support implementation and adoption
- The CFSR Final Report for 2025 noted Ongoing Staff Training as an area in need of improvement.

There is no supervisor training required when an individual is promoted

- The supervisor role requires management skills to support caseworkers in navigating complexities of their role. While there are some on-demand trainings available, there is nothing that is required.
- Having a strong supervisor is noted as a key factor in driving caseworker retention.

Non-field workers lack understanding of case management

- There are no required trainings for internal staff on case management, despite their jobs and responsibilities heavily interacting with the case management process

Case Management Training Summary

Field Staff:

Caseworkers

NET, including two week in-person training. No required supplemental training.

Supervisors

No required training.

Managers

No required training.

Non-Field Staff:

Internal Staff

No training required on case management process.

CYFD Workforce Development | Finding – Training Gaps (Example)

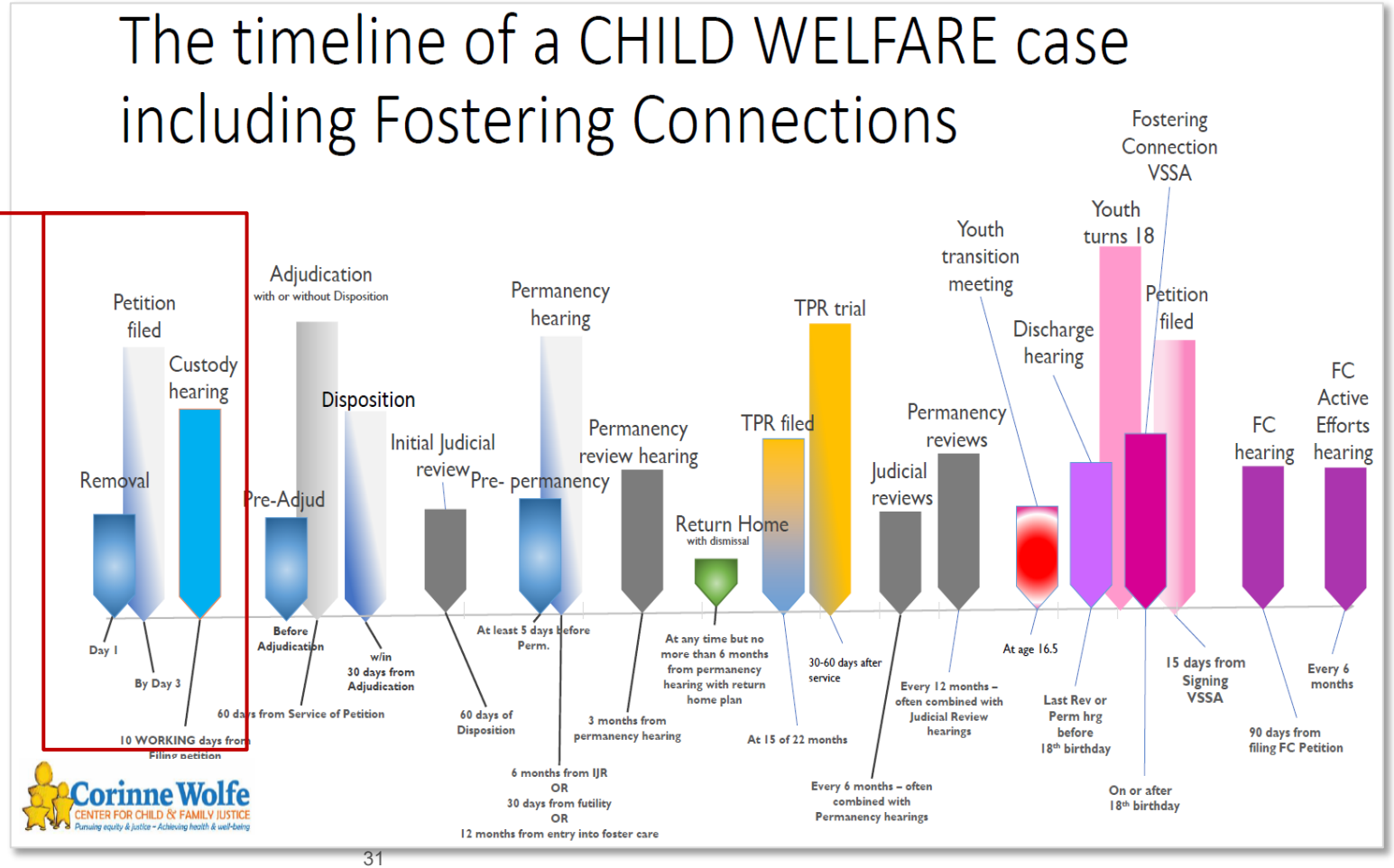
Training is fragmented. Some key resources, like this handout, do not show how multiple impactful steps fit together. Assessments are not shown on the timeline, nor how and when service referrals should fit in.

Training Excerpt | Timeline of a Child Welfare Case Training Handout

The CAT-CANS is not included in the steps shown before a custody hearing.

There are not milestones for assessment completion shown in the entirety of the timeline.

Additional CAT-CANS training is offered that does include deadlines. However, these deadlines are not reflected throughout and well-integrated into trainings.



CYFD Workforce Development | Recommendation Summary – Training Enhancements

A&M recommends that CYFD enhance the current training program to address performance deficiencies and incorporate required training for supervisors and existing employees, while aligning best practices in child welfare with those of training and development.

Suggested Approach to Training Enhancements

1. **Follow a Phased Timeline to Implement Training Opportunities.** As CYFD explores opportunities to enhance training, areas that are related to compliance should be prioritized before shifting focus to align with best practices.

2. **Align supplemental training with performance deficiencies.** CYFD should identify supplemental training that addresses areas where staff are experiencing the greatest performance challenges. Training should address Kevin S. settlement requirements and CFSR areas of improvement.

3. **Develop Training for Supervisors and Existing Employees.** Strong supervisors are a key factor in driving employee performance and retention. CYFD should develop training for aspiring and/or new supervisors to provide skillsets to required to cultivate and coach caseworkers. CYFD should also develop a learning plan for existing employees that serves as a refresher on key content and areas identified as needing improvement through supervision.

4. **Consider opportunities to engage a training partner to redesign a comprehensive training program**. Given the constant evolution in child welfare and adult learning principles, CYFD should consider engaging a training partner (e.g., higher education institution, professional association, etc.) to design a comprehensive training program that aligns with best practices across positions and levels.

5. **Use the Learning Management System (LMS) to monitor progress and drive accountability.** CYFD should incorporate tracking and monitoring of training progress for ongoing refreshers, process changes, and development needs in the LMS and align training with the performance management process to drive accountability.

Summary Timeline to Implement Training Enhancements:

Resources to Support Training

- University of Denver, Butler Institute for Families – Assessing Your Training System
- Foundations of Supervision – University of Pittsburgh / Pennsylvania Child Welfare Resource Center
- Supervising for Excellence and Success – Child Welfare League of America
- National Child Welfare Workforce Institute – A Comprehensive Workforce Strategy to Advance Workforce Outcomes

CYFD Workforce Development | Recommendations Summary - Retention

To improve retention amongst key field position staff, CYFD should consider providing incentives and increasing supports to new hires during their first year of employment.

Suggested approach to addressing retention challenges

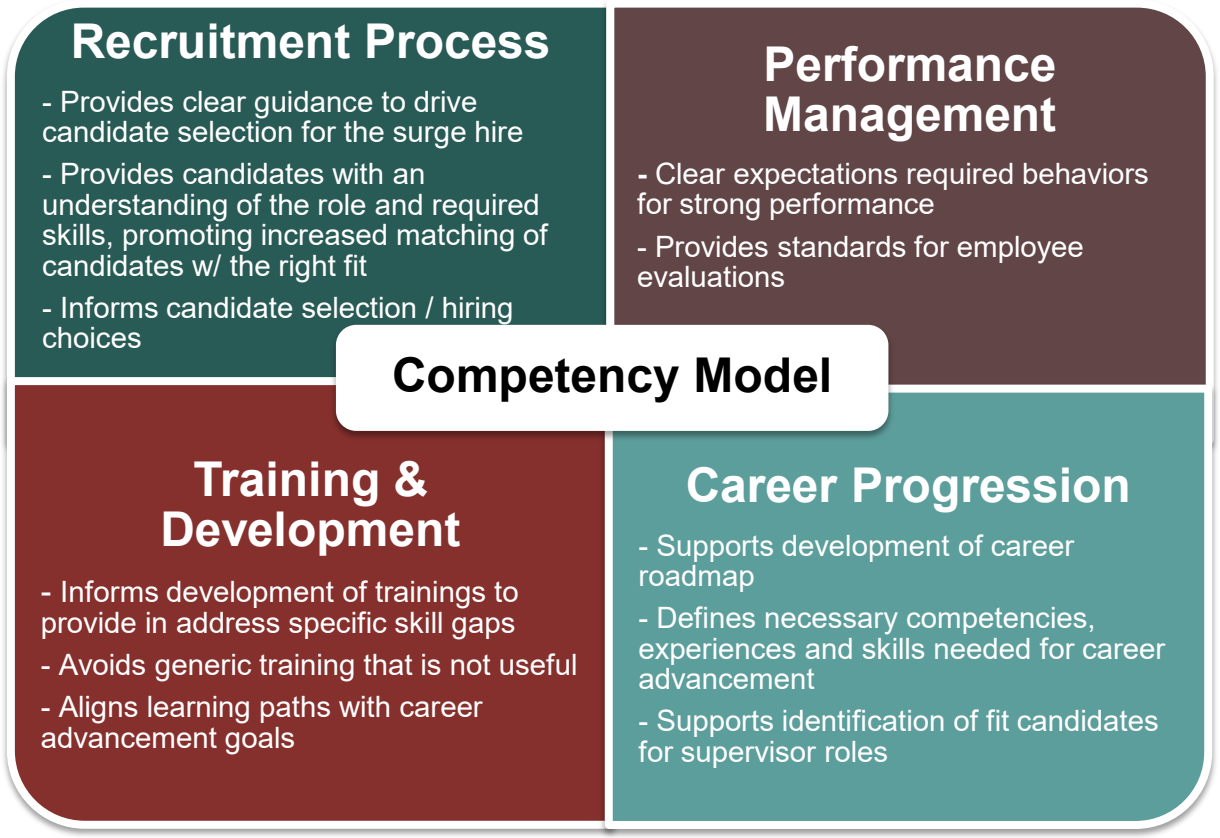
1. **Increase Year One Supports to New Hires.** CYFD should consider surrounding first year new hires with additional supports to boost retention. These may include things such as peer support /buddy systems, resource groups and additional training/development opportunities.

2. **Utilize Tools to Develop Understanding of Workforce Needs.** CYFD should consider to utilize tools such as the Comprehensive Organizational Health Assessment (COHA) by the Butler Institute for Families, a mixed-method tool developed specifically for child welfare to assess workforce issues and root causes of turnover.[1]

3. **Implement Competency Based Hiring.** CYFD should consider adjusting to a competency-based hiring approach which focuses on the skills, knowledge, competencies and behaviors needed for successful performance. The competency model can be used for selecting hires, managing performance, and career progression tracking.

4. **Develop a Career Roadmap.** CYFD should develop a clear career roadmap to detail required experience, trainings, competencies and qualifications needed for career advancement and improve retention.

Benefits of Competency Framework on Workforce



1 Comprehensive Organizational Health Assessment (COHA) by University of Denver's Butler Institute for Families

Operations and Administration

Operations and Administration Summary

CATEGORY	APPROACH	OBSERVATIONS	RECOMMENDATIONS	IMPLEMENTATION RISKS & CONSIDERATIONS
Project Management & Change Management	• Catalogued CYFD initiatives that were reported to be in-progress throughout informational interviews. • Collected information about status and reviewed some project management documentation.	• Current initiative volume likely exceeds CYFD's capacity for change. • Staff express concern about the variety and volume of projects, and implementation of these changes has not been widely successful. • There is little evidence of change management practices being applied throughout the implementation process of these initiatives.	• Prioritize initiatives. • Begin using standard project management practices that include regular report outs across levels. • Begin using standard change management practices. • Observe staff and organizational capacity for change and make adjustments as necessary to reduce initiative burden.	• Disruption to in-progress work. • Difficulty of developing a cohesive strategy in a high-stakes environment. • Organizational capacity for change.

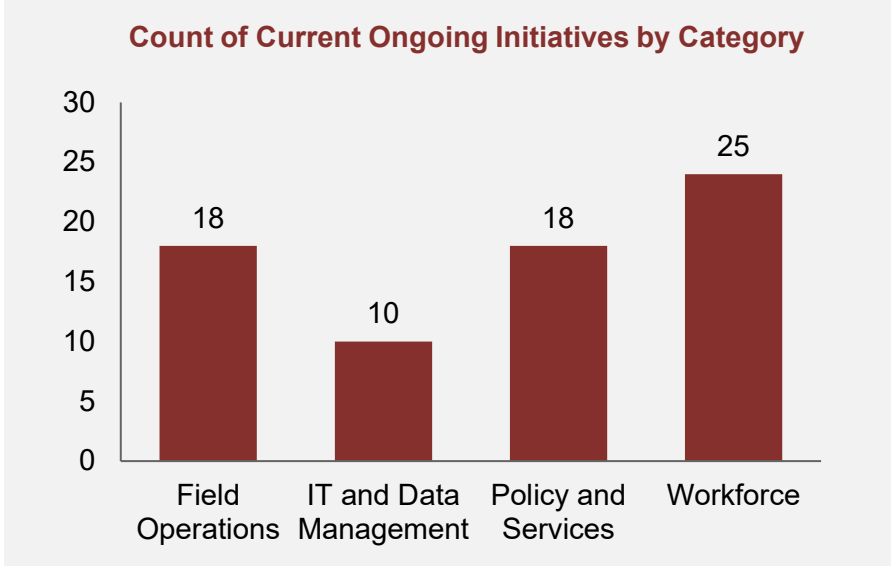
CYFD Operations and Administration | Finding - Project and Change Management

CYFD is currently operating with a high volume of ongoing initiatives that are not all tracked to promote priority alignment, effective use of resources, and risk mitigation. Resulting project delays and incomplete implementation were reported by CYFD staff.

Findings Discussion

Current initiative volume likely exceeds CYFD's capacity for change.

- CYFD is currently pursuing **60+** planned or in-progress initiatives. Initiatives were documented from informational interviews, review of the Kevin S settlement workforce development plan, and review of the most recent APSR report.
- An example of a current initiative is the NM Impact project, a large IT upgrade to CYFD's case management system. Another is Foster Care Plus, an initiative intended to fill the gap between regular foster care and treatment foster care.
- A&M received limited documentation that indicates that industry-standard project management practices are pervasive throughout the organization. Some documentation, such as status reports and project timelines, do exist for certain IT initiatives.



Staff express concern about the variety and volume of projects, and implementation of these changes has not been widely successful.

- One interviewee shared that she feels there is no strategy guiding her work, and that people within the organization do not understand the status (or point) or various efforts.
- Several interviewees described a **reactive, rather than strategic**, culture.
- Many interviewees expressed feeling overwhelmed by the number of in-process changes, unsure how these changes would impact their work.

There is little evidence of change management practices being applied throughout the implementation process of these initiatives.

- An interviewee shared they had never observed an organization with less regard for change management.
- A field worker remarked on the variety of ways that information is shared throughout the organization and stated that it was challenging to keep up with the latest directives due to the disparate communication channels.

CYFD Current Initiatives Map

Status Key

- Underway, No concerns Raised
- Underway, Concerns Raised or Delays Reported
- Not yet underway
- On Pause

Category Key

- Field Operations
- Policy and Services
- Workforce
- IT and Data Management

Strategic Initiatives

- SB 42 Rationalization
- Kevin S Response Team
- Outstanding Orders for Non-Compliance
- Roll-Out of Turquoise Plan
- 18-Month Plan
- Family First Plan

Data / Tech Improvements

- EPMO Dashboard Initiative
- Network Bandwidth Increase
- Local office Wi-Fi upgrades
- Screening Tool Rollout / Update

Other

- Strikeforce Projects
- More Detailed Accounting Practices
- New DOH Project (CARA)

Organizational Design

- Stand Up Policy Unit
- Stand Up FS Unit
- Consolidation of Data Analysts in IT Shop

Case Management System

- NM Impact Training
- NM Impact

Pilot Projects/ Investments

- Children's BH Expansion Project
- Safety Planning Consultation
- Summer 2025 Adoption Initiative

Placement & Service Continuum

- TFC Rejection Analysis
- U of NM Network Capacity Assessment
- Foster Care Plus
- Custody of Substance Exposed Newborns
- Rate Setting & Peer Comparison
- IPM Rollout to Investigations
- In-State Step Down Options
- New Step-Down Opening
- Mobile Crisis System
- Wellcare Visit App
- Community Provider Agreements

Casework Protocols

- Family Connections
- Safe & Together Model
- Quality Parenting Initiative
- CFSR PIP
- Individualized Planning Process
- Contracted Resource Family Management
- Graduated Caseloads
- MOU w/ Sub. Advisory Council
- CANS and SDM Implementation
- Quality Assurance IEP / CIR Process
- Resource Family Training Shift
- Multi-Level Response roll out
- Contract with Clear Path
- Resource Family Retention Initiatives

Workforce

**indicates initiatives from WF Development plan in Kevin S Settlement*

- *Leadership Mentorship Program Pilot
- *Establish Hiring Protocol Workgroup
- VR Training
- Revise Trauma Training
- *Data-Driven Excellence Program
- *Realistic Job Previews Task Force
- Master Training Plan
- *Plan to Specialize Placement Staff
- *Systems of Care Navigation Training
- U of NM Highlands Training Partnership
- *Set meeting series with IV-E Stipend Partners
- *Critical Incident Stress Management Kickoff
- Southwestern College Training Initiative
- *Higher Ed Listening Tour
- *County Retention Plans
- Onboarding Supports for Supervisors
- *Leadership Development Program
- *County Recruitment Plans
- Stay Interview Initiative
- *Resiliency and Self Care Manual
- Recruitment Streamlining Efforts
- New Employee Training Improvements
- *Role Specific Mentoring and Manuals
- QSR Contract & Training
- Recruitment Workgroup

CYFD Project and Change Management | Recommendations Summary

To improve strategic allocation of resources and reduce internal confusion, A&M recommends that CYFD begin to implement project management and change management practices including initiative prioritization and tracking.

Suggested Approach to Prioritization

1. **Compliance.** CYFD should identify the initiatives that are directly related to compliance with a federal standard or the Kevin S settlement. The initiatives should be categorized as high-priority.
2. **High- Impact Triage.** CYFD should also identify the initiatives that are high-impact to the service system or to the CYFD workforce. These initiatives should also be categorized as high-priority. CYFD leadership should make sure that Deputy directors throughout the organization understand these initiatives and how they may impact their work.
3. **Level of Effort and Impact Matrix.** For further prioritization, CYFD should use a matrix or similar approach.

Suggested Approach to Tracking & Communications

1. **Portfolio Project Management Structure.** CYFD should group projects by topic area and consolidate duplicative or overlapping initiatives.
2. **Assign Leads and Set Expectations.** CYFD leadership should assign leads to each initiative and work with leads to outline scope and deadlines.
3. **Establish Project Management Tools and Ongoing Monitoring Approach.** CYFD should begin tracking project progress and regularly disseminate project updates throughout the organization. CYFD should use tools like project plans and risk logs.

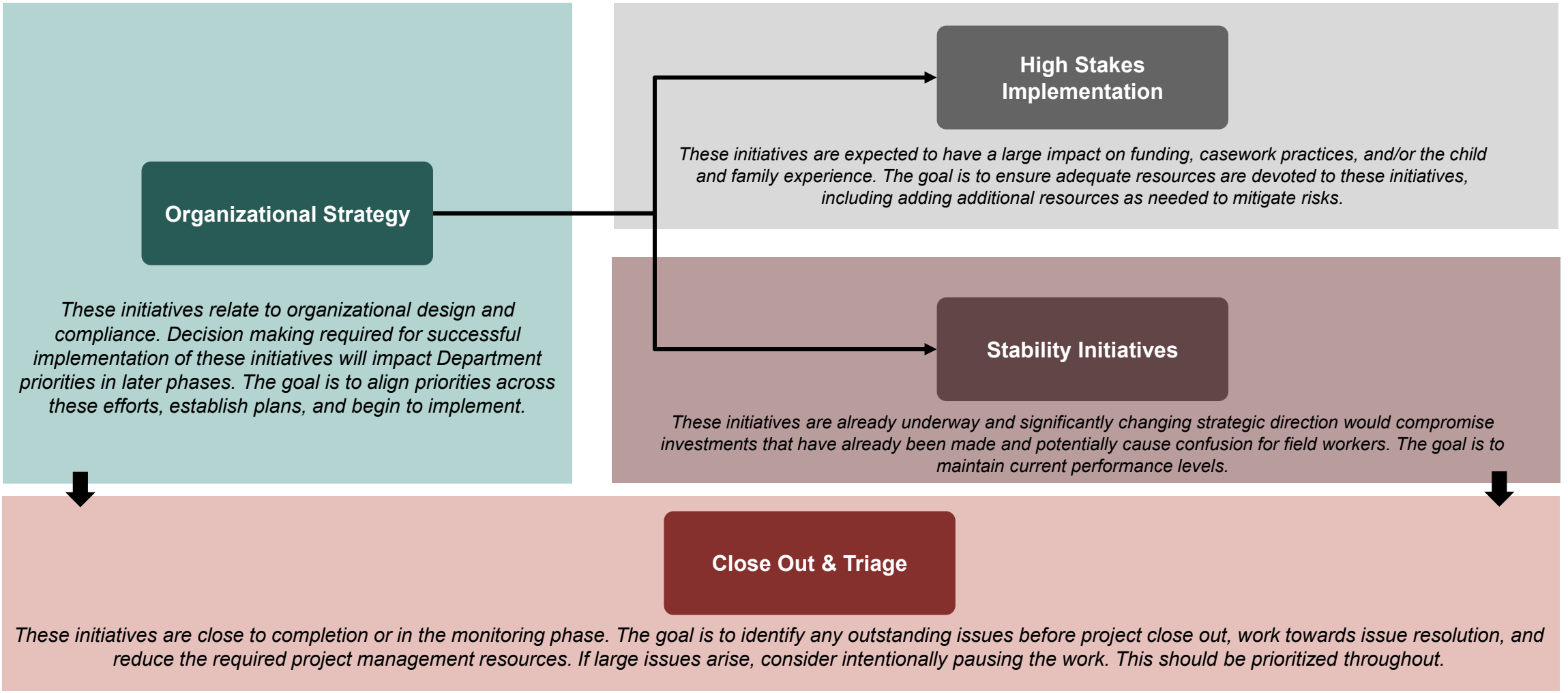
Suggested Approach to Capacity Management

1. **Project Management Resource Evaluation.** CYFD should assess its current project management resources and adjust prioritization based on resource availability.
2. **Constraint-Based Approach.** CYFD should adjust resources as needed and avoid taking on additional special project work.

Suggested Approach to Change Management

1. **Change Management Plan:** CYFD should work within a change management plan, such as A&M's proposed 5-step plan (informed by Prosci™).
2. **Change Continuum:** CYFD should prioritize change management activities based on A&M's assessment of which parts of the change continuum warrant the most attention.

Proposed Prioritization Approach



Baseline Prioritization Strategy

A&M proposes this approach to initiative consolidation and prioritization. CYFD leadership should collaboratively review and adjust these priorities based on Department goals.

Organizational Strategy

Consolidate into "FY26 Strategy"

- CFSR PIP
- SB 42 Rationalization

Consolidate into "Resource Family Strategy"

- Contracted Resource Family Management
- Resource Family Retention Initiatives
- Resource Family Training Shift

Consolidate into "Kevin S Governance"

- Kevin S Response Team
- Outstanding Orders for Non-Compliance

High Stakes Implementation

Consolidate into "Continuum Investments"

- TFC Rejection Analysis
- Children's BH Expansion Project
- Roll-Out of Turquoise Plan
- In-State Step Down Options

- Custody of Substance Exposed Newborns
- CANS and SDM Implementation
- NM Impact & Training
- *Resiliency and Self Care Manual (**KS**)
- New Employee Training Improvements
- Stand Up FS Unit
- Surge Hire
- Improve Service Access Connections
- Provider network expansion

Stability Initiatives

- IPM Rollout to Investigations
- Individualized Planning Process
- Screening Tool Rollout / Update
- Strikeforce Projects
- Family Connections
- Recruitment Streamlining Efforts

Close Out & Triage

- Consolidation of Data Analysts in IT Shop
- Network Bandwidth Increase
- U of NM Network Capacity Assessment
- Wellcare Visit App
- Summer 2025 Adoption Initiative
- Local office Wi-Fi upgrades
- More Detailed Accounting Practices
- Family First Plan
- New Step-Down Opening
- New DOH Project

Category Key

- Field Operations
- Policy and Services
- Workforce
- IT and Data Management
- Alignment with Recommendations

Status Key

- Underway, No concerns Raised
- Underway, Concerns Raised or Delays Reported
- Not yet underway
- On Pause

CYFD Project Management | Project Tracking & Communications

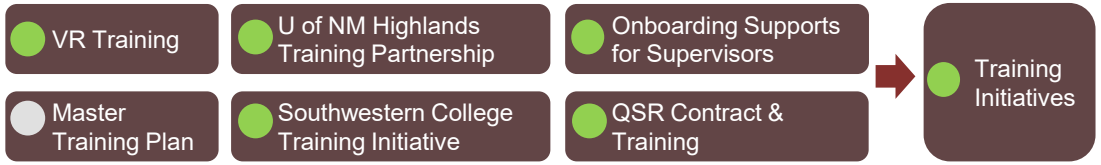
Project Management Steps

1. **Portfolio Project Management Structure.** CYFD should group projects by topic area and consolidate duplicative initiatives.

2. **Assign Leads and Set Expectations.** CYFD leadership should assign leads to each initiative and work with leads to outline scope and deadlines. CYFD should also establish an overall project management lead (could be a team).

3. **Establish Project Management Tools and Ongoing Monitoring Approach.** CYFD should begin tracking project progress using tools like project plans and regularly disseminate project updates throughout the organization.

Sample



Workstream	Initiative	Team Lead	PMO Lead	Key Metric	Target Completion Date	Status
Training	New Supervisor Training	To be discussed	To be discussed	Training evaluations	--/--/----	G

Governance Meeting	Attendee List	Cadence
Monthly Leadership Update	To be discussed	First Friday of the Month
Weekly Director's Office Meetings	To be discussed	Repeats Weekly
Weekly Project Lead Meetings	To be discussed	Repeats Weekly
Weekly Project Team Meetings	To be discussed	Cadence Determined by Initiative Specifics

CYFD Project Management and Change Management | Capacity Management

A&M recommends that CYFD assess organizational capacity for project management/ special project work and begin to cyclically adjust priorities based on resource constraints. Throughout this process, CYFD should apply change management tools, such as assessments of the complexity of the change and the organization's readiness for change, to help determine the resources needed.

Assess Capacity

CYFD leadership and deputies should develop a shared understanding of how much initiative work, above and beyond day-to-day work, the organization can take on without compromising quality.

Consider:

- Contracted Resources
- Project Management Resources
- Subject-Matter Expertise
- Staff Capacity for Change Implementation
- Complexity of the Change

Manage to Capacity

Throughout the process of completing the current initiatives, the project management lead should adjust initiative priority based on the CYFD's capacity. CYFD leadership should vet new projects and proposals against resource constraints.

When initiative progress begins to stall, or implementation quality begins to decrease, CYFD should reevaluate priorities and resources and make adjustments.

CYFD Change Management | A 5-Step Plan

A&M recommends that CYFD develop change management capacity and infrastructure to support leaders and teams in navigating and adopting program changes.

Illustrative Figure | Change Management Plan Components

Assess Change	Identify Change Leaders	Assess Change Readiness	Develop Communication Plan	Develop Training Plan
• *Goal of change* • *Desired future state* • *Change complexity (scope, timeframe, impact on internal and external stakeholders, etc.)* • *Resource needs to implement change*	• *Leadership assessment (awareness, desire, knowledge, and ability)* • *Implications and interventions to support change leader development*	• *Organizational assessment of readiness for change* • *Resistance prevention and mitigation strategies*	• *Communication objectives* • *Trusted messengers* • *Key messages* • *Timeline and cadence* • *Feedback loops* • *Evaluation*	• *Engagement plan for training design* • *Planned training approach* • *Outreach plan to publicize upcoming training* • *Timing of training* • *Training support options* • *Training outcome measurement plan*

Suggested Tasks

1. Develop a change management plan that is realistic about CYFD's resources and capabilities.
2. Provide change readiness training to CYFD managers that will be leading through change.
3. Develop or use established change management surveys to assess the qualities and scale of the proposed change and direct focus for change management activities..
4. Develop a robust communication strategy anchored by the "4Ps" of the project: the project (what is the project); the purpose (why are we changing); the particulars (what are we changing); and the people (who will be changing).
5. Establish diverse feedback loops for staff to ask questions and provide input. Provide timely, transparent responses available to all staff.
6. Develop role-specific training content that builds competency and change readiness and helps to mitigate change resistance through knowledge and ability.
7. Deliver timely, diverse training to staff who will implement the changes. Provide what the audience needs (content) when they need it (timing).

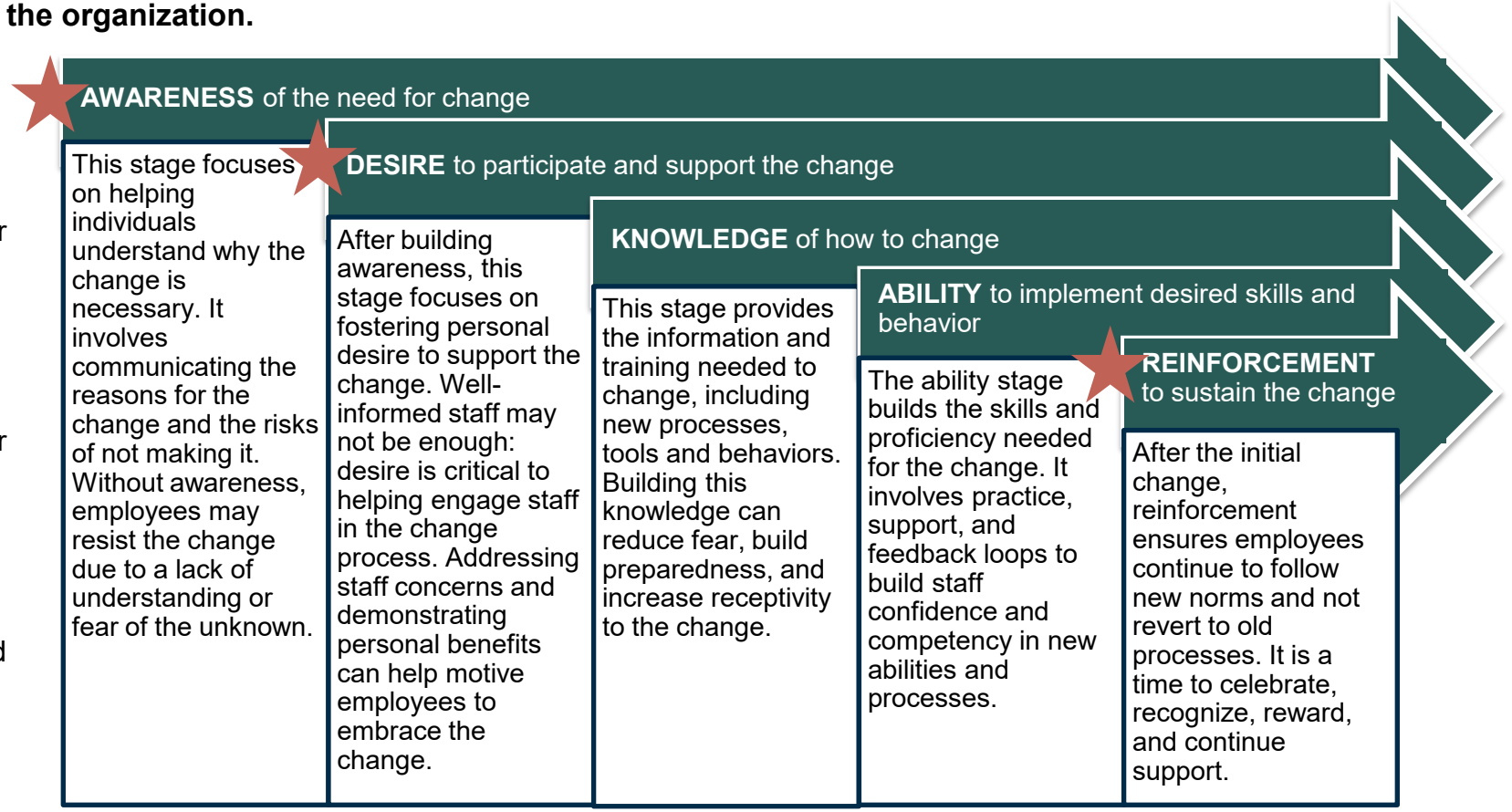
CYFD Change Management | Evaluation on the Change Continuum

The people side of change is a continuum, and CYFD's readiness to change is influenced by their awareness of the reason for the change, willingness or desire to support the change, their level of knowledge and ability to make the change, and how their changing behaviors are reinforced in their environment. Based on the perspective shared in staff interviews, A&M believes CYFD would benefit most from increased awareness, desire, and reinforcement across the organization.

What People Shared About Awareness:
"We can all feel like we understand something, but then a week later something else has changed. It can be hard to find information."
- A Field Worker

What People Shared About Desire:
"There are obstructive practices within CYFD that prevent change."
- A CYFD Policy Leader

What People Shared About Reinforcement:
"Employee evals right now are just a box checking exercise."
- A CYFD Operations Support Lead



*Quotes have been paraphrased for clarity.

Case Management and Service Access

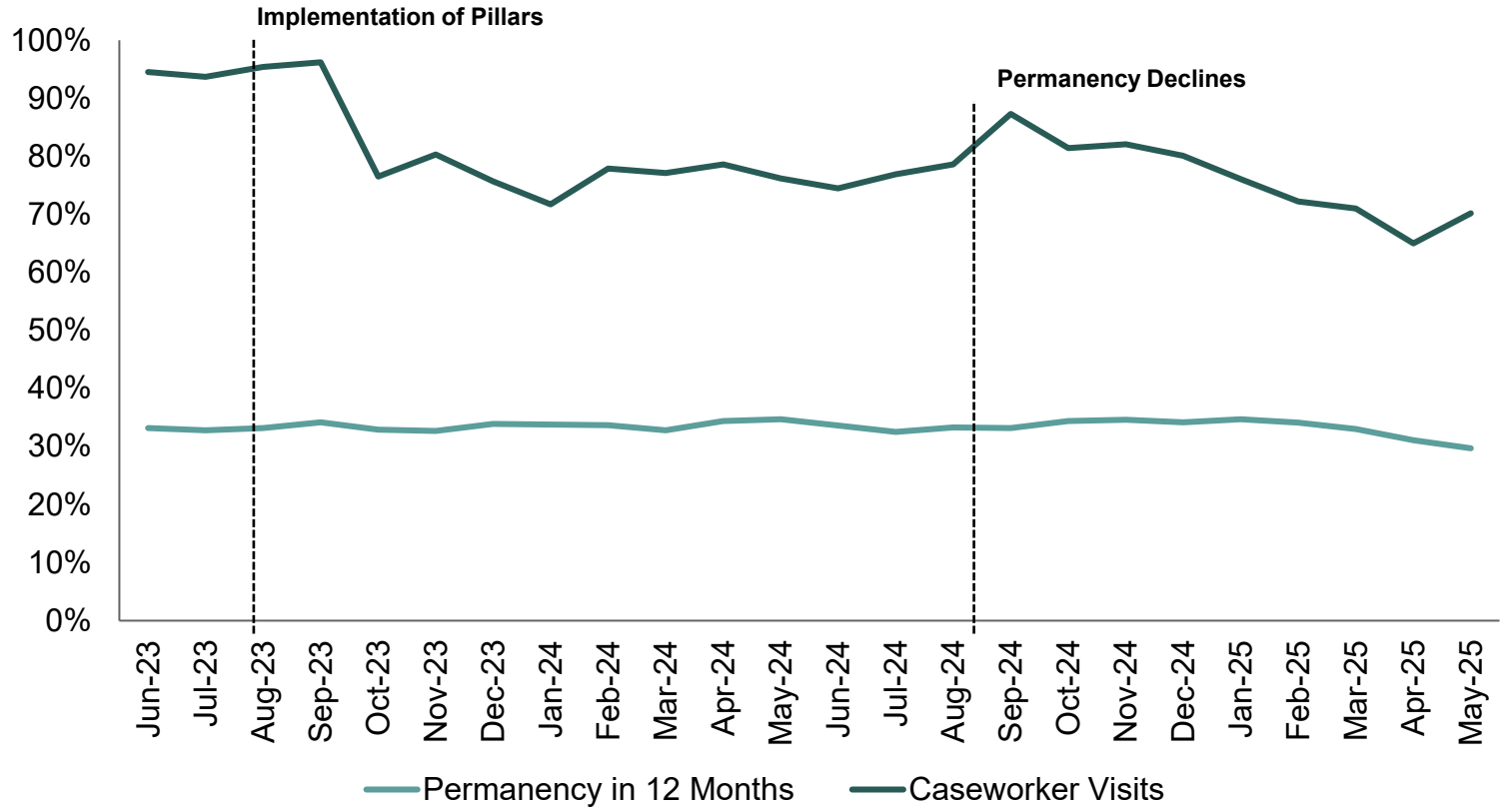
Case Management & Service Access Findings & Recommendations Summary

Approach	Findings	PRELIMINARY RECOMMENDATIONS	IMPLEMENTATION RISKS & CONSIDERATIONS
Assessments and Service Access			
Policy, Training, IT Alignment Assessment • Chose 5 casework requirements related to assessment completion. These requirements were chosen due to their impact on compliance and children/families' access to services. • Reviewed compliance data, CYFD regulations, training materials, and design requirements for NM Impact to assess alignment between implementation and expectation. **Service Availability/ Utilization Review** • Compared current placements for children in care against the child's documented level of need • Reviewed existing data related to capacity within CYFD covered services, the Kevin S. settlement and HCA policy related to Medicaid covered services.	CYFD casework activities do not consistently result in the provision of needed services or maintenance of safety. • Only 40% of staff are trained on delivering the CAT-CANS and a majority of children have not received the assessments. • Fewer than 40% of children sampled received appropriate behavioral health services. • Nearly 20% of children who experience maltreatment go on to experience reoccurrence of maltreatment within 12 months. There is lack of capacity in the system at the highest levels, thereby compressing the system and potentially causing misalignment of placement with acuity of the child.	CYFD should improve the prevalence and quality of assessment usage. • To do this, CYFD will have to launch intentional change management initiatives meant to address the barriers that currently impact completion. CYFD should pursue efforts to improve the caseworkers' ability to connect children and families to services. • To do this, provider network data and current utilization trends should be shared with case managers. • Additionally, additional analysis should be completed to identify the most impactful barriers to service access. • Practical changes to enhance coordination with MCO services should be made. Additional service capacity, such as group home and RTC-level of care should be developed.	▪ Worker burnout & increased turnover ▪ Focus on completion over quality ▪ Provider ability and buy-in
Structure & Processes			
Casework Performance Metrics Review • Reviewed existing data related to casework performance included in CYFD's most recent CSFR report, Kevin S settlement report, and "13-month" reports. • Visualized trends over time and relationships between variables related to casework, such as permanency. **Process Evaluation** • Reviewed CYFD permanency procedures and related materials and compared the documented process with the approach described to A&M in staff interviews.	As implemented, the pillar structure is not well understood, and staff report that it has led to tension regarding roles. Potential inefficiencies in role assignments between CBHCs, care coordinators, and CYFD case managers may negatively impact service provision. Limited real-time data is available to Field Supervisors and Managers to help inform day-to-day decision making. Some misalignment exists across CYFD's policies, processes, and tools. • The NM Impact Design does not include Level of Care deadlines that align with CYFD regulation.	CYFD should prioritize role clarity and workload equity. • Complete an analysis of functional and workloads. • Develop clear guidance about how certain high-impact tasks should be completed. The EPMO team should refine the current case management dashboards to focus on a smaller subset of variables that are updated daily. • Additionally, a data-driven approach should be used to flag cases that are experiencing service access issues for further review. The leadership of PSD should assign a small group of field workers to the NM Impact Design Project. • These workers should have their caseloads significantly reduced or eliminated until the product is released.	▪ Inconsistent implementation could make the problem worse, not better

Case Management & Service Access | Historical Performance

For the past two years, there has been a moderate decline caseworker monthly visits. More recently, there has been a slight decline in 12-month permanency.

For historical context, the implementation of the pillars (Fall 2023) is also shown. Around the same time there was a notable decrease in visit completion rates. Other factors, like workforce stability, may be influencing this observed relationship.



Caseworker Visits
Caseworker visits have been trending down over the sample period. There was a noticeable drop in the Fall of 2023, and recent lows (65%) have been recorded.

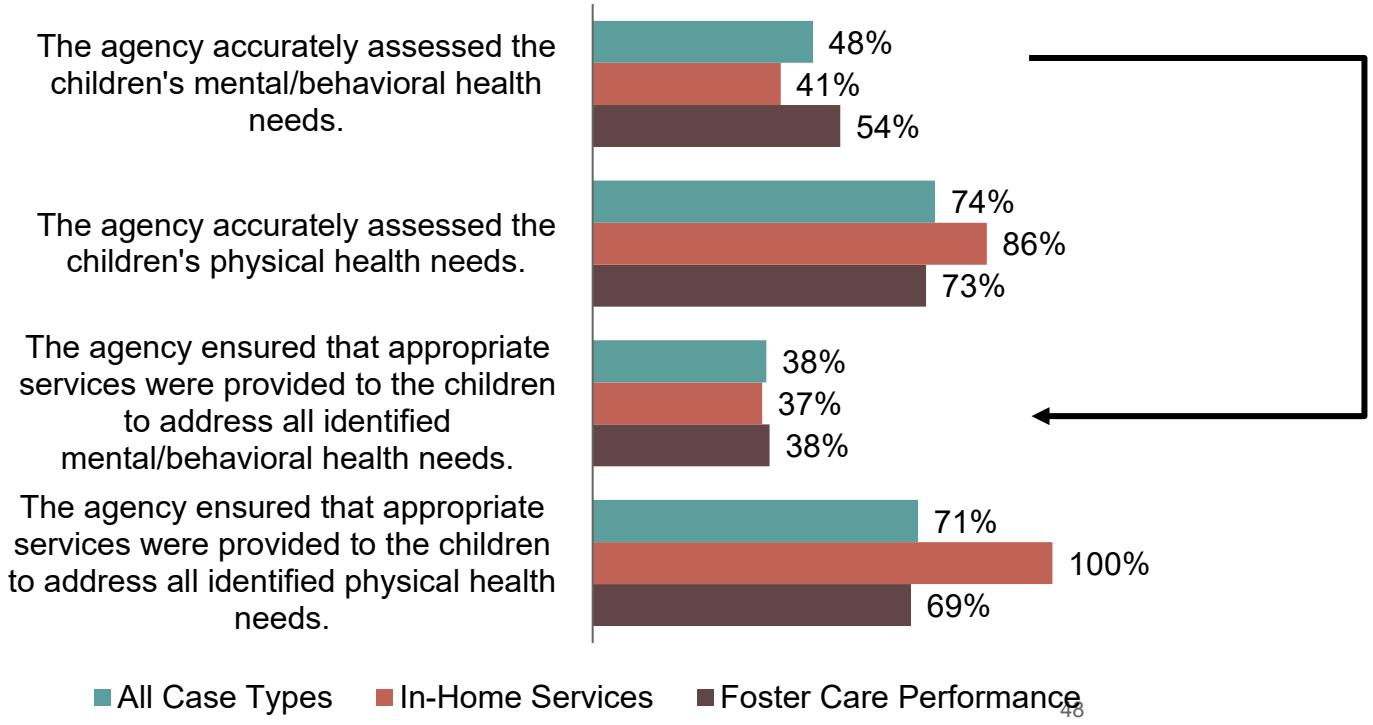
12-Month Permanency
Permanency rates have been level for the past two years, ranging from 30% to 35%. Recently, a slight downward trend has been recorded.

Note: Data is pulled from CYFD 13-Month Reports.

Case Management & Service Access | Assessments & Service Access

The CYFD 2025 CFSR indicates that CYFD does not successfully identify children's behavioral health needs and does not ensure children and families receive the behavioral health services they need. Fewer than 40% of children included in the sample received appropriate behavioral health services.
Contributing factors to this outcome likely include staff resistance to implementation of standardized tools, weak change management practices to address that resistance, and a lack of information sharing about what assessments and services are available.

Select Performance Data | CYFD Appendix B CFSR Values 2025 – Case Sample Review



Lower assessment success corresponds to lower service provision.

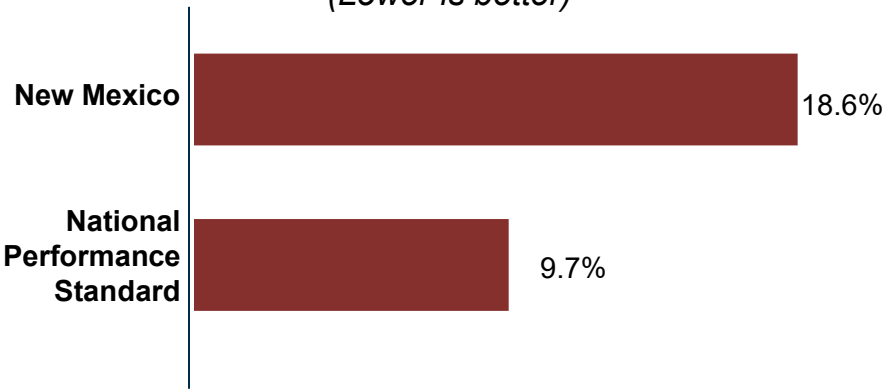
CYFD managers acknowledged a lack of consistency in assessment tool use and decision support tools.

Additionally, field staff shared that they do not have easy access to information about what assessments are available to help determine needs, or what services are available in their regions to address those needs. One worker shared that people are "figuring it out as they go along."

Case Management & Service Access | Safety Management

CYFD performs worse than peers at preventing maltreatment reoccurrence. This performance is likely driven by multiple factors related to process consistency, access to services, and workforce capacity.

Share of Children Experiencing Maltreatment Reoccurrence within 12 Months
(Lower is better)



NM performs statistically worse than the nation on recurrence of maltreatment. Nearly 20% of children who experienced maltreatment experienced another instance of maltreatment within 12 months of the initial incident.

Potential Performance Drivers

Repeat maltreatment occurs when a child is left in an unsafe environment for too long (delayed removal) or returned to an unsafe environment too soon (early reunification).

Investigation Process & Tools	• CYFD QA staff have identified inconsistencies in caseworker application of the safety assessment.
Service Gaps or Service Under Utilization	• CYFD staff report that they do not have access to a list of providers or services that are available in their region. • CYFD staff report that adequate services are not available, especially in rural regions. • CYFD staff report that some services handoffs lead to service and decision-making delays (Fostering Connections), or that youth decline participation.
Workforce Capacity	• Even if processes are high-quality and consistently applied, and services are plentiful, workforce shortages may lead to performance failures. • Some workers may lack the skills/ ability needed to implement a tool or process.

Case Management & Service Access | Summary of Assessment Performance

CYFD does not consistently implement requirements related to completion of the CANS/CATS and related screening tools. This lack of completion has impacts on service referrals, budgeting, and system management.

Notably, only 40% of investigation and permanency workers/ supervisors are currently certified to complete CAT-CANS, and in 2024 fewer than 40% of children in care for at least 1.5 months received a CANS.

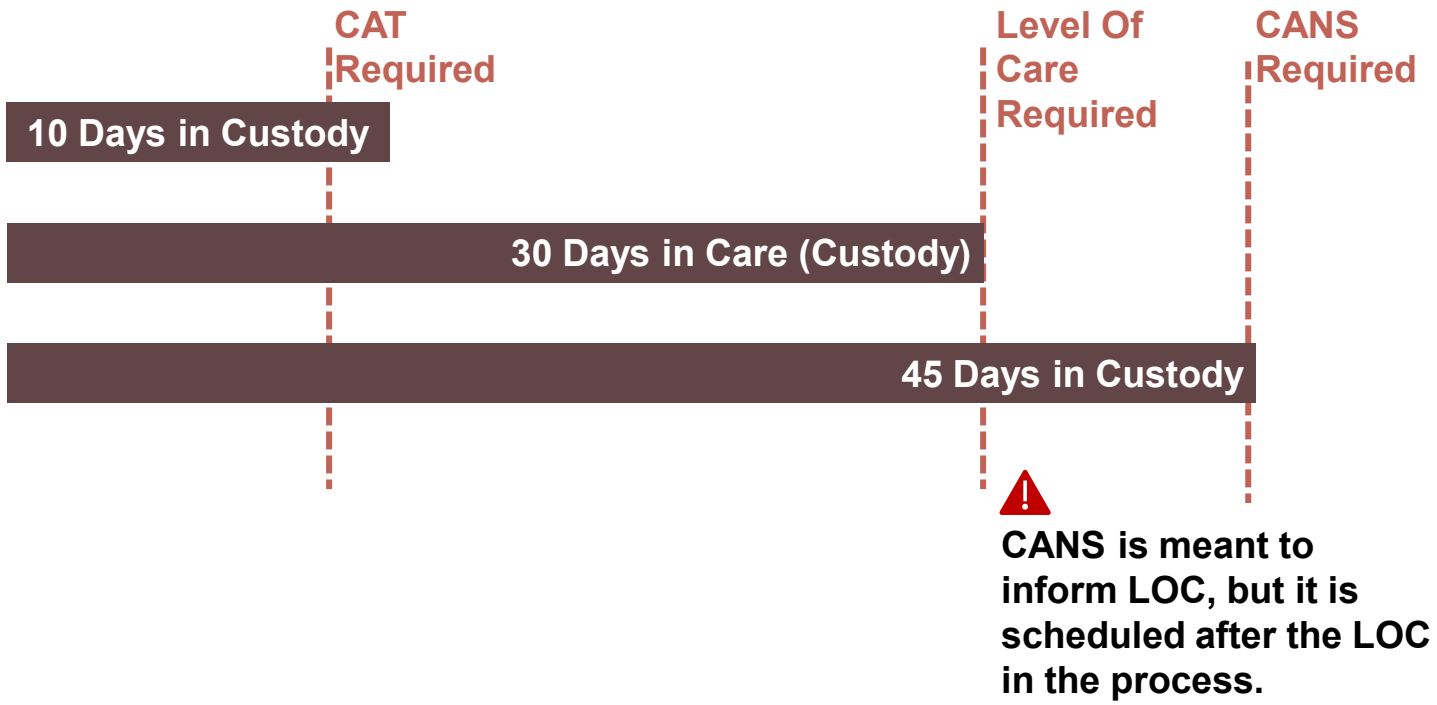
Requirement	Compliance Data	Supported in Rule (Y/N)	Supported in Training (Y/N)	Supported by Staff Credentialing (Y/N)	Supported by IT Processes (Y/N)
CAT results filed with court 24 hours before the 10-day hearing.	**<1%** compliant in CY 2024	Y	Partially	N	Y
CANS assessment to be completed within 45-days of home removal.	**3%** compliant in CY 2024	Y	Partially	N	Y
Follow screenings will be conducted within 10 days of indication (preferably immediately).	**33%** compliant in CY 2024	N	N	NA	Y
Level of Care within 30-days of entering custody.	*No data regarding LOC completion date provided*	NA	N	NA	N
Level of Care every 6 months after initial assessment.		NA	N	NA	N

Case Management & Service Access | Anticipated NM Impact on Practice

CYFD tools, including the upcoming NM Impact product, do not incentivize case workers to complete the CANS.

Review of NM Impact requirements documentation and interviews with staff indicate that there is likely limited shared understanding of how field practices will evolve (or be influenced by) NM design parameters. For example, while the intent is to keep consistent usage of the CANS as an informational input into the service referral process, the addition of a scoring algorithm built into NM Impact is likely to cause confusion.

Simplified Process| Example of Potential Process Confusion



Description of Challenge

- Field staff and managers describe an intended future state where the CANS assessment informs services referrals and is a precursor to the Level of Care.
- However, the LOC is required earlier in the process than the CANS.
- In the NM System, both the LOC and CANS will inform expected service levels for youth.
  - There is a new algorithm being coded into the NM Impact system that will provide guidance to case managers about which services are appropriate.
- This system is likely to cause confusion and exacerbate the existing low assessment rate.

Case Management & Service Access | Heighted NM Impact Design Focus Recommendation

Though NM Impact has involved subject matter experts in design, staff report that engagement has been declining. To address this, the leadership of PSD should reduce or eliminate casework responsibilities for a small group of field staff, so that they can prioritize NM Impact participation, particularly for design clarifications and user acceptance testing.

1. Increase the Availability of Program Staff to Participate in NM Impact Design and Testing

Select Participants	Plan for Time Investment	Define Roles	Follow Up on Participation
• *Identify experienced, strong performers who would be, or already are, impactful contributors to NM impact design.*	• *CYFD IT and Protective Services (PSD) should align on the time commitment expected, and PSD leadership should reduce or remove the caseload/ operational responsibilities of the worker.*	• *Clearly document the roles of the program staff that are contributing to design and testing.* • *Identify if staff member is meant to be a subject matter expert, a tester, or a decision-maker.*	• *PSD leadership should periodically follow up with IT and with the workers assigned to NM Impact to make sure they have been able to transition their case assignments and activities.*

2. Plan for User Acceptance Testing (UAT) Decision Making that Evaluates Implementation Tradeoffs

- Prior to the beginning of UAT, identify the most-critical Day 1 tasks that NM Impact needs to support.
- Throughout testing, compare what is learned about system functionality to the list of critical items. If there is a demonstrated risk of critical failure upon launch, consider implementation plan adjustments.

3. Increase PSD Involvement in Change Management Planning

- There appear to be practice changes reflected in the NM Impact design (CANS algorithm).
- CYFD should increase the amount of resources devoted to communicating these changes to the field and, if possible, begin implementation of changes in practice before the technology change.

Case Management & Service Access | Assessment Completion Recommendation (1 of 2)

CYFD must improve the prevalence and quality of assessment usage. To do this, CYFD will have to launch intentional change management initiatives meant to address the barriers that currently impact completion.

1. **Clarify the role of the safety assessment, the CAT, the CANS, and the NM Level of Care Tool.**
    1. Consider reducing duplicative assessment tools
    2. Ensure assessment expectations are consistent with the typical flow of case work
    3. Communicate the completion (and documentation) expectation to staff frequently and be responsive to any questions

2. **Update training materials to include the assessment expectations. Training materials should be internally consistent and reference the requirement in multiple places.**
    1. Prioritize providing clear guidance on when assessments should be completed and by who.

3. **Establish a deadline for CAT-CANS certification and communicate to the field. If possible, attempt to identify a positive incentive, in addition to the reimbursement that is currently offered, to reward workers for fulfilling this additional obligation.**

4. **Establish performance tracking goals**
    1. Set organizational goals for assessment completion. (Ex. 50% of all cases older than 2- months will have a CAT-CANS by February.)
    2. Tie those organizational goals to individual performance metrics for individual case workers. (Ex. Each caseworker will have at least 10 CAT-CANS completed at any given time, or Each caseworker must have a CAT-CANS completed for half of their caseload).

5. **Establish a performance tracking system for assessment completion (See example on next slide)**
    1. Work with the EPMO team to develop a performance scorecard system that aggregates individual performance at the supervisor, district, and county level. The goal is that each team member is able to see how their performance corresponds to the overall performance of their office.

6. **Begin to routinely assess inter-rater reliability. Use findings from these exercises to adjust training and guidance to case workers.**

Case Management & Service Access | Assessment Completion Recommendation (2 of 2)

CYFD must improve the prevalence and quality of assessment usage. To do this, CYFD will have to launch intentional change management initiatives meant to address the barriers that currently impact completion.

Example Performance Score Card for Assessment Completion

Quarterly Score Card

Response *Individual* 50%	+	**Region** *Team* 50%	=	Total 100% Expectations

Assessment Completion

Your Achievement			53%
Rating	Scale		Rating Achieved
Exceeds	56%	100%	
Meets	50%	55%	X
Improvement Required	26%	49%	
Unsatisfactory	0%	25%	

Team Achievement Level

Team Achievement			51%
Rating	Scale		Rating Achieved
Exceeds	56%	100%	
Meets	50%	55%	X
Improvement Required	26%	49%	
Unsatisfactory	0%	25%	

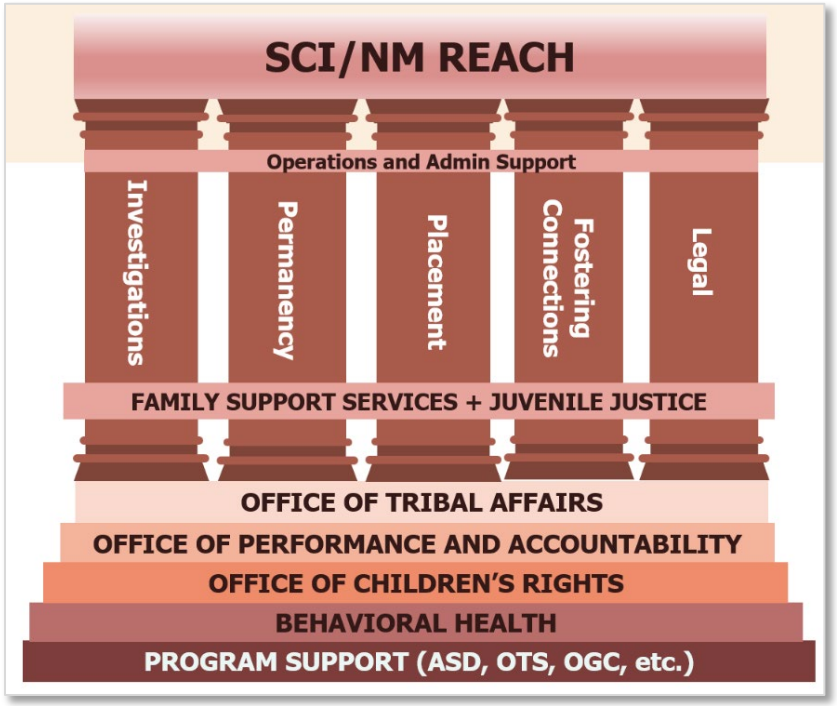
Prioritize showing how individual performance connects to the overall achievement level of the team.

Case Management & Service Access | Pillar Shared Understanding

Interviews with staff indicate that there is not a shared understanding of the current operational structure of the Protective Services Division (PSD). In 2023, a "pillar" approach was implemented with the stated goals of improving practice consistency and leveraging specialized expertise, especially in the management structure. The documentation of the structure does not align with staff's description of what the pillars are in practice.

**Throughout the following slides, A&M has chosen to represent and evaluate the pillars as described in practice, rather than as originally documented.*

Pillar Implementation Documentation | Visual from CYFD "The ReOrg and What Success Looks Like" Presentation



The presentation shows 5 pillars, supported by a variety of cross-cutting functions.

Staff Description of Pillars | Takeaways from Interviews

- Some shared that the pillars were intended to provide support to a child from a team of experts.
- Many stated that the pillars include Investigation, Permanency, Placement. Other components were not described consistently.
- Community Behavioral Health Clinicians and the services they provide were sometimes described as a pillar.
- Legal was not referenced when staff described the pillars.
- Tribal Affairs and other cross-cutting functions were not frequently referenced.
- Some people shared that specialized managers with equal authority over overlapping parts of the process led to confusion in the field offices.

Case Management & Service Access | Pillar Model Current Challenges (1 of 2)

CYFD staff shared multiple examples of current information sharing and roles and responsibilities related challenges that exist in the pillar structure.

Example 1 | Accessing Services from a Community Service Provider

The permanency worker, the CBHC, the placement worker, and the MCO care coordinator may all join together to discuss what behavioral services a child should receive. In the meeting, each will weigh in on what services might be best.

However, staff expressed that the action step of following up with a provider to request their referral form is not always delegated clearly across roles.

Example 2 | Misalignment on Out-of-State Placements

The permanency team and the CBHC team recounted instances where handoffs between field workers and the clinicians can cause placement delays. Additionally, staff share that conflict about the best available placement for a child can sometimes lead to office stays for children.

Example 3 | Administrative Burden for Relative Foster Placements

If a placement worker has identified a potential relative placement, the next step is to complete a review of the relative to identify any automatic disqualifiers. A permanency worker shared that the responsibility for completing this work is ambiguous, as it is something more associated with placement administration, but is often completed by the permanency team.

Case Management & Service Access | Pillar Model Current Challenges (2 of 2)

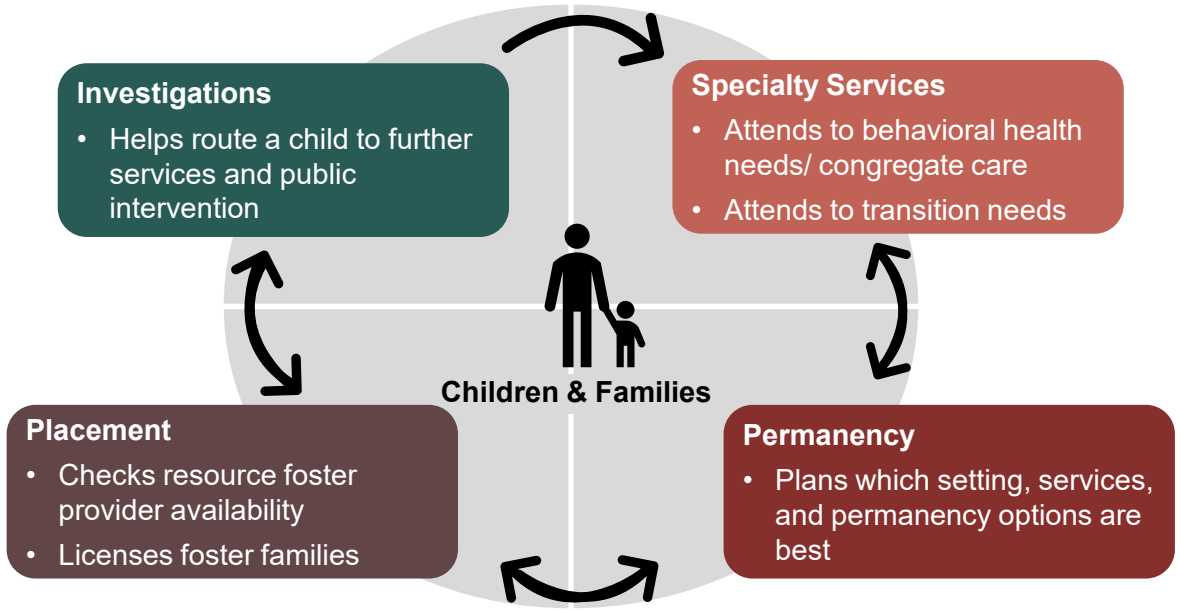
As of May 2025, the investigations and permanency pillar's caseloads were not in alignment with the caseload standards for those positions. In addition, the May 2025 statewide vacancy rate for Investigations, Permanency, and Placement field positions was nearly 30%, with a 12-month turnover rate of nearly 60%. An unfilled position within a child's support team, for any of the pillar positions, leaves a gap that negatively impacts the operations of the other pillars. As implemented, the pillar model is likely to exacerbate service planning challenges that relate to workforce instability.

Supporting Data | Caseload Standards and Estimates, Turnover Rates by Pillar

	Investigations	Permanency	Specialty Services (CBHCs)	Placement
Expected Caseload	**12 Investigations**	**15 Children**	NA	**20 Licensed Families**
Summer 2025 Estimated Caseloads	27 Investigations **[High]**	22 children **[High]**	29	20 families **[Meets Standard]**
Vacancy Rate*	29%	34%	18%	18%
Total Filled Positions	193	126	55	99

**Vacancy Rates as of Aug. 8, 2025*

Supporting Visual | Illustration of Pillar Dependencies



Impact on Children and Families

- Children interviewed as a part of the state's Child and Family Service Plan report that visits from caseworkers were sometimes rote and did not lead to meaningful change in the child's life.
- Parents interviewed as a part of the state's Child and Family Services Plan report that visits were inconsistent and that it was often hard to get in touch with their CYFD worker.

Case Management & Service Access | Service Utilization of Community-based services

Though utilization data for Medicaid services for the CYFD population is not readily available, Kevin S settlement data shows that utilization is low for a subset of evidence-based practices. One contributing factor to this low utilization may be a lack of workload alignment and ownership across these three groups.

Service	Funding Source	Service Being Utilized?	Responsible Connector
Evidence-Based Practices • High Fidelity Wraparound (HFW) • Multi-Systemic Therapy (MST) • Mobile Crisis Response (MCR) • Functional Family Therapy (FFT)	Medicaid	In 2024, **only 2.5% (79)** of children in state custody received at least one of these services.[1]	Three different people have case planning responsibilities for the child. • Permanency Caseworker • MCO Care Coordinator • Community Behavioral Health Clinician (If Referral is Received)

A&M is in the process of receiving and analyzing Medicaid claims data to assess utilization for other community-based services.

One permanency SME shared that they feel little impactful case work support is provided by the CBHCs or the care coordinator.

One policy SME shared that service access is largely dependent on MCO care coordinator quality, and that the care coordinators are not always successful in helping a child access the services they need.

Source:
1 Kevin S. Final Settlement Agreement 2024 Annual Progress Report

Case Management & Service Access | Lack of Strengths Focus on the TFC Referral Form

Referral documentation on children needing services should adequately showcase the positive attributes of the child. As is, strengths are limited to one small box, compared to many questions on negative behaviors. This bias for the negative can make it difficult to identify and secure a good TFC match for the child.

Strengths:

Child/ Youth's Strengths and Developed Skills:	
Current Diagnosis:	
Diagnosis	Date of Assessment:

Adequate information about a child's strengths and interests are important to identify a good TFC match and have TFC Resource homes be willing to accept the referral.

Negative Behaviors:

☐Self- Harm	☐ Violence/ Aggression with Adults
☐Suicidal Ideation	☐ Violence/ Aggression with Animals
☐Sexually Reactive (Public Masturbation, sex play and/ or developmentally incongruent preoccupation with sexual matters or topics)	☐Substance Use
☐Runaway	☐Poor Social Skills with Children.
☐Making allegations against foster parents/ caregiver.	☐Poor Social Skills with Peers
☐Violence/ Aggression with Peers	☐Poor Social Skills with Adults.
☐ Violence/ Aggression with Peers	☐Poor Social Skills with Animals.
	☐Trauma

Case Management & Service Access | Service Access Challenges

Accessing available services along the care continuum can be challenging, increasing the possibility that children are not matched with the appropriate level of care.

Finding	Discussion and Evidence
CYFD has Community Behavioral Health Clinicians (CBHCs) to support connecting children and youth to services, but every child does not currently benefit from this support.	• As of July 2025, the majority of the CBHC caseload is juvenile justice, not protective services. • Only 13% of the CBHC caseload is protective services. This means that many children in protective services have not been accessing CBHC guidance. • This structure is expected to change soon – CYFD is pursing a model where CBHCs will be assigned to all new children that come into state custody.
There are opportunities for coordination improvement between CYFD and the MCOs (Presbyterian and as selected in ICWA cases).	• Receipt of the CANS assessment by Presbyterian is extremely low (reported to be 23 for FY25). While policy dictates that children need a current CANS assessment to drive services by the MCO, the MCO is providing services without this documentation. • Children entering care are assigned a care coordinator by the MCO, however staff report that individual is not well-integrated into the PS/BH care team. • Children are often in state custody for days or weeks before HCA and Presbyterian receive notification. Timely data feeds on children taken into care and/or placed in a shelter could improve connection time to Presbyterian Health plan to get care coordination engaged.

Case Management & Service Access | | Role Clarity Recommendation

To address challenges with service access, CYFD should focus on improving role clarity and reducing inequities in workload burden between the pillars (placement and permanency), the CBHCs, and the MCO care coordinators. Coordination with HCA will be needed throughout this effort.

1. Process Workshops and Site Visits

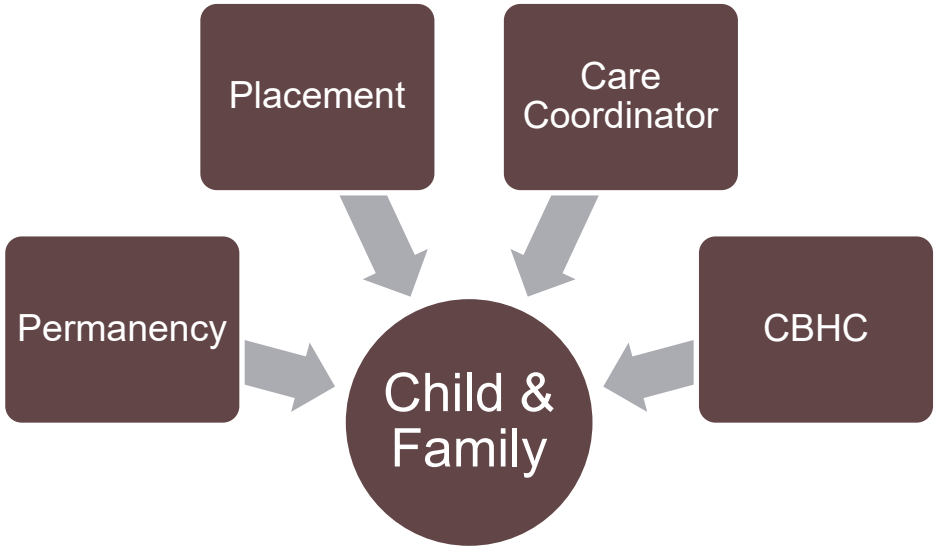
1. Complete an exercise to identify the core task of the care coordinator, the CBHC, the permanency worker, and the placement worker. This does not have to be a formal time study.
2. Prioritize understanding handoffs and workload drivers.
3. Identify misunderstandings between groups.

2. Refine Roles

1. With field leadership, workshop revised responsibilities for each group, focusing on optimizing the amount of time spent on value-add activities
2. Permanency workers report a perceived larger workload than their peers, and their current caseload values are higher than peers. Prioritize reducing tasks for the permanency team, if possible, or increasing their resources.
3. As needed, perform analysis to understand workload burden between the groups. Use this to inform the role refinement.
4. Consider the role of in-office collaboration and evaluate if the current flexible model is effective.

3. Document Roles

1. Create simple and clear overviews for staff that describe how their roles are changing.
2. Share information about the changes in a variety of ways including methods such as information sessions, briefing documents, trainings, and townhalls.
3. Be flexible in the roll-out of the new rolls and plan to refine roles after an interim period. Also consider staging some of the largest role shifts.



Realign Roles and Responsibilities

Case Management & Service Access | Coordination Recommendation

To improve service access CYFD should make pragmatic changes to information sharing to enhance utilization of existing services.

The Goal

Improve access to existing services.

How?

- Improve transmission of entry-into-custody information between CYFD and the MCOs.
- Work with HCA to establish monthly reporting by the MCOs of services and providers by county.
- Develop a data-driven strategy to use casework data (FACTS/ NM Impact) and Medicaid claims data to identify cases with low service utilization. Make targeted interventions to address these cases.
- Improve role clarity for permanency case workers, community-based health clinicians, and MCO care coordinators.

Example County-Level Report from New York

SALIENT HHS
Performance Management for Healthcare & Human Services

Includes Medicaid fee for service claims and Managed Care encounters for the top 50 Hospitals, Clinics, and Practitioners with service locations in the Long Island Region and serving people from this region.

Long Island Medicaid Member Region[1]
Medicaid Provider County[2]: All Counties
Dates of Service: 07/01/2012 - 06/30/2013

If a provider qualifies as a top 50 provider in any county in the region, then all of their activity across the region is summed into the regional spreadsheet.

Please see footnotes at bottom of page.

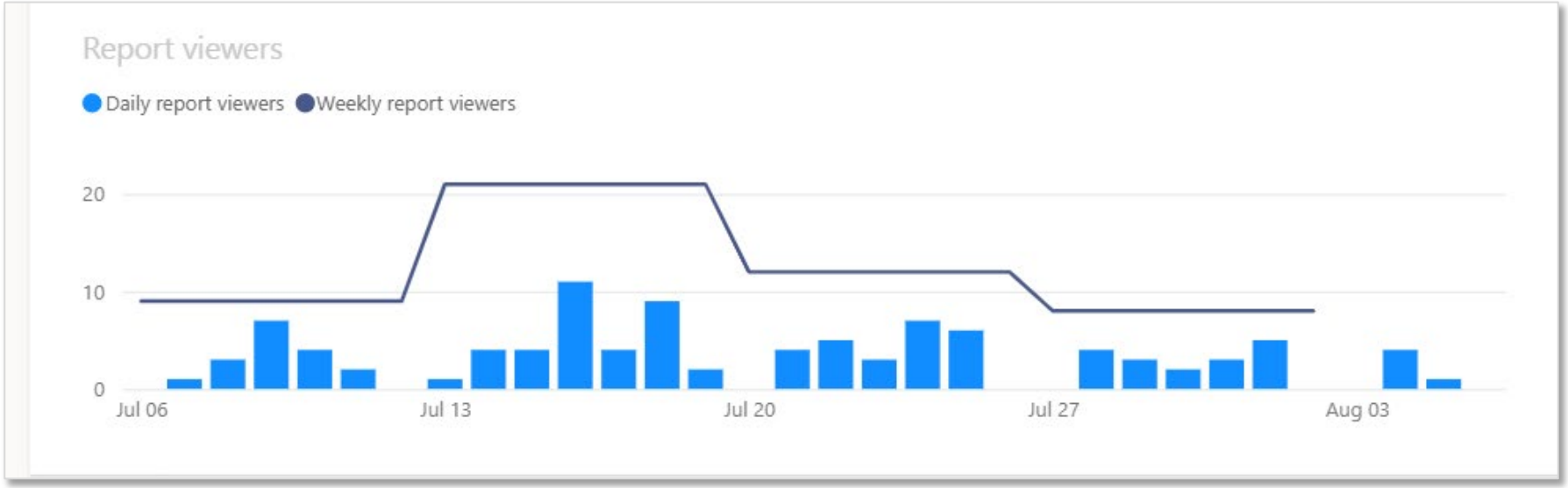
		Inpatient[4]		Clinic[5]		Emergency Room[6]		Practitioner[7]		Combined	Unduplicated
Provider Entity ID[3]	Provider Name	Discharg	Members	Claims	Members	Visits	Members	Claims	Member	Utilization	Member Ct
E0103841	NASSAU UNIVERSITY MEDICAL CEN	10,107	7,776	260,218	22,320	17,403	11,354			287,728	27,024
E0263442	UNIVERSITY HOSPITAL	8,722	7,248	164,002	18,910	18,714	12,228			191,438	25,516
E0271638	GOOD SAMARITAN HOSP MED CTR	5,684	4,766	143,373	16,747	20,952	14,248			170,009	23,680
E0272235	SOUTHSIDE HOSPITAL	6,585	5,768	86,598	11,227	19,449	13,031			112,632	19,758
E0274000	WINTHROP-UNIVERSITY HOSPITAL	6,057	4,906	121,480	10,658	12,109	8,499			139,646	15,762
E0150346	NORTH SHORE UNIV HOSP AMB SVC	4,049	3,301	81,906	11,830	5,425	3,911			91,380	15,197
E0273883	BROOKHAVEN MEMORIAL HOSPITAL	4,425	3,285	91,084	9,449	18,355	10,928			113,864	14,929
E0273885	SOUTH NASSAU COMMUNITIES HSP	3,670	3,061	89,176	8,902	10,407	7,201			103,253	12,637
E0169359	MERCY MEDICAL CENTER	2,404	2,089	67,648	6,774	10,088	6,630			80,140	10,138
E0252192	SUFFOLK CNTY DOH CLINIC SERV			94,901	7,274			11,769	3,633	106,670	10,040

Source: New York State Department of Health, "Salient Performance Data," *DSRIP Performance Data*, accessed August 2025. https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/performance_data/salient_performance_data.htm

Case Management & Service Access | Low Utilization of Data Resources

Limited data is used to drive operational decision making, such as case assignment. While recent changes to staffing, and investments in personnel, hardware, and data tools have improved the availability of data analytics to the CYFD field, few CYFD staff members are accessing these resources. From early July to early August, 23 unique users accessed a tool that displays caseload data by worker, office, county, and region. Staff report in-the-moment, reactive decision making that may not appropriately leverage their staffing resources and expertise.

Supporting Data | Caseload Dashboard Daily Report Viewers

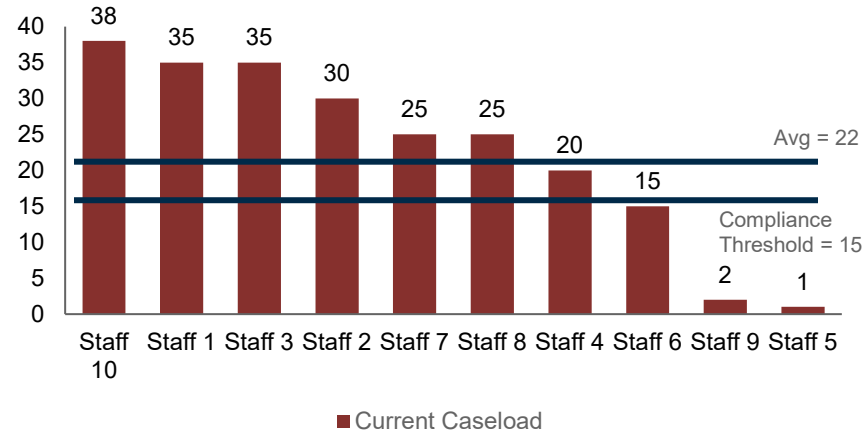


Case Management & Service Access | Data-Driven Case Management

While CYFD tracks a significant amount of data, it is not actively used to drive case management, and generally, not available in real time. For data pulled for July 2025 there were 23 users. CYFD should refine the current case management dashboards to focus on a smaller subset of variables that are updated daily to make this data available to the field to drive case management practices.

Illustrative Simplified Dashboard Fields

Select Employee: [Name Drop Down]



Caseload Details for Selected Worker

Case ID	Time Since Assignment	Time in Care	Child LOC	CAT-CANS Status	Reason for Entry	Permanency Goal	Time Since Last Case Visit	Time Since Last Case Note Entered
			These fields should be adjusted based on data availability. The intent is to provide managers with data that will help them understand case complexity and recent activity.					

This selection will inform the metric cards displayed here. These are calculated and displayed for each employee.

Number of Current Open Cases

Quarterly Avg. Number of Open Cases

Caseload Availability
(Total (Based on NET scale) – Current Caseload)

CAT-CANS Certification Status

Worker Tenure

Case Management & Service Access | Lack of Availability Along the Continuum

Based on total number of providers, there appear to be services along the care continuum where existing provider capacity is not sufficient to meet the need. Additionally, gaps exist in some areas where there are no services available in-state.

Prevention & Early Intervention	Outpatient		Intensive Outpatient	Family-based placements	Shelter	Crisis	Step Down	Residential	Psychiatric Hospital
Home Visiting[1]	Comprehensive Community Support[1]	Functional Family Therapy[1]	Day Treatment Services[1]	Resource Homes[2]	Shelter with Outpatient Services[2]	Mobile Response & Stabilization[1]	Step Down[1]	Residential Treatment[1]	Acute Psychiatric Hospital[1]
Child-Parent Psychotherapy[1]	Dialectic Behavioral Therapy[1]	High Fidelity Wraparound[1]	Intensive Outpatient[1]	Kinship Care[2]		Crisis Triage Centers[1]		Adolescent Detox[1]	
Multi-level Response[2]	Youth and Family Peer Support[1]	Behavioral Management Services[1]	Partial Hospitalization Programs[1]	Foster Care Plus[2]				Group Home[1]	
	Multisystemic Therapy[1]	EMDR[1]		Treatment Foster Care[1]					
	Applied Behavior Analysis[2]	Trauma-Focused CBT[1]							

Key:

- **Available** — 80-100% of counties have a provider
- **Somewhat Available-** — Providers in 50-79% of counties
- **Limited Availability** — Providers in less than 50% of counties
- **Gap** — No Providers in state for children

Source:
1 University of New Mexico Health Sciences, Behavioral Health Services for New Mexico Children & Youth: Landscape and Gaps
2 A&M Interviews with CYFD staff

Case Management & Service Access | Finding - Need for Additional Capacity at Higher Level of Care in the Continuum

Residential Treatment capacity has decreased significantly. While there has been a shift nationally to downsize restrictive care and move to the least restrictive option, there remains a need for intensive treatment for children with the highest need. There is an absence of any treatment options at the higher level of care for females and younger males, forcing out of state placements to meet their needs. The University of New Mexico indicated "sub-acute, structured, clinical settings with 24-hour supervision are sometimes necessary." when recommending the need for additional residential capacity.[1]

RTC Capacity	Description	# beds certified	# beds online
AMI Kids RTC	AMI Kids Farmington is a residential program for young men ages 13-18. Has trauma informed programming.	12	12
NMBHI Care Unit	NMBHI CARE is a Residential Treatment Facility for adolescent males 13-18 who have a history of sexually harmful behaviors and have been diagnosed with a co-occurring mental illness. It is state owned and operated.	10	10
Sequoyah RTC	Operated by the NM Department of Health, provides care treatment and reintegration for males 13-17 who have a history of violence, have a mental health disorder and are open to treatment.	36	**16**
	Total	**58**	**38**
Out of state	Primarily females, some with aggressive behaviors, younger children, children on the autism spectrum, and males with sexually acting out behaviors.	NA	25

Source:
1 University of New Mexico Health Sciences, Behavioral Health Services for New Mexico Children & Youth: Landscape and Gaps

Case Management & Service Access Findings: Impacts of Limited In-State Services

Of the placements included in the sample, nearly 20% (shown in red/yellow) may be misaligned with the child's level of care (LOC) score. These ~350 children are currently residing in a setting that is associated with a LOC higher or lower than the child's assessed LOC. This misalignment, combined with a reliance on emergency placements, indicates gaps in the residential continuum.

Current Residential Utilization | Snapshot of Placements by LOC and Category as of June 30th

Placement Type	LOC 1	LOC 2	LOC 3	Total
Out of State - Foster	43 (3%)	23 (5%)	4 (5%)	70
Out of State	1 (<1%)	20 (4%)	4 (5%)	25
State Office	3 (<1%)	12 (3%)	3 (4%)	18
Emergency Shelter	33 (3%)	13 (3%)	3 (4%)	49
Institution	3 (<1%)	6 (1%)	3 (4%)	12
Group Home	22 (2%)	8 (2%)	2 (2%)	32
Treatment Foster Care	11 (1%)	131 (28%)	15 (19%)	157
Specialty Foster Care (RH L2 and L3)	140 (11%)	157 (34%)	42 (52%)	339
Level 1 Foster Care	1,051 (80%)	95 (20%)	5 (6%)	1151
Total	**1307**	**465**	**81**	**1853**

Data excludes approximately 200 "other" placement assignments (e.g. runaways, trial home visits, independent living). If a child had multiple LOC values, A&M used the maximum LOC in these calculations. If the child had no LOC value, A&M assumed LOC=1. CYFD staff have indicated that some misalignment may be due to inconsistent data entry of a child's most recent LOC.

Out of State Placements
Predominantly younger, female children and those with specialized needs who require a PRTF level of care.

Characteristics of an Emergency Stay
Of the current state office placements and emergency shelter placements, the average duration through June 30th is approximately 110 days.

Emergency Shelter:
- Avg Duration: 125 days
- Median Duration: 70 days
- Avg Age: 14

CYFD Office
- Avg Duration: 40 days
- Median Duration: 35 days
- Avg Age: 11

Some children's emergency shelter placements have lasted for over a year.

Case Management & Service Access | Service Array Recommendations

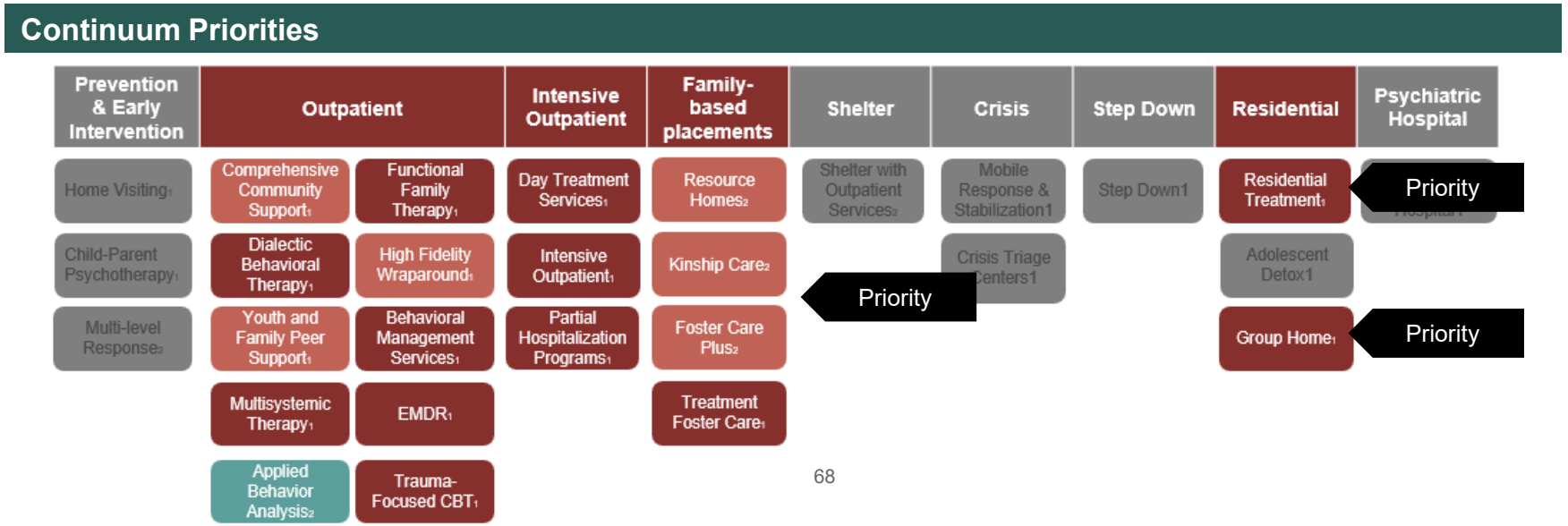
In order to meet the needs of children in the custody of the state, that need must first be assessed and identified. Where gaps exist, efforts must be made to fill the gap with services that will meet their needs.

1. **A&M recommends a focus on recruitment of providers for specific services**. Capacity is growing in the evidence-based practices now covered by Medicaid. But there are gaps to be filled, either by encouraging providers to take on new service options under their umbrella or looking outside the state for providers.

2. **A&M recommends additional bed capacity at the RTC level, with a focus on females and younger children who can only access this LOC out-of-state**. Where existing programs serving higher level of care exist, evaluate implementing a tiered system to offer step-down services.

3. **A&M recommends exploring the feasibility of developing group home capacity by focusing on capabilities within the existing emergency shelters.** This approach would leverage existing capacity, avoid disruption for children in care and would likely be more cost effective.

4. **A&M recommends completing the analysis of utilization data for the services currently offered.**



Strategic Financial Management

Strategic Financial Management Summary

CATEGORY	APPROACH	OBSERVATIONS	RECOMMENDATIONS	IMPLEMENTATION RISKS & CONSIDERATIONS
Financial Management	• Interviewed finance staff. • Reviewed FY21-FY24 budget and actuals (revenue and expenditure). • Reviewed Title IV-E penetration rates over time.	• CYFD has not realized appropriated federal funds and has not clearly communicated drivers in spend and decreased federal revenues. • Financial trends are not understood sufficiently to drive programmatic decision making. • CYFD's current accounting practices limit visibility into major drivers of changes in revenues and spend.	• Develop a detailed breakdown of current federal funds revenue which clearly illustrates the changes by federal fund source since the peak in FY22.	▪ Current CYFD accounting practices may limit the ability to easily break out factors influencing fund sources.

Financial Management Findings: Trends in Federal Funds

Expectations around reimbursement potential for federal funds between Legislature and CYFD are misaligned.

Findings Discussion

The total availability of federal funds has declined as additional grants and enhanced FMAP from COVID-19 response has been phased down.

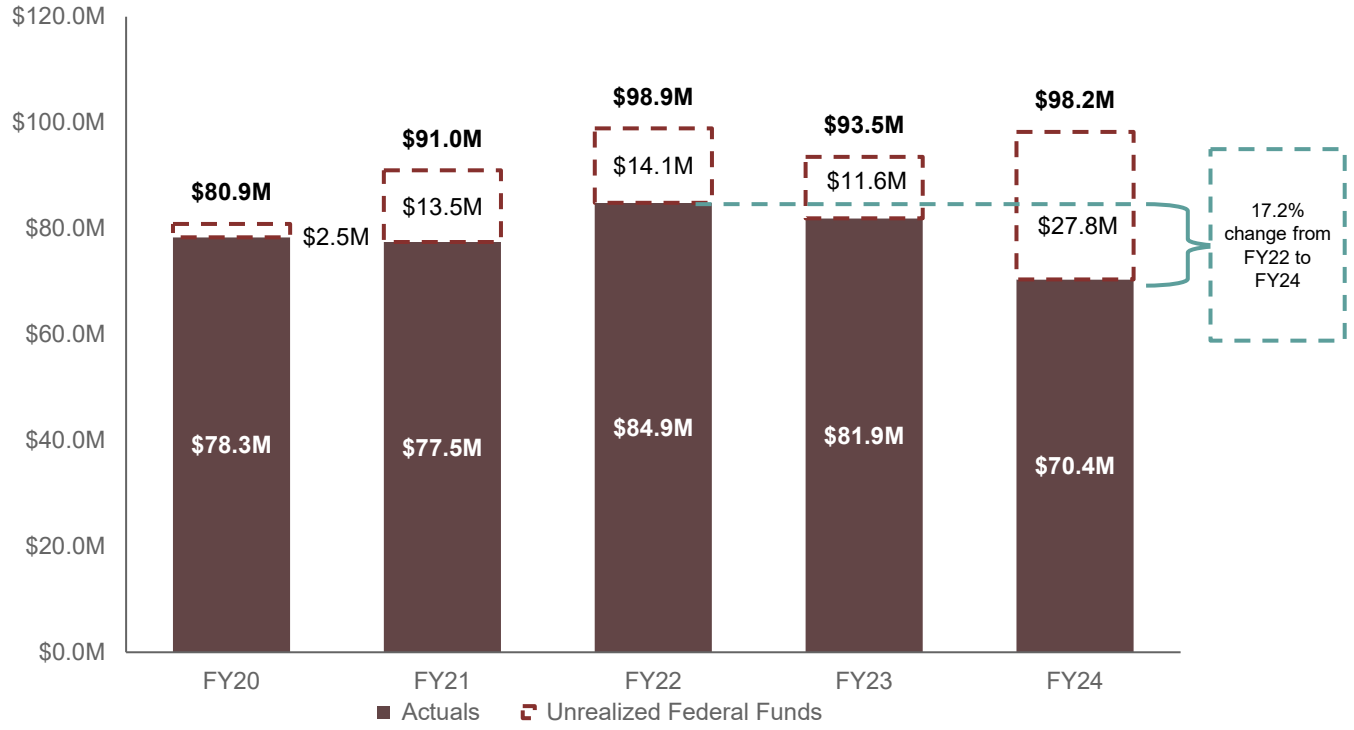
- Since FY20, the gap between appropriated federal funds and actual federal funds revenue has significantly increased. CYFD has realized just 85% of its federal funds appropriation per year on average.
- The 17.2% change in Federal Actuals from FY22 – FY24, decrease driven in part by:
  - Phase down of enhanced FMAP (6.2%)
  - End of COVID-era grants and other one-time funds
  - Changes in expenditures / caseloads
  - Changes in RMTS process and understanding of reimbursable expenditures between funds

Unrealized federal funding ultimately needs to be covered by General Revenue

- CYFD continues to spend their total appropriation level in each fiscal year. However, the disconnect between total appropriation of federal funds and actual realized dollars leaves CYFD with a deficit each fiscal year that must be covered by General Revenue.

Federal Funds Appropriation vs Actuals FY21-FY24

(excludes federal funds transfers)



Financial Management Recommendations: Understanding Revenue / Cost Drivers

CYFD's current accounting practices limit visibility into major drivers of spend. CYFD should continue ongoing efforts to improve level of detail and trend changes in expenditures and revenues based upon relevant cost drivers.

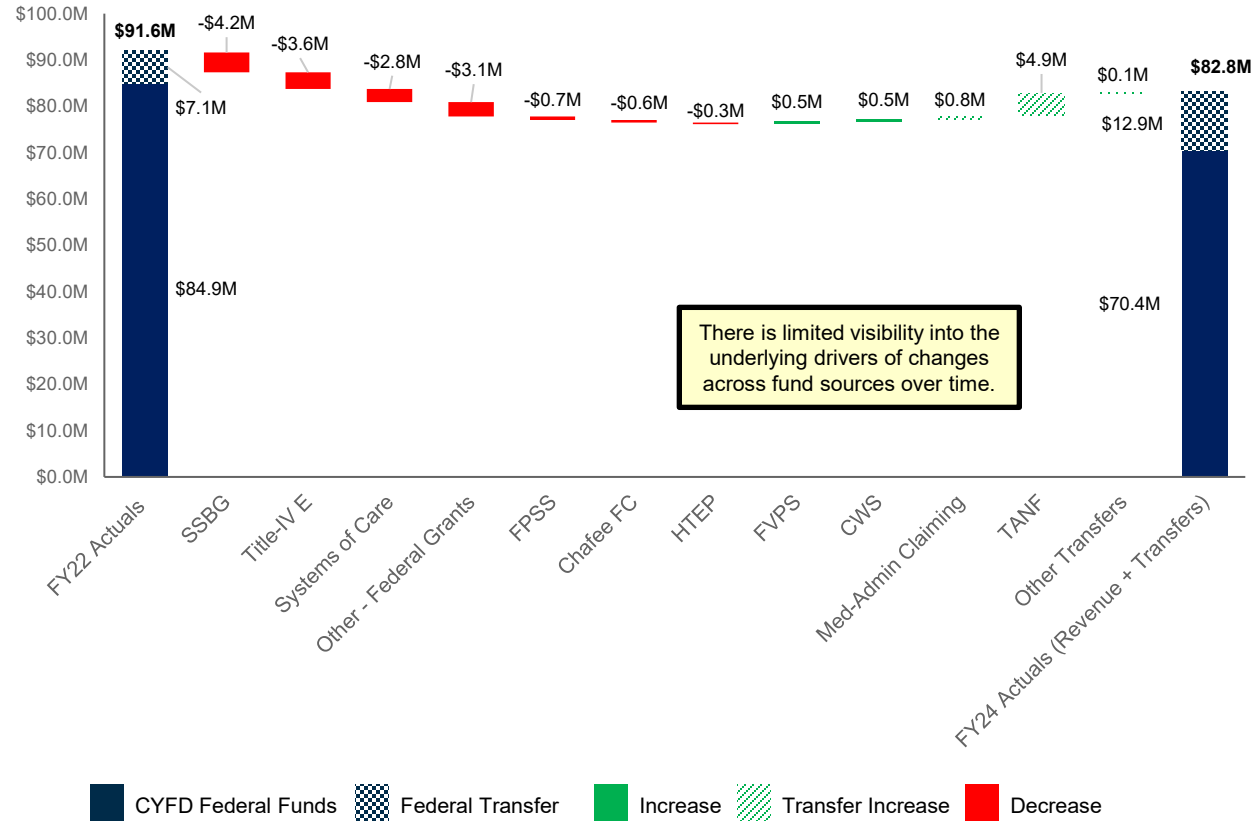
Recommendations

To support communication to the legislature, CYFD should develop a detailed breakdown of federal revenue changes which clearly illustrates the changes by federal fund source since the peak in FY22.

- CYFD should develop a detailed breakout explaining the impact of the following funding drivers for each fund source:
  - Random Moment Time Study (RMTS) outputs
  - Changes in eligible expenditures
  - Penetration Rate (IV-E, Medicaid)
  - Ending of the Enhanced FMAP
  - Grants ending and starting
- Across each of these explanations it will be critical to highlight:
  - On-going trends across fund sources
  - One-time events impacting fund sources

Federal Funds Waterfall FY22 to FY24

(includes federal interagency transfers, excludes state COVID relief funds)



Federal Funding Drivers

Fund Source	Description	FY22 to FY24 Differential	Potential Funding Drivers				
			Time Study (Staff Time)	Penetration Rates	Overall Eligible Expenditures	Enhanced FMAP Changes	Grant Starting / Ending
Social Services Block Grant (SSBG)	*SSBG is a flexible source of federal funds provided to states to support five overarching goals related to economic self sufficiency and family stability.*	($4.2M)	X		X		
Title IV-E Services	*Title IV-E is typically the largest federal funding stream used for child welfare services.*	($3.6M)	X	X	X	X	
Title IV-E Admin			X	X	X		
Title IV-E Systems					X		
Systems of Care	*Systems of Care is a federal grant which provides resources to improve mental health outcomes for children and youth through the age of 21.*	($2.8M)			X		X
Child Welfare Services Program (CWS)	*Title IV-B subpart 1 funding which is aimed to support child and family services focused on prevention, family preservation and reunification.*	$0.5M			X		
Family Preservation and Support Services (FPSS)	*Title IV-B, subpart 2 funding which is aimed at preventing child maltreatment, enabling children to remain safely with their families and ensuring permanency.*	($0.7M)			X		
Chafee	*The Chafee Foster Care Program provides funding to support youth in their transition to adulthood.*	($0.6M)			X		
Other Federal Grants & Transfers	*Includes other grants such as, Child Abuse & Neglect grant, CJAG, Community Based Child Abuse Prevention Grant, and more.*	($3.5M)			X		X
HTEP	*Federal grant which improves and expands access to developmentally, culturally and linguistically appropriate services and supports transition-aged youth and youth adults with serious mental health conditions.*	($0.3M)			X		X
Family Violence Prevention Services (FVPS)	*Funds federal response system to ensure vital crisis services and shelters are available to individuals experience domestic or dating violence.*	$0.5M			X		
Medicaid Administrative Claiming (MAC)	*Program which allows states to receive federal matching funds for administrative costs of activities supporting Medicaid program.*	$0.8M	X	X	X		
Temporary Assistance for Needy Families (TANF)	*Federally funded program providing financial assistance and services to low-income families with children.*	$4.9M			X		

Implementation Workplan

Implementation Workplan

A&M recommends that CYFD focuses in the short-term on activities that stabilize operations to serve as the platform for embedding new practices and driving ongoing change management and continuous process improvement.