Michelle Lujan Grisham
GOVERNOR

Barbara Vigil
CABINET SECRETARY

Fiscal Year 2022
PERFORMANCE REPORT
Children, Youth and Families Department


**Agency Mission:**
Improving the quality of life for our children.

**Agency Goals/Objectives:**
1. More appropriate placements
2. Utilization of prevention to improve outcomes for children
3. Optimization of Departmental resources and performance
4. Improve staffing

**Key Strategic Plan Initiatives:**
1a. Reduce the use of congregate care
1b. Increase the utilization of kinship care
1c. Increase community based Mental Health services
1d. Institute special protocols for vulnerable populations
2a. Reduce institutionalization of youth
2b. Reduce youth homelessness
2c. Be trauma informed in our approach
3a. Improve quality and reliability of Departmental data
3b. Improve Departmental accountability within and without the organization
4a. Reduce vacancy rates
4b. Increase training and support
4c. Invest in workforce development.

**AGENCY PROGRAMS**

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<td>P578</td>
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<tr>
<td>JUVENILE JUSTICE SERVICES</td>
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<tr>
<td>BEHAVIORAL HEALTH SERVICES</td>
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PROTECTIVE SERVICES DIVISION

Program Description, Purpose and Objectives:

CYFD’s Protective Services division (PS) is responsible for screening reports of child abuse and neglect; assigning reports for investigation; and assessing child safety and the risk, needs, and protective factors of New Mexico families. PS also connects families with high-quality services, either provided directly by the agency or in the community, to prevent child maltreatment from occurring or recurring. When children cannot safely remain in their homes, PS provides foster care services for children and works with caregivers to facilitate reunification with their children, when possible. When reunification is not possible, CYFD strives to achieve permanency for children in PS custody through adoption or permanent guardianship. PS works with other CYFD divisions and with other state agencies to ensure continuity of services for children in custody across the spectrum of medical and behavioral health as well as juvenile justice services.

Program Budget (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>FY21 General Fund</th>
<th>Other State Funds</th>
<th>Federal Funds</th>
<th>Other Transfers</th>
<th>TOTAL</th>
<th>FTE</th>
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<table>
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<th></th>
<th>FY22 General Fund</th>
<th>Other State Funds</th>
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<td>$77,246.0</td>
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<td>179,855.2</td>
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</table>

Program Performance Measures:

1. Percent of children in foster care who have at least one monthly visit with their caseworker
2. Percent of children in foster care for more than eight days who achieve permanency within twelve months of entry into foster care
3. Percent of children in foster care for twelve to twenty-three months at the start of a twelve-month period who achieve permanency within that twelve months
4. Percent of children in foster care for twenty-four months at the start of a twelve-month period who achieve permanency within that twelve months
5. Percent of children who were victims of a substantiated maltreatment report during a twelve-month period who were victims of another substantiated maltreatment allegation within twelve months of their initial report
6. Percent of families with a completed investigation and participated in in home services or family support services and did not have a subsequent substantiated abuse report within 12 months
7. Percent of foster care placements currently in kinship care settings
8. Percent of Indian Child Welfare Act foster care youth who are in an appropriate placement
9. Percent of initial relative placement that transition to permanency or are still stable after 12 months
10. Rate of maltreatment victimizations per one hundred thousand days in foster care
11. Percent of serious injuries with prior protective services involvement in the last year
12. Average statewide central intake call center wait time
13. Of children who enter care during a 12-month period and stay for > 8 days, placement moves rate per 1,000 days of care
14. Turnover rate for protective service workers
PS PERFORMANCE MEASURE #1

Percent of children in foster care who have at least one monthly visit with their caseworker

<table>
<thead>
<tr>
<th>Results</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
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<tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>FY22 Q1</td>
<td>96.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>FY22 Q2</td>
<td>96.8%</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
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</tr>
<tr>
<td>FY22 Q4</td>
<td>92.2%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**MEASURE DESCRIPTION:** Regular, high-quality, face-to-face visitation with children in PS custody is vital to ensuring child safety and wellbeing, and has been shown through a vast body of research to be an integral part of achieving timely permanency.

**DATA SOURCE/METHODOLOGY:** Data come from CYFD’s State Automated Child Welfare Information System, FACTS. **Denominator:** All children in foster care during each month in the reporting period; **Numerator:** Of the denominator, children who receive a visit during the month.

**STORY BEHIND THE DATA:** Children placed in out of state facilities and who are on runaway status present as challenges for caseworkers in making monthly contact. In addition, monthly qualitative case reviews that include interviews with workers, children, and foster parents find that typically monthly worker-child visits do occur but documentation in the case file is lacking, possibly resulting in diminished data quality for this measure.

**IMPROVEMENT ACTION PLAN:** This is an explanatory measure with no target; therefore, an Improvement Action Plan is not needed.
PS PERFORMANCE MEASURE #2

Percent of children in foster care for more than eight days, who achieve permanency within twelve months of entry into foster care

Results

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32.3%</td>
<td>29.3%</td>
<td>29.7%</td>
<td>32.0%</td>
<td>32.7%</td>
<td>34.7%</td>
<td>36.0%</td>
<td>36.0%</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

Graph of Data Above

MEASURE DESCRIPTION: This measure describes the number of children who achieve permanency within 12 months of entry into foster care. It is based on a rolling 12-month cohort of children entering foster care.

DATA SOURCE/METHODOLOGY: Data come from CYFD's State Automated Child Welfare Information System, FACTS. **Denominator:** Children who entered foster care in the rolling 12 months ending one year prior to the end of the reporting period; **Numerator:** Of the denominator, children who achieved permanency within 12 months of entry.

STORY BEHIND THE DATA: Permanency that occurs within 12 months of entry into foster care is typically reunification with the child’s primary caretakers (although permanent guardianship is sometimes the outcome for dismissals occurring within this timeframe). Therefore, this measure must look at carefully alongside its federal companion measure, foster care re-entries for children who exit foster care within 12 months. Returning children home too soon, before meaningful and lasting change is made on the part of the caregiver, can jeopardize a child’s safety, and heighten the risk for coming back into foster care. Complex needs of families—such as substance abuse, mental health issues, domestic violence, and barriers to safe and stable housing—can make safe reunification within the 12-month time frame extremely challenging. Waitlists or other barriers to scarce services in some parts of the state can make it difficult for parents to engage in time-sensitive services. The COVID-19 pandemic and subsequent public health orders may have...
had some impact in that some court proceedings were delayed.

Because this measure is calculated using a rolling 12-month entry cohort that begins 24 months prior to the end of the reporting period (in order to correspond with its federal companion measure of foster care re-entries), improvements in this measure due to recent practice initiatives can take quite a long time to appear in the data. Moreover, the number of children overall entering foster care has declined dramatically over the last year. Hence, many of those cases in which removal is taken as a necessary step are likely more serious, complex, and somewhat less likely to have reunification as an outcome, which could impact this measure over the next couple of years.

**IMPROVEMENT ACTION PLAN:** PS is piloting a promising program in several counties intended to help PS engage parents in a more meaningful and timely manner and reduce barriers to accessing services. NM FAP partners parents whose children are in foster care with contracted community mentors who are not affiliated with the Department, who provide coaching and support throughout the life of the legal case.

More frequent staffing of cases is occurring, as well as emphasized collaboration between timely filing of orders to the court regarding reunification or guardianship by the agency’s attorneys.

PS has also placed renewed emphasis on case workers making high-quality, consistent monthly visits with parents in their homes in order to improve engagement and ongoing needs assessment.
**PS PERFORMANCE MEASURE #3 ★**

*Percent of children in foster care for twelve to twenty-three months at the start of a twelve-month period, who achieve permanency within that twelve months*

### Results

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
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<tr>
<td>Percent</td>
<td>36.5%</td>
<td>40.2%</td>
<td>40.4%</td>
<td>38.5%</td>
<td>41.0%</td>
<td>37.9%</td>
<td>41.7%</td>
<td>41.7%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

**Graph of Data Above**

**MEASURE DESCRIPTION:** This measure looks at those children who do not achieve permanency within 12 months of entry, to determine how many then go on to permanency within the subsequent 12 months.

**DATA SOURCE/METHODOLOGY:** Data come from CYFD’s State Automated Child Welfare Information System, FACTS.

**Denominator:** Children who had been in foster care for 12-23 months, one year prior to the end of the reporting period;

**Numerator:** Of the denominator, children who achieved permanency within 12 months.

**STORY BEHIND THE DATA:** Children who achieve permanency within 13-35 months of entry (the children in the numerator of this measure) are typically exiting to all different types of permanency: reunification, permanent guardianship, or adoption. When the overall numbers of children achieving permanency within 12 months are lower, the number of children achieving permanency in this cohort tends to be higher, as reunifications that ideally would have taken place within 12 months are then occurring around the 13th to 15th month. Exits to permanent guardianship may also occur around this timeframe or somewhat later; and adoptions account for the vast majority of exits occurring even later. Because so many different types of cases comprise the children in the numerator of this measure, specific strategies to drive the numbers in the desired direction must be multifaceted and will always impact other measures of timeliness to permanency. In the case of more timely adoptions, significant backlogs in the court system—related to both termination of parental rights (TPR) and finalization of adoptions—have been identified as a persistent barrier.

The COVID-19 pandemic and subsequent public health orders may have had some impact in that some court
proceedings were delayed.

PS has renewed its focus on pursuing permanent guardianship when appropriate, which is a permanent outcome that does not require TPR.

**IMPROVEMENT ACTION PLAN:** In the last year, PS has emphasized the need for timely change of plans, when reunification is no longer viable; improved its ability to track timelines for TPR proceedings; and identify specific cases that are appropriate for permanent guardianship. Implementation of the Collaborative Assessment Planning (CAP) framework, in which PS staff, supervisors, and legal address barriers to permanency on specific cases every 90 days, has shown to be an effective new practice in many jurisdictions. PS is also hoping that a new data file exchange system for interstate placements will expedite permanency for children placed with relatives or fictive kin out of state.
PS PERFORMANCE MEASURE #4

Percent of children in foster care for twenty-four months (or more) at the start of a twelve-month period, who achieve permanency within that twelve months

Results

<table>
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<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36.6%</td>
<td>34.0%</td>
<td>40.9%</td>
<td>42.4%</td>
<td>39.3%</td>
<td>38.0%</td>
<td>37.9%</td>
<td>37.9%</td>
<td>32.0%</td>
</tr>
</tbody>
</table>

Graph of Data Above

MEASURE DESCRIPTION: Children in care for 24+ months at the start of a rolling 12-month period, who then go on to achieve permanency within the subsequent 12 months, are included in the numerator.

DATA SOURCE/METHODOLOGY: Data come from CYFD’s State Automated Child Welfare Information System, FACTS. Denominator: Children who had been in foster care for 24+ months, on the first day of the 12-month reporting period; Numerator: Of the denominator, children who achieved permanency within 12 months.

STORY BEHIND THE DATA: This measure tracks permanency outcomes for so-called "long-stayers": children and youth who are traditionally considered difficult to place due to extraordinary needs, or who are likely to emancipate, or "age out," of the foster care system. Children in the numerator of this measure also often exit to adoption, although on a delayed timeline due to a variety of factors described within the context of the prior measure.

Improvements in timeliness to permanency overall can drive down performance in this measure, as the denominator will become smaller and comprised almost entirely of children who are less likely to achieve a permanent outcome within 12 months. In that case, the importance of this measure is to hold PS accountable to continuous efforts to achieve permanency for all children in custody, regardless of high needs, age, length of stay, or size of sibling group.
IMPROVEMENT ACTION PLAN: PS currently meets the target for this measure; an improvement action plan is not needed.
**PS PERFORMANCE MEASURE #5**

**Percent of children who were victims of a substantiated maltreatment report during a twelve-month period, who were victims of another substantiated maltreatment allegation within twelve months of their initial report**

**Results**

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
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<td>14.1%</td>
<td>9.0%</td>
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**MEASURE DESCRIPTION:** This measure captures the number of children who experience abuse or neglect within twelve months of a prior episode of abuse or neglect. This measure is often referred to as "repeat maltreatment." Broadly speaking, it is an indicator of how successfully staff are facilitating families’ engagement in secondary prevention services with community providers.

**DATA SOURCE/METHODOLOGY:** Data come from PS’s Statewide Automated Child Welfare Information System (SACWIS), FACTS. **Denominator:** Children who experienced substantiated maltreatment in the rolling 12 months ending 12 months before the reporting period; **Numerator:** Of the denominator, those children who experienced another episode of maltreatment in the subsequent 12 months.

**STORY BEHIND THE DATA:** Complex factors such as poverty, substance abuse, domestic violence, and mental health problems all contribute to the challenges faced by families that tend to have repeat substantiations in relatively short periods of time. Gaps in needed safety related services throughout the state create a barrier to providing needed services. Vacancy rates and worker turnover also impact this outcome. Experienced caseworkers with the training and skills to accurately assess safety and link families to needed services are critical to improve this outcome. In the last two years, PS has hired a training director to oversee improved training efforts including focused attention on competency-based foundation training for new employees; annual training for all employees; county-based training and positions for
regional coaches; and specific supports to enhance supervisor competency. Additionally, PS has restructured contracts to address gaps in the service array. A new safety assessment, developed through a partnership with Evident Change (formerly the National Center on Crime and Delinquency [NCCD]), was implemented in early 2019. PS has also worked to improve family engagement with critical safety-related services through a "warm hand-off" between PS, families, and community service providers. These initiatives require significant investment, training, and shifts in agency culture and best practices.

Additionally, this measure, which has a year-long period of observation, may also include in the numerator children who receive more intensive interventions, such as In-Home Services or foster care. Therefore, improvements in the case planning involved in these types of interventions should have a positive impact on this measure. In the last year, PS has trained supervisors and field staff in behaviorally based treatment plans, designed to address the issue of "cookie-cutter" treatment plans for families involved in In-Home Services or legal foster care cases and lead to meaningful, lasting improvements in caregivers' abilities to keep their children safe. PS has made a concerted effort to address the backlog of investigations which has impact on the repeat maltreatment. PS will continue to work to timely close investigations. The new safety assessment is two years into implementation. Training regarding the service matrix is occurring which will help staff better understand the impact of risk and family engagement.

PS has also disseminated an improved service matrix to aid investigators in making the right decisions about family needs based on safety and risk assessments. It is expected that these practice improvements will continue to impact this measure in a positive direction throughout SFY 22.

The addition of 17 new I-HS/FSS contracts will also give field workers better options for referring higher-risk families to services, whereas in some counties, these options were previously limited or non-existent.

**IMPROVEMENT ACTION PLAN:** PS will continue to monitor the impact that new initiatives have on repeat maltreatment, and address gaps in the service array. PS will also evaluate outcomes for contract providers who work with families referred by PS. Through a process of Continuous Quality Improvement, PS will continue to examine this measure on a county-by-county basis to ensure staff and supervisory competency, identify ongoing gaps in the service array, and assess fidelity to safety assessment and Safety Organized Practice.
PS PERFORMANCE MEASURE #6

Percent of families with a completed investigation and participated in In-Home Services or Family Support Services and did not have a subsequent substantiated maltreatment report within 12 months

Results

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
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<td>Available</td>
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<td>Not Available</td>
<td>79.5%</td>
<td>79.4%</td>
<td>73.7%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>20.0%</td>
<td></td>
</tr>
</tbody>
</table>

Graph of Data Above

**MEASURE DESCRIPTION:** This measure helps PS gauge the effectiveness of the Division’s most intensive secondary prevention programs: In-Home Services, Family Support Services, and Secondary Prevention Services. While some of these services are provided by CYFD staff, many others are contracted with community providers. These services are recommended and referred for families who are at the highest risk of re-referral and repeat maltreatment.

**DATA SOURCE/METHODOLOGY:** Data come from PS’s Statewide Automated Child Welfare Information System (SACWIS), FACTS, as well as client logs provided by contract agencies. **Denominator:** In a 12-month period, families who were referred to intensive secondary prevention services and engaged for at least 30 days; **Numerator:** Of the denominator, those families who did not receive a substantiated report of maltreatment within 12 months of referral to services.

**STORY BEHIND THE DATA:** Effective engagement is key to successful outcomes for these types of services. This facilitates accurate, timely assessment of child and family needs and targeted treatment plans to reduce risk and mitigate those factors that led to PS involvement. The success rate of families who engage with these services for at least 30 days is well above the target; PS will continue to work with providers to improve engagement of families who fail to follow through with services.
**IMPROVEMENT ACTION PLAN**: PS currently meets the outcome target for this measure; an Improvement Action Plan is not needed.
PS PERFORMANCE MEASURE #7

Percent of foster care placements currently in kinship care settings

<table>
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<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.7%</td>
<td></td>
<td>35.6%</td>
<td>42.0%</td>
<td>46.5%</td>
<td>48.3%</td>
<td>47.9%</td>
<td>49.3%</td>
<td>49.3%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

MEASURE DESCRIPTION: Placement with relatives has a positive influence on many outcomes for children in foster care, including reducing trauma; preserving connections; stabilizing placements; and achieving timely permanency.

DATA SOURCE/METHODOLOGY: Data come from CYFD’s State Automated Child Welfare Information System, FACTS. 
Denominator: Children in PS custody who are placed in a family-like setting (non-relative foster care; relative foster care; or treatment foster care); Numerator: Of the denominator, children whose foster caregivers are relatives.

STORY BEHIND THE DATA: PS has implemented a number of practice initiatives intended to increase the number of children who are placed in relative foster care placements. These include cross-training staff to conduct Initial Relative Assessments at the time a removal into foster care is imminent; mandating approval of the County Office Manager if a child's first placement must be with a non-relative; adoption of an improved family-finding software application; ongoing searches for relatives throughout the life of a child's foster care case; improved support for relative care providers; and collaboration with the courts to pursue relative placements wherever possible.

IMPROVEMENT ACTION PLAN: PS currently meets the target for this measure; an Improvement Action Plan is not needed.
## PS PERFORMANCE MEASURE #8

**Percent of Indian Child Welfare Act foster care youth who are in an appropriate placement**

### Results

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
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<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
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<th>FY22 Q4</th>
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<td>68.2%</td>
<td>71.5%</td>
<td>71.5%</td>
<td>35.0%</td>
</tr>
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</table>

### Graph of Data Above

- **Actual Performance:**
  - FY19: 73.2%
  - FY20: 61.8%
  - FY21: 60.8%
  - FY22 Q1: 68.2%
  - FY22 Q2: 71.5%
  - FY22 Q3: 71.5%
  - FY22 Q4: 71.5%
  - FY22 Total: 71.5%

- **FY 21 Target (35%)**

### MEASURE DESCRIPTION:
The Indian Child Welfare Act (ICWA) is federal law designed to preserve the autonomy, cultural values, heritage, and community connections of Native American children in foster care. ICWA-preferred placements are those that are most likely to achieve this aim by placing children with relatives, other tribal members, or other Native providers as preferred by the child's tribe.

### DATA SOURCE/METHODOLOGY:
- **Data** come from CYFD’s State Automated Child Welfare Information System, FACTS.
- **Denominator:** On the last day of the reporting period, children in PS custody for whom it is court-determined that the Indian Child Welfare Act applies.
- **Numerator:** Of the denominator, children for whom the court determined that the child is placed in accordance with ICWA placement preferences.

### STORY BEHIND THE DATA:
PS values its unique partnerships with New Mexico's tribal entities and strives to collaborate with tribes to place children in accordance with ICWA placement preferences. The determination that the Indian Child Welfare Act applies to a child in foster care is made by the courts, as is the determination as to whether the child's placement is ICWA-preferred. PS will continue to review all placements that are determined not to be ICWA-preferred, every 30 days that the child remains in that placement. Ongoing collaboration between district and tribal courts, as well as PS and tribal social service providers, will be vital to increasing ICWA-preferred placements for Native American children in foster care.

### IMPROVEMENT ACTION PLAN:
PS currently meets the target for this outcome; an Improvement Action Plan is not needed.
% PS PERFORMANCE MEASURE #9

Percent of relative placements that transition to permanency or are still stable after 12 months

Results

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<th>FY22 Q4</th>
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<th>FY22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70.6%</td>
<td>73.9%</td>
<td>77.8%</td>
<td>73.9%</td>
<td>75.3%</td>
<td>70.3%</td>
<td>74.2%</td>
<td>74.2%</td>
<td>25.0%</td>
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</tbody>
</table>

Graph of Data Above

<table>
<thead>
<tr>
<th></th>
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<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
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<th>FY22 Q3</th>
<th>FY22 Q4</th>
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</thead>
<tbody>
<tr>
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<td>70.6%</td>
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<td>77.8%</td>
<td>73.9%</td>
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<td>74.2%</td>
<td>74.2%</td>
<td>25.0%</td>
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</tbody>
</table>

MEASURE DESCRIPTION: Placement with relatives has a positive influence on many outcomes for children in foster care, including reducing trauma; preserving connections; stabilizing placements; and achieving timely permanency.

DATA SOURCE/METHODOLOGY: Data come from CYFD’s State Automated Child Welfare Information System, FACTS. Denominator: Children placed with a relative on the first day of the 12-month period ending on the last day of the reporting period; Numerator: Of the denominator, children who either achieved permanency or were still placed with the same relative 12 months later.

STORY BEHIND THE DATA: In the last few years, PS has made continuous efforts to increase the number of children who are placed with relative foster care providers. This includes placement with relatives as the child’s first placement upon entry into foster care. Ongoing efforts to achieve a stable, permanent outcome for these children must be made with the same urgency as they are for children placed with non-relatives. The upward trend of this outcome is promising, as it demonstrates that the majority of children placed with relatives at the start of each rolling 12-month period are either achieving permanency, or remaining in a stable placement throughout the year.

IMPROVEMENT ACTION PLAN: PS currently meets the target for this measure; an improvement action plan is not needed.
PS PERFORMANCE MEASURE #10

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

Results

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<th></th>
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<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
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<td>9.71</td>
<td>10.08</td>
<td>10.08</td>
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</table>

Graph of Data Above

MEASURE DESCRIPTION: This measure uses a rolling 12-month period to track the incidence of maltreatment that occurs while children are in foster care. It includes maltreatment perpetrated by relative and non-relative foster parents; other caregivers, such as respite providers; and caregivers providing care to the child during visitation and trial home visits.

DATA SOURCE/METHODOLOGY: Data come from PS's Statewide Automated Child Welfare Information System (SACWIS), FACTS. **Denominator:** Number of days all children in PS custody spent in foster care or on a trial home visit; **Numerator:** Of the denominator, substantiated allegations of maltreatment while the child was in state custody; **Rate:** 100,000 days of care.

STORY BEHIND THE DATA: PS strives to ensure the safety of children who are in the legal custody of the Department. Maltreatment that is alleged in foster homes (both relative and non-relative) are investigated using an elevated priority response. This measure can vary greatly from county to county, and a relatively small number of maltreatment incidents can impact this measure for a full year. Counties in which children tend to have shorter stays in foster care may show higher rates than counties in which children linger for longer in care, despite similar frequency of maltreatment incidents, as the total number of days in the denominator will be much lower. Historically, this measure has been impacted by the fact that PS intake data did not previously include an incident date.
Thus, many of the incidents reported in the denominator as having occurred during the foster care episode, were in fact maltreatment that was perpetrated prior to entry. These incidents had accounted for around 25% of total incidences in the numerator. Starting October 2021, incident dates that differ from report date have been accurately captured and excluded from the metric calculation.

Still, any number of maltreatment incidences involving a child in foster care is too many. PS continues to provide specialized supports to supervisors, placement staff, and contractors regarding thorough home studies of prospective relative and non-relative foster parents, as well as rigorous investigations when maltreatment is alleged in foster homes or during trial home visits.

**IMPROVEMENT ACTION PLAN:** PS formed a work group to address this outcome measure. In addition to the strategies mentioned above, the group has begun development of a more robust protocol for responding to resource parent incident reports. The majority of resource families with substantiated maltreatment reports had a history of incident reports prior to the maltreatment report. PS feels it can respond more thoroughly to these incidents in order to intervene with stressed families earlier on.

PS has implemented more robust ways to support both relative and non-relative resource families with the implementation of Individualized Retention Planning; revamped pre-service training; and the Peer-to-Peer warmline.

PS has also begun auditing home study files of foster families licensed both internally and through Treatment Foster Care (TFC) agencies licensed through CYFD’s Licensing and Certification Authority (LCA). TFC agencies found to be out of compliance with home study policies and licensing requirements will be placed on corrective action through PS and the CYFD LCA.
PS PERFORMANCE MEASURE #11

Percent of serious injuries with prior protective services involvement in the last year

**Results**

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<th>FY21</th>
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<td>16.7%</td>
<td>57.9%</td>
<td>43.3%</td>
<td>26.0%</td>
<td></td>
</tr>
</tbody>
</table>

**MEASURE DESCRIPTION:** Serious injuries that result from physical abuse or neglect are often indicative of escalating maltreatment and in some cases, are sentinel events that predict subsequent injury or even death.

**DATA SOURCE/METHODOLOGY:** Data come from PS’s Statewide Automated Child Welfare Information System (SACWIS), FACTS. **Denominator:** Children who had a substantiated serious injury during the quarter; **Numerator:** Of the denominator, those children’s families who had PS involvement (regardless of case outcome) within the 12 months prior to the serious injury report.

**STORY BEHIND THE DATA:** Sometimes, serious injuries—defined as burns, human bites, internal injuries, malnutrition or starvation, skull fracture, subdural hematoma, wounds, or death, which are substantiated as a result of maltreatment—are precipitated by prior low-risk involvement that later escalates. PS is committed to better understand how to recognize these cases earlier on in our interactions with families. It’s important to note that from one quarter to the next, the outcome may vary greatly due to the overall small denominator. For example, in Q2 there were ten total substantiated serious injuries.

**IMPROVEMENT ACTION PLAN:** PS will continue focused training on its risk and safety assessment as well as dissemination of key findings of its Critical Incident Reviews (CIRs) to leadership, county management, supervisors, and field staff. PS will also review the cases in the numerator with leadership and county staff quarterly, in order to observe possible patterns in how the agency is assessing risk and safety in these cases, or if there are other common factors that may be used to inform protocols and case decisions.
PS PERFORMANCE MEASURE #12

Average Statewide Central Intake call center wait time (in seconds)

Results

<table>
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<tr>
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<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
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<td>30</td>
<td>30</td>
<td>180</td>
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</tbody>
</table>

Graph of Data Above

**MEASURE DESCRIPTION:** Ensuring that the public can easily and quickly contact the PS Statewide Central Intake to report concerns for abuse and neglect is key to ensuring child safety and responding quickly to allegations of maltreatment. This measure shows the trend of average wait times to reach an intake worker and make a report of child abuse and/or neglect.

**DATA SOURCE/METHODOLOGY:** Data come from Statewide Central Intake's call center system software. All wait times for the reporting period are calculated in seconds and averaged together.

**STORY BEHIND THE DATA:** Longest wait times may vary from quarter to quarter based on vacancies or other staffing issues with CYFD’s Statewide Central Intake; unpredictable surges in call volume; and needed adjustments to staffing patterns.

**IMPROVEMENT ACTION PLAN:** PS currently meets the target for this measure; therefore, no Improvement Action Plan is needed.
Of children who enter care during a 12-month period and stay for more than eight days, placement moves rate per 1,000 days of care

Results

<table>
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<tr>
<th>FY19</th>
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<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
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<td>7.79</td>
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</table>

MEASURE DESCRIPTION: Placement stability and timely permanency are closely linked. Stable placements are also less traumatizing for children and lead to better outcomes in education, health, behavioral health, and connections to family and community. This measure focuses on the first 12 months of foster care placement, which tend to be the least stable.

DATA SOURCE/METHODOLOGY: Data come from CYFD’s State Automated Child Welfare Information System, FACTS. Denominator: Total number of days spent in foster care for children entering foster care in a 12-month period; Numerator: Total number of moves from one placement to another for the children in the denominator; Rate: 1,000 foster care days.

STORY BEHIND THE DATA: The factors impacting placement stability are very complex, including the number of available foster families and beds; the ability to effectively match the children in care with the foster placement most able to meet their needs; the role of relative and kin caregivers; the needs of children coming into foster care, who frequently have complex histories of trauma and challenging behaviors; youth who run from foster placements; the use of congregate care, institutional, and shelter placement settings; and the array of services available to meet the needs of foster children and foster parents. In the last year, PS has seen an increase in the percentage of children who are placed with relatives, after a lengthy downward trend in this metric. This is a result of renewed emphasis on the importance of striving for these placements and providing the needed supports to keep them stable. Relative placements are inherently more stable for children. PS has also made significant improvement in the number of relative...
placements that are made immediately following a removal into foster care by cross-training county staff in conducting Initial Relative Assessments and mandating approval by the County Office Manager prior to placing a child with a non-relative upon removal. It is anticipated that this positive practice change will lead to continued and sustained improvement in this measure.

In the last year, PS has made efforts to bring children placed out of state in higher-level placement home to New Mexico, a practice that has positive implications for preserving connections and achieving permanency. However, these moves to return children to New Mexico are still moves—and due to the higher behavioral needs of this population, it continues to be at higher risk for placement moves even once back in the state.

Finally, the pandemic and resulting lockdowns helped partially curb placement moves for over a year. Children appeared to be less likely to be moved from one placement to another with so many public health restrictions in place. In recent months, the agency appears to have moved children to new placements (many of which are beneficial to meet the child’s needs) more freely.

**IMPROVEMENT ACTION PLAN:** Emphasis on placement with relatives has evidence to demonstrate these placements are more stable. Staff are also working on reducing lateral moves and analyzing their foster parent needs and homes to ensure better matching occurs. Contracts with community service providers were executed in SFY 20. These contracts include provisions to accept referrals for foster parents (both relative and non-relative) and foster children to prevent placement disruptions and improve foster parents’ capacity to manage challenging behaviors.

PS has also begun to address its use of congregate care for higher-needs children, as those placements are inherently unstable. The Department is working alongside HSD to develop a recruitment plan for Treatment Foster Care homes that can meet the needs of children who might otherwise qualify for residential treatment.

A workgroup formed to improve this outcome has also begun development of a formal protocol to use an Individualized Planning Process to prevent disruptions in placement.
PS PERFORMANCE MEASURE #14

Results

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<tr>
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<th>FY19</th>
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<td></td>
<td>39.7%</td>
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<td>35.6%</td>
<td>36.6%</td>
<td>36.6%</td>
<td>30.0%</td>
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**MEASURE DESCRIPTION:** PS recognizes that a diverse, experienced workforce is essential to successful child welfare outcomes. Turnover rate is calculated for key caseworker positions in investigations, permanency planning, In-Home Services, placement.

**DATA SOURCE/METHODOLOGY:** Data come from the state SHARE system/Human Resources. **Denominator:** Average number of filled key field/caseworker positions over a 12-month period; **Numerator:** Number of voluntary separations from those same positions over the same 12-month period.

**STORY BEHIND THE DATA:** Like so many other states, New Mexico PS struggles to retain key field staff due to many complex factors pertaining to this unique workforce. Many issues can contribute to high staff turnover in child welfare work in general and PS in particular, and are often interrelated, such as high caseloads, the high stress of the work itself, exposure to vicarious trauma, inadequate or poor quality supervision, insufficient training, poor office morale, high profile cases in the media, a small pool of qualified potential recruits, and competition in pay and benefits from the private sector.

PS is starting to see some improvement in the turnover rate, due to several initiatives that have been implemented in the last several years. These include rapid-hire events to fill vacancies more timely; a new supervisory framework that emphasizes staff support and skill-building; an overhaul of the PS pre-service training curriculum; hiring regionally based coaches to provide ongoing one-on-one support and skill development to staff; and annual staff surveys to identify key factors and trends related to staff morale, job knowledge, and gaps in training and support.
As PS had been making improvements in turnover rates for much of FY20, it’s possible that the shift in working conditions due to COVID-19 vaccine mandates is at least partially responsible for the most recent quarter’s uptick in turnover. Additionally, PS has not been immune to the national phenomenon of the “great resignation,” described as a widespread upheaval in job turnover overall, due to factors such as the desire to pursue further education, tend to the needs of family, or relocate to another region or state.

**IMPROVEMENT ACTION PLAN:** In addition to evaluating the ongoing initiatives described above, PS will continue to implement other key strategies such as educational leave and expanded flex schedules, as well as develop improved partnerships with state universities to help recruit and train qualified staff as they finish degrees in related fields such as social work. PS also recently completed a comprehensive Workforce Development Plan that includes several initiatives around both recruitment and retention, such as improved pre-service and ongoing training; better support to the workforce to prevent secondary trauma and burnout; and more equitable compensation.
Program Description, Purpose and Objectives:
At the most basic level, Juvenile Justice Service’s core function is to keep our children safe and prepare them to be contributing members of society by providing treatment and rehabilitative services tailored to their and their family’s needs, while also holding our clients accountable and protecting public safety. For over a decade the Children Youth and Families, Division of Juvenile Justice Services (JJS) has been actively implementing a progression of justice reform initiatives in an effort to reduce recidivism by moving from a punitive system to one that focuses on rehabilitation. At all points along the continuum of the justice system our clients are provided a comprehensive array of programs and services that best address their individual needs. For those youth, who by severity or persistence, have progressed in the justice system to our secure facilities, our efforts reflect a focus on a therapeutic rehabilitation. Within the primary service areas of CYFD JJS Facilities (i.e., treatment, education, behavioral health, and medical) we have prioritized the use of evidence-based programs that support this mission. Throughout the system we have established data standards and quality assurance measures to monitor compliance with policy and adopted standards to ensure that our youth are receiving the highest quality services and care. Across all these efforts, our administrative services have provided the support in areas of budget, finance, Human Resources, physical plant, and technology development.

Program Budget (in thousands):

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<th>Federal Funds</th>
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Program Performance Measures:
1. Number of Physical Assaults in Juvenile Justice Facilities
2. Percentage of eligible Juvenile Justice involved youth that are participating in Fostering Connections.
3. Percent of Clients Who Successfully Complete Formal Probation
4. Recidivism Rate for Youth Discharged from Active Field Supervision
5. Recidivism Rate for Youth Discharged from Commitment
6. Percentage of Clients Improved in Math (NWEA MAP) – Reported in Fiscal Year Quarters 2 & 4
7. Percentage of Clients Improved in Reading (NWEA MAP) – Reported in Fiscal Year Quarters 2 & 4
8. Percent of Substantiated Complaints by Clients of Abuse or Neglect in Juvenile Justice Facilities
9. Turnover Rate for Youth Care Specialists I
10. Percent of youth being formally supervised by field services currently in kinship care settings.
11. Percent of Indian Child Welfare Act Youth formally supervised in the community who are in an appropriate placement.
JJ PERFORMANCE MEASURE #1 ☆

Number of Physical Assaults in Juvenile Justice Facilities

Results

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<th>FY19</th>
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<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
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<td>32</td>
<td>55</td>
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<td>155</td>
<td>&lt;285</td>
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Graph of Data Above

MEASURE DESCRIPTION:
Definition:
Number of unique physical assault (battery) facility incidents with a hearing disposition of “guilty.” Notes: This measure is cumulative. Incidents are duplicated when an incident involves multiple clients. Includes client-on-client, client-on-staff, and client-on-other incidents. This is a cumulative running performance measure.

DATA SOURCE/METHODOLOGY:
Data Sources: FACTS Incident Module (MS Access Query: Facility Production Queries)
Data Validity: The FACTS case management system is used uniformly throughout all facilities.
Data Reliability: CYFD’s Office of Quality Assurance monitors and investigates incidents when appropriate.

STORY BEHIND THE DATA:
During the First quarter of FY22 there have been a total of 32 physical assault incidents in the facilities. There were (20) unique clients were involved in the (32) physical assaults. Fourteen (14) clients were responsible for 14 (43.8%) of the total physical assaults.

There were six (6) clients were responsible for 18 (56.2%) of the total physical assaults. The client-on-client physical assaults (26) for FY22 Q2, representing 81.3% of the total physical assaults, client-on-staff physical assaults (6), representing 18.8%.

The Second quarter of FY22, there have been 32 unduplicated physical assault incidents in the facilities. There were 20 unique clients involved, with 6 clients accounting for 18 (56.2%) of all physical assaults. There was a total of 20 (62.5%) incidents of Battery of Another Client, 11 (34.4%) of Battery of an Employee, Contractor, Volunteer or Student Intern, and 1 (3.1%) of Battery of Another Person (Visitor, Family Member or Peace Officer). Regarding incidents occurring at which facility, YDDC 14 (43.8%), JPTC 7 (21.9%) and CNYC 11 (34.4%).
In the Third quarter of FY22, there was a total of 55 unduplicated physical assault incidents in the facilities. There were 29 individuals responsible for 55 incidents, with 11 clients accounting for 37 (67.3%) of all physical assaults. There was a total of 17 (30.9%), Battery of an Employee, Contractor, Volunteer or Student Intern, 1 (1.8%) Battery of an Employee, Contractor, Volunteer, or Student Intern with a weapon, 34 (61.8%) Battery of Another Client, 1 (1.8%) Battery of a Client with a Weapon, 2 (3.6%) Battery of another Person (Visitor, Family Member, Peace Officer). In regard to physical assaults at each facility YDDC 31 (56.3%), JPTC 23 (41.8%), CNYC 1 (1.8% - and now closed).

In the Fourth quarter of FY22, there was a total of 36 unduplicated physical assault incidents in the facilities. There were 25 individuals responsible for 36 incidents, with 6 clients responsible for 17 (47.2%) of all physical assaults. There was a total of 10 (27.8%), Battery of an Employee, Contractor, Volunteer or Student Intern, 1 (2.8%) Battery of an Employee, Contractor, Volunteer, or Student Intern with a weapon, 26 (72.2%) Battery of Another Client. Regarding physical assaults at each facility, YDDC 28 (77.8%), JPTC 8 (22.2%).

IMPROVEMENT ACTION PLAN:
N/A
JJ PERFORMANCE MEASURE #2

Percentage of eligible Juvenile Justice involved youth that are participating in Fostering Connections

Results

<table>
<thead>
<tr>
<th></th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
</tr>
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<tbody>
<tr>
<td>NEW</td>
<td>40.0%</td>
<td>53.8%</td>
<td>63.6%</td>
<td>42.9%</td>
<td>50.1%</td>
<td>60%</td>
<td></td>
</tr>
</tbody>
</table>

Graph of Data Above

**MEASURE DESCRIPTION:** Fostering Connections provides Under 18 Independent Living Placement for youth. The Youth must be at least 17 years of age, not be incarcerated, be in PSD custody and participate in a qualifying activity. Qualifying activities can be found in policy and procedures. From ages 18-21, eligible adults, including youth in tribal care are allowed to remain in foster care until the age of 21 to support their transition to adulthood and advance outcomes around permanency, housing, education, and financial stability by providing enhanced services and supports in certain circumstances services have been extended to age 23, with approval. Services that are provided is Leadership Development through LUVYA, over 18 ILPS, Foster care Medicaid, Start Up Funds, Education and Training Vouchers (ETV) and Tuition and Fee Waiver Verification Letters. Access to housing that continuously partner with local, state and government entities to provide assistance. Work with TALYA programs and work diligently to make sure our youth are not homeless.

**DATA SOURCE/METHODOLOGY:** Data Source JJS Youth in PS Custody report. The FACTS case management system is used uniformly throughout all facilities. Verifying the youth that are eligible meet the age requirement of 17.

**STORY BEHIND THE DATA:**
Strategic Goal: Improve the participation level of crossover youth in Fostering Connections. This is a new Performance Measure that is being reported. There was a total of 20 identified youth that met the criteria to participate in the Fostering Connections program. Of those 20, there are currently 8 youth (40%) that are actively participating in the program. It should be noted that 12 youth are not participating in the program, which accounts for (60%) is not necessarily due to not wanting to participate, but this could be due to warrant status, and the youth not allowing themselves to be supervised by Field or Protective Services, and/or the youth is in detention or long term secure CYFD facility. For FY22 Q2, there were a total of 13 identified youth that were found to be meet the criteria for the Fostering Connections program. The number of eligible youth dropped due to JJS case closures and certain youth that are both JJS/PS cases who were either out of state, in detention or in treatment. The eligible youth had to be 17 years of age or older and residing in the community to participate. Of the 13 noted eligible youth, 7 (53.8%) of youth were identified as participating in the program, which is up by 13.8% from last quarter.

For FY22Q3, there were a total of 11 eligible youth who were identified as meeting the criteria for participating in Fostering Connections, with only 7 (63.6%) of the youth participating in the program. The eligible youth had to be 17 years of age or older and residing in the community to participate. There were 9 youth who are 16 years of age, and technically do not qualify as participants, but yet are eligible to begin the process, so when they do turn 17, they will be allowed to fully participate. Out of the 9-youth identified, there are 3 youth that are currently in the process of taking full benefit of the program once they are 17 years old. For the first time in FY22, we are 3.6% above the target range of 60%.

For FY22Q4, there were a total of 14 eligible youth were identified as meeting the criteria for participation in the Fostering Connections program, with only 6 (42.9%) of youth participating in the program. The youth must be 17 years of age or older, and be considered crossover youth, meaning that they are connected to JJS/PS. There were 8 youth who were 16 years of age who can begin the process of entering the program but cannot fully participate due to age. It should be noted that only one youth who was 16 years of age was in the process.

IMPROVEMENT ACTION PLAN:
For FY22 Q4, JJS took a step back in eligible youth participating in Fostering Connections. With so few youth meeting the qualifications, we will continue to see these swings from quarter to quarter. As some youth drop off eligibility due to JJS case closures, youth absconding, and warrants being issued etc. we will continue to have some fluidity with the numbers. JJS leadership continues to collaborate with Fostering Connections staff to ensure that all eligible youth are afforded the opportunity to participate in the program. JJS and Fostering Connections staff will continue to educate field staff on eligibility requirements and will shift focus to ensuring that younger youth begin the process to enroll in the program prior to meeting the age requirements.
MEASURE DESCRIPTION:
Definition:
Numerator = Number of clients completing formal probation, including ICJ or Tribal Compact Probation, with a satisfactory release type only. Clients with release reasons of Death, Early Release from Supervision, Expiration of Time, or Other are included. Clients with a release reason of New Juvenile Probation, Continued on Supervision, Adult Sentence, New Juvenile Commitment and Returned to Facility are excluded.
Denominator = Number of clients completing formal probation, including ICJ or Tribal Compact Probation. Clients with release reasons of Death, Early Release from Supervision, Expiration of Time or Other are included. Clients with a release reason of New Juvenile Probation, Continued on Supervision, Adult Sentence, New Juvenile Commitment and Returned to Facility are excluded, as well as clients with a release type of New Formal Disposition and Revoked. Note: This measure is cumulative.

DATA SOURCE/METHODOLOGY:
Data Sources and Methodology: FACTS (MS Access Query: Additions and Releases) Clients are not unduplicated if serving multiple, consecutive, or concurrent probation events or if the timing of case recording results in multiple open placement records. Data Validity: The FACTS case management system is used uniformly throughout all facilities. Data Reliability: Case reviews and supervisor monitoring of release type and reason.

STORY BEHIND THE DATA:
Strategic Goal: Increase the percent of clients who successfully complete formal probation through the provision of rehabilitative services.

This measure indicates an increasing trend since FY19 regarding successful completions of formal probation. There were (174) completed cases of probation, of those cases (158) were closed out as satisfactory. FY22 Q1 current measure of those who have discharged probation successfully is (90.8%) a (.5%) increases from FY21. Of this population, approximately (21.1%) were female and (78.9%) were male. Hispanic represented the highest rate at (70.6%). It should be noted that the target level for FY22 is (85%), and we are trending higher at (5.8%) of that target goal. The 18 and older category completed (72) of the (174) cases which accounts for (41.4%), and 17 and under accounted for (102), which is (58.6%) of total cases. For Q2 of FY22, there were a total of 103 cases completed either Satisfactory or Unsatisfactory. Of those 103 cases, 89 (86.4%) were discharged satisfactorily from probation and 14 (13.6%) were closed unsatisfactory. Regarding cases closed, (28.8%) were female which is slightly higher than the previous quarter and (71.2%) were male, a slight decrease. Hispanics represented the highest rate of release at (73.0%). Regarding age, Youth under 17 years of age accounted for 53.2%, and those Over the age of 18, accounted for 46.8% of releases in FY22 Q2.

FY22 Q3 reflects a total of 121 completed cases of probation. Of those 121 cases, 103 (85.1%) were successful/satisfactory completions of probation. There were 18 (14.9%) cases that were completed Unsatisfactory, due to Death, Early Release from Supervision, Expiration of Time, or Other. Males accounted for 83 (68.6%) of all completed cases, as well as 82 (67.8%) of the youth were identified as Hispanic. Youth who are 17 years and under accounted for (55.4%) of cases, as 18 and over accounted for (44.6%) of completed cases. Overall, for the three quarters the successful completion rate is (87.4%), which is (2.4%) higher than the target rate.

FY22 Q4 had a total of 144 cases completed either Satisfactorily or Unsatisfactory. Of those 144 cases, 127 (88.2%) of those cases were closed successful/satisfactory completions of probation. There were 17 (11.8%) of cases that were closed Unsatisfactory, due to Age, Early Release from Supervision, Expiration of time or Other. Males accounted for the largest number of cases closed with 117 (81.3%). Hispanic youth continue to account for the largest number of cases closed with 104 (72.2%). Cases in which youth who are 17 years & Under, accounted for 81 (56.3%) and 18 & Older accounted for 63 (43.8%) of cases closed. The total amount of cases closed Satisfactorily for the entire FY22, was (87.6%), which meets the target goal by 2.6%.

IMPROVEMENT ACTION PLAN:
N/A
JJ PERFORMANCE MEASURE #4

Recidivism Rates of Clients Discharged from Field Formal Supervision

### Results (Clients who do not recidivate)

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>80.0%</td>
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<td>83.2%</td>
<td>86.3%</td>
<td>88.3%</td>
<td>85.2%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Results (Clients who recidivate)

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20.0%</td>
<td>20.0%</td>
<td>17.7%</td>
<td>17.1%</td>
<td>16.8%</td>
<td>13.7%</td>
<td>11.7%</td>
<td>14.8%</td>
<td>20%</td>
</tr>
</tbody>
</table>

![Graph of Data Above]

**MEASURE DESCRIPTION:**

**Definition:**
Youth who discharged from field supervision with a complete break in service are monitored for recidivating events that occur within two years following the youth’s discharge date. Recidivism is defined as an adjudication in the juvenile system or a conviction in the adult justice system for a delinquent/criminal act that occurred following their discharge from JJS supervision. The most recent four fiscal year quarters of discharges which can be monitored for a two-year evaluation period are reported on each fiscal quarter.

**DATA SOURCE/METHODOLOGY:**

Data Sources: FACTS
Administrative Offices of the Court

Data Validity: The FACTS case management system is used uniformly throughout all facilities.
Data Reliability: Continuous methodology.

**STORY BEHIND THE DATA:**

Strategic Goal: Reduce the rate of clients who recidivate within two years after discharge from formal field supervision.
The FY22 Q1 results show that recidivism is (1.3%) higher than FY21Q4 at (82.9%). The recidivism rates are indicating a slight decreasing trend from year to year for youth who have been released from field supervision. In FY19, the recidivism rate was (80.1%), as compared to current, in which we are (82.9%), which is (3.0%) higher. A comparison of adult and juvenile rates appears to be similar, as adults 49.1% and juveniles are (50.9%) regarding recidivism past the two-year evaluation period. For FY22 Q2, we see the continuous downward trend of recidivism for youth released from field supervision at 83.2%, which is 0.3% higher than the Q1. Out of the 196 persons identified as recidivating within two years after discharge there were 88 youth, or 44.9% and adults 55.1%.

For FY22 Q3, the recidivism rate continues to be on a downward trend, which is a positive note, as 13.7% youth who had been released from field supervision did indeed recidivate. It should be noted that the target number is set to identify those youth who have not recidivated, reflecting 86.3% not recidivating and 13.7% recidivating. The target for this PM is being met.

For FY22 Q4, the recidivism rate for field services continues to be on a downward trend, which is positive note, as 11.8% of youth who had been released from field supervision recidivated. It is noted that the target number is set to identify those youth who have not recidivated, reflecting that 88.3% of youth did not recidivate, and 11.8% of youth did recidivate. The target for this PM has been met.

IMPROVEMENT ACTION PLAN:
N/A
JJ PERFORMANCE MEASURE #5

Recidivism Rates for Youth Discharged from Commitments

Results

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
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<tr>
<td></td>
<td>44.5%</td>
<td>41.1%</td>
<td>33.4%</td>
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<td>32.7%</td>
<td>38.0%</td>
<td>40.0%</td>
<td>34.6%</td>
<td>55.0%</td>
</tr>
</tbody>
</table>

Graph of Data Above

Recidivism Rates of Clients Discharged from Facility Formal Supervision

MEASURE DESCRIPTION:

Definition:
Youth who discharged from facility supervision with a complete break in service are monitored for recidivating events that occur within two years following the youth’s discharge date. Recidivism is defined as an adjudication in the juvenile system or a conviction in the adult justice system for a delinquent/criminal act that occurred following their discharge from JJS supervision. The most recent four fiscal year quarters of discharges which can be monitored for a two-year evaluation period are reported on each fiscal quarter.

DATA SOURCE/METHODOLOGY:

Data Sources: FACTS
Administrative Offices of the Court

Data Validity: The FACTS case management system is used uniformly throughout all facilities.
Data Reliability: Continuous methodology.

STORY BEHIND THE DATA:

Strategic Goal: Reduce the rate of clients who recidivate within two years after discharge from formal facility commitment.

Clients who discharged from the facility on formal supervision (Supervised Release) with a complete break in service were monitored for recidivating events that occur within two years following the client's discharge date. The results (27.5%) for FY22Q1 are 22.5% lower than the target of 50% for clients who were released from facility commitments. The recidivism rates for those discharged from facility formal supervision is at an all-time low. The results for FY22Q2 for those clients who recidivate within two years after discharge from formal facility is 32.7%, which is slightly higher...
than Q1, but 17.3% under the target of 50%. For FY22 Q3, those clients who recidivate within two years after discharge from formal facility was 38%. This is a slight increase from the previous quarter by 5.3%, but well within the target rate of 55%.

For FY22 Q4, the recidivism rate for those youth who have been discharged from a secure facility has been on a slight upward trend every quarter from FY22 Q1. The recidivism rate for Q4 is 40.0%, which is 12.5% higher than then Q1, but still well within the target rate. The overall total FY22 recidivism rate for facilities is 36.4%, which is well within the target rate of 55%.

**IMPROVEMENT ACTION PLAN:**
N/A
**JJ PERFORMANCE MEASURE #6**

**Percentage of Clients Who Improved in Math (NWEA MAP)**

**Results**

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
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<tr>
<td>Numerator</td>
<td>70.5%</td>
<td>67.6%</td>
<td>NA</td>
<td>NA</td>
<td>48.3%</td>
<td>NA</td>
<td>44.4%</td>
<td>NA</td>
<td>56.0%</td>
</tr>
</tbody>
</table>

**Graph of Data Above**

**MEASURE DESCRIPTION:**
Definition:
Numerator = Number of clients that met or exceeded their target growth score.
Denominator = Number of clients with a target growth score for the period being evaluated.

**DATA SOURCE/METHODOLOGY:**
Data Sources: NWEA MAP application
Data Validity: Target growth scores established by NWEA norm studies.
Data Reliability: Continuous methodology.

**STORY BEHIND THE DATA:**
Strategic Goal: Use the NWEA MAP math standardized assessment scores of all youth attending the three JJS high schools located on the grounds of the secure JJS facilities as the pre and posttest indicators for the percentage of students meeting or exceeding target growth scores in math. For the fourth quarter of FY22 the data shows that 44.4% of clients met their target goal for math.

**NOTE:** During the 2021 school year, testing was not conducted due to Covid-19 therefore, NWEA MAP scores were not reported for FY21.

**IMPROVEMENT ACTION PLAN:**
Most students that we are receiving in our facilities are deficient in their academic skills and are entering with significant mental health diagnosis’ that may impact how they interact with other clients and staff and their concentration and
academic resilience. On average, our student’s initial TABE scores reflect around a 5th-6th grade level on reading and math and approximately 25% of clients have an IEP. For about 2/3 of the school year, students were being taught through virtual means and packets due to the pandemic. Additionally, in January, the CNYC facility was merged with YDDC which impacted/changed the living units, classrooms, and teachers.

The NWEA website https://www.nwea.org/research/publication/learning-during-covid-19-an-update-on-student-achievement-and-growth-at-the-start-of-the-2021-22-school-year/ has monitored the effects of the pandemic on student’s achievement. The results showed that, on average, both student achievement at the start of the 2021-22 school year and student gains across the pandemic (from fall 2019 to fall 2021) lagged pre-pandemic norms, especially in math. JJS Education has implemented the following measures to further support our student’s educational success:

- Return to face-to-face instruction
- Interventions: STMath and Reading Plus (were not fully implemented due to the pandemic)
- Chromebooks/Google Classroom to increase engagement and differentiation
- JJS Education has an ELL Coordinators at each site
- JJS contracts with 4Ed Consulting for Coaching and implementation of strong systems of support for ELL and ELA.
- Contract with Break Free Education for Coaching and implementation of strong strategies to use in the classroom in both Math and Reading
- We will also move away from the TABE Survey test to the NWEA survey test. This will provide us better information about student’s academic skills and will assist us to determine instructional plans to move students forward
- Utilize Instructional Technology Coach and Contractor Break Free Education to support teacher Professional Development

JJS is also pleased to provide the following educational success for the 2021-2022 school year:

- AYA had 8 CNM students attempt 42 credits... 39 credits were received.
- 10 students at YDDC attempted 76 credits and earned 76 credits.
- 9 students participated in graduate vocational education at AYA.
- 37 students graduated with either their GED or High School Diploma.
MEASURE DESCRIPTION:
Definition:
Numerator = Number of clients that met or exceeded their target growth score.
Denominator = Number of clients with a target growth score for the period being evaluated.

DATA SOURCE/METHODOLOGY:
Data Sources: NWEA MAP application
Data Validity: Target growth scores established by NWEA norm studies.
Data Reliability: Continuous methodology.

STORY BEHIND THE DATA:
Strategic Goal: Use the NWEA MAP math standardized assessment scores of all youth attending the three JJS high schools located on the grounds of the secure JJS facilities as the pre and posttest indicators for the percentage of students meeting or exceeding target growth scores in reading. For the fourth quarter of FY22 the data shows that 33.3% of clients met their target goal for Reading.

NOTE: During the 2021 school year, testing was not conducted due to Covid-19 therefore, NWEA MAP scores were not reported for FY21.

IMPROVEMENT ACTION PLAN:
See response under PM#6.
JJS PERFORMANCE MEASURE #8  ★

Number of Substantiated Complaints by Clients of Abuse or Neglect in Juvenile Justice Facilities

Results

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY23 Target</th>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Graph of Data Above

Percent of Substantiated Complaints by Clients of Abuse or Neglect in JJS Facilities

MEASURE DESCRIPTION:

Definition:
Numerator = Number of substantiated abuse and/or neglect complaints involving a youth at a juvenile justice facility.
Denominator = Total number of abuse and/or neglect complaints involving youth at a juvenile justice facility.
Note: This measure is cumulative.

DATA SOURCE/METHODOLOGY:

Data Sources and Methodology: CYFD, Office of the Secretary, Office of the Inspector General
Youth may be duplicated if there is more than one complaint involving the youth during the evaluation period.
Data Validity: The Office of the Inspector General has sole responsibility for investigating these types of complaints. As such, the data they provide can be reasonably presumed to encompass all complaints.
Data Reliability: Quality assurance activities internal within the Office of the Inspector General.

STORY BEHIND THE DATA:

Strategic Goal: Maintain a safe environment for youth in CYFD custody by reducing substantiated complaints by clients
of abuse and/or neglect.

For Fiscal Year 2022, there was a cumulative total of (17) complaints by clients of abuse or neglect in JJS facilities, (3) of which were substantiated, (14) of which were unfounded/unsubstantiated. For the first quarter of FY22 there was a total of (6) complaints by clients of abuse or neglect in JJS facilities, (0) of which was substantiated, (6) of which were unfounded/unsubstantiated. For the second quarter of FY22 there was a total of (4) investigations (1) investigation was substantiated and (3) were unfounded/unsubstantiated. For the third quarter there was a total of (4) investigations all (4) were unfounded/unsubstantiated. For the fourth quarter of FY22 there was a total of (3) investigations (1) of the investigations were substantiated and (2) were unfounded.

IMPROVEMENT ACTION PLAN: N/A
JJ PERFORMANCE MEASURE #9

Turnover Rate for Youth Care Specialists

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY19</td>
</tr>
<tr>
<td>16.9%</td>
</tr>
</tbody>
</table>

MEASURE DESCRIPTION:
Definition:
Numerator = Number of Youth Care Specialist I (YCS) staff who have voluntarily separated from employment within a CYFD JJS facility. Excludes separations due to dismissal, retirement, or death.
Denominator = Average number of YCS according to the number of budgeted positions minus the number of vacant positions.
Note: As of FY21 Q1 this data changed from a cumulative reporting method to a Rolling 12-month average.

DATA SOURCE/METHODOLOGY:
Data Sources and Methodology: CYFD, Human Resources Data
Data Validity: The CYFD HR department has sole responsibility determining the number of positions budgeted, vacant and the circumstances of the separation of the employee.
Data Reliability: Quality assurance activities internal within CYFD HR.

STORY BEHIND THE DATA:
Strategic Goal: Reduce the number of Youth Care Specialists voluntarily separating from the CYFD JJS facilities.

The cumulative rates of YCS Turnover from FY19 to FY21 showed an increase, increasing by 1.2% from FY19 to FY20, and then increasing by .5% from FY19 to FY21. The Rolling 12-month turnover rate for FY22 Q3 is 38.7% reflecting an 8.7% increase from FY22 Q3. The rolling 12-month number of YCS’s exiting CYFD facilities for FY22 Q4 was 50.

IMPROVEMENT ACTION PLAN:
For Juvenile Correction Officers (JCO)/Youth Care Specialist (YCS), this is a very difficult job that provides frequent
mental challenges, long hours, and brings with it a need for continuous awareness to ensure client and personal safety. Low pay and the pandemic have exacerbated these issues and many staff have transferred to other divisions or accepted jobs that allows them to telework. Additionally, despite recruitment efforts, we are seeing fewer candidates apply for the jobs and for those that do apply and are offered a job, many decline. This situation is not unique to JJS and across the nation, such facilities are reporting turnover, vacancies, and overtime at never-before-seen highs. Other items we will be exploring in FY23:

- Meeting with Human Resources and possibly the Union to discuss options to make YCS positions more attractive:
  - CYFD is currently working on an overall re-branding strategy.
  - Part-time or job share positions.
  - Attendance at job fairs.
  - Revamp training curriculum.
 JJ PERFORMANCE MEASURE #10 ☒

Percent of youth being formally supervised by field services currently in Kinship Care Setting

<table>
<thead>
<tr>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY 22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.3%</td>
<td>16.8%</td>
<td>14.5%</td>
<td>12.8%</td>
<td>16.3%</td>
<td>15.1%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**MEASURE DESCRIPTION:**
Definition:
Numerator = Total number of youth placed in kinship care situation
Denominator = Total number of youth supervised by field services

**DATA SOURCE/METHODOLOGY:**
Data Sources and Methodology: FACTS Person Management module (MS Access Query)
FACTS choice Kinship Care Setting added to dropdown list of Person Management Address Type
Data Validity: The FACTS case management system.
Data Reliability: Quality assurance activities internal within CYFD Field Services

**STORY BEHIND THE DATA:**
Strategic Goal: Effectively increase the number of youth supervised by field services placed in care situations with family/extended family members.

The goal for the Kinship care measure is to effectively increase the number of youth that are residing with non-parents to reduce the numbers in congregate care type settings. This is a new measure and a change in FACTS needed to occur to capture the data accurately. Staff can list different addresses for the youth in FACTS but a specific field if it was a Kinship placement did not exist. A change was made to FACTS and then following testing, was implemented. Staff will now be trained and will backdate Kinship placements for existing cases. Once staff are trained and the information is entered, we will capture data. FY21 was the first year in which we collected data for youth in Kinship Care settings. The year ended with (17.3%) of youth who are connected to field services, were noted to be in Kinship Care situations. We see a slight decrease (0.5%) for FY22Q1 at (16.8%) from FY21, as there was a total of (831) youth in field services, whether it be
probation, conditional discharges or interstate compact, of that total there were (140) youth identified in kinship setting. It should be noted that (73) of the (140) youth identified living with their Grandparents, which comes to (52.1%). There were 24 youth that identified living with Aunt/Uncle, which is (17.1%), who are living with a close relative/family member. We continue to see a decrease in kinship care youth for FY22Q2, there were a total of 750 unique individuals who were apart of field services. There was 109 (14.5%) youth identified as being in a Kinship Care type setting, 103 (13.7%) identified as being in another setting, whether that be Detention, RTC, Reintegration, RTC, TFC or Group home. There were 538 (71.7%) youth identified as residing at home with their parent(s). Grandparents were the largest Kinship Care group with 57 (52.3%) youth reporting as their residence, as well as 23 (21.1%) youth residing with an aunt/uncle, those two groups alone account for 80 (73.4%) of the 109 of youth who are in Kinship Care.

For FY22 Q3, there were 782 youth identified through Field Services, as being either on probation, conditions of release, ICI, and supervised release. Of the youth identified only 100 (12.8%) youth were identified as being in a Kinship Care setting, with 599 (76.5%) living at home or on their own. There were 78 (10%) of youth identified as being in a OOHP type setting and 5 (.70%) in a detention/commitment type setting at some point during this quarter. The 12.8% of youth were identified as being in Kinship Care, is well under the target range of 35%. It should be noted that with youth that are identified as being connected to JJS, residing at home is the goal.

For FY22 Q4, there were 785 youth identified through Field Services, as being either on probation, conditions of release, ICI and Supervised Release. We see a slight increase in the number of youth identified as being in a Kinship Care setting this quarter with 128 (16.3%). We identified 576 (73.4%) youth living at home or on their own. There were 21 (2.7%) youth identified as being supervised by probation, but placement changed to either detention or secure facility during the 4th quarter, and 60 (7.6%) identified as being in an OOHP type setting. The largest Kinship Care setting was 66 (8.4%) youth living with their Grandparents. Overall for the entire fiscal year, there was a total of 15.1% of youth identified as being in a Kinship Care setting while being supervised by Field Services. It should be noted that youth that are identified as being connected to JJS, residing at home is the goal.

**IMPROVEMENT ACTION PLAN:**

JJS field staff will continue to work alongside BH staff, through Triage and Teaming processes, to determine the most appropriate placements for their clients including Kinship placements when appropriate.

Further data will be collected to determine if the target goal for this performance measure matches the needs of JJS specific clients. The 35% target goal matches the needs for PS clients, however JJS clients likely have a lower realistic target goal. Additionally, SB 257 was not passed during the 2021 Legislative Session which would have changed the Children’s Code to expand supportive placements and provide the ability for petitions to be utilized in ordering alternative placements in delinquency cases.
JJ PERFORMANCE MEASURE #11

Percent of Indian Child Welfare Act Youth formally supervised in the community who are in an appropriate placement

Results

***Please be advised that FY22Q4 data will not be available until the 1st Quarter of FY23.

<table>
<thead>
<tr>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
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</thead>
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<tr>
<td>60.7%</td>
<td>84.1%</td>
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</table>

MEASURE DESCRIPTION:
Definition:
Numerator = Total number of notifications by field services when referrals of Native American youth occur
Denominator = Total number of Native American youth referrals

DATA SOURCE/METHODOLOGY:
Sources and Methodology: FACTS Person Management module (MS Access Query)
Facts field choice of ICWA appropriate placement added to dropdown list in person management address type
Data Validity: The FACTS case management system.
Data Reliability: Quality assurance activities internal within CYFD Field Services

STORY BEHIND THE DATA:

Strategic Goal: Effectively increase the number of tribal notifications by field services when referrals of Native American youth occur.

The strategic goal for the ICWA measure is to effectively increase the number of tribal youth that are in ICWA appropriate placements. With the increase in collaboration with Tribes and Pueblos, Native youth have better outcomes when in a culturally appropriate placement. The data for FY22 Q1, is showing there have been (107) total referrals noted as Native American, (90) of those referrals were sent tribal/ICWA notifications. That is 84.1% of referrals of Native American youth that are flagged have been notified to their Tribe by field services. It should be noted of the total youth identified, 15.9% or 17 referrals did not have any notification sent, either by request of youth and family, or failure to identify which Pueblo or Tribe the youth is from. It should be noted of the (90) total notifications made, only 7.5% or 8 total referrals, were...
responded to from the youth’s Tribe/Pueblo to field services regarding the youth. For FY22 Q2, we continue to see a rise in tribal notifications made by Field Services, with a total of 111 notifications sent, out of the 130 identified youth. Of the 111 notifications sent to the various tribes around the state only 13 responded to the notifications that they wanted to participate in the youth process of JJS. There was a total of 19 youth, or 14.6% with no notifications sent at all, either due to family not wanting to notify their tribe, or information as to what tribe they belong to not given.

For FY22 Q3, we continue to see a slight increase in tribal notifications made by Field Services, with a total of 109 (85.8%) notifications sent, out of 127 youth identified as Native American. There were a total of 18 (14.2%) youth with no tribal notification attempted, either due to family not wanting to notify their tribe, or not giving information as to what tribe they belong to. Of the 109 tribal notifications sent, only 11 (8.6%) responded back to field services in regards to participating in the youth process with JJS.

IMPROVEMENT ACTION PLAN:
JJS continues to work on the reporting requirements for this performance measure. The data reported relates to tribal notifications. JJS and Office of Tribal Affairs (OTA) are working to finalize policy which will then be presented to all JJS field staff. Staff will continue to focus on tribal notifications and JJS district leadership will ensure that notifications and follow up communication is completed in a timely manner. Case file audits conducted by JPO Supervisors and Chiefs will confirm that notifications are made within required timelines and any discrepancies are dealt with immediately. JJS field staff is receiving follow up training to ensure that requirements are understood and followed. JJS field has moved a position to OTA which will be designated as the JJS contact for OTA. The fulfillment of this position will provide additional support for JJS staff to ensure that requirements are met for our Tribal youth.
Program Description, Purpose and Objectives:

As the Children’s Behavioral Health Authority for all children in New Mexico, CYFD is responsible for the expansion of a sustainable continuum of behavioral health care services that are easily accessible, trauma-responsive, and culturally reflective of the family served. A robust continuum of care will keep children in the least restrictive, in-state level of care needed to address their developmental, mental health, and trauma-related behavioral health needs, encouraging them to thrive. The overall goal is to promote youth living in their community with natural supports.

CYFD Behavioral Health Services (BHS) goal is to create a comprehensive and integrated children’s behavioral health system of care throughout New Mexico. The Division will focus on expansion of community-based services, strengthen residential interventions and trauma-responsive services, and build in family-engagement models including family and youth peer programming. CYFD-BHS also manages, improves, and ensures an effective, cost efficient and trauma-responsive behavioral health system for all children, youth, and their families in New Mexico, with a particular emphasis on service delivery for CYFD involved children. This includes coordinating with other State departments, the provider community, advocates, family members, youth and CYFD staff in Protective Services and Juvenile Justice Services and overseeing initiatives to meet the Department’s Strategic Plan.

CYFD-BHS’ efforts to improve the quality of life for youth and families include the following:

1. Community Behavioral Health Clinicians (CBHC) & Behavioral Health Therapists (BHT):
   a. Provide additional clinical consultation to teams of CYFD involved children.
   b. Consult on behavioral health needs of the children and team to decrease out-of-home placements.
   c. Improve access to trauma responsive community based behavioral health services and supports.

2. Licensing & Certification Authority (LCA):
   a. Monitor health, safety, supervision, and quality of care for specific children’s certified services and licensed facilities throughout New Mexico.
   b. Support behavioral health facilities to provide best practice trauma responsive care.
   c. Monitor programming relating to health and safety of children.

3. Program & Finance:
   a. Develop and implement programs of the NM behavioral health service array.
   b. Provide support with administrative, quality management and financial oversight.

Program Budget (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>FY21 General Fund</th>
<th>Other State Funds</th>
<th>Federal Funds</th>
<th>Other Transfers</th>
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Behavioral Health Program Performance Measures:

1. Percent of infants served by infant mental health teams with a team recommendation for reunification who have not had additional substantiated referrals to protective services.

2. Percent of children and youth in department custody who are placed in a community-based setting.

3. Percent of clients enrolled in multisystemic therapy who demonstrate improvement in mental health functioning.

4. Percent of program participants who agree or strongly agree that as a result of contact with the domestic violence program they have strategies for enhancing their safety.

5. Percent of program participants who agree or strongly agree that staff and advocates regularly discuss their safety needs, including specific things they can do to keep themselves safe.

6. Number of community-based behavioral health services that support children and youth to remain in their communities.

7. Percent increase in supportive and/or independent housing options for transition age youth (ages 16-21 years) from baseline SFY 20 levels.

8. Percent of department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians.
BH PERFORMANCE MEASURE #1

Percent of infants served by infant mental health teams with a team recommendation for reunification who have not had additional substantiated referrals to protective services.

Results FY22 Q4

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<tr>
<th></th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
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<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
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<tr>
<td>Percent of infants with no additional referrals</td>
<td>91%</td>
<td>100%</td>
<td>94%</td>
<td>70%</td>
<td>-</td>
<td>100%</td>
<td>100%</td>
<td>-</td>
<td>100%</td>
<td>90%</td>
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MEASURE DESCRIPTION:
Tracks the impact of Infant Mental Health (IMH) Child-Parent Psychotherapy (CPP) Team services on infants and their caregivers when IMH CPP Team services were provided while the infant was in the custody of CYFD. Tracks substantiated re-referrals to CYFD Protective Services (PS) after a reunification occurred when the reunification was also recommended by an IMH CPP Team.

DATA SOURCE/METHODOLOGY:
The data source for recommendations for reunifications is the IMH CPP database housed at UNM Early Childhood Services Center; FACTS is accessed to determine if there is a substantiated re-referral within the 12 months following reunification.

STORY BEHIND THE DATA:
CYFD BHS’s IMH CPP program oversees the dyadic and triadic CPP therapeutic services offered by CYFD contracted agencies to parents or caregivers and their infants or young children, ages 0 to 5 years old across New Mexico. The IMH CPP program requires contracted agencies use CPP as the treatment modality. CPP was chosen as the approved treatment modality because it is the only evidence-based practice approved for infants and young children, who have experienced trauma and/or are experiencing mental health, attachment, and/or behavioral problems. The goal of IMH CPP is to promote and improve the infant and parent’s relationship’s adaptive
functioning through clinical treatment, in order to promote permanency for the infant.

1. This is done by 1) Providing infants and young children in the custody of CYFD PS a coordinated process for assessment and treatment to promote permanency planning and restore and repair the caregiver-infant relationship; and 2) Aiming to reduce repeat involvement with CYFD PS, after the infant has been returned to the custody of his/her parents or caregivers.

   - The “1” infant identified is from a previous quarter who was still being tracked for future “substantiated referrals”.
   - There was “0” reported in FY22 Q1 because there were no infants discharged from our IMH program who were recommended for reunification.

   *These numbers do not reflect the number of infants served, just the number of “infants discharged and recommended for reunification”; there were 105 infants ages 0-5 served in FY22 Q1, along with 75 caregivers.

2. There are multiple factors that impact the reunification numbers: our Infant Mental Health (IMH) Child Parent Psychotherapy (CPP) program serves infants who are still in the custody of their parents and not in CYFD custody, so reunification is not applicable. Newly trained clinicians first serve this population as skills and experience grow to then serve infants in CYFD custody; the IMH CPP TEAM program serves infants who are in CYFD Custody and have experienced a significant amount of trauma, therefore length of stay in services for appropriate intervention is long, in depth, and sometime slow progress is made with the family members; and reunification numbers ebb and flow for infants in this program who are in CYFD custody, based upon decisions made by the courts/PS.

IMPROVEMENT ACTION PLAN:
Support the IMH CPP community of practice to increase competency in the delivery of CPP through ongoing clinical consultation, as well as trainings on understanding and supporting infant development and caregiver-infant relationships.
BH PERFORMANCE MEASURE #2

Percentage of children and youth in department custody who are placed in a community-based setting.

Results FY22 Q4

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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>88.6%</td>
<td>89.3%</td>
<td>89.2%</td>
<td>90.3%</td>
<td>90.4%</td>
<td>90.0%</td>
<td>90.5%</td>
<td>91.2%</td>
<td>91.3%</td>
<td>91.1%</td>
<td>91.1%</td>
<td>91.1%</td>
<td>91.1%</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

MEASURE DESCRIPTION:
The number of children and youth in Protective Services (PS) custody and Juvenile Justice Service (JJS) involved youth with a consent decree or on probation who are placed in a community-based setting.

DATA SOURCE/METHODOLOGY:
The data source will be PS and JJS FACTS data. The numerator is the number of youth who are placed in a community-based setting. The denominator is the total number of youth in PS custody and JJS involved youth on consent decree or probation.

STORY BEHIND THE DATA:
The chart above shows the entire population of PS and JJS clients that are included in the community-based setting performance measure. Settings were ranked from home placement with JJS to supervised independent living with PS. Placement settings were then broken down by divisions: being JJS, PS, or both.
**IMPROVEMENT ACTION PLAN:**

BHS is actively collaborating with community behavioral health providers, New Mexico Behavioral Health Collaborative members, and key stakeholders to expand the array of community-based behavioral health services in order to increase the number of children and youth who are placed in community-based settings. Key initiatives include the expansion of CYFD’s High-Fidelity Wraparound, Multi-systemic Therapy (MST), Functional Family Therapy (FFT) and Family Peer Support Services (FPSS) which are intended to support children, youth and their families in remaining in their community and/or successfully transition to the community from an out-of-home placement.

**Fiscal Year 2022 (FY22) Efforts.** In FY22, CYFD-BHS collaborated with NMSU and FFT Partners (CYFD’s FFT network partner) to strategically grow FFT teams across New Mexico. Currently, NMSU, CYFD-BHS, and FFT Partners are developing a program to clarify the certification criteria of FFT and expand the current reach of FFT. A RFA for is awaiting approval from the OGC. When approved, the RFA will be launched statewide, with the intention of training two FFT teams to sustainability. In collaboration with Rocky Mountain Network MST (CYFD’s MST network partner), CYFD was able to launch 4 teams across New Mexico. It is anticipated that these teams will be fully sustainable by the first end of FY22 pending anticipated changes to the NMAC. The changes have been approved through the Clinical Policy Council and are currently up for public review. A new RFA was launched for an additional team. Three applications were received, the selected provider was notified, and the MST team is in the process of onboarding the new provider.

Additionally, CYFD is actively addressing the development and implementation of respite services, mobile response, and Youth Peer Support Services (YPSS) to further support efforts to maintain children and youth in a community-based setting. Also, community behavioral health clinicians (CBHCs) provide clinical consultation to clients’ teams to support placement in community-based settings. Strategic planning and implementation will continue for all the above noted services over the next quarter.
BH PERFORMANCE MEASURE #3

Percent of clients enrolled in multisystemic therapy who demonstrate improvement in mental health functioning.

Results FY22 Q4

<table>
<thead>
<tr>
<th>FY20 Total</th>
<th>FY21 Total</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY22 Target</th>
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</thead>
<tbody>
<tr>
<td>90.6%</td>
<td>92.1%</td>
<td>95.3%</td>
<td>89.9%</td>
<td>85.9%</td>
<td>90.0%</td>
<td>90.3%</td>
<td>75.0%</td>
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**MEASURE DESCRIPTION:**
This measure indicates whether youth have made positive changes from admission to discharge from multisystemic therapy (MST) in the outcome area of mental health functioning.

MST is an intensive home-, family-, and community-focused treatment for youth with serious antisocial behavior and their families. Eligible youth typically are at risk of out-of-home placement because of their behaviors and/or substance use. MST is delivered as an outpatient treatment, with families participating for multiple hours/week (depending on service intensity needs) for approximately four to five months. MST has been shown to reduce the youth’s criminal offending, out of home placements, and behavioral health issues and to improve family functioning. Developed by Dr. Scott Henggeler in the 1970s, MST teams are now located in 33 states (and the District of Columbia) and 15 countries outside the United States. In New Mexico, MST teams served 81.8% (27) of the state’s counties between July 2005 and June 2021. During July 2020-June 2021, six organizations were operating 16 MST Teams in their catchment areas. Of these teams, 4 were specialized MST-Problem Sexual Behavior (MST-PSB) Teams. Owing to the funding mechanism for MST in NM, most of the youth were Medicaid eligible.

**DATA SOURCE/METHODOLOGY:**
In March 2005, the New Mexico Outcomes Tracking Project (NM-OTP) combined efforts and resources with the Rocky Mounty Network (RMN), previously called Colorado’s Center for Effective Interventions, to create a statewide outcomes database for youth who received MST treatment. In 2016, the University of New Mexico Health Sciences Center’s Division of Community Behavioral Health (CBH) assumed the role of evaluator for the NM-OTP.
The collaboration ultimately produced the Colorado/New Mexico Enhanced MSTI Website. This site allows clinicians easy and secure access to data entry and routine reporting. The NM-OTP provides demographic and outcome data regarding youth and families who have received MST services from New Mexico’s MST provider agencies. Data is collected on all youth when they are admitted to and discharged from MST treatment. These data are entered into the MSTI online database by MST therapists and supervisors. An independent contractor, Advanced Behavioral Health, conducts telephone interviews with caregivers of youth who complete MST treatment at six- and twelve-months post discharge. Data is available upon request. Additionally, UNM-CBH and RMN produce quarterly and annual reports that will include this measure. BHS will report quarterly.

**STORY BEHIND THE DATA:**
At the start of treatment therapists indicate whether there is a mental health need for each client. For those clients that had a mental health need, the performance measure for MST is the clinician reported indicator of improvement of the client’s mental health at discharge from the program.

**IMPROVEMENT ACTION PLAN:**
All therapists and new supervisors receive an initial 5-day training that covers all the basic content of MST. New supervisors receive a separate supervisor training. Then, therapists and supervisors participate in ongoing weekly consultation calls with the MST expert. They are required to complete weekly paperwork (de-identified and transmitted via a secure server) to the outside consultant (the “MST expert”), who reviews it prior to the call and provides feedback and support on the call. MST experts are available to the teams and are often brought in to support hiring, agency financial discussion to support sustainability, problem-solve any performance concerns, help plan for coverage for known therapist absences (e.g., vacation, maternity leave), and arrange of other support. Finally, all teams receive quarterly booster sessions – the topics are always personalized to the needs of the team and often based on results of fidelity monitoring.
**BH PERFORMANCE MEASURE #4 ★**

**Percent of program participants who agree or strongly agree that staff and advocates regularly discuss their safety needs, including specific things they can do to keep themselves safe.**

**RESULTS FY22 Q4**

<table>
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<tr>
<th></th>
<th>FY21 Total</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
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<td>95.1%</td>
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<td>88.3%</td>
<td>89.7%</td>
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**MEASURE DESCRIPTION:**
Percent of domestic violence program participants who agree or strongly agree that staff and advocates regularly discuss their safety needs, including specific things they can do to keep themselves safe.

**DATA SOURCE/METHODOLOGY:**
Anonymous survey of a significant sample of domestic violence survivors receiving residential and nonresidential services. Each program is contractually required to offer the survey to all program participants who are appropriate to complete a survey (e.g., not in crisis, significant program interaction). The applicable survey question addresses the efforts of program staff to address the safety of survivors and their dependents.

*NOTE: Due to Federal requirements from an audit, the performance measure methodology changed in FY21. Comparison to previous periods would not provide any accurate trends.*

**STORY BEHIND THE DATA:**
Quality of safety planning is one of the fundamental functions of domestic violence programs. In a national study, safety was the need most identified by domestic violence survivors (Lyon, Lane, & Menard, 2008). A survivor’s sense that they know how to plan for their safety has been shown to be a key correlate to the future safety of that survivor and their children (Sullivan, PhD, 2016). Along with the immediate safety available through emergency shelter, a core service offered by every domestic violence survivor services program for both residential and...
nonresidential program participants is helping survivors develop strategies to keep themselves and their children safe.

Note: Confidentiality protections in Federal and State law prohibit funders from reviewing the written contents of client files, including any written safety plans or safety planning notes. This requires the measure to be taken directly from survivors in the form of an anonymous survey. In FY22 and thereafter, the performance measures include two survey questions: 1) “The staff or advocates in this program regularly talk with me about my safety needs, including specific things I can do to keep myself safe” and 2) the validated question, “Because of my participation with your program, I know more ways to plan for my safety”. Those answering with Agree/Strongly Agree or Somewhat/Very Much form the basis of this performance measure.

**IMPROVEMENT ACTION PLAN:**

**Improving Validity of Data:**

- BHS DV Unit staff are working to help funded programs move from paper surveys to online surveys, which come straight to the BHS DV Unit staff and are more anonymous in perception and reality.

- BHS DV Unit staff are working with providers to improve the return rate for programs that have low response rates. Steps being taken include: 1) Returning summary of monthly feedback received on survey results to providers within 10 days of the end of each month; 2) Quarterly reporting on provider survey return rates and increased provider support from DV Unit and NM Coalition Against Domestic Violence when the rates fall below goals.

- COVID-19 has resulted in a drop in survey response rates. BHS DV Unit staff are working with the State and Tribal domestic violence coalitions to explore ways to encourage program participants to complete surveys remotely such as approval of small incentives as an allowable cost with state and federal DV funds.

**Improving Quality of Safety Planning:**

- CYFD BHS has been working with the New Mexico Coalition Against Domestic Violence (NMCADV) to design safety planning guidelines that include minimal documentation, for the safety of clients. NMCADV is developing training on minimal documentation.

- NMCADV has delivered specific training on safety planning (Jill Davies in June, 2020) and is incorporating new safety planning training into advocacy training and advanced workshops.

- CYFD BHS DV Unit Staff work with programs on specific safety planning issues that arise in survey comments.
BH PERFORMANCE MEASURE #5 ☆

Percent of program participants who agree or strongly agree that as a result of contact with the domestic violence program they have strategies for enhancing their safety.

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<th>FY22 Q3</th>
<th>FY22 Q4</th>
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<td>%</td>
<td>0%</td>
<td>93.7%</td>
<td>93%</td>
<td>93.3%</td>
<td>89.8%</td>
<td>92.6%</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

MEASURE DESCRIPTION:
Percent of program participants who agree or strongly agree that as a result of contact with the domestic violence program they have strategies for enhancing their safety.

DATA SOURCE/METHODOLOGY:
Anonymous survey of a significant sample of domestic violence survivors receiving residential and nonresidential services. Each program is contractually required to offer the survey to all program participants who are appropriate to complete a survey (e.g., not in crisis, significant program interaction). For FY22, the applicable survey question addresses the efforts of program staff to address the safety of survivors and their dependents.

STORY BEHIND THE DATA:
Quality of safety planning is one of the fundamental functions of domestic violence programs. In a national study, safety was the need most identified by domestic violence survivors (Lyon, Lane, & Menard, 2008). A survivor’s sense that they know how to plan for their safety has been shown to be a key correlate to the future safety of that survivor and their children (Sullivan, PhD, 2016). Along with the immediate safety available through emergency shelter, a core service offered by every domestic violence survivor services program for both residential and
nonresidential program participants is helping survivors develop strategies to keep themselves and their children safe.
Note: Confidentiality protections in Federal and State law prohibit funders from reviewing the written contents of client files, including any written safety plans or safety planning notes. This requires the measure to be taken directly from survivors in the form of an anonymous survey. In FY22 and thereafter, the performance measures include two survey questions: 1) “The staff or advocates in this program regularly talk with me about my safety needs, including specific things I can do to keep myself safe” and 2) the validated question, “Because of my participation with your program, I know more ways to plan for my safety. Those answering with Agree/Strongly Agree or Somewhat/Very Much form the basis of this performance measure.

**IMPROVEMENT ACTION PLAN:**

**Improving Validity of Data:**
- BHS DV Unit staff are working to help funded programs move from paper surveys to online surveys, which come straight to the BHS DV Unit staff and are more anonymous in perception and reality.
- BHS DV Unit staff are working with providers to improve the return rate for programs that have low response rates. Steps being taking include: 1) Returning summary of monthly feedback received on survey results to providers within 10 days of the end of each month; 2) Quarterly reporting on provider survey return rates and increased provider support from DV Unit and NM Coalition Against Domestic Violence when the rates fall below goals.
- COVID-19 has resulted in a drop in survey response rates. BHS DV Unit staff are working with the State and Tribal domestic violence coalitions to explore ways to encourage program participants to complete surveys remotely such as approval of small incentives as an allowable cost with state and federal DV funds.
- **Improving Quality of Safety Planning:**
  - The BHS DV Unit has been working with the New Mexico Coalition Against Domestic Violence (NMCADV) to design safety planning guidelines that include minimal documentation, for the safety of clients. NMCADV is developing training on minimal documentation.
  - NMCADV has delivered specific training on safety planning (Jill Davies in June 2020) and is incorporating new safety planning training into advocacy training and advanced workshops.
  - BHS DV Unit Staff work with programs on specific safety planning issues that arise in survey comments.
BH PERFORMANCE MEASURE #6

Measure Description:
This measure reports on CYFD’s strategic commitment to re-growing behavioral health services for children and youth in New Mexico.

DATA SOURCE/METHODOLOGY:
BHS has identified the following list of four (4) community behavioral health services that support children and youth to remain in their communities, which CYFD has some influence in maintaining or expanding. CYFD provides various levels of oversight to these services. CYFD also supports workforce development efforts for the community behavioral health providers implementing these services.

Results FY22 Q4

<table>
<thead>
<tr>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3%</td>
<td>+33%</td>
<td>+35%</td>
<td>+41%</td>
<td>15%</td>
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</tbody>
</table>

Percent Change in Number of Endorsed and/or Certified Healthcare Personnel (IMH, HFW, MST, FPSS)

Number of Endorsed and/or Certified Healthcare Personnel (IMH, HFW, MST, FPSS)
• **Multisystemic Therapy (MST) Services** - Internal BHS Program Manager tracking spreadsheet; UNM Evaluation; University of Denver Center for Effective Intervention; Medicaid ad hoc report (HSD MAD); CYFD Falling Colors reports for CYFD Open Fund Pool for non-Medicaid eligible individuals.

• **Family Peer Support Services** - Internal BHS Program Manager tracking spreadsheet; NMSU Center of Innovation; Medicaid ad hoc report (HSD MAD); CYFD Falling Colors reports for CYFD Open Fund Pool for non-Medicaid eligible individuals.

• **High-Fidelity Wraparound (HFW)** - Internal BHS Program Manager tracking spreadsheet; NMSU Center of Innovation; HSD BHSD Health Home data

• **Infant Mental Health** – UNM IMH database; Medicaid ad hoc report (HSD MAD) for Medicaid funded IMH services

BHS determined the number of clients served in the above noted services during each quarter in FY21 and determined the baseline. In FY22, BHS is calculating the percentage increase of clients served in the above noted behavioral health programs on a quarterly basis. CYFD is calculating the number of endorsed/certified/licensed health care workers in these programs. Increases in number of health care workers would then increase the number of clients served. For MST, FPSS, High-Fidelity Wraparound, and IMH, BHS program managers provide the certified/endorsed/licensed number of health care workers.

Program managers will collect the numbers served for each of the above noted services. Quarterly information will include de-identified numbers of children and youth served. Program managers will track via internal tracking spreadsheets, contracted evaluators, and Medicaid ad hoc reports for Medicaid funded positions.

The CYFD Office of Performance and Accountability BHS Data Team collects and compiles the information noted above quarterly.

**IMPROVEMENT ACTION PLAN:**

**MST:** The New Mexico 2020 Legislative Session approved an allocation of one million dollars ($1,000,000.00) in non-recurring funds to support additional MST services in New Mexico. With this funding, CYFD-BHS in collaboration with MST network partners, developed an expansion program to both increase MST outreach to New Mexico’s underserved youth and support the sustainability of all MST teams. In FY21, CYFD disseminated an RFA, reviewed all RFA applications, and chose four viable candidates. All candidates were vetted and approved through MST network and have completed training. Presently CYFD-BHS is utilizing the funds to launch a fifth team and have begun the onboarding process

**FPSS:** Improvement Plan for Family Peer Support Services: All of the System of Care III (SOC III) provider sites have fully implemented FPSS in Q2. In addition, they all continue to make ongoing outreach and collaboration efforts with JJS, CPS, and NM community partners to promote and increase numbers for FPSS. All SOC III provider sites are planning to hire one more CFPSW.

**HFW:** Improvement plan for HFW: All SOC III provider sites are currently at the anticipated capacity to serve children, youth and families in HFW. In addition, all HFW providers are actively hiring new Wraparound Facilitator’s to ensure they meet their community needs. New Mexico currently has eleven endorsed HFW coaches. CYFD BHS will continue to provide support, training and assistance to NM HFW providers who need endorsed coaches at their site.

**IMH CPP:** Improvement plan for IMH CPP: IMH CPP is regularly recruiting providers through IMH trainings offered to the community, through word of mouth with community partners, and by researching and connecting with agencies to educate them on the IMH CPP programs and offering them options to contract with CYFD. IMH CPP rostered approximately 30 clinicians in FY22 Q1 and is beginning a new CPP Learning Collaborative in January with another 30 clinicians seeking CPP Rostering.
**BH PERFORMANCE MEASURE #7 ★**

*Increase in supportive and/or independent housing options for transition age youth (ages 16-21 years) from baseline SFY 20 levels*

### Results FY22 Q4

<table>
<thead>
<tr>
<th></th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Target</th>
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<tr>
<td>FY20</td>
<td>226</td>
<td>260</td>
<td>283 (25.2%)</td>
<td>283</td>
<td>283</td>
<td>283</td>
<td>271.2 (20%)</td>
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**MEASURE DESCRIPTION:**
Increase in supportive and/or independent housing options for transition age youth (ages 16-21 years) from baseline SFY20 levels.

**DATA SOURCE/METHODOLOGY:**
This measure indicates the ability of CYFD to grow the capacity of behavioral health informed housing options that are prioritized for system involved transition age youth. It is calculated by counting the number of beds at each housing program. It includes Transitions Supportive Housing, Children’s Shelters, and Transitional Living Programs.

**STORY BEHIND THE DATA:**
Each of the programs included in this measure is critical to providing housing and supports for both CYFD involved youth, and youth in their respective communities. Children’s Shelters includes five different types of service models. First, Facility Based Shelter provides immediate, short-term care for children and adolescents. Youth are intended to utilize this service model temporarily and find a more permanent placement within 90 days. Priority populations served by Facility Based Shelter are youth and children involved with CYFD Protective Services or Juvenile Justice. Second, Multi-Service Home, a type of shelter that is a congregate care environment, is for special populations when the need for medically based treatment is not present. Multi Service Home does not have time restrictions and is not meant to be a temporary placement. Multi-Service Home is obligated to meet all regulations of Children’s Shelter aside from length of service requirements. Young Parent Home is a third type of shelter that provides mothers with clinical services including individual and group therapeutic treatment and case management and refers small children and babies to appropriate services when needed. There is not a time limit on how long the young mothers can stay in the Young Parent Home. Fourth, is shelter crisis stabilization services provided to
children and youth and are in the custody of CYFD-PSD. These crises driven facility based urgent shelter care will be provided on a twenty-four (24) hour a day basis to include onsite supervision by qualified staff in a safe and stable environment to youth. The fifth and final type, is Safe House. Safe House is a type of shelter that provides housing and supportive services to survivors of sex trafficking.

Transitions Supportive Housing provides supportive housing vouchers to young adults transitioning out of foster care or leaving a secure juvenile justice facility. This program is grounded in a Housing First model and coordinates other supports, in addition to housing, on an as-needed basis. Transitional Living Programs provide independent living opportunities for eligible youth in foster care who are transitioning to adulthood to gain and practice life skills in a safe environment and to assist with the transition from dependency to self-sufficiency through supportive services. Eligible participants are young people who have been involved in the New Mexico or tribal child welfare system through protective services or juvenile justice.

**IMPROVEMENT ACTION PLAN:**
There are multiple plans to open housing programs in New Mexico. The plans include both single site congregate housing programs as well as plans to increase options for housing vouchers in multiple locations and communities.

BHS is collaborating with Bernalillo County for the development of a Safe House for sexually exploited youth. BHS, following extensive collaboration with Bernalillo County, GSD, and internal partners, was not able to locate a state facility for this project until the middle of SFY21. Once the location was confirmed, the Intergovernmental Agreement (IGA) between CYFD and Bernalillo County was not executed until December 2021. Renovations with capital outlay funding is projected to last a minimum of nine months. BHS is in process of identifying a provider through a Request for Application (RFA) process.

BHS released an RFA in FY21 for the Young Parent Home. The Young Parent Home is a model that provides housing and services to young mothers and their minor children. Following extensive negotiation with a prospective provider, the provider was not selected. BHS is in process of releasing a revised RFA for this program.
Percent of department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians.

Results FY22 Q4

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22 Q1</th>
<th>FY22 Q2</th>
<th>FY22 Q3</th>
<th>FY22 Q4</th>
<th>FY22 Total</th>
<th>FY20 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians</td>
<td>51.8%</td>
<td>64.0%</td>
<td>65.3%</td>
<td>67.2%</td>
<td>65.6%</td>
<td>64.8%</td>
<td>62.6%</td>
<td>65.1%</td>
<td>75.0%</td>
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</table>

*This data excludes those in JJ clients in shelters and is pending review.

MEASURE DESCRIPTION:
Percent of department-involved youth in the estimated target population who are receiving services from community behavioral health clinicians (CBHCs).

DATA SOURCE/METHODOLOGY:
Data Sources: FACTS; BHS program reports; and shelter invoices. The numerator is the number of children and youth referred to CBHCs throughout the state by Juvenile Justice Services (JJS) and Protective Services (PS) staff. The denominator is all children and youth involved with PS, JJS, or both, who meet target population criteria.

STORY BEHIND THE DATA:
CBHCs consult, coordinate, team, and advocate internally and externally for the target population of children and youth involved with PS and JJS. The CBHC role is to 1) Serve as Behavioral Health Liaison: Be a bridge builder between the community and CYFD employees; 2) Provide consultation to PS and JJS staff, as well as youth and families, who request consultation with CBHC’s; 3) Completion of clinical reviews: Documents are completed for JJS involved youth and youth involved with both JJS and PS, referred to as crossover youth, by use of the trauma informed Child and Adolescent Needs and Strengths Assessment (CANS); 4) Teaming Facilitation/Co-Facilitation: Use of teams as vehicles to exchange information and collaborate across systems. Additional duties include conducting oversight on youth placed in out of home settings to include all JJS/PS Crossover youth and all JJS youth involved on formal or informal conditions; along with youth in out of state RTC’s who are in PS custody. CBHCs
also coordinate with JJS Field and Behavioral Health teams when a youth is returning to their community of origin after their commitment is completed; assisting, if requested, to find or suggest services in the community; when able, participating in PS meetings and events to continue communication and rapport building; and acting as a support to youth and families involved with CYFD to assure behavioral health needs are being addressed appropriately and met at the least restrictive and appropriate level of care.

**IMPROVEMENT ACTION PLAN:**

BHS has filled several of the vacant positions resulting in additional ability to consult and assist with PS cases. CBHCs have set up reoccurring dates and times for consultation in each PS office to offer consistent times and availability for staff. This has resulting in additional rapport building and an increase in consultation at the investigation and Permanency Planning Worker (PPW) level. CBHCs and PS continue to work on developing a triage process when seeking a level of care resulting in a congregate level of care. Continuation of rapport building, and collaboration are being built in PS offices from the ground up. Introductions continue to occur due to turn over and the hiring of new CBHCs. As CBHCs are hired, they will continue to be trained on both PS and JJS systems along with understanding the complexity of the children’s behavioral health care system and how to assist in identifying gaps in services.