Contacting CYFD

Office of the Secretary ....................... 505-827-7602
Office of the General Counsel ............. 505-476-0471
Constituency Affairs ......................... 505-827-7606
Public Information Officer ................. 505-827-7602
HIPAA Privacy Office ......................... 505-827-6412
Early Childhood Services ................. 505-827-7659
Protective Services ......................... 505-827-8400

Juvenile Justice Services ................... 505-827-7629
Administrative Services ..................... 505-827-8069
Employee Recruitment ....................... 505-827-7620
Foster Care/Adoptions Hotline .......... 800-432-2075
Child Abuse/Neglect Hotline .......... 800-432-2075

New Mexico Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, NM 87502-5160

www.cyfd.org
Percent of children receiving subsidy in Stars/Aim High programs levels three through five or with national accreditation

<table>
<thead>
<tr>
<th>FY15</th>
<th>FY15 Target: 35.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>46.7% (7,983/17,084)</td>
</tr>
<tr>
<td>Q1</td>
<td>45.6% (7,480/16,402)</td>
</tr>
<tr>
<td>FY14</td>
<td>41.1%</td>
</tr>
<tr>
<td>FY13</td>
<td>39.5%</td>
</tr>
<tr>
<td>FY12</td>
<td>n/a</td>
</tr>
<tr>
<td>FY11</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Desired trend

Objective

• Increase the percentage of children in higher quality child care programs.

Causal and Contributing Factors Impacting Performance Measure

• A small percentage of providers in rural and frontier areas of the state have three- through five-TQRIS Star level licenses, compared to some of the metro areas. This is most likely due to a lack of access to resources, community poverty levels (impacting child care centers’ and homes’ income) and, in some cases, isolation.

• Per the 2013 market rate survey (MRS), reimbursement rates for most child care providers serving families receiving child care assistance were below the federally recommended level—the 75th percentile of current market rate. Infant and toddler rates were raised to the 75th percentile of the 2013 MRS in July 2014.

• Early Childhood Services (ECS) is managing a waiting list for all new applicants for child care assistance with an income between 150% to 200% of the Federal Poverty Level (excluding TANF participants, teen mothers and special needs children).

• The Aim High system is being transitioned into the new FOCUS TQRIS for three- through five-TQRIS Star level. Currently, there are programs participating in FOCUS with current Star levels two through five using Aim High criteria; these programs must continue to be verified with the Star level.

• There are inconsistencies in the quality standards between accredited five-Star programs. One accrediting body still has inconsistencies with the quality standards.

• Restructuring Training and Technical Assistance (TTAP) agencies from eight programs to four has resulted in hiring challenges for remote areas and excessive travel for some TTAP staff. Increasing the number of FOCUS consultants resulted in hiring challenges for remote areas.

Targeted Corrective Actions to Improve Performance

• Use RTT Early Childhood Investment Zone strategies to bring professional development and consultation resources to rural and frontier communities. Capacity building in some of these areas has been taking place, resulting in additional programs from the Early Childhood Investment Zone communities.

• Provide information to parents seeking child care on the importance of quality and how to identify quality programs. All field offices have Look for the Stars information in their lobby areas.

• Promote and provide incentives for the inclusion of children with special needs (including children with behavioral challenges and those in families that are homeless) in child care programs statewide. Use the Social/Emotional Pyramid Model strategies and training to support children with challenging behavior. Use mental health consultants for programs to receive onsite support.

• Increase child care program quality through the resources of the statewide Early Childhood TTAPs through the FOCUS program and other supports.

• FOCUS TQRIS started in January 2013 with 50 programs participating in the pilot. Infrastructure continues to be developed to hire trained consultants. As of Oct. 16, 2014, there are approximately 200 programs participating in the FOCUS pilot process. Currently, there are 23 programs that have achieved Star 3 FOCUS level under the revised criteria.

• Continue with implementation of the plan for moving families off the waiting list.

• The Child Care Licensing staff will continue to work with all one-Star child care facilities to assist them in moving to two-Star level, providing them with the necessary training and technical assistance to accomplish the task.

• A crosswalk process took place between the diverse accreditation standards (standards of five-Star programs) by an external entity. The purpose of this crosswalk was to identify the accrediting standards that meet the quality requirements established in FOCUS. Only three accredited entities have been approved to date. Only one accredited entity has not been approved to date.

• Revised TQRIS standards will continue to be revised and will be evaluated by a national evaluating entity to ensure reliability.

• Recruitment of programs to participate in the TQRIS/FOCUS continues to take place for a variety of early childhood programs: center-based, family child care, group homes, two through five Stars, rural, urban, Early Childhood Investment Zones programs, etc.

Data Source/Methodology

• System: Family Automated Client Tracking System (FACTS)

• Windows: In-Home Services, Home Provider License, Private Provider License

• Report(s): sm10a16 (“FS Providers with Active Licenses”)
Objective

• Increase the percentage of child care providers participating in Stars/Aim High at levels three, four and five.

Causal and Contributing Factors Impacting Performance Measure

• A small percentage of providers in rural and frontier areas of the state have three- through five-TQRIS Star level licenses, compared to some of the metro areas. This is most likely due to a lack of access to resources, community poverty levels (impacting child care centers’ and homes’ income) and, in some cases, isolation.

• Per the 2013 market rate survey, reimbursement rates for most child care providers serving families receiving child care assistance were below the federally recommended level—the 75th percentile of current market rate. Infant and toddler rates were raised to the 75th percentile of the 2013 MRS in July 2014.

• ECS is managing a waiting list for all new applicants for child care assistance with an income between 150% to 200% of the Federal Poverty Level (excluding TANF participants, teen mothers and special needs children).

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• There are inconsistencies in the quality standards between accredited five-Star programs. One accrediting body still has inconsistencies with the quality standards.

• Restructuring TTAP agencies from eight programs to four has resulted in hiring challenges for remote areas and excessive travel for some TTAP staff. Increasing the number of FOCUS consultants resulted in hiring challenges for remote areas.

Targeted Corrective Actions to Improve Performance

• Use RTI Early Childhood Investment Zone strategies to bring professional development and consultation resources to rural and frontier communities. Capacity building in some of these areas has taken place, resulting in additional programs from the Early Childhood Investment Zone communities.

• Provide information to parents seeking child care on the importance of quality and how to identify quality programs. All field offices have “Look for the Stars” information in their lobby areas.

• Promote and provide incentives for the inclusion of children with special needs (including children with behavioral challenges and those in families that are homeless) in child care programs statewide. Use the Social/Emotional Pyramid Model strategies and training to support children with challenging behavior. Use mental health consultants for programs to receive onsite support.

• Increase child care program quality through the resources of the statewide Early Childhood TTAPs through the FOCUS program and other supports.

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• Continue with implementation of the plan for moving families off the waiting list.

• The Child Care Licensing staff will continue working with all one-Star child care facilities to assist them moving to two-Star level, providing them with the necessary training and technical assistance to accomplish the task.

• A crosswalk process took place between the diverse accreditation standards (standards of five-Star programs) by an external entity. The purpose of this crosswalk was to identify the accrediting standards that meet the quality requirements established in FOCUS. Only three accredited entities have been approved to date. Only one accredited entity has not been approved to date.

• Revised TQRIS Standards will continue to be revised and will be evaluated by a national evaluating entity to ensure reliability.

• Recruitment of programs to participate in the TQRIS/FOCUS continues taking place for a variety of early childhood programs: center-based, family child care, group homes, two through five Stars, rural, urban, Early Childhood Investment Zones programs, etc.

Data Source/Methodology

• System: Family Automated Client Tracking System (FACTS)

• Windows: Provider Organization

• Report(s): sm10a16 (“FS Providers with Active Licenses”)

• Numerator: Number of licensed providers at Star level three through five. Denominator: Number of licensed providers.
Percent of mothers participating in home visiting who are identified as having symptoms of postpartum depression who were referred to services then received services

Objectives
• Identify postpartum depression as early as possible by utilizing the Edinburgh Postpartum Depression Screen.
• Refer for services all screens with a positive score for postpartum depression.
• Support the mother regardless of use of formal services, while continuing to encourage mother to seek services.
• Work with the parent and infant in order to ameliorate possible impact of postpartum depression on the infant’s development.

Causal and Contributing Factors Impacting Performance Measure
• Some communities do not have resources available for women to access services for postpartum depression. Communities with the highest needs for social/emotional support are the communities that lack the supports and resources the most.
• Transportation to services may not be available.
• Untreated postpartum depression may have long-lasting impact on the infant’s healthy development.
• Services are impacted by the mother’s engagement in the services referred. Engagement in services is voluntary and some mothers may not receive appropriate service. Mothers may choose not to receive postpartum depression services. Isolation may be a factor on mother’s willingness to engage in services referred.
• The implementation of the Early Childhood Investment Zones for expansion funds presented a challenge as communities did not have the capacity to respond to Request for Proposals or submit an application for services.

Targeted Corrective Actions to Improve Performance
• Train providers on all screening tools and monitor that screening tools are being completed and administered consistently. Use monitoring system to verify that referrals have been made when screening tools identify a concern.
• Train providers regarding the importance of parent and child interactions and support for the healthy social/emotional development of infants and toddlers and their family using national infant mental health practices.
• Provide activities to promote a healthy brain development, so the child has cognitive, social, and emotional capacity to succeed in school and life.
• Train home visitors to recognize when a mother may be stressed and provide the support needed to reduce stress. A healthy mother is essential for a healthy baby.
• Align the federally funded home visiting programs and the state programs for identification and referral to services for postpartum depression as well as all other aspects of home visiting services.
• Create community coalitions to address the need for support and services to foster the social and emotional development of the child and his/her parent(s)/caregiver(s). Implement the Pyramid Model for social/emotional–infant mental health support in the training modules repertoire.
• Work in partnership with county and city governments and assist local community programs to develop the skills and infrastructure to respond to a Request for Proposal in compliance with state procurement regulations.
• Create local partnerships for non-CYFD-funded programs and implement a common referral system to ensure best fit for families.
• Partner with CYFD Behavioral Health, Infant/Early Childhood Mental Health program to support the infant-mother relationship in a clinical approach (where available).

Data Source/Methodology/Notes
• Figures are updated every quarter and are cumulative.
• Home visiting data provided by University of New Mexico Continuing Education Division.
• Numerator: Number of mothers identified as having symptoms of postpartum depression using the Edinburgh assessment tool and received services.
• Denominator: Total number of mothers who were given the Edinburgh assessment tool and screened a positive score for postpartum depression.
• Figures reported represent state-funded programs; federally funded programs are excluded.
Percent of children in state-funded pre-kindergarten showing measurable progress on the preschool readiness for kindergarten tool

Objectives

- Increase the number of children showing measurable progress on the preschool readiness for kindergarten tool.
- Increase access to voluntary, high-quality pre-kindergarten programs.
- Provide developmentally appropriate activities for New Mexico children.
- Expand early childhood community capacity.
- Support linguistically and culturally appropriate curriculum.
- Focus on school readiness.
- Fund professional development—teacher training and on-site technical assistance and support.

Causal and Contributing Factors Impacting Performance Measure

- In order to have an accurate measure of children’s status in relation to the New Mexico PreK Learning Outcomes, staff must be adequately trained in using the Observational Assessment Tools.
- To produce the measure, the data for individual programs must be accurately entered into the UNM Continuing Education PreK data system and aggregated to produce the necessary reports both for the individual programs and for the state.
- This data is reported annually in June.
- New Mexico’s unique mixed delivery system ensures access and parental choice by taking advantage of existing community resources as well as “goodness of fit” to ensure linguistic and cultural appropriateness.

Data Source/Methodology

- Ad hoc reports from PreK database which is administered by the University of New Mexico.
- Numerator: Number of children showing measurable progress. Denominator: Number of children evaluated through the Observational Assessment Tool.

Targeted Corrective Actions to Improve Performance

- All teaching staff new to New Mexico PreK will receive Day One and Day Two training in using the Observational Assessment Tools.
- All continuing teaching staff will have access to a one-day refresher training and to ongoing training and support regarding the use of observation data to plan and implement appropriate New Mexico PreK curricula.
- All New Mexico PreK program standards will be monitored for successful implementation in all program sites utilizing the 360 Model.
- All New Mexico PreK participants will attend regional and on-site training focused on improving instruction.
- All New Mexico PreK programs will be provided with the necessary technical assistance, guidance and support through the mentoring component, self-assessment and on-site monitoring visits and the specialized training described above.

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>FY15 Target: 92.0%</th>
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<tr>
<td>FY14</td>
<td>90.2%</td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>91.4%</td>
<td></td>
</tr>
<tr>
<td>FY12</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>FY11</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

(Adapted from New Mexico Department of Health)
Percent of children who are not the subject of substantiated maltreatment within six months of a prior determination of substantiated maltreatment

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>87.3%</td>
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<tr>
<td>Q1</td>
<td>88.9%</td>
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<tr>
<td>FY14</td>
<td>88.8%</td>
</tr>
<tr>
<td>FY13</td>
<td>92.3%</td>
</tr>
<tr>
<td>FY12</td>
<td>91.8%</td>
</tr>
<tr>
<td>FY11</td>
<td>91.4%</td>
</tr>
</tbody>
</table>

Desired trend

Objectives
- Continue to implement those strategies that have been determined to be effective in addressing those contributing factors to the occurrence of repeat maltreatment.
- Continue with implementation of the new safety management model and upgraded safety assessment tool.

Causal and Contributing Factors Impacting Performance Measure
This measure is one that PSD has struggled to achieve for the past few years. 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. PSD also believes that the agency’s inability to require parents to follow through with needed services also contributes to a lower performance in this outcome. If there were statutory changes made to allow the agency to petition the court to mandate parental follow-through with services it is likely that families would experience less repeat maltreatment. Vacancy rates could also be impacting this outcome. Lack of referral sources impacts the caseworkers’ ability to refer cases for services.

Targeted Corrective Actions to Improve Performance
- Continue implementation of pilot Family Support Worker initiative in Bernalillo County with impacted families, and request for funding to implement in a total of five counties.
- Continue to implement enhanced processes for safety assessment and management through quality assurance and other fidelity reviews and targeted follow up.
- Continue implementation of Piñon practice model to improve and implement best practices and accountability for outcomes in all offices.
- Child advocacy centers (CACs) will assist in strengthening the multi-disciplinary collaboration critical to effectively investigating and serving families in these situations, and request for funding to expand up to seven co-located CACs in New Mexico.
- Develop In-Home Services workgroup to re-evaluate current model of In-Home Services and use of targeted practices to better support families at high risk of recurrence of maltreatment.
- Use Office Hours process in multiple offices to address poor performance on repeat maltreatment.
- Continue to work with Behavioral Health Services to improve the community-based service array.

Resource Needs, Outcome Expectations and Timelines
- Caseloads for all services provided by PSD are high, resulting in budget requests for additional funding/FTE.
- Continue with technical assistance through Action for Child Protection to evaluate and improve fidelity to safety model, including possible adjustments to safety assessment tool, policies, and procedures.
- PSD has also requested funding in its budget request to expand the Family Support Worker initiative to five sites.
- PSD has opened a new child advocacy center in Valencia County, and is requesting additional funding to open seven additional sites across the state.
- CYFD is addressing recruitment and retention of staff with multiple strategies to improve caseloads, but new FTE are still needed to decrease caseloads to levels recommended as national standards.
- Community agencies able to provide services to parents and families to reduce risks and improve protective capacities.
- Review use of Family-Centered Meetings for Imminent Risk of Removal and 48-hour removals.

Data Source
- CYFD FACTS data system.
Percent of children who are not the subject of substantiated maltreatment while in foster care

**Objectives**
- Continue to implement those strategies that have demonstrated to be effective in addressing the factors contributing to the occurrence of maltreatment in foster care.
- Continue utilizing the SAFE home study process for all new foster homes and for the recertification of existing foster homes.

**Causal and Contributing Factors Impacting Performance Measure**
This measure is highly susceptible to a decrease in performance with only a small number of children in foster being maltreated. PSD has traditionally done very well in this measure. Caseworker visits to the foster home impact this measure and help this measure to be achieved successfully.

**Targeted Corrective Actions to Improve Performance**
- Continue to provide trauma-informed training to foster parents.
- Provide monthly caseworker visits and provide support to foster parents.

**Resource Needs, Outcome Expectations and Timelines**
- Recruit more foster and adoptive homes.
- Evaluate effectiveness of Foster Parent Liaison Program and provide enhancements as appropriate.

**Data Source**
- CYFD FACTS data system.
Percent of children reunified with their natural families in less than 12 months of entry into care

<table>
<thead>
<tr>
<th>FY15</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>61.4%</td>
</tr>
<tr>
<td>Q1</td>
<td>60.3%</td>
</tr>
</tbody>
</table>

| FY14       | 59.4%  |
| FY13       | 62.4%  |
| FY12       | 67.3%  |
| FY11       | 63.6%  |

Objectives
- Continue to develop and utilize program strategies which identify factors which contribute to the timely and appropriate return of children to their homes.

Causal and Contributing Factors Impacting Performance Measure
This measure is one that PSD continues to struggle to achieve. A number of years ago the agency began computing this measure differently to remove families where children were reunified within eight days of custody. This was done at the request of the federal government. It is also important to note that reunification can only be authorized by the court. Rising caseloads of children in foster care have surely had an impact as well on this outcome, as the same number of caseworkers works a rising number of children and families trying to help reunification outcomes improve. Behavioral health services are also critical to assist these families in meeting the reunification goals.

Targeted Corrective Actions to Improve Performance
- Continue implementation of Piñon practice model to improve and implement best practices and accountability for outcomes in all offices.
- Collaborate with the courts through the Children’s Court Improvement Commission to address judicial issues impacting timely reunification.
- Fill vacant positions and retain current caseworkers and supervisors using targeted strategies particularly focused on retaining qualified employees.
- Advocate for timely access to behavioral health and other community-based services for families involved in the child welfare system.
- Continue to work to develop trauma-informed system to provide assessments and services that address areas of trauma in the lives of children and their families.
- Continue to work with Behavioral Health Services to expand ability of agencies to provide Core Service Agency services: CCSS, crisis response and psychiatric evaluation and monitoring.
- Continue to work toward infusing wraparound philosophy and Piñon values into daily casework practice.

Resource Needs, Outcome Expectations and Timelines
- Caseloads for all services provided by PSD are high, resulting in budget requests for additional funding/FTE, with a particular emphasis on permanency planning workers to manage the increasing numbers of children in foster care and the efforts required to achieve permanency through reunification or some other goal.
- Continue with collaborative goals with the judiciary to improve effectiveness of legal outcomes.
- Implement data utilization and evaluation tools to assist county offices to better understand current trends and to inform practice improvement.
- CYFD is addressing recruitment and retention of staff with multiple strategies to improve caseloads, but new FTE are still needed to decrease caseloads to levels recommended as national standards.
- PSD expects to see incremental growth in this outcome measure in FY15 and FY16, particularly as new FTE are allocated by the Legislature, hired and trained.
- Increased capacity by service providers to meet needs of mental health and substance abuse needs of parents.

Data Source
- CYFD FACTS data system.
### Objectives
- Continue to develop and utilize program strategies which identify factors which contribute to the stability of children in out-of-home placements.

### Causal and Contributing Factors Impacting Performance Measure
This outcome is another area where PSD has struggled to meet the federal standard. A more drastic decrease was seen during this quarter. CYFD will review cases to determine the root cause for the decrease. The data set will be reviewed to determine validity. The issues around placement stability are very complex. There are numerous factors that can impact this outcome measure, including number of available foster families, the role of kinship caregivers, needs of children coming into foster care, array of services available to meet the needs of foster children, etc.

### Targeted Corrective Actions to Improve Performance
- Implement data utilization and evaluation tools to assist county offices to better understand current trends and to inform practice improvement.
- Utilize Office Hours model to aggressively develop and experiment with new ideas in offices and units.
- Continue to implement Diligent Recruitment concepts to improve long-term placement options for children in foster care.
- Target federal IV-B funding to support services for foster and adoptive families.
- Trauma-informed assessments and services need to be developed to help children address the effects of early-childhood trauma to stabilize placements in foster homes.
- Work with MCOs to ensure that discharge planning from higher levels of care are appropriate to meet the needs of the child.

### Resource Needs, Outcome Expectations and Timelines
- Caseloads for all services provided by PSD are high, resulting in budget requests for additional funding/FTE.
- PSD has been receiving technical assistance from the Casey Foundation with analysis of “short stayers”—children who return home prior to filing a legal case. The hypothesis is that some of these children may not have needed to come into custody in the first place.
- Results-Oriented Management interface (ROM) will allow the field to more closely monitor their progress and improvement, and the Striving Toward Excellence Program (STEP) will teach participants from around the state to use data and research to inform decision-making and improve outcomes. This program will launch in the third quarter of FY15.
- PSD will use a continuous quality improvement team to complete root cause analyses of placement stability issues.
- Community-based placement resources are needed to meet the needs of children.

### Data Source
- CYFD FACTS data system.

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**Percent of children in foster care for 12 months with no more than two placements**

<table>
<thead>
<tr>
<th>FY15</th>
<th>Q1</th>
<th>76.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>76.8%</td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>76.6%</td>
<td></td>
</tr>
<tr>
<td>FY12</td>
<td>79.3%</td>
<td></td>
</tr>
<tr>
<td>FY11</td>
<td>82.0%</td>
<td></td>
</tr>
</tbody>
</table>

**Q1 72.7%**

**Q2 76.8%**

**FY15 Target: 80%**
**Objectives**

- Utilize a variety of strategies to assure that children who are adoption candidates receive the appropriate resources needed to secure timely and appropriate adoption.
- Recruit and support the needs of adoptive parents to assure successful adoptions are made possible for all eligible children.

**Causal and Contributing Factors Impacting Performance Measure**

This outcome is an area of strength for PSD. PSD regularly meets this outcome measure due to its efforts to ensure that children in foster care that cannot return be reunified are adopted in a timely manner. Rising caseloads could jeopardize success with this outcome measure.

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15</td>
<td>32%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

**Targeted Corrective Actions to Improve Performance**

- PSD continues to look for ways to improve practice in this area, although we continue to meet expected standards.

**Resource Needs, Outcome Expectations and Timelines**

- Caseloads for all services provided by PSD are high, resulting in budget requests for additional funding/FTE. Without these resources to manage caseloads it is likely that performance will decrease over time. Permanency caseworkers and Children’s Court attorneys are critical to ensure we are meeting legal timelines around permanency, including adoption.

**Data Source**

- CYFD FACTS data system.
Percent of adult victims or survivors receiving domestic violence services who have an individualized safety plan

**Objectives**
- To establish an individualized safety plan for every adult victim who is receiving services.
- To establish an individualized safety plan which will allow the victim to become more prepared when a violent situation arises.

**Causal and Contributing Factors Impacting Performance Measure**
This is an outcome where PSD has seen significant improvements in the past seven years. PSD relies on domestic violence providers to make efforts to engage clients in the safety planning process. Improvement in this area required increased contract monitoring and collaboration between PSD, DV providers, and clients. It is important to recognize that some clients may not choose to develop a safety plan and agencies respect this choice; other clients may not remain in services long enough to complete a safety plan. Federal government requires that all survey information be collected anonymously; therefore, this impacts the DV providers’ ability to control how surveys are distributed and collected.

**Targeted Corrective Actions to Improve Performance**
- PSD believes the key to maintaining success is partnership with the contractors providing these services.
- Collaborate with the NM Coalition Against Domestic Violence and DV providers in reducing barriers regarding collection of anonymous surveys as required by federal regulations.
- Continue distribution of statewide funds for quality services provided to clients.
- PS will work with the DV agencies to establish liaisons for cross training and collaboration.

**Resource Needs, Outcome Expectations and Timelines**
- PSD continues to make efforts to collaborate with the DV Coalition and individual providers to meet outcome measure and provide services to clients.

**Data Source/Methodology**
- Domestic Violence Adult Victim/Survivor Survey.
- Windows: Domestic Violence Survey Window.
- Reports: Adult victims/survivors receiving domestic violence services who report they learned how to plan for their safety.
- Numerator: Number of DV adult victim witnesses who report they received information that helped them plan for their safety. Denominator: Number of DV adult victims/survivors surveyed.

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
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</thead>
<tbody>
<tr>
<td>FY11</td>
<td>92.9%</td>
<td>92.6%</td>
</tr>
<tr>
<td>FY12</td>
<td>92.8%</td>
<td>92.0%</td>
</tr>
<tr>
<td>FY13</td>
<td>92.3%</td>
<td>92.3%</td>
</tr>
<tr>
<td>FY14</td>
<td>92.0%</td>
<td>92.0%</td>
</tr>
<tr>
<td>FY15</td>
<td>93.0%</td>
<td>93.4%</td>
</tr>
</tbody>
</table>

Desired trend ->
Percent of adult victims or survivors receiving domestic violence services who are made aware of other available community services

Objectives
- Decrease victim isolation and increase victim empowerment by facilitating links to community resources identified to address immediate and long-term needs of clients through provision of advocacy, life skills education, and counseling support.

Causal and Contributing Factors Impacting Performance Measure
This is an outcome where PSD has seen slow improvements in the past years. Collaboration with the Domestic Violence Coalition and domestic violence providers is critical to engaging clients in community services, especially during times when there is a significant number of community organizations that have been forced to close or merge due to lack of funding. Domestic violence providers report a decrease in community resources they have worked collaboratively with to meet the basic needs of clients.

Targeted Corrective Actions to Improve Performance
- PSD believes the key to maintaining success is partnership with the contractors providing these services.
- Continue to expand child advocacy center model in additional communities across the state to improve service provision in the one-stop-shop model of service provision. Domestic violence providers and victim advocates are co-located partners in child advocacy centers.
- Continue to support domestic violence providers in reaching out to existing community partners to ensure clients are given current resource information.
- Funding in budget request to expand child advocacy centers statewide to include co-located domestic violence providers to work more collaboratively with high-risk families.
- Increased collaboration with PS field offices to provide education, training and collaboration between domestic violence providers and child welfare.

Resource Needs, Outcome Expectations and Timelines
- PSD continues to make efforts to collaborate with the DV Coalition and individual providers to meet outcome measure and provide services to clients.
- Funding in budget request to expand child advocacy centers statewide to include co-located domestic violence providers to work more collaboratively with high-risk families.
- Increased collaboration with PS field offices to provide education, training and collaboration between domestic violence providers and child welfare.

Data Source/Methodology
- Domestic Violence Client Survey.
- Windows: Domestic Violence Survey Window.
- Reports: DV clients who report they have increased knowledge in how to access available community resources.
- Numerator: Total number of adult victims receiving services who report they know more about how to access community resources. Denominator: Total number of adult victims surveyed.

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15</td>
<td>91.5%</td>
<td>87.3%</td>
</tr>
<tr>
<td>FY14</td>
<td>87.0%</td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>87.7%</td>
<td></td>
</tr>
<tr>
<td>FY12</td>
<td>89.0%</td>
<td></td>
</tr>
<tr>
<td>FY11</td>
<td>88.7%</td>
<td></td>
</tr>
</tbody>
</table>

Desired trend
PROTECTIVE SERVICES

Objective
• Decrease the turnover rate for Protective Services workers.

Causal and Contributing Factors Impacting Performance Measure
• Protective Services workers work in a field of high stress and high case loads.
• PS continues to face challenges in recruitment and retention of staff. The turnover rate for CPS workers continues to be a concern for the division and negatively impacts the PS budget in the form of overtime expense, recruitment, training expenses and staff burnout.
• High turnover reduces the number of high-skilled workers in the field.

Targeted Corrective Actions to Improve Performance
• The outside contractor explored and implemented various forms of recruitment, including social media and coordination with universities and the National Association of Social Workers. Options for which types of recruitment provide the greatest return on investment are being analyzed.
• The Academy for Professional Development and Training (APDT) is creating additional advanced courses to supplement Foundations of Practice and Facilities’ New Employee Orientation. Training will start rolling out in the fourth quarter of 2015.
• Supervisor leadership training has been sporadic and required only every four years. A new program, Foundations of Leadership (FOL), is comprised of three courses addressing various issues supervisors face. FOL will begin in the third quarter of 2015 and will address specific issues supervisors have in retaining staff; i.e., staff support techniques, team building, conducting effective evaluations, motivating staff and self-care. Advanced supervisor courses will be developed and rolled out in the fourth quarter of 2015.
• In Q3, ADPT is planning to purchase Cornerstone (or similar) software that will be able to more accurately track and monitor the training records of all employees.
• In Q2, PS staff were given pay increases pursuant to Laws 2014, Chapter 63, Section 8.

Resource Needs, Outcome Expectations and Timelines
• Resource needs: Achieve and maintain 0% vacancy rate in APDT in order to provide the extensive training necessary, both for new hires and seasoned staff.
• Outcome expectations: As the above-referenced initiatives are implemented, it is anticipated that turnover rate will improve based upon increased employee satisfaction and decreased burnout due to lower case loads.

Data Source/Methodology/Notes
• Separations considered are not due to death, dismissal or retirement.
• Figures are cumulative.
Objective

- Increase the percent of clients who successfully complete formal probation through the provision of rehabilitative services.

Causal and Contributing Factors Impacting Performance Measure

JJS will work toward eliminating inconsistency in selection of release type and release reason in the data source. As JJS works toward a consistent approach to the selection of release type and release reason, CYFD anticipates that the percentage may move away from the desired trend. If this happens, corrective action may become necessary.

Targeted Corrective Actions to Improve Performance

- JJS continues to roll out Quality Service Review (QSR) across the state. The QSR provides a child/youth- and family-based appraisal of frontline practice for organizational learning and development purposes to improve results in human service agencies. QSR is a form of real-time, rapid assessment and feedback applied by service agencies to strengthen frontline practice, build capacities, and adapt to complex, ever-changing conditions.
- JJS is implementing an intensive facilitator development process for our behavioral health clinicians that includes 18 months of training, coaching, observation and ultimately certification as a Wraparound facilitator. Wraparound is a youth and family-driven, solution-focused process that utilizes the strengths of a child and family as well as their supports to create an individualized plan to meet the family’s needs and reach their desired outcomes.

Data Source/Methodology/Notes

- This is a new measure for FY15 which changes past methodology by looking at successful completion vs. completion and where the denominator is clients completing probation vs. being released from probation. FY14 is used as a baseline.
- Family Automated Client Tracking System (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.
- Numerator: Clients completing formal probation, including ICJ or Tribal Compact Probation, with a satisfactory release type only. Clients with a release reason of New Juvenile Probation, Continued on Supervision, Adult Sentence, New Juvenile Commitment and Returned to Facility are excluded. Denominator: Clients completing formal probation, including ICJ or Tribal Compact Probation. Clients with a release reason 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.
- This measure is cumulative.
Objective

- Reduce recidivism through improved community-based services.

Causal and Contributing Factors Impacting Performance Measure

- Clients must be manually counted and there are frequently simultaneous court cases with different outcomes.
- Juvenile dispositions are at the discretion of the court and vary between judicial districts statewide.

Targeted Corrective Actions to Improve Performance

- Expand the Deep End Initiative statewide. In coordination with the Bernalillo County Youth Services Center and Children’s Court stakeholders, Deep End Initiative focuses on creating different pathways for youth who would otherwise end up in out-of-home placements to include residential treatment centers, group homes, treatment foster care and long-term facility placements for confinement. Planning teams actively engage in developing strategies and include family members, youth, probation, defense advocacy, prosecution, law enforcement, community providers, detention staff and others.
- Strategize to improve JJS systems and data tools for better data management reports that will inform decision making. More specifically, re-evaluate the use of the Structured Decision Making (SDM) tool to properly monitor clients’ risk and needs levels to determine the appropriate level of supervision.
- Continue to align efforts with the Behavioral Health Division and its Communities of Care initiative to identify and promote more intensive services to meet client specific probation or supervised release re-entry demands in each community for youth and their families.

Data Source/Methodology/Notes

- The methodology for this measure was adjusted so that it more accurately defined the population used as the denominator in the calculation of this percentage. The previous methodology used a denominator that reflected the number of adjudications within a time period rather than a count of individuals with adjudications.
- JJS Family Automated Client Tracking System (FACTS) - MS Access: Field Production Queries and Readjudication Checking.
- Numerator: Number of clients receiving a judgment during period who have a previous judgment and a break in service (period after release/case closure and before new adjudication). The break in service must not exceed two years. Denominator: Number of clients receiving a disposition during the reporting period. Clients with dispositions of Consent Decree, Dismissed, Nolle Prosequi or Time Expired are excluded.
- This measure is cumulative.
**Objective**

- Reduce the number of clients recommitted to a CYFD facility through improved facility programs, reintegration, transition services and supervised release.

**Causal and Contributing Factors Impacting Performance Measure**

- The practical effect of this restrictive measure results in a small cohort:
  - This measure is restrictive in that it will only capture those clients who will be under the age of 18 at the time of release and the time of recommitment to a CYFD facility.
  - This methodology is only dependable for youth age 16 or younger at the time of discharge as youth in this measure are followed exclusively through records in the juvenile system in our FACTS case management system.
  - Youth who are 18 or older at discharge are included in the denominator. The more appropriate measure for this age group is the measure which follows into the NMCD.
  - Youth falling between 16 and 18 at time of discharge can only be followed up to their 18th birthday.
  - Methodology reflects consistency with practice of limiting tracking of youth to only two years of release/discharge so once a client is discharged from JJS custody they are tracked for two years following the year and quarter of discharge consistent with our statement on recidivism and consistency with recommendations by Council of Juvenile Corrections Administrators (CJCA).

- Impact of programs and services, such as Cambiar, will not be reflected for at least two years past implementation. For example, the first post-Cambiar cohort cannot be tracked until FY14 due to the two-year implementation of Cambiar in each facility. Cambiar was not fully implemented in all units of all CYFD facilities until April 2011.

- Focus on utilizing the reintegration centers as a step-down for clients entering supervised release.
- Increase numbers of clients achieving a high school diploma or GED.
- Bring vocational training and additional higher educational opportunities to post-graduates in the facilities.
- Conduct consistent quality assurance monitoring of Cambiar reporting to monitor effectiveness of JJS services for committed clients and the quality of JJS staff interactions.

**Targeted Corrective Actions to Improve Performance**

- CYFD is in the early stages of a move toward regionalization using a positive peer culture-type approach. Lincoln Pines Youth Center contributes toward this drive for regionalization.
- Quarterly reporting at the facility and statewide level to stimulate comparison, collaboration and “cooperation for success” between facilities.
- Continue implementation of a comprehensive system to ensure needs of clients who are released back to the community are met, including regular development and utilization of discharge plans.
- Improve the multi-disciplinary team process to require a relevant transition plan that meets the various needs of each individual client and his/her family.
- Increase emphasis on transitional services for clients in communities, including services such as housing, education, employment, behavioral health, etc.
- Implementation of more intensive behavioral health services and greater accessibility to substance abuse counseling.
- Increase emphasis on providing post-secondary and vocational education opportunities which enhances client competency for success.

**Data Source/Methodology/Notes**

- FACTS (Batch Files: sm14-04 and sm14-05)
- Numerator: Number of clients admitted to a JJS facility on a judgment or Youthful Offender judgment of commitment who had a previous commitment end (discharge) during the prior two years. Concurrent commitments are excluded—client must have a break in service. Denominator: Number of clients admitted to a JJS facility on a judgment of commitment during the quarter.
- This measure is cumulative.
- Clients are duplicated when there are multiple discharges in the past two years.
- The measure does not take age into account.
### Objective
- Reduce the number of clients who may enter an adult corrections facility through improved JJS facility programs, reintegration, transition services and supervised release.

### Causal and Contributing Factors Impacting Performance Measure
- JJS has an MOU in place with NMCD to obtain quarterly inmate admissions records.
- The court process may impact whether a client is convicted within two years.

### Targeted Corrective Actions to Improve Performance
- Two of the three field regional administrator positions were reclassified to associate deputy directors with added oversight responsibilities regarding client transition planning and supervised release.
- Continue implementation of comprehensive system to ensure needs of clients who are on supervised released in the community are met.
- Increase emphasis on transitional services for clients in communities, including services such as housing, education, employment, behavioral health, etc.
- Improve the multi-disciplinary team process to require a relevant transition plan that meets the various needs of each individual client and his/her family.
- Implementation of routine assessments of each client and inclusion of substance abuse counseling in all behavioral health programming.
- Increase emphasis on providing post-secondary and vocational education opportunities which enhances client competency for success.
- Focus on utilizing the reintegration centers as a step-down for clients entering supervised release.
- Increase numbers of clients achieving a high school diploma or GED.
- Coordinate efforts to bring vocational training and additional higher educational opportunities to post-graduates in the facilities.
- Conduct consistent quality assurance monitoring of Cambiar reporting to monitor effectiveness of JJS services for committed clients and the quality of JJS staff interactions.
- Expansion of Cambiar training into field services started in FY14.
- JJS is implementing a more structured, intentional group facilitation process to enhance the programming that is being provided during a commitment to a juvenile facility. This will allow JJS to more effectively measure the quality of the curriculum and program structure in relation to its impact upon deterrence of future criminal activity.
- Current statutory requirements on the sealing of juvenile records act to limit JJS’s ability to evaluate the relationship between the youth’s offense history and the incident which led to the youth’s transition into the Department of Corrections as the youth’s juvenile record is sealed prior to their transition. Without access to this comparative data, JJS can only speculate on the factors that contributed to the contact with the Department of Corrections.

### Data Source/Methodology/Notes
- JJS Family Automated Client Tracking System (FACTS) - Batch File: sm14-05; MOU with Department of Corrections.
- Numerator: Number of clients age 18 and older discharged from a JJS facility during a quarter two years ago that appear in the NMCD inmate population during the following two years. Denominator: Number of clients age 18 years and older discharged from a JJS facility during a quarter two years ago.
- This measure is cumulative.

<table>
<thead>
<tr>
<th></th>
<th>FY15 Target: 6.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>7.1%</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
</tr>
<tr>
<td>FY12</td>
<td>n/a</td>
</tr>
<tr>
<td>FY11</td>
<td>n/a</td>
</tr>
<tr>
<td>Q2</td>
<td>12.9% (11/85)</td>
</tr>
<tr>
<td>Q1</td>
<td>16.7% (5/30)</td>
</tr>
</tbody>
</table>

Desired trend
**Objective**
- Effectively de-escalate incidents and/or behaviors to avoid injuries that result from the use of force.

**Causal and Contributing Factors Impacting Performance Measure**
- The data collection method is antiquated and requires redundant documentation for each client involved in an incident which makes unique tracking of incidents and use of force difficult.
- Initial reports are used, which may not reflect final outcomes of disciplinary findings.
- Staff flagging the cases for identification as an incident where use of force resulted in injuries are not medical personnel, resulting in false positives for this measure.

**Targeted Corrective Actions to Improve Performance**
- JJS is implementing performance-based standards.
- Design an incident reporting system in EPICS which supports policy and procedures, notification, and incident reporting for implementation in FY16.
- Replace the FY15 reporting of the broad category of physical assaults by delineating client-on-client and client-on-staff assaults.
- Conduct consistent quality assurance monitoring of Cambiar reporting to monitor effectiveness of JJS services for committed clients and the quality of JJS staff interactions.
- Continue proactive response to a noticeable rise in facility incidents. For example, QA provides continuous monitoring and weekly, monthly and quarterly reports to assist with technical assistance and corrective action when the number of physical assaults begins to increase.
- CYFD’s Information Technology Division is currently developing a JJS incident module in the new CYFD case management application, EPICS. Implementation of this module is scheduled to occur in FY16.
- The deputy director for facilities is continuing to work with facility superintendents in evaluating the performance measure data and identifying strategies to address inadequate performance.
- Every incident involving use of force, and especially those resulting in injury, are thoroughly reviewed to identify training deficits, procedural gaps, potential staff misconduct, and/or potential abuse. Instances involving any perception of staff misconduct are referred through appropriate channels to the Employee Review Board and/or law enforcement depending on the nature of the misconduct. Concerns involving potential abuse are referred to the Office of the Inspector General. Minor training deficits are handled and documented at the facility level (often through one-on-one remedial training with a facility Handle With Care instructor), whereas more substantial training inadequacies and procedural gaps are forwarded to the deputy director for action.
- Handle With Care (HWC) instructors attended a special meeting in December to interact with the deputy director concerning the priority of de-escalation and receive enhanced training on de-escalation techniques. The HWC instructors will be facilitating de-escalation training in their respective facilities in the upcoming months.
- Facilities staff are to receive Motivational Interviewing training this fiscal year. Motivational Interviewing will provide both the philosophical framework for working with the clients toward the goal of behavior change as well as the skillset for de-escalation and appropriate alignment. It is anticipated that this will result in a culture where fewer incidents result in use of force and fewer of these use of force incidents result in injury.
- Staff will not check the “Injury” box in FACTS until the medical assessment has been completed and the injury is confirmed.
- We are looking into the possibility of having staff only check the “Injury” box in FACTS if the injury is pursuant to a use of force, and not when related to a client-on-client altercation. This has to be evaluated before implementation to ensure we will not create issues with any other data collection and use.

**Data Source/Methodology/Notes**
- FACTS Incident Module - MS Access Query: Facility Production Queries.
- Numerator: Number of disciplinary incidents resulting in injury from use of force. Denominator: Number of disciplinary incidents.
- This measure is cumulative.
- Incidents are duplicated in the numerator and denominator when a single incident involves more than one client.
**Objective**

- Reduction in client-on-client physical assault incidents.

**Causal and Contributing Factors Impacting Performance Measure**

- The data collection method is antiquated and requires redundant documentation for each client involved in an incident which make unique tracking of incidents and use of force difficult.
- Final outcomes of disciplinary due process are used reporting only “guilty” findings which may not reflect all incidents with allegation of assault.
- Incidents are counted more than once if multiple clients are found guilty.

**Targeted Corrective Actions to Improve Performance**

- JJS has implemented performance-based standards.
- Design an incident reporting system in EPICS which supports policy and procedures, notification, and incident reporting for implementation in FY16.
- Replace the FY15 reporting of the broad category of physical assaults by delineating client-on-client and client-on-staff assaults.
- Continue proactive response to a noticeable rise in facility incidents. For example, QA provides continuous monitoring and weekly, monthly and quarterly reports to assist with technical assistance and corrective action when the number of physical assaults begins to increase.

**Data Source/Methodology/Notes**

- FACTS Incident Module - MS Access Query: Facility Production Queries
- Definition: Number of unique client-on-client physical assault (battery) facility incidents with a hearing disposition of “guilty.”
- This measure is cumulative.
- Incidents are duplicated when an incident involves multiple clients.
- Includes client-on-client incidents only.
- This is a revised measure intended to replace the measure reporting on physical assaults (all). No FY15 targets were set specific to this measure. As a result, what is targeted for physical assaults is also being used here.
## Objective
- Decrease the turnover rate for youth care specialists (YCS).

## Causal and Contributing Factors Impacting Performance Measure
- JJS continues to face challenges in recruitment and retention of staff. The turnover rate for YCS-1 continues to be a concern for the program and negatively impacts the JJS budget in the form of overtime expense, recruitment and training expenses, travel and per diem expenses, pre-employment screening expenses and contractual services expenses due to nursing vacancies.
- The significant turnover in the program is within the youth care specialist (YCS) classification. The workers in these positions provide direct client services within the secure facilities.
- The cost of hiring and training one YCS is approximately $15,000 or the equivalent of nearly six months of their salary.

## Targeted Corrective Actions to Improve Performance
- In Q2, the State Personnel Board adopted CYFD’s revisions to the minimum qualifications for youth care specialists (juvenile correctional officers) expanding the types of experience that will qualify candidates. It is anticipated that this change will broaden the potential recruitment pool and ultimately result in hiring more staff.
- JJS has created a salary matrix to guarantee that applicants receive appropriate pay based on their education and related experience.
- The Academy for Professional Development and Training (APDT) is creating ongoing training in Foundations of Leadership that will be made available to management beginning in February 2015.
- Additional advanced courses to supplement Foundations of Practice and Facilities’ New Employee Orientation (NEO) will be developed and start rolling out in the fourth quarter of 2015. Discussions are currently under way to revamp NEO to give them a blended learning experience that is more experiential and more closely simulates their job experience. This new training will be developed during 2015 and implemented during 2016.
- In Q3, APDT is planning to purchase Cornerstone (or similar) software that will be able to more accurately track and monitor the training records of all employees.
- In Q2, JJS staff were given pay increases pursuant to Laws 2014, Chapter 63, Section 8.

## Resource Needs, Outcome Expectations, and Timelines
- Resource needs: Achieve and maintain 0% vacancy rate in the Academy for Professional Development and Training in order to provide the extensive training necessary, both for new hires and seasoned staff.
- Outcome expectations: As the above-referenced initiatives are implemented, it is anticipated that turnover rate will improve based on increased sense of confidence and job task practice, employee satisfaction and decreased burnout.

## Data Source/Methodology/Notes
- Separations considered are not due to death, dismissal or retirement.
- Figures are cumulative.

### Turnover rate for youth care specialists

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>18.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.0%</td>
</tr>
<tr>
<td>FY15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.0%</td>
</tr>
</tbody>
</table>

Desired trend
**Objective**

- Decrease the average number of days to fill positions from advertisement closing date to employee start date.

**Causal and Contributing Factors Impacting Performance Measure**

- Certifying lists is a lengthy process involving review and analysis of the education and experience cited by each applicant to see if it matches the purpose of the position and the minimum qualifications. CYFD is now certifying 30 candidates on each list, and frequently candidates are not able to be certified, so many more applicants must be analyzed to arrive at a final number of 30 qualified candidates.
- Once the supervisors receive the list of certified candidates, they create a matrix to decide which candidates they want to interview. Supervisors are busy conducting daily business so sometimes it is challenging to schedule interviews, especially since panels of two are used for lower level positions and panels of at least three are used for management positions.
- Once interviews are held and a candidate is selected, the hiring supervisor must check references, review the personnel file (if a current state employee), complete the hiring paperwork and request a background check. The supervisor must also complete interview documentation forms for all of the candidates interviewed, and notify those not selected. Additionally, there are internal processes for approval within each division. Once the completed hiring packet is submitted to central human resources, budget approval must be obtained from Administrative Services and in some cases approvals must be obtained from the State Personnel Office (SPO) and DFA.

- When an offer is made to a candidate, they frequently give notice (two weeks or more) to their current employer before starting with CYFD. For most hires within JJS facilities, the hire date is dependent on the next New Employee Orientation (NEO) that is established by the Academy of Professional Development and Training. The NEOs are currently taking place approximately every six weeks.

**Targeted Corrective Actions to Improve Performance**

- Collaborate with SPO and other large state agencies about ideas to assess and improve internal processing of hiring paperwork. Several agencies are able to process paperwork faster and CYFD is currently exploring whether their methods could also be used at CYFD.
- Creating a method of tracking timelines that generates alerts when deadlines are approaching.
- Strive to maintain a 0% vacancy rate in Employee Support Services to enable the smoothest possible processing of paperwork.
- Develop a system for consistently enforcing timelines for hiring managers to schedule interviews and select candidates.

- Timelines: Complete assessment of processes at other agencies by the end of 2015 Q3. Implement applicable process changes by the end of 2015 Q4.

**Data Source/Methodology/Notes**

- NEOGOV HR software; used by CYFD to obtain on-demand HR information related to the entire hiring and onboard process.
- Data extraction: Access the NEOGOV HR Reports Module, then selection Requisitions Determination option. Run the Requisitions Life Cycle with given parameters. Finally, extract the data points to Microsoft Access. Parameters are established within quarterly or yearly projections.
- Data interpretation: Run the average number of days it takes to complete each step of the requisition life cycle.
- Final analysis and conclusions: Determine the number of days it takes to fill positions and compare with objectives, issues, goals and corrective action plan.
- The methodology used to calculate this performance measure in Q1 assessed only the positions that were advertised and filled during Q1. For Q2, the number includes all positions that were filled during Q2, regardless of when they were advertised.

**Resource Needs, Outcome Expectations, and Timelines**

- Resource needs: Continuing budget approval to maintain 0% vacancy rate in Employee Support Services.
- Outcome expectations: Achieve performance measure goal of 65 days by 2015 Q3.
## CYFD Key Measures at a Glance

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY14</th>
<th>FY15 Q1</th>
<th>FY15 Q2</th>
<th>FY15 Q3</th>
<th>FY15 Q4</th>
<th>FY15 Final</th>
<th>FY15 Target</th>
<th>Desired Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EARLY CHILDHOOD SERVICES</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Percent of children receiving subsidy in Stars/Aim High programs level three through five or with national accreditation</td>
<td>41.1%</td>
<td>45.6%</td>
<td>46.7%</td>
<td></td>
<td></td>
<td></td>
<td>35%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of licensed child care providers participating in Stars/Aim High programs levels three through five or with national accreditation</td>
<td>31.6%</td>
<td>32.0%</td>
<td>32.4%</td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of mothers participating in home visiting who are identified as having symptoms of postpartum depression who were referred to services then received services</td>
<td>30.2%</td>
<td>28.3%</td>
<td>30.7%</td>
<td></td>
<td></td>
<td></td>
<td>35%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children in state-funded pre-kindergarten showing measurable progress on the preschool readiness for kindergarten tool</td>
<td>90.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(reported annually)</td>
<td>▲</td>
</tr>
<tr>
<td><strong>PROTECTIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children who are not the subject of substantiated maltreatment within six months of a prior determination of substantiated maltreatment</td>
<td>88.8%</td>
<td>88.9%</td>
<td>87.3%</td>
<td></td>
<td></td>
<td></td>
<td>93%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children who are not the subject of substantiated maltreatment while in foster care</td>
<td>99.90%</td>
<td>99.10%</td>
<td>99.90%</td>
<td></td>
<td></td>
<td></td>
<td>99.7%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children reunified with their natural families in less than 12 months of entry into care</td>
<td>59.4%</td>
<td>60.3%</td>
<td>61.4%</td>
<td></td>
<td></td>
<td></td>
<td>65%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children in foster care for 12 months with no more than two placements</td>
<td>76.8%</td>
<td>76.5%</td>
<td>72.7%</td>
<td></td>
<td></td>
<td></td>
<td>80%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children adopted within 24 months from entry into foster care</td>
<td>31.8%</td>
<td>28.9%</td>
<td>34.1%</td>
<td></td>
<td></td>
<td></td>
<td>32%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of adult victims or survivors receiving domestic violence services who have an individualized safety plan</td>
<td>92.0%</td>
<td>93.4%</td>
<td>92.6%</td>
<td></td>
<td></td>
<td></td>
<td>93%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of adult victims or survivors receiving domestic violence services who are made aware of other available community services</td>
<td>87.0%</td>
<td>91.5%</td>
<td>87.3%</td>
<td></td>
<td></td>
<td></td>
<td>90%</td>
<td>▲</td>
</tr>
<tr>
<td>Turnover rate for protective services workers</td>
<td>26.4%</td>
<td>10.0%</td>
<td>13.6%</td>
<td></td>
<td></td>
<td></td>
<td>25%</td>
<td>▼</td>
</tr>
<tr>
<td><strong>JUVENILE JUSTICE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of clients who successfully complete formal probation</td>
<td>81.8%</td>
<td>81.5%</td>
<td>81.8%</td>
<td></td>
<td></td>
<td></td>
<td>70%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of clients re-adjudicated within two years of previous adjudication</td>
<td>6.0%</td>
<td>5.1%</td>
<td>5.3%</td>
<td></td>
<td></td>
<td></td>
<td>5.8%</td>
<td>▼</td>
</tr>
<tr>
<td>Percent of clients recommitted to a CYFD facility within two years of discharge from facilities</td>
<td>9.7%</td>
<td>5.4%</td>
<td>7.9%</td>
<td></td>
<td></td>
<td></td>
<td>9%</td>
<td>▼</td>
</tr>
<tr>
<td>Percent of JJS facility clients age 18 and older who enter adult corrections within two years after discharge from a JJS facility</td>
<td>7.1%</td>
<td>16.7%</td>
<td>12.9%</td>
<td></td>
<td></td>
<td></td>
<td>6%</td>
<td>▼</td>
</tr>
<tr>
<td>Percent of incidents in JJS facilities requiring use of force resulting in injury</td>
<td>2.2%</td>
<td>2.3%</td>
<td>1.9%</td>
<td></td>
<td></td>
<td></td>
<td>1.5%</td>
<td>▼</td>
</tr>
<tr>
<td>Number of client-on-client physical assaults in juvenile justice facilities</td>
<td>270</td>
<td>71</td>
<td>133</td>
<td></td>
<td></td>
<td></td>
<td>&lt;260</td>
<td>▼</td>
</tr>
<tr>
<td>Turnover rate for youth care specialists</td>
<td>14.4%</td>
<td>8.9%</td>
<td>13.0%</td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
<td>▼</td>
</tr>
<tr>
<td><strong>PROGRAM SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Average number of days to fill positions from the advertisement close date to candidate start date</td>
<td>n/a</td>
<td>62.1</td>
<td>73.0</td>
<td></td>
<td></td>
<td></td>
<td>65%</td>
<td>▼</td>
</tr>
</tbody>
</table>