

# State of New Mexico CHILDREN, YOUTH and FAMILIES DEPARTMENT

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## Family Outreach & Community Engagement Legislative Finance Committee Report July 2022

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## Executive Summary – House Bill 376

House Bill 376 (HB 376) was passed in 2019, amending the abuse/neglect act to provide for the establishment of a multi-level response for certain reports alleging child abuse and/or neglect. A new section of the Children's Code, Section 32A-4-4.1 NMSA 1978 was enacted to provide families who come to the attention of Children, Youth and Families Department's Statewide Central Intake (SCI) with an alternative approach to investigations, commonly referred to as differential response.

Under HB 376, the Department was tasked with;

- A. Establishing a multilevel response system to evaluate and provide services to a child or the family, relatives, caretakers or guardians of a child with respect to whom a report alleging neglect or abuse has been made. The multilevel response system may include an alternative to investigation upon completion of an evaluation that may be completed at intake by the department, the results of which indicate that there is no immediate concern for the child's safety; provided, however, that an investigation shall be conducted for any report: (1) alleging sexual abuse of a child or serious or imminent harm to a child;(2) indicating a child fatality; (3) requiring law enforcement involvement, as identified pursuant to rules promulgated by the department; or (4) requiring a specialized assessment or a traditional investigative approach, as determined pursuant to rules promulgated by the department.
- B. Removing a case from the multilevel response system and investigate if imminent danger of serious harm to the child becomes evident. The department may reassign a case from investigation to the multilevel response system at the discretion of the department.
- C. Conducting a family assessment for each family, including the child who is the subject of a report to the department and that child's relatives, caretakers, or guardians, that receives services under the multilevel response system. Based on the results of the family assessment, the department may offer or provide referrals to a community-based agency for counseling, training or other services aimed at addressing the underlying causative factors jeopardizing the safety or well-being of the child who is the subject of a report to the department. A family member, relative, caretaker or guardian may choose to accept or decline any services or programs offered under the multilevel response system; provided, however, that if a family member, relative, caretaker or guardian declines services, the department may choose to proceed with an investigation for reports that meet the statutory threshold for abuse and/or neglect.
- D. As used in this section, "family assessment" means a comprehensive, evidence-based assessment tool used by the department to determine the needs of a child and the child's family, relatives, caretakers or guardians at the time the department receives a report of child abuse and neglect, including an assessment of the likelihood of: (1) imminent danger to a child's well-being; (2) the child becoming an abused child or a neglected child; and (3) the strengths and needs of the child's family members, relatives, caretakers or guardians with respect to providing for the health and safety of the child.
- E. Employing licensed social workers to provide services to families, relatives, caretakers or guardians participating in the multilevel response system to the extent that licensed social workers are available for employment.

The Department's Community Prevention Response Unit, Family Outreach & Community Engagement (FORCE) has begun implementation of, Phase I of the Multilevel Response System in four counties: McKinley, Rio Arriba, Sandoval, and Valencia.

Under HB 376, the Department shall;

- A. Provide an annual report of system implementation and outcomes to the legislative finance committee and the department of finance and administration as part of the department's budget submission.
- B. Arrange for an independent evaluation of the multilevel response system, including examining outcomes for child safety and well-being and cost-effectiveness.
- C. Incorporate the multilevel response system into the department's quality assurance review process.
- D. Develop performance measures, as provided in the Accountability in Government Act, for the multilevel response system.
- E. No later than July 1, 2022, if the department pilots or otherwise geographically limits the multilevel response system, submit a plan to the legislative finance committee and the department of finance and administration setting forth how the system could be expanded statewide, including a plan to address service availability, and identifying costs that would be incurred by the department.

## Background and Implementation

### Background:

Children, Youth and Families Department (CYFD) recognizes the need to connect families to services to prevent future/deeper involvement with Protective Services due to safety concerns related to abuse and neglect. In accordance with House Bill 376, CYFD has been changing the way the department engages with families to provide a more preventative response to families in need of services. Evident Change, formally known as National Council on Crime and Delinquency, a national research and consulting organization, has been providing CYFD with project planning support and evaluation support to help CYFD successfully implement HB 376. Varying forms of Differential Response (DR) have been implemented across multiple states and jurisdictions over the last 25 years to reduce the number of investigations including unnecessary investigations and child removals.

HB 376 will ultimately provide a three-pathway response to families referred to the child welfare agency through the child abuse hotline (State Central Intake – SCI). HB 376 focuses on three phases that include a community prevention response, a collaborative response, and a traditional investigative response.

The first phase of the model focuses on calls received by the CYFD PSD SCI that do not meet the statutory requirements for a child abuse and/or neglect investigation. Those calls are routed to the CYFD's Family OutReach & Community Engagement (FORCE) within SCI and the assigned FORCE Worker contacts the family, conducts a needs assessment, and then connects the family to a contracted service provider located in that specific county. CYFD's Family OutReach & Community Engagement (FORCE) unit has designed its model in conjunction with Annie E. Casey and Evident Change.

- Phase 1 (“the community prevention”) creates a new response when families that **do not** meet the statutory requirements for a formal child protection investigation during SCI's assessment instead get referred to the FORCE unit. A FORCE advocate completes a needs assessment, then connects the family with a local, community-based provider that can connect that family with local services. Engagement with those community providers is voluntary for the family.
- Phase 2 (“the collaborative response”) creates an alternative assessment process in lieu of a traditional investigation for reports that **do** meet the statutory threshold for an in-person response from CYFD - but are however deemed “low risk” or as having lower severity allegations. In Phase 2, families who previously would have experienced a formal, traditional investigation will instead experience an alternative approach. Rather than being investigated, the CYFD worker will assess the family's needs and collaborate with the family and community providers to effectively connect the family to community services, in an effort to respond to those needs. The family is then re-assessed (time limited 30-60 days) after engaging in services.
- Phase 3 (“the investigation phase”) is CYFD's traditional investigation process. This response is for reports that meet the statutory threshold and contain more significant allegations (serious physical abuse, sexual abuse, etc). While strong family engagement

skills will still be utilized to connect with families in this phase – the investigation contains a series of fact-finding activities, and an allegation determination will be made.

CYFD collaborated with Evident Change to co-create a Logic Model and Theory of Change to define desired outcomes and how program activities are theorized to realize the desired outcomes. These documents are to communicate the intent of FORCE and guide the ongoing evaluation. The below Theory of Change and Logic Model documents Community Prevention Response, Phase 1, that is currently in place.

## THEORY OF CHANGE

# Family OutReach and Community Engagement

### What Are the Problems?



Many families who are screened out at Statewide Central Intake have unmet needs



Children, Youth, and Families Division (CYFD) is not always perceived as a resource

### What Will We Do?

Family OutReach and Community Engagement will engage families and refer them to community providers

Community providers will assess families' needs and connect them to effective, appropriate, and accessible services

### What Will We Accomplish?



Families will access services that are accessible, culturally appropriate, and effective



Community providers will know what families need and have services that allow families to avoid CYFD referrals



# NEW MEXICO FAMILY OUTREACH AND COMMUNITY ENGAGEMENT LOGIC MODEL

## RESOURCES/INPUTS

We will need the following to accomplish our set of activities.

## ACTIVITIES

We must accomplish the following activities to implement the program.

## OUTPUTS

Accomplishing the activities is expected to produce the following evidence of service delivery.

## SHORT-TERM OUTCOMES

Accomplishing the activities is expected to lead to the following changes in about one year.

## LONG-TERM OUTCOMES

Accomplishing the activities is expected to lead to the following changes in about five years.

<b>RESOURCES/ INPUTS</b>	<ul style="list-style-type: none"> <li>• Identify three counties in one region willing to pilot the family outreach and community engagement (FORCE) model.</li> <li>• Identify three community providers (one in each county).</li> <li>• Get start-up funds from Legislative Finance Committee.</li> <li>• Create 10 positions for FORCE within Statewide Central Intake (SCI).</li> <li>• Have Part III of the intake tool designed to help determine appropriate families for FORCE referral.</li> <li>• Have training for staff available.</li> <li>• Have SCI staff excited and motivated for the change.</li> </ul>
<b>ACTIVITIES</b>	<p><b>PR and communications</b></p> <ul style="list-style-type: none"> <li>• General</li> <li>• Mandated reporter-specific</li> <li>• FORCE presence on the CYFD.org website</li> <li>• Educating CYFD Leadership in current pilot counties</li> </ul> <p><b>Establish and implement process flow</b></p> <ul style="list-style-type: none"> <li>• FORCE workers attempt to contact screened-out families who SCI believes would benefit from FORCE.</li> <li>• When contacted, families will be given a description of FORCE and offered an opportunity to connect to the community provider in that region.</li> <li>• FORCE will fill out a questionnaire to determine needs.</li> <li>• FORCE will contact the community provider.</li> <li>• The provider will review the questionnaire with the family and then make referrals or provide services.</li> <li>• Provider will come back to FORCE and give an update of services provided (14 days and 30 days).</li> </ul> <p><b>Regular communication with lead providers</b></p> <ul style="list-style-type: none"> <li>• Weekly meetings</li> <li>• Monthly meetings</li> <li>• Coordination activities</li> </ul> <p><b>SCI workers will complete standard screening, including use of the intake tool.</b></p> <p><b>For screened-out families, SCI will use Part III of the intake tool to help determine appropriate referrals to FORCE. (TBD)</b></p>

## OUTPUTS

### **Family focus groups and interviews**

- Perception of FORCE from families who declined services
- Perception of FORCE and services from families who accepted services

### **Family data from community providers**

- Duration and frequency of services
- Type of services offered to the families and type of services received
- Client satisfaction
- Characteristics of individuals providing services
- Family needs
- Characteristics of families served
  - » Race/ethnicity
  - » Socioeconomic status (SES)
  - » Household composition
  - » Age of children and caregivers
  - » County

### **CYFD administrative data and intake tool**

- Number of calls received overall by SCI
- Number of screened-out calls by SCI
- Number of screened-out calls referred to FORCE
- Characteristics of families
  - » Race/ethnicity
  - » Socioeconomic status (SES)
  - » County
  - » Household composition
  - » Age of children and caregivers
  - » Needs identified on Part III of the intake tool

### **FORCE**

- Number of FORCE contact attempts with families
- Number and percentage of successful contacts with families
- Number and percentage of families who accept referrals to community providers

- Number and percentage of warm handoffs to community providers
- Number and percentage who are declined for services by CPs
- Counts of needs identified
- Characteristics of families
  - » Race/ethnicity
  - » Socioeconomic status (SES)
  - » Age of children and caregivers
  - » County

**Structured interviews and/or focus group with FORCE staff:** Perceptions of strengths and challenges

**Structured interviews and/or focus group with SCI staff:** Perceptions of FORCE

- Effectiveness
- Understanding of purpose
- Perception of FORCE functioning

**Survey of community providers:** Perceptions of FORCE

- Understanding of FORCE
- Belief that FORCE is effective for families
- Belief that they are getting the right number and type of referrals
- Perception of relationship with New Mexico Children, Youth and Families Department (CYFD)

**Survey of reporters:** Awareness of FORCE

**SHORT-TERM  
OUTCOMES**

**Families**

- Right after engaging with FORCE:
  - » At least 75% of families believe that FORCE engaged well.
  - » At least 75% of families believe that FORCE worker identified/assessed their needs appropriately.
- After taking part in services:
  - » At least 75% of families believe their needs were appropriately identified.
  - » At least 75% of families believe the community provider engaged well.
  - » At least 75% families believe services were culturally appropriate.
  - » At least 75% of families believe their needs were met.
  - » At least 75% of families report use of new skills/resources.
  - » At least 75% of families view the FORCE referral pathway as a beneficial resource.

**CYFD administrative data and intake tool**

- **Increase in percentage of eligible screened-out calls referred to FORCE**
- **Decreased number of investigations**

**FORCE**

- **Increase in percentage of families who engage with FORCE staff**
- **Increase in percentage of families who are successfully referred to community providers**
- **Increase in percentage of families who use services**
- **FORCE services are offered equitably by race/ethnicity.**
- **FORCE staff have knowledge, skills, and attitudes to successfully implement FORCE**

**SCI staff**

- **At least 75% of staff believe FORCE is effective.**
- **At least 75% of staff can describe the referral process of FORCE and their roles.**
- **At least 75% of staff believe FORCE is functioning well.**

**Community providers**

- **At least 75% of community providers understand FORCE well.**

- **At least 75% of community providers believe FORCE is effective for families.**
- **At least 75% of community providers believe they are getting the right number of referrals.**
- **At least 75% of community providers believe families referred to them can benefit from their services.**
- **At least 75% of community providers believe they have been in regular/good communication with CYFD/FORCE.**
- **Increased percentage of community providers who have trust/positive view of CYFD.**

**Reporters: Increased percentage of those who know about FORCE.**

**LONG-TERM  
OUTCOMES**

**Families**

- **Families know about FORCE.**
- **Families view CYFD as a resource.**
- **Families know about resources in their communities to address their needs.**
- **Families use services that are accessible, appropriate (including culturally), and effective.**
- **Families will be diverted from further CYFD involvement.**

- Families who received a FORCE referral are re-referred to SCI less frequently than similar families without FORCE referrals.
- All services are accessible, appropriate (including culturally), and effective regardless of race, gender, and other identities.

#### **CYFD**

- Families will be diverted from traditional CPS into community services when appropriate.
- Family engagement improves.
- New Mexico moves up on state ranking for child well-being.
- Racial disproportionality of calls to SCI is reduced.

**FORCE: FORCE successfully engages families and connects them to community resources**

#### **SCI staff**

- SCI staff refer appropriate families to FORCE
- SCI staff believe FORCE is effective

#### **Community providers**

- Community providers know about FORCE.
- Community providers have a strong partnership with CYFD and FORCE.
- Community providers understand what families need and have services to offer.
- Community providers respond in a culturally appropriate way to families' needs.

**Community: CYFD is viewed as an advocate and resource for families in the community.**

## ASSUMPTIONS

- CYFD is being used in situations when community responses might be a better fit for families.
- CYFD can identify families who might be a better fit for a non-statutory response than a CPS response.
- Community agencies can serve these families through community engagement.
- Families will show improvement and have their needs met without a statutory (CYFD) intervention.
- FORCE will be a part of this process and will continue to expand the Community Prevention Response to all counties statewide.

In January 2021, FORCE began implementation of Community Prevention Response, Phase 1 of the Multilevel Response System in four counties: McKinley, Rio Arriba, Sandoval, and Valencia. Counties were chosen based on what providers already had contracts in place for services through CYFD and to include tribal partners in Rio Arriba County. After meeting to discuss the four pilot counties, CYFD's Prevention & Initiatives Bureau contacted providers to determine if they had the capacity (full time staff, resources, operation/contractual costs, etc.) to add another program to their contract. The following are the providers contracted to work with FORCE families:

- McKinley – Desert View
- Rio Arriba – Las Cumbres
- Sandoval – PB&J Family Services
- Valencia - YDI

Family OutReach & Community Engagement has started implementation of Phase 1 as a pilot, before expanding statewide, after which the department will look to pilot and then implement the second and third phases in subsequent years.

#### Implementation Strengths and Obstacles:

In September 2020, as a response to the COVID-19 pandemic, Family OutReach & Community Engagement (FORCE) under the name of Family Resource Connections (FRC) departed from the original outline of the prevention phase. As a result of the mandated stay-at-home orders, FRC assisted field workers with the overabundance of educational neglect reports being made to Statewide Central Intake (SCI). In the early days of the pandemic, in collaboration with SCI and Investigations, FRC provided families who were identified with allegations of educational neglect with resources and support as an alternative approach to traditional investigations.

After SCI received and screened a report for abuse/neglect, families who were identified as having educational concerns only and met the criteria for a Priority 2 response were referred to the FRC unit as opposed to a traditional investigation. After receiving the report, an FRC Advocate contacted the family to provide resources and services, including, but not limited to:

- A. Coordination with school staff and family to resolve communication barriers, assist with overcoming technology barriers, provide conflict mediation, arrange, and facilitate health & wellness meetings, determine an educational support plan with school staff and the family, etc.
- B. Linking the family with needed community resources including but not limited to:
  - a. Community Center Referrals
  - b. Referrals to the Engage New Mexico program
  - c. Early Intervention Services
  - d. Grandparent Support Services
  - e. Parenting Skills
  - f. Mental Health Referrals
  - g. Basic Needs such as food pantries, internet programs, utility assistance, childcare, assistance with filling out housing applications, legal self-help assistance, etc.

In the event the FRC Advocate was unable to mitigate educational barriers with the school and/or additional safety concerns were raised during contact with the family, reports were referred to SCI to be screened for an investigation and the traditional approach was pursued.

In May 2021, New Mexico schools announced the resumption of in-person attendance. Educational neglect reports that met the criteria for a P2 response were returned to the field for investigation in accordance with CYFD's traditional approach. Further data of this implementation can be found in the Status Update section (please note FRC was renamed to FORCE after implementation of Community Prevention Response - Phase 1 in January 2021).

Whilst assisting with educational neglect reports as a response to the pandemic, FORCE also officially began implementation of prevention Phase 1 of the multilevel response system in four counties: McKinley, Rio Arriba, Sandoval, and Valencia in January 2021. FORCE currently has two supervisors, two senior level advocates, and six advocates. FORCE advocates attempt to engage identified families who meet FORCE criteria, assesses the family's needs, and refers them to community providers, who then connects the family with effective, appropriate, and accessible services.

To determine prevention Phase 1 FORCE eligibility, SCI staff determine if:(a) a family has been screened out (does not meet statutory threshold for an investigation), (b) the family resides in a FORCE pilot county, and (c) does not have an open case. If a family meets all three conditions, SCI staff move on to further criteria listed below. The criteria for a family to qualify for FORCE services is one or more of the following:

1. Prior CYFD investigations
2. Prior Failed Reunification
3. Prior death of a child as a result of abuse or neglect
4. Anyone in the household with (a) substance abuse, (b) domestic violence concerns and/or (c) mental health concerns
5. Identified needs that can be addressed through FORCE and prevention services include but are not limited to:
  - a. Clothing
  - b. Housing
  - c. Food
  - d. Financial
  - e. Parenting Skills
  - f. Counseling/Mental Health
  - g. Medical
  - h. Teen Support/Youth Behavioral Services
  - i. Child Behavior Support Services
  - j. Teen education participation concerns

When a report meets the criteria described above, SCI staff refer the screened-out report to FORCE. A FORCE supervisor reviews the report and assigns it to an advocate. FORCE advocates make attempts to contact the family and engage them, to connect the family with potential community supports. Advocates make all efforts to engage the family in services,

without being over-intrusive. If the family declines, the FORCE advocate closes communication with the family.

If the family agrees to services, the following occurs:

1. The FORCE advocate completes a Family Needs Questionnaire and sends it to a FORCE supervisor for review.
2. The FORCE advocate completes a Provider Referral Form and emails it to the appropriate county provider (Las Cumbres, YDI, PB&J, or Desert View).
3. Once the provider has received and reviewed the family questionnaire, an informal staffing takes place within two days so that the agency case worker has a full understanding of what services/supports the family will need.
4. After the staffing, a warm-handoff referral meeting is scheduled to introduce the family to the provider and assigned case worker.
5. FORCE involvement is then limited.

Once referred to a provider:

1. After the warm-handoff referral takes place, the provider meets with the family to complete intake paperwork and begin services.
2. Two weeks from the start of services, the FORCE advocate emails the provider to determine if the family has begun services and is engaged. No further details regarding the family's engagement are provided (to improve family engagement and allow families to view CYFD as an advocate and resource for families, rather than an intrusive and reactionary agency).
3. Thirty days from the start of services, the FORCE advocate completes a final follow-up with the provider to determine if the family received services or is still involved with the agency. The provider sends the original referral form back to FORCE with the services provided to the family section completed.

During implementation of Community Prevention Response - Phase 1, FORCE Leadership, in conjunction with Evident Change, met with the County of San Diego Health and Human Services Agency. San Diego has been implementing a similar prevention phase approach for some years. Some of the lessons shared by San Diego included:

- The need for trainings on empathy, validation, and needs assessment to allow FORCE advocates to engage more appropriately with identified families.
- The challenge of uptake of this voluntary service: Data for the prevention phase approach adopted by the County of San Diego Health and Human Services Agency indicated average success rate of 20% family uptake of services during their first two years of implementation.

## **FRC – Pandemic Response for Education Data**

The following data provides an overview of families referred to the FRC unit under the educational neglect approach utilized during the pandemic. This alternative approach to educational neglect reports took place during the months of September 2020 to May 2021.

### September 2020 - December 2020:

- Reports received: 980
- Successful outcomes (FRC coordinated with school/family, resolved educational barriers, linked with resources needed, etc.): 253
- Did not meet criteria for differential response (FRC was previously involved with the family, family had a current open case, or the Family had multiple reports): 146
- Family Disengaged: 171
- Unable to contact: 410

### January 2021 - May 2021:

- Reports received: 948
- Successful outcomes (FRC coordinated with school/family, resolved educational barriers, linked with resources needed, etc.): 329
- Did not meet criteria for differential response (FRC was previously involved with the family, family had a current open case, or the Family had multiple reports): 130
- Family Disengaged: 163
- Unable to contact: 326

The following data provides an overview of the FORCE's implementation of prevention Phase 1 (as originally designed) that has been in place from January 2021 to July 2021. The data indicates 21% of families with screened out reports were successfully contacted and referred to providers (like what San Diego described). Of these, 78% received or are currently receiving assistance through community providers.

### January 2021 - July 2021:

- Screened Out Reports referred to FORCE: 219
  - o McKinley: 26
  - o Rio Arriba: 52
  - o Sandoval: 81
  - o Valencia: 60
- Referred to provider: 45
  - o McKinley: 5
  - o Rio Arriba: 10
  - o Sandoval: 15
  - o Valencia: 15
    - Outcomes:
      - Receiving Services: 18
      - Goals Achieved: 14
      - 1x resource support supplied by provider: 3
      - Family declined/disengaged after referral: 4

- Family received an open case and involvement with FORCE was terminated: 6
- Unsuccessful Attempts (Family declined/disengaged from FORCE program, already engaged in outside services, or unable to contact): 175

# **FORCE Community Prevention Response - Phase 1 Status Update**

Referencing the above Logic Model, the following are progress steps identified and met through the implementation of Community Prevention Response - Phase 1:

- Resources/Inputs:
  - Four counties were identified and are actively participating in the pilot of FORCE (McKinley, Rio Arriba, Sandoval, Valencia). County Office Managers and Staff were notified of the pilot within these respective counties.
  - Four community providers specifically identified for each pilot county (Desert View, YDI, PB&J, Las Cumbres).
  - Startup funds from LFC were provided to implement prevention phase 1 in the identified four counties.
  - Ten positions for FORCE within SCI were filled to include two supervisors, two senior level advocates, and six advocates.
  - A new SDM tool with part three is being designed to help determine appropriate families for FORCE referrals for implementation in the future.
  - Training for staff has been provided to assess and engage families. Further empathy and validation trainings are tentatively scheduled.
- Activities:
  - FORCE Advocates fill out a questionnaire to determine family needs, and then make referrals to the community provider for services.
  - FORCE Advocates make regular contact with community providers.
  - Monthly peer-to-peer meetings with providers and contract specialists to determine the efficacy of the program, implementation barriers and successes, and next steps.
  - For screened out families, SCI Supervisors as well as FORCE Supervisors have been implementing part three of SDM to help determine appropriate referral to FORCE.

## **Conclusion and Next Steps**

As the FORCE model returns to its primary target population, FORCE and Evident Change will collaborate to identify and implement evaluation metrics such as family engagement surveys, community provider feedback, and outcome data, following the short-term outcomes defined in the logic model. This information will be used to enhance the program to ensure it is meeting the needs of families, the community providers, and reducing additional reports to SCI.

FORCE will continue to collaborate with providers to ensure the process meets their needs, contracts will be amended to support family engagement, providers will continue to participate in the evaluation process through quantitative and qualitative data collection methods and provide feedback on the development of the process.

Current budget costs provided by P&I Bureau for differential response in the four pilot counties is \$712,941.67. Given the limitations for Fiscal Year 2022 budget, as well as the submission of Fiscal Year 2023 budget, FORCE is requesting an additional fund amount of \$715,000 to expand prevention Phase 1 to four additional counties.

Early efforts are underway to design the implementation of Phase 2, the Family assessment phase. This change will require significant alteration and clarification to current CYFD investigators job roles. CYFD anticipates the implementation of this phase after successful implementation of Community Prevention Response - Phase 1 statewide.

With the development of this three-phase approach to differential response, the FORCE Logic Model will continue to be adapted and amended to meet family's needs and provide them with the adequate resources and skills, to reduce maltreatment and abuse of the children in New Mexico. We appreciate the legislatures support for this innovative new approach.