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

**Objective**
- Decrease the percentage of children in Aim High child care programs and increase the number of children participating in the Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

**Causal and Contributing Factors Impacting Performance Measure**
- The Aim High system is being transitioned into the new FOCUS TQRIS for three- through five-Star TQRIS 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.
- There are still challenges in supporting programs with consultation due to the remoteness location of programs and travel time involved. Increasing the number of FOCUS consultants resulted in hiring challenges for remote areas.

**Targeted Corrective Actions to Improve Performance**
- Use the 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. Rural provider rates were raised to equal metro provider rates in January 2015.
- ECS implemented FOCUS quality differential increase in October 2015.
- 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 of an integrated consultation system including mental health (social/emotional support for young children) and inclusive practices for programs to receive onsite support.
- Increase child care program quality through the resources of an integrated statewide early childhood consultation system and other supports.

**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”)
- Numerator: Number of subsidy children served at Stars level three through five. Denominator: Number of subsidy children served.

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Desired Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>39.5%</td>
<td>40%</td>
</tr>
<tr>
<td>FY14</td>
<td>41.1%</td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>48.1%</td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>31.3%</td>
<td></td>
</tr>
<tr>
<td>FY17</td>
<td>26.7%</td>
<td></td>
</tr>
</tbody>
</table>

FY17 Target: 40%
Percent of licensed child care providers participating in Stars/Aim High programs levels three through five or with national accreditation

Objective

- Decrease the percentage of child care providers participating in Stars/Aim High at levels three, four and five, and increase providers participating in the Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

Causal and Contributing Factors Impacting Performance Measure

- The Aim High system is being transitioned into the new FOCUS TQRIS for three- through five-Star TQRIS 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.
- There are still challenges in supporting programs with consultation due to the remoteness location of programs and travel time involved. Increasing the number of FOCUS consultants resulted in hiring challenges for remote areas.

Targeted Corrective Actions to Improve Performance

- Use the 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. Rural provider rates were raised to equal metro provider rates in January 2015.
- ECS implemented FOCUS quality differential increase in October 2015.
- 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 of an integrated consultation system including mental health (social/emotional support for young children) and inclusive practices for programs to receive onsite support.
- Increase child care program quality through the resources of an integrated statewide early childhood consultation system.

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.
Objective

- Increase the percentage of children participating in New Mexico’s Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

Causal and Contributing Factors Impacting Performance Measure

- There are still several programs in Aim High that have not transitioned into FOCUS. The Aim High system is being transitioned into the new FOCUS TQRIS for three- through five-Star TQRIS levels. 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.
- A small percentage of providers in rural and frontier areas of the state have three-Star FOCUS levels. This is due to the lack of resources, access to consultation and challenges with sustainability.

Targeted Corrective Actions to Improve Performance

- Continue efforts of the Early Childhood Investment Zone strategies to bring professional development and consultation resources to rural and frontier communities.
- Rural provider rates were raised to equal metro provider rates in January 2015.
- ECS implemented FOCUS quality differential increase in October 2015.
- 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 of mental health consultants for programs to receive onsite support.

Data Source/Methodology/Notes

- 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”)
- Numerator: Number of subsidy children served at FOCUS Star level three. Denominator: Number of subsidy children served.
Objective

- Increase the percentage of children participating in New Mexico’s Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

Causal and Contributing Factors Impacting Performance Measure

- There are still several programs in Aim High that have not transitioned into FOCUS. The Aim High system is being transitioned into the new FOCUS TQRIS for three-through five-Star TQRIS levels. 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.

- A small percentage of providers in rural and frontier areas of the state have three-Star FOCUS levels. This is due to the lack of resources, access to consultation and challenges with sustainability.

Targeted Corrective Actions to Improve Performance

- Continue efforts of the Early Childhood Investment Zone strategies to bring professional development and consultation resources to rural and frontier communities.

- Rural provider rates were raised to equal metro provider rates in January 2015.

- ECS implemented FOCUS quality differential increase in October 2015. After cost and revenue analysis for child care centers, Early Childhood Services determined the previous quality differentials were not sufficient at the four- and five-Star quality levels due to the required decrease in staff/child ratios.

- 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 of mental health consultants for programs to receive onsite support.

- Increase child care program quality through an integrated consultation system in a continuum support process.

Data Source/Methodology/Notes

- 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”)

- Numerator: Number of subsidy children served at FOCUS Star level four. Denominator: Number of subsidy children served.
Objective

- Increase the percentage of children participating in New Mexico’s Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

Causal and Contributing Factors Impacting Performance Measure

- There are still several programs in Aim High that have not transitioned into FOCUS. The Aim High system is being transitioned into the new FOCUS TQRIS for three-through five-Star TQRIS levels. 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.
- A small percentage of providers in rural and frontier areas of the state have three-Star FOCUS levels. This is due to the lack of resources, access to consultation and challenges with sustainability.

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- Continue efforts of the Early Childhood Investment Zone strategies to bring professional development and consultation resources to rural and frontier communities.
- Rural provider rates were raised to equal metro provider rates in January 2015.
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- 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 of mental health consultants for programs to receive onsite support.
- Increase child care program quality through an integrated consultation system in a continuum support process.
- Develop an alternative measure for calculating the cost of quality that takes into account the essential elements of quality in level five FOCUS.

Data Source/Methodology/Notes

- 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”)
- Numerator: Number of subsidy children served at FOCUS Star level five. Denominator: Number of subsidy children served.

Percent of children receiving state subsidy in FOCUS, level five

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>Q1</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>14.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FY15</td>
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<tr>
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<tr>
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<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Desired trend
Objective

• Increase the percentage of child care providers participating in New Mexico’s Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

Causal and Contributing Factors Impacting Performance Measure

• There are still several programs in Aim High that have not transitioned into FOCUS. The Aim High system is being transitioned into the new FOCUS TQRIS for three-through five-Star TQRIS levels. 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.

• A small percentage of providers in rural and frontier areas of the state have three-Star FOCUS levels. This is due to the lack of resources, access to consultation and challenges with sustainability.

• There are challenges in supporting programs with consultation due to the remoteness location of programs and travel time involved.

Targeted Corrective Actions to Improve Performance

• 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 of an integrated consultation system including mental health (social/emotional support for young children) and inclusive practices for programs to receive onsite support.

• Increase child care program quality through an integrated consultation system in a continuum support process.

• TQRIS standards will continue to be revised as the final stages of the pilot phase based on program self-assessment and continuous quality improvement process and the evaluation results from 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/Notes

• System: Family Automated Client Tracking System (FACTS)
• Windows: Provider Organization
• Report(s): sm110a16 (“FS Providers with Active Licenses”)
• Numerator: Number of licensed providers at FOCUS level three. Denominator: Number of licensed providers.
Objective

- Increase the percentage of child care providers participating in New Mexico’s Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

Causal and Contributing Factors Impacting Performance Measure

- There are still several programs in Aim High that have not transitioned into FOCUS. The Aim High system is being transitioned into the new FOCUS TQRIS for three- through five-Star TQRIS levels. 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.

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- There are challenges in supporting programs with consultation due to the remoteness location of programs and travel time involved.

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- TQRIS standards will continue to be revised as the final stages of the pilot phase based on program self-assessment and continuous quality improvement process and the evaluation results from 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.

- Develop an alternative measure for calculating the cost of quality that takes into account the essential elements of quality in level four FOCUS.

Data Source/Methodology/Notes

- System: Family Automated Client Tracking System (FACTS)
- Windows: Provider Organization
- Report(s): sm10a16 (“FS Providers with Active Licenses”)
- Numerator: Number of licensed providers at FOCUS level four. Denominator: Number of licensed providers.

Percent of licensed child care providers participating in FOCUS, level four

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>2.5%</td>
</tr>
<tr>
<td>FY17</td>
<td>5%</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
</tr>
</tbody>
</table>
**Objective**

- Increase the percentage of child care providers participating in New Mexico’s Tiered Quality Rating and Improvement System (TQRIS) called FOCUS.

**Causal and Contributing Factors Impacting Performance Measure**

- There are still several programs in Aim High that have not transitioned into FOCUS. The Aim High system is being transitioned into the new FOCUS TQRIS for three-through five-Star TQRIS levels. 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.

- A small percentage of providers in rural and frontier areas of the state have three-Star FOCUS levels. This is due to the lack of resources, access to consultation and challenges with sustainability.

**Targeted Corrective Actions to Improve Performance**

- 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 of an integrated consultation system including mental health (social/emotional support for young children) and inclusive practices for programs to receive onsite support.

- 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.

- Increase child care program quality through an integrated consultation system in a continuum support process.

- Develop an alternative measure for calculating the cost of quality that takes into account the essential elements of quality in level four FOCUS.

**Data Source/Methodology/Notes**

- System: Family Automated Client Tracking System (FACTS)
- Windows: Provider Organization
- Report(s): sm10a16 (“FS Providers with Active Licenses”)
- Numerator: Number of licensed providers at FOCUS level five. Denominator: Number of licensed providers.

**Percent of licensed child care providers participating in FOCUS, level five**

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>15.5% (151/975)</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
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<tr>
<td>FY15</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Desired trend
Percent of children in state-funded pre-kindergarten showing measurable progress on the preschool readiness for kindergarten tool

<table>
<thead>
<tr>
<th>Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91.4%</td>
<td>90.2%</td>
<td>94.2%</td>
<td>94.3%</td>
<td></td>
</tr>
</tbody>
</table>

Desired trend: 93%

**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.

- The integrity of teacher-generated data is often questioned since it is sometimes not reported on a timely basis and there is the possibility of human error in entering data accurately.
- 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.
- Targeting Early Childhood Investment Zones have made it challenging to start programs in some communities where there are no licensed, center-based child care providers or pockets of 4-year-old children.

**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.
- Include PreK in the Infant/Early Childhood Mental Health Plan to address the social-emotional development of PreK participants.
- 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.
- Look at PreK options that can meet the needs of rural, isolated communities without the resources or needed number of children to start a PreK program.
- Share the CYFD Strategic Plan with PED.
- Implement Early PreK pilot for 3-year-olds as a strategy for improvement of PreK services.

**Data Source/Methodology**

- Adhoc 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.
EARLY CHILDHOOD SERVICES

Percent of infants on schedule to be fully immunized by age two

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
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<tbody>
<tr>
<td>Q1</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>93.8%</td>
<td>93.7%</td>
</tr>
</tbody>
</table>

Desired trend

Objective

- Provide education to families about the importance of timely, age-appropriate recommended immunizations.
- Provide education to Home Visiting staff about “4:3:1:3:3:1” for information and tracking purposes.
- Develop local partnerships with health care providers for access.

Causal and Contributing Factors Impacting Performance Measure

- Immunization cards are not required for participation in the Home Visiting program. Information is collected as parent reports.
- Immunization information is entered into the system but it is not a mandatory field.
- Some parents do not immunize their children in a timely manner due to lack of access or education about the importance of immunizing children according to their age.
- Some Home Visiting programs are not involved in immunization efforts at their communities.

Targeted Corrective Actions to Improve Performance

- Provide information to home visitors about “4:3:1:3:3:1.” By two years of age, all children should have received four doses of diphtheria-tetanus-pertussis (DTaP), three doses of polio, one dose of measles-mumps-rubella (MMR), three doses of hepatitis B, three doses of haemophilus influenzae, type B (Hib), and one dose of varicella vaccine. This series is referred to in shorthand as “4:3:1:3:3:1.”
- Partner with NM SIIS (the state online immunization registry) to track immunizations received so that children can be referred to be brought up-to-date for any needed shots.
- Partner with local health care providers to increase access and promote best practices for immunizations.
- Utilize the New Mexico’s Indicator-Based Information System (NM-IBIS) mapping system to track immunization rates in the local community and use the data to implement local strategies.
- Provide parental education and resources for access to ensure “4:3:1:3:3:1” series are followed.
- Include immunization information as a mandated field in the New Mexico Home Visiting data system.
- Include in Home Visiting strategies participation in local immunization coalitions and other immunization-related activities.
- Track in the Home Visiting data system the information regarding children immunized: age-appropriate immunizations vs. doses received by age 2.

Data Source/Methodology/Notes

- Home Visiting data provided by University of New Mexico Continuing Education Division
- Numerator: Number of those who answered “yes” to immunization question. Denominator: Number of primary caregivers answering relevant question on MCH form.
**Objective**

- Provide professional development opportunities to Home Visiting staff on the importance of positive parent-child interactions, what they look like and which strategies for communications with families and Infant Mental Health practices are most successful.
- Provide training and technical assistance for home visitors on the PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) tool and strategies.
- Increase participation on Circle of Security training for Home Visiting staff.
- Improve fatherhood participation in child’s life.

**Causal and Contributing Factors Impacting Performance Measure**

- Parenting interactions are important for children’s early development; however it is very difficult to measure and to use objective systems for observation and assessment.
- Programs and practices are not targeting fathers or positive male role models as part of the essential caregiving unit.
- There is very little understanding of the cultural impact that may determine positive parent-child interactions.
- Lack of appropriate training may lead to inappropriate assessment and administration of the PICCOLO tool.
- Circle of Security is a strategy to assist professionals and paraprofessionals working in the Home Visiting program to implement strategies that foster positive parent-child relationships.

**Targeted Corrective Actions to Improve Performance**

- Increase number of opportunities for training and technical assistance in the proper implementation and interpretation of PICCOLO.
- Increase fatherhood involvement practices as part of the quality improvement process.
- Increase awareness, training and coaching for home visitors regarding cultural competencies and practices.
- Increase Circle of Security training for home visitors as part of their professional development.

**Data Source/Methodology/Notes**

- Home Visiting data provided by University of New Mexico Continuing Education Division.
- Numerator: Number of families with time 2 PICCOLO scores, by domain, and difference between interval scores. Denominator: Number of families with initial PICCOLO scores, by domain.
Percent of families at risk for domestic violence who have a safety plan in place

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implementation of a non-biased, non-gender-specific assessment tool.</td>
</tr>
<tr>
<td>• Training for Home Visiting staff in the appropriate implementation of the Relationship Assessment Tool.</td>
</tr>
<tr>
<td>• Training for Home Visiting staff in the steps to take in the event of a positive screen.</td>
</tr>
<tr>
<td>• Access community resources for the implementation of the family safety plans.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Causal and Contributing Factors Impacting Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Safety is to be considered in all aspects of a family’s life. There are specific elements that need to be kept in mind when addressing the safety needs of the family. Children’s development is affected by domestic violence even if they did not witness it.</td>
</tr>
<tr>
<td>• Families with newborns and young infants are more vulnerable to domestic violence due to stress, economics and family dynamics.</td>
</tr>
<tr>
<td>• Families do not feel confident in sharing relationship concerns due to fear, stigma or hopelessness.</td>
</tr>
<tr>
<td>• Lack of resources in some communities make it more difficult for Home Visiting staff to refer families who may need access to services.</td>
</tr>
<tr>
<td>• Home Visiting staff have indicated their discomfort in asking the questions in the RAT, possibly due to the lack of training, stigma or personal experiences.</td>
</tr>
<tr>
<td>• Information is not always entered accurately in the Home Visiting data system.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Corrective Actions to Improve Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educate home visitors so that they can educate families about the importance of a safe environment for the positive growth and development of infants and toddlers.</td>
</tr>
<tr>
<td>• Provide training, technical assistance, coaching and support to Home Visiting staff to address domestic violence issues with families and develop realistic and effective safety plans.</td>
</tr>
<tr>
<td>• Coordinate involvement at a state and local level with domestic violence coalitions and shelters to assist in the referral process.</td>
</tr>
<tr>
<td>• Use reflective supervision to support staff in addressing domestic violence situations with families.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Source/Methodology/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Home Visiting data provided by University of New Mexico Continuing Education Division.</td>
</tr>
<tr>
<td>• Numerator: Number of families who had a safety plan completed in reporting period. Denominator: Number of families screened for domestic violence and identified as at risk.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FY17 Target: 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
</tr>
<tr>
<td>FY16</td>
</tr>
<tr>
<td>FY15</td>
</tr>
<tr>
<td>FY14</td>
</tr>
<tr>
<td>FY13</td>
</tr>
</tbody>
</table>

Desired trend
**Objective**

- Provide prenatal education for mothers-to-be about the benefits of breastfeeding, both for the infant and for the mother.
- Connect families with resources to support mothers in the beginning stages and ongoing process of breastfeeding.
- Support families in developing and reaching their breastfeeding goals.
- Participate with local coalitions for promotion, protection and support of breastfeeding mothers.

**Causal and Contributing Factors Impacting Performance Measure**

- In New Mexico 88% of mothers reported initial breastfeeding to their infants, however 62% reported continued breastfeeding their babies after one month.
- Information in the Home Visiting system is self reported and may not always be accurate.
- Lack of mother’s understanding, support with breastfeeding techniques and cultural influences may affect the rate of mothers initiating breastfeeding.
- Health issues (such as mother’s intrapartum health factors, infant’s admission to the Neonatal Intensive Care Unit, etc.) may contribute to the challenge of some mothers to nurse their infants.
- Limited access to effective breast pumps (or lack of support from employers) make it more difficult for mothers who return to work outside the home to keep their breastfeeding goals.

**Targeted Corrective Actions to Improve Performance**

- Assist pregnant mothers in the development of maternity care plan that include breastfeeding goals, and systems for communicating those goals to the birthing facility.
- Promote kangaroo care—skin-to-skin contact for infant and mother after birth—using resources such as [http://handtohold.org/resources/helpful-articles/the-benefits-of-kangaroo-care/](http://handtohold.org/resources/helpful-articles/the-benefits-of-kangaroo-care/).
- Provide resources as needed for families who do not have access to appropriate breast pumps.
- Connect families with resources such as La Leche League or the local hospital’s lactation specialist for support and guidance.
- Continue promoting Doula training for Home Visitors to support pregnant mothers during the perinatal period.
- Provide breastfeeding education for families.
- Support mothers with resources and techniques that promote bonding even when breastfeeding is not possible due to medical reasons.

**Data Source/Methodology/Notes**

- Home Visiting data provided by University of New Mexico Continuing Education Division.
- Numerator: Number of mothers who reported initiation of breastfeeding. Denominator: Number of mothers who had a delivery during the reporting period and answered breastfeeding question on the perinatal questionnaire.
Number of meals served through CYFD-administered food programs, in millions

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.45m</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Objectives**
- To serve healthy, nutritious meals to as many children and adults as possible through the Child and Adult Care Food Program (CACFP).
- To serve healthy and nutritious meals to as many children as possible through the Summer Food Service Program (SFSP).

**Causal and Contributing Factors Impacting Performance Measure**
- The Family Nutrition Bureau has agreements with over 700 child care, homeless and adult centers. We also have 16 agreements with home and unaffiliated center sponsors. The sponsors have over 2,100 licensed and registered home providers who serve meals to children. We have reached the number of meals served with very little movement over the last couple of years.

**Targeted Corrective Actions to Improve Performance**
- We are adding new programs to try and reach more children and centers to increase the number of meals. These programs are:
  - the At-Risk Program. This program serves snacks and suppers to out-of-school-time programs that are serving children from after school until 6 p.m.
  - Unaffiliated Centers: Food sponsors are enrolling centers to help these centers serve more meals to children. The food sponsors receive an administrative fee to work with the centers to make sure the centers is following all the regulations and preparing meals correctly. In turn the food sponsor submits the claim for the center.
- Continual outreach by FNB and food sponsors to recruit as many registered and licensed homes as possible to assure the children are receiving nutritious meals while in care.

**Data Source/Methodology/Notes**
- System: Enterprise Provider Information and Constituent Services (EPICS)
- Report(s): FS410, FS400 and Summer Food Report
- Total number of meals served in the CACFP and Summer Food Programs (4,450,612 for FY17 Q1)
EARLY CHILDHOOD SERVICES

Percent of children receiving state subsidy, excluding child protective services child care, that have one or more Protective Services-substantiated abuse and/or neglect referrals

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>0.2%</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Desired trend

Objectives
- Increase participation of families qualifying for child care.
- Decrease the number of children in child care subsidy that have one or more Protective Services-substantiated abuse and/or neglect referrals.

Causal and Contributing Factors Impacting Performance Measure
- Child care needs to be promoted to low-income families who may qualify for the program.
- Families may not participate in child care due to several factors, such as access, understanding of the program and qualification period.
- Child care providers may not be ready to provide care and services for high-needs children with behavior issues and who may have experienced trauma.

Targeted Corrective Actions to Improve Performance
- Continue promoting child care through diverse venues such as web-based (PullTogether.org, Am I Eligible? etc.).
- Continue building access for high-quality child care for low-income families, particularly in high-needs, unserved or underserved communities.
- Implementation of the 12-month eligibility period.
- Allow for three-month activity search with implementation of case management.
- Continue working with child care providers in the implementation of the Social/Emotional Pyramid Model strategies and training to support children with challenging behaviors. Use the integrated consultation for programs to receive onsite support.
- Develop quality initiatives for registered providers utilizing a community approach.

Data Source/Methodology/Notes
- 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”) — report from CPS
- Numerator: Number of Subsidy Children Served with One or More CPS Abuse/Neglect Referrals, Minus Those Receiving CPS Child Care. Denominator: Number of Subsidy Children Served (not including CPS Child Care and At Risk)
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>Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88.8%</td>
<td>89.1%</td>
<td>87.7%</td>
<td>87.7%</td>
<td>87.4%</td>
</tr>
<tr>
<td></td>
<td>(3,520/4,027)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Desired trend

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 followthrough with services it is likely that families would experience less repeat maltreatment. Vacancy rates could also be impacting this outcome.

Targeted Corrective Actions to Improve Performance

- Reduce caseworker vacancy rate and decrease turnover rate.
- Implement family support worker contracts in five counties statewide.
- Review and revise safety assessment tool and safety planning.
- Continue implementation of Piñon Practice Model to improve and implement best practices and accountability for outcomes in all offices.
- Expand child advocacy centers to other areas of the state to assist in strengthening the multi-disciplinary collaboration critical to effectively investigating and serving families in these situations.
- In-Home Services workgroup will 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.

Resource Needs, Outcome Expectations and Timelines

- Caseloads for all services provided by PSD are high and are rising, resulting in budget requests for additional funding/FTE.
- Continue with technical assistance through National Resource Center to evaluate and improve fidelity to safety model, including possible adjustments to safety assessment tool, policies, and procedures.
- CYFD is addressing recruitment and retention of staff with multiple strategies to improve caseloads.

Data Source

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>FY17 Target: 99.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>99.90%</td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>99.76%</td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>99.75%</td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>99.90%</td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>99.72%</td>
<td></td>
</tr>
</tbody>
</table>

Causal and Contributing Factors Impacting Performance Measure
This measure is dependent on the community contractors reporting to PS. PS is working more closely with DV agencies and the local offices to improve access to services. Contractors and DV staff are working to adjust to a new reporting system, which has caused some challenges in gathering accurate data. During this quarter, ongoing maintenance and verification of accuracy of reports continues due to a new database. PS is working with the Information Technology Division to address the reporting process and accuracy to ensure improvement in this measure.

Targeted Corrective Actions to Improve Performance
• None needed; target was achieved.

Resource Needs, Outcome Expectations and Timelines
• There is a continuing need for additional foster families to care for the increasing numbers of children.
• Care and support funding to ensure financial resources are there to reimburse foster and adoptive families the multiple expenses incurred in the care of foster children.

Data Source
• CYFD FACTS data system.
Causal and Contributing Factors Impacting Performance Measure

This measure is one that PSD has struggled to achieve for the past few years. 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

- Collaborate with the courts through the Children’s Court Improvement Commission to address judicial issues impacting timely reunification.
- Advocate for timely access to behavioral health and other community based services for families involved in the child welfare system.

Resource Needs, Outcome Expectations and Timelines

- Caseloads for all services provided by PSD are high and are rising, 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 FTEs are still needed to decrease caseloads to levels recommended as national standards.
- PSD expects to see incremental growth in this outcome measure, although the target is likely not going to be reached in this FY.

Data Source/Notes

- CYFD FACTS data system.
- Numerator and denominator are not available for this measure. The federal syntax only produces a percentage.
Percent of children in foster care for 12 months with no more than two placements

Causal and Contributing Factors Impacting Performance Measure

This outcome is another area where PSD has struggled to meet the federal standard. 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

- Place greater emphasis on initial and ongoing placement with relatives.
- Analyze current model for recruitment, licensing and retention of foster families.
- Scale new RAFT elearning training to allow for training options.
- Implement a version of National Resource Center for Diligent Recruitment and Retention model.
- 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 and customer service.
- 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.

Resource Needs, Outcome Expectations and Timelines

- Caseloads for all services provided by PSD are high and are rising, 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.
- Use of 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.
- PSD will use continuous quality improvement team will be completing root cause analyses of placement stability issues.

Data Source

- CYFD FACTS data system.
Percent of children adopted within 24 months from entry into foster care

Causal and Contributing Factors Impacting Performance Measure
This outcome has been an area of strength for PSD until recently. High caseloads for caseworkers and courts have impacted this measure and caused a backlog of cases that are needing to proceed to adoption. PS is working with the Children’s Court Improvement Commission to address court caseloads. New FTE for caseworkers were added July 1, 2017 and should impact caseloads for PS staff. Between these two strategies, PS expects to address the backlog with adoption cases and to see this measure improve.

Targeted Corrective Actions to Improve Performance
- Implement Guardianship Assistance Program upon approval from the Children’s Bureau.
- Implement placement with relatives initiative.

Resource Needs, Outcome Expectations and Timelines
- Caseloads for all services provided by PSD are high and are rising, resulting in budget requests for additional funding/FTE. Without these resources to manage caseloads it is likely that performance will decrease over time.

Data Source
- CYFD FACTS data system.

<table>
<thead>
<tr>
<th>Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>31.3%</td>
<td>31.8%</td>
<td>32.1%</td>
<td>23.3%</td>
<td>19.1%</td>
</tr>
<tr>
<td></td>
<td>(64/335)</td>
<td></td>
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</tr>
</tbody>
</table>

Desired trend

FY17 Target: 33%
Percent of children reentering foster care in less than 12 months

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>9.8%</td>
</tr>
<tr>
<td>FY14</td>
<td>11.7%</td>
</tr>
<tr>
<td>FY15</td>
<td>9.8%</td>
</tr>
<tr>
<td>FY16</td>
<td>12.6%</td>
</tr>
<tr>
<td>Q1</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

Causal and Contributing Factors Impacting Performance Measure

There is a fine line with this outcome between returning children too early (reunification within 12 months) and returning them too late. PSD works to find that balance in partnership with the judicial system and the families and children themselves and tries to stay close to the desired outcome measure without going too low or too high.

Targeted Corrective Actions to Improve Performance

- Implement Roswell Experiment of visiting parents in their place of residence statewide.
- Improve training for permanency staff.
- Improve consistent use of safety assessment tool and safety planning.
- Implement worker retention activities, i.e., monthly supervision, enhanced worker safety and tools, etc.

Resource Needs, Outcome Expectations and Timelines

- Caseloads for all services provided by PSD are high and are rising, resulting in budget requests for additional funding/FTE. Without these resources to manage caseloads it is likely that performance will decrease over time.
- 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.
- Each office is addressing customer service to analyze how we treat and work with families.
- PSD expects to keep this outcome measure at the target to prevent unhealthy fluctuations in other outcome areas.

Data Source/Notes

- CYFD FACTS data system.
- The numerator and denominator are unavailable for this measure. The federal syntax only produces a percentage.
**Percent of children in foster care who have at least one monthly visit with their caseworker**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Performance</th>
<th>Desired Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>96.4%</td>
<td>97%</td>
</tr>
<tr>
<td>Q1</td>
<td>96.4%</td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>95.6%</td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

**Causal and Contributing Factors Impacting Performance Measure**
This is an outcome where PSD has seen slow improvements in the past years. However, the division is slightly below the target and is implementing strategies to achieve the target moving forward.

**Targeted Corrective Actions to Improve Performance**
- PS continues to meet and exceed the national standard of 95%; no plan needed.

**Resource Needs, Outcome Expectations and Timelines**
- Funding in budget request to hire additional caseworkers to manage the workload.
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
PS is taking the following steps to increase accurate reports of DV mitigation activities by contractors:
- Partner with IT to tie survey completion by providers to billing.
- Increase accountability among providers to ensure timely survey completion.
- Partner with the Coalition to increase understanding by providers of the significance to funding for accurately reporting outcome measures.

### Targeted Corrective Actions to Improve Performance
- Make adjustments to management information system to require a standard response rate per agency.
- Collaborate with the NM Coalition Against Domestic Violence to assist providers in collecting and entering anonymous surveys.
- Ongoing training for providers regarding the new database to ensure surveys are entered. Providers will train frontline staff regarding purpose of survey and how to talk with clients about the importance of completing anonymous surveys and share results consistently with staff and management team.

### 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.

### 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.
- Support from federal partners to train providers on the importance of outcome data.
PROTECTIVE SERVICES

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

<table>
<thead>
<tr>
<th>Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>87.7%</td>
<td>84.3%</td>
<td>90.8%</td>
<td>81.7%</td>
<td>87.7%</td>
</tr>
<tr>
<td>FY17 Target:</td>
<td>92%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Causal and Contributing Factors Impacting Performance Measure

This measure is similar to the other measure for domestic violence, and is dependent on the community contractors reporting to PS. PS is working more closely with DV agencies and the local offices to improve access to services. Contractors and DV staff are working to adjust to a new reporting system, which has caused some challenges in gathering accurate data. During this quarter, ongoing maintenance and verification of accuracy of reports continues due to a new database. PS is working with the Information Technology Division to address the reporting process and accuracy to ensure improvement in this measure.

Targeted Corrective Actions to Improve Performance

- Providers will train frontline staff regarding purpose of survey and how to talk with clients about the importance of completing anonymous surveys and share results consistently with staff and management team. Ensure frontline staff have clear understanding of what community resources exist and how to connect clients to existing resources.
- Continue to support domestic violence providers in reaching out to existing community partners to ensure clients are given current resource information.

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.

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.
- Collaborate with federal partners to provide training to providers on the importance of outcome data.

- Make adjustments to management information system to require a standard response rate per agency.
- 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.
- Ongoing training for providers regarding the new database to ensure surveys are entered. Internally, we are working with our IT department to ensure survey information is tabulated accurately.
PROTECTIVE SERVICES

Turnover rate for protective services workers

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>19.2%</td>
</tr>
<tr>
<td>FY14</td>
<td>26.4%</td>
</tr>
<tr>
<td>FY15</td>
<td>29.0%</td>
</tr>
<tr>
<td>FY16</td>
<td>29.7%</td>
</tr>
<tr>
<td>FY17</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Causal and Contributing Factors Impacting Performance Measure**

- Protective Services workers work in a field of high stress and high caseloads.
- Protective Services faces ongoing 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 Protective Services budget in the form of overtime expense, recruitment, training expenses and staff burnout.
- High turnover reduces the number of highly-skilled workers in the field, therefore increasing caseloads of remaining workers.

**Targeted Corrective Actions to Improve Performance**

- APDT has finalized its purchase of the Cornerstone software that will be able to more accurately track and monitor the training records of all employees. It is anticipated to be 100% functional by December 2016.
- Mental health first aid training is being offered to field workers more frequently throughout the state.
- Human Resources is partnering with APDT to present monthly day-long training for managers and supervisors in medical issues, employee evaluations, labor relations, discipline, and SHARE timesheet management.

**Data Source/Methodology/Notes**

- Separations considered are not due to death, dismissal or retirement.
- Figures are cumulative.
- Note that beginning in FY17, CYFD is using a new, more accurate methodology for determining PS field worker and JJS YCS-1 worker turnover rates. Detailed information about this methodology can be found in the “Review of Methodologies for Determining Turnover Rates” document at [https://cyfd.org/about-cyfd/publications-reports](https://cyfd.org/about-cyfd/publications-reports).

**Resource Needs, Outcome Expectations and Timelines**

**Resource needs:**

- Achieve and maintain 0% vacancy rate in the 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 on increased employee satisfaction and decreased burnout due to lower caseloads.
Percent of clients who successfully complete formal probation

**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**

- Not applicable.

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

- There is no clear definition of what is “successful,” so we are building into policy a process where any discharge is staffed with a supervisor prior to the selection of satisfactory or unsatisfactory. This will be addressed more specifically when the policy is finalized. An initial draft has been completed and is being reviewed for final edits.

**Data Source/Methodology/Notes**

- This was a new measure for FY15 which changed 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.

- Data source: FACTS (MS Access Query: Additions and Releases).

- 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>81.6%</td>
<td>n/a</td>
<td>81.8%</td>
<td>83.2%</td>
<td>85.4%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Desired trend
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. Only nine of 33 counties have had re-adjudications this fiscal year. Those with the highest rates include De Baca, Doña Ana, McKinley, Roosevelt and Sandoval.
- Increased inclusion of the WRAP concept in field offices to serve our highest need clients. Wraparound is a voluntary process that helps plan and implement services and supports for youth and their family. The goal of Wraparound is to help youth and their families organize and simplify the services being received so that they have the best chance possible to realize their personal goals and dreams. Wraparound brings people together from different parts of families’ lives to work together, coordinate activities and blend perspectives so that they get the best and most helpful support possible. The principles and values of wraparound have been developed into a cross-agency, collective decision-making training that will be delivered across divisions. These services are funded from the Behavioral Health Division SAMSHA Communities of Care grant. In the next few months, JJS will be training additional staff in this model which will allowed more communities to use this best practice.

Targeted Corrective Actions to Improve Performance
- Not applicable.

Resource Needs, Outcome Expectations, and Timelines
- The resource needs for clients re-adjudicated will be increased services around the state. New Mexico is lacking in behavioral health services in many of our areas, so an increase in quality services will contribute to the success of youth staying out of the juvenile justice system. JJS does not have the capacity to provide all of the services in-house, so continued work with the state’s Behavioral Health Services division to identify gaps and providers will be essential. CYFD meets with BHS on a regular basis to identify those areas that are critical to the success of our youth.

Data Source/Methodology/Notes
- The target for FY17 is 5.8% and as of FY17 Q1 we are at 4.3%. The methodology for this measure was modified at the beginning of FY15. Over the past six quarters we have observed a downward trend for the number of new adjudications while re-adjudications are also trending downward beginning in FY15 Q4. Put another way, we are seeing fewer adjudications and slightly fewer re-adjudications.
- When looking at the raw number of re-adjudicated youth that are being reported on, we again see a small population where a single re-adjudicated youth can have a significant impact on the percentage that is reported. There were a cumulative total of 1,086 adjudications during FY16, of which 60 were youth who had discharged from JJS services within two years of the new adjudication. Currently there are 254 adjudications in the first quarter of FY17, of which 11 were youth who had discharged from JJS services within two years of the new adjudication. If the number of re-adjudicated remains on the current trend we will continue to remain in compliance with this measure through FY17.
- Data source: FACTS (MS Access: Field Production Queries and Re-Adjudication 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 recidivism through improved facility programs.

Causal and Contributing Factors  
Impacting Performance Measure  
• Two areas of programming that have been vital to our juvenile justice system are reintegration and transitional services. Collaboratively working with the youth, their families, JJS staff (field and facility), community providers, and other natural supports to prepare youth for re-entry into their communities provides a proper balance of social control and service provision to better address the needs youth and reduce recidivism amongst the most high-risk. Juvenile Justice Services continues to operate with one less reintegration center which has reduced the number of beds available for clients leaving the secure facilities. This means that some clients that would better served in a structured setting may not be able to do so and will return home which may not have the stability that is needed to be successful.

• Reintegration has placed more of a focus on employment for the clients entering the centers which has provided more stability when the youth return to the community. JJS has also increased programming for clients that are in the center. The supervised release period requires only 90 days of continued supervision which may sometimes hamper the long-term work that is sometimes needed for clients that have been in commitment. Transition Services continues to work to fill this gap.

Targeted Corrective Actions to Improve Performance  
• Not applicable.

Resource Needs, Outcome Expectations, and Timelines  
• The resource need with regard to youth recommitted to a CYFD facility is a strong transition and reintegration program. Reintegration has recently moved to the Field side of JJS and will create a more fluid plan for youth leaving a secure facility. Transition Services has adjusted their matrix of who is available for their program and will place a greater emphasis on clients that are 18 and older as well as youthful offenders which tend to be our highest risk youth. Transition can work with them in some cases up to the age of 21.

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 rate at which re-commitment admissions occur and the overall number of admissions has been has been trending downward since Q1 of FY15.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of Clients Recommitted to CYFD Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17 Q1</td>
<td>2.4% [1/41]</td>
</tr>
<tr>
<td>FY17</td>
<td>2.4%</td>
</tr>
<tr>
<td>FY16</td>
<td>9.5%</td>
</tr>
<tr>
<td>FY15</td>
<td>7.6%</td>
</tr>
<tr>
<td>FY14</td>
<td>9.7%</td>
</tr>
<tr>
<td>FY13</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Desired trend
Percent of JJS facility clients age 18 and older who enter adult corrections within two years after discharge from a JJS facility

Objective
- Reduce the number of clients who enter an adult corrections facility through improved JJS facility programs, reintegration, transition services and supervised release.

Causal and Contributing Factors Impacting Performance Measure
- Current statutory requirements on the sealing of juvenile records prior to their transition 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. Without access to this data, JJS can only speculate on the factors that contributed to the contact with the Department of Corrections.
- The deputy director of field services will work with staff to enhance the availability of transitional services for clients in communities, including services such as housing, education, employment, behavioral health, etc. An additional transition coordinator was added to the southern part to support the increasing need of these types of services for clients transitioning to that area.
- Education will increase the number of clients achieving a high school diploma or GED and develop additional post-secondary and vocational education opportunities. One of the struggles that occurs for clients when they leave secure facilities is that they are often discharged in the middle of a school semester which adds an extra challenge to re-engage in an educational setting.
- Conduct consistent quality assurance monitoring and continue implementation of Performance-Based Standards (PBS) to monitor effectiveness of JJS services for committed clients and the quality of JJS staff interactions (e.g., group facilitation and curriculum that focuses on relevant life skills).
- Lack of family support or involvement contribute to little change in the home setting which does not allow for clients to have long-standing successes. Many clients in these circumstances revert back to survival skills which ultimately result in involvement with the adult corrections system.
- Transition Services has revamped the criteria for eligibility and will focus on youthful offenders and those clients 18 years and older as many of them have been incarcerated the majority of their adolescence. Being assigned a transition coordinator helps them not immediately get absorbed into the adult system due to committing crimes to meet their basic needs. Transition Services has been able to use the Supportive Housing program to help clients establish stability and not return to the often negative environments that contributed to their delinquent activity.
- The operation, function, and management of Multi-disciplinary Teams (MDTs) continue to be monitored to ensure that long-term treatment and reintegration plans are properly developed and thoroughly implemented. MDTs are exploring additional resources in the communities (group homes, etc.) for those clients that are not appropriate for placement within the reintegration centers, ensuring that clients are connected to the right community resources.
- Counseling addictions and the treatment of substance abuse in our secure facilities is critical. Facility Behavioral Health is using evidence-based programming tools such as SMART Recovery, Hazelden, Seeking Safety, and Motivational Interviewing. Additionally, Alcoholics Anonymous will be coming in to serve certain units. Behavioral Health and facility staff also attended training in August and September 2016 in trauma-focused modalities which, in part, target developmental trauma.
- Facility Education Services will continue to develop vocational training opportunities (C-tech, NCCER, Skills USA, etc.) for clients to enhance life skills that can be used upon their release back into their communities. Increasing the vocational experiences of our clients will not return to school when they leave us so vocational skills is much more necessary and vital to their success once they are out of our care.

Targeted Corrective Actions to Improve Performance
- Data Source/Methodology
  - Data source: FACTS (Batch File: sm14-05); MOU with Department of Corrections.
  - Denominator: 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. Numerator: Number of clients age 18 years and older discharged from a JJS facility during a quarter two years ago.

<table>
<thead>
<tr>
<th>Year</th>
<th>Desired Trend</th>
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<tbody>
<tr>
<td>FY13</td>
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<tr>
<td>FY14</td>
<td>7.1%</td>
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<tr>
<td>FY15</td>
<td>11.9%</td>
</tr>
<tr>
<td>FY16</td>
<td>13.1%</td>
</tr>
<tr>
<td>FY17</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Q1

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>13.9% (5/36)</td>
</tr>
<tr>
<td>FY16</td>
<td>13.1%</td>
</tr>
<tr>
<td>FY15</td>
<td>11.9%</td>
</tr>
<tr>
<td>FY14</td>
<td>7.1%</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
</tr>
</tbody>
</table>
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

- For this quarter, there were 919 unique incidents in which 216 (24%) resulted in use of force with 18 resulting in injury. Of those 216 use of force, 157 were physical restraints in which 14 injuries resulted (78% of total injuries). In 44 of the incidents, the client’s behavior escalated and the use of mechanical restraints was required, which resulted in four injuries (22% of total injuries). There were 100 unique clients in the 216 incidents of use of force.

- A total of 164 clients were involved in at least one incident this quarter. However, 24 clients were responsible for 450 (49%) of the total incidents.

- Of the 44 incidents that required mechanical restraints, there were 35 unique clients involved. Seven (20%) of the clients accounted for 36% of the total mechanical restraints. Broken down further, two clients (6%) accounted for 14% of the total mechanical restraints. The average age of all clients involved in mechanical restraints is 18.1825.

- Of the 157 incidents that required physical restraint, there were 87 unique clients involved. Twenty-two (25%) of the clients accounted for 50% of the total physical restraints. Broken down further, four clients (5%) accounted for 14% of the total physical restraints; 18 clients (21%) accounted for 36% of the total physical restraints. The average age of all clients involved in physical restraints is 17.699.

- The 919 incidents resulted in 1,785 rule violations (1.94 rule violations/incident). CNYC has two units that are considered Emotional Regulation Units (ERU). Clients in these units are impulsive, dis-regulated, and aggressive. Our ability to effectively work with this population can sometimes be challenged due to limited housing/placement options, in which we might be required to place older and more sophisticated and entrenched in criminogenic/anti-social mindset. Of the nine use-of-force incidents that resulted in injury for CNYC, eight of them occurred in an ERU. We will look further into data to see what opportunities exist for refresher training or further incident review and coaching opportunities.

Targeted Corrective Actions to Improve Performance

- The JJS leadership team continuously evaluates the performance measure data and identifies strategies to address inadequate performance.

- Every incident involving use of force, including injuries, are reviewed to identify training deficits, procedural gaps, potential staff misconduct, and/or potential abuse. The superintendents create action plans that address training needs and procedural gaps, and refer any case of abuse or neglect to the appropriate entity for further investigation. The deputy director for facilities conducts mandatory monthly leadership meetings wherein the superintendents share lessons learned from incidents.

- Facility staff receive training/recertification on verbal de-escalation, physical handle with care, incident report writing. Staff also receive continuous training regarding SAP02. SAP02 establishes a toll-free JJS facility phone number to provide clients with an additional way to report allegations of abuse and neglect and to file grievances. The toll-free number is also available for JJS staff, ex-clients, and family members to report allegations of abuse and neglect of clients.

Resource Needs, Outcome Expectations, and Timelines

- Staff social climate surveys indicate that JJS personnel believe the actions noted above have negatively impacted their jobs. Specifically, staff believe they have fewer tools and resources to redirect client behavior. To rectify this deficiency, Verbal Judo training was offered to staff in July 2016. Certified Instructor Training was offered in September 2016. Certified Instructor Training was offered in September 2016. The division has also been working with the Training Academy to further develop and implement this curriculum in the new employee training as well as refresher training.

- Statutory changes are needed to ensure that youth care specialist are afforded the rights and protections of peace officers.

- Additionally, JJS leadership will resume work on developing a more effective disciplinary process and incentive/contingency management system as well as finding ways to enhance staff’s ability to facilitate groups. Groups are an important part of the treatment process because it allows members to accept responsibility and accountability for both program and group activities and to engage in problem-solving processes.

Data Source/Methodology/Notes

- 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.
- Data source: FACTS Incident Module (MS Access Query: Facility Production Queries).
**Objective**

- Reduction in physical assault incidents.

**Causal and Contributing Factors Impacting Performance Measure**

Note that the methodology for this analysis has changed slightly to comparing the number of unique assaultive incidents for the group of youths involved in multiple assaultive incidents to the overall number of unique assaultive incidents for all youths. The number represented in the performance measure is unduplicated so long as the multiple DIRs for a single incident were entered with the same time.

- There were 134 unique assaultive incidents reported in FY17 Q1.
- There were 204 DIRs issued in relation to these incidents.
- Of these 204 DIRs, 77 individual youth are identified as offenders. Of the 77 youth, 43 were involved in multiple assaultive incidents during FY17 Q1. This translates to 55.8% of the youth cited for these types of DIRs engaged in multiple assaultive incidents. Of the 204 DIRs, 132 DIRs were issued to the 43 youth who were involved in multiple assaultive incidents. This translates to 64.7% of the assaultive DIRs issued during FY17 were to youths who were involved in multiple assaultive incidents.
- Another way to look at this is that there were 111 unique incidents that involved 43 youth who engaged in assaultive behavior multiple times during FY17 Q1. This translates to 82.8% of the incidents in FY17 Q1 involved youth who engaged in assaultive behavior more than once.
- The 15 youth who engaged in the most assaultive incidents during FY17 Q1 were cited in 44.8% of the total number of assaultive DIRs issued.
- The 10 youth who engaged in the most assaultive incidents during FY17 Q1 were cited in 36.6% of the total number of assaultive DIRs issued.
- The five youth who engaged in the most assaultive incidents during FY17 Q1 were cited in 23.9% of the total number of assaultive DIRs issued.
- Another way to look at this is that almost one-fourth of the assaultive DIRs in FY17 Q1 were issued to five individuals.

**Targeted Corrective Actions to Improve Performance**

- Not applicable.

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

- All physical assaults in facilities are treated with the utmost importance and scrutiny. The nature and cause of each incident is examined closely by supervisory staff at various levels. As noted in the client-to-staff battery component, the current juvenile population is sophisticated in that they are aware that sanctions from such incidents do little to deter anti-social behavior. Accordingly, JJS is currently “re-tooling” its Cambiar group facilitation efforts. This is a joint effort involving multi-disciplines, including but not limited to education; psychology; and case/unit programming staff. Once the committee has completed its research, a model will be adopted to ensure a healthy and productive living environment within the units and an overall reduction of violent incidents.

**Data Source/Methodology/Notes**

- Data source: FACTS Incident Module (MS Access Query: Facility Production Queries).
- Definition: Number of unique 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, client-on-staff, and client-on-other incidents.
Objective

- Reduce the number of client-to-staff battery incidents in JJS facilities.

Causal and Contributing Factors Impacting Performance Measure

In FY14 JJS reported 96 client on staff assaults, 108 in FY15, and 147 in FY16. This represents a 12.5% increase on assaults on staff from FY14 to FY15 and a 36% increase from FY15 to FY16. For FY17 Q1, there is a 33% increase in the client on staff physical assaults as compared to the same quarter in FY16 (39 to 52).

The paradigm and dynamic for youthful offenders continues to shift towards a more aggressive and violent population. Current offenders are typically more sophisticated than in recent years and are self-aware of their legal rights while incarcerated with CYFD-JJS. Additional measures and constraints recently pursued by the ACLU have also impacted/limited management options for staff in regards to client discipline and administrative sanctions.

Note that the methodology for this analysis has changed slightly to comparing the number of unique client-on-staff assaultive incidents for the group of youths involved in multiple client-on-staff assaultive incidents to the overall number of unique client-on-staff assaultive incidents for all youths. The number represented in the performance measure is unduplicated so long as the multiple DIRs for a single incident were entered with the same time.

- There were 52 client-on-staff assaultive incidents in FY17 Q1.
- There were 72 DIRs issued as a result of these incidents.
- Of these 72 DIRs, they were issued to a total of 33 youth.
- Of these 33 youth, 10 were involved in multiple client-on-staff assaultive incidents.
- This translates to 30.3% of the youth who received these types of DIRs were involved in multiple incidents.
- Of these 72 DIRs, 33 DIRs were issued to the 10 youth who were involved in multiple assaultive incidents.
- This translates to 45.8% of the assaultive DIRs issued during FY17 were to youths who were involved in multiple assaultive incidents.
- A different way to look at this is that there were 33 unique incidents that involved 10 youth who engaged in client-on-staff assaultive behavior multiple times during FY17 Q1.
- This translates 63.5% of the incidents in FY17 Q1 involved youth who engaged in assaultive behavior more than once.
- The 10 youth involved in the most client-on-staff incidents received 63.5% of all of these types of DIRs this past quarter.
- The five youth involved in the most client-on-staff incidents received 40.4% of all of these types of DIRs this past quarter.
- A different way to look at this is that there were 33 unique incidents that involved 10 youth who engaged in client-on-staff assaultive behavior multiple times during FY17 Q1.
- This translates 63.5% of the youth who received these types of DIRs were involved in multiple incidents.
- Of these 72 DIRs, 33 DIRs were issued to the 10 youth who were involved in multiple assaultive incidents.
- This translates to 45.8% of the assaultive DIRs issued during FY17 were to youths who were involved in multiple assaultive incidents.
- A different way to look at this is that there were 33 unique incidents that involved 10 youth who engaged in client-on-staff assaultive behavior multiple times during FY17 Q1.
- This translates 63.5% of the incidents in FY17 Q1 involved youth who engaged in assaultive behavior more than once.
- The 10 youth involved in the most client-on-staff incidents received 63.5% of all of these types of DIRs this past quarter.
- The five youth involved in the most client-on-staff incidents received 40.4% of all of these types of DIRs this past quarter.

Targeted Corrective Actions to Improve Performance

- Not applicable.

Resource Needs, Outcome Expectations, and Timelines

- JJS has been strengthening the collaboration between Field and Facility Services so intake staff have more complete information about the client at reception. Additionally, interdepartmental and inter-facility communication is being evaluated to ensure client classification is appropriate and client needs are being addressed. This will ensure that client placement suits both the needs of the client and the strengths of the assigned unit.
- JJS is in the developmental stages of an enhanced client behavior management structure that will serve to both positively recognize and reward functional behaviors while providing reasonable related corrective action for dysfunctional behavior. However, there are resource allocation.
- For clients who do assault staff, they must be held legally accountable for such actions.
- Staffing patterns must be re-assessed to ensure an adequate relief factor to address injury, illness, light duty, and other leave. The minimum relief factor should be 1.4.
- Verbal Judo training was offered to Juvenile Probation, Facility & Reintegration Staff in July 2016. Certified Instructor Training was offered in September 2016. The Division has also been working with the Training Academy to further develop and implement this curriculum in the new employee training as well as refresher training.

Data Source/Methodology/Notes

- Definition: Number of unique client-on-staff 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-staff incidents only.
- Data source: FACTS Incident Module (MS Access Query: Facility Production Queries).
Objective

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

Causal and Contributing Factors Impacting Performance Measure

- In January 2014, a procedure was implemented that allowed JJS facility clients and others to report to CYFD allegations of staff abuse, neglect or other complaints about facility staff, other employees, contractors or volunteers, or services or treatment provided to clients.
- Additionally, the procedure established a toll-free JJS facility confidential reporting phone number to provide clients with an additional way to report allegations of abuse and neglect and to file grievances. The toll-free number is also available for others (e.g., JJS staff, ex-clients, and family members) to report allegations of abuse and neglect of clients in JJS facilities.

Targeted Corrective Actions to Improve Performance

- Not applicable.

Resource Needs, Outcome Expectations, and Timelines

- On May 17, 2012, the Justice Department released the final standards to prevent, detect and respond to sexual abuse in confinement facilities, in accordance with the Prison Rape Elimination Act of 2003 (PREA). All confinement facilities covered under PREA standards must be audited at least every three years to be considered compliant with the PREA standards with one third of each facility type operated by an agency, or private organization on behalf of an agency, audited each year. Under the PREA standards, state governors must certify that all facilities “under the operational control of the state’s executive branch” fully comply with the PREA standards, including facilities operated by private entities on behalf of the state. During the first audit cycle which ended August 2016, we were not able to audit all of the CYFD facilities but a Department of Justice-certified auditor was able to complete audits on the Camino Nuevo Youth Center (May 26–27, 2016) and the Albuquerque Boys Reintegration Center (July 11–12, 2016) and the Albuquerque Girls Reintegration Center (July 13–14, 2016) during this cycle.

Data Source/Methodology/Notes

- Data sources: CYFD Office of the Secretary, Office of the Inspector General.
- 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.
- This measure is cumulative.
- Youth may be duplicated if there is more than one complaint involving the youth during the evaluation period.

### Percent of substantiated complaints by clients of abuse or neglect in juvenile justice facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>n/a</td>
<td>n/a</td>
<td>0.0%</td>
<td>2.9%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

FY17 Target: 13%
JUVENILE JUSTICE SERVICES

Percent of clients with improvement in reading on standardized pre- and post-testing

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>45.1%</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
</tr>
<tr>
<td>FY15</td>
<td>59.3%</td>
</tr>
<tr>
<td>FY16</td>
<td>61.1%</td>
</tr>
<tr>
<td>FY17</td>
<td>59%</td>
</tr>
</tbody>
</table>

Desired trend: (reported semiannually)

Objective
- Use the NWEA MAP reading 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 post-test indicators for the percentage of students meeting or exceeding target growth scores in reading.

Causal and Contributing Factors Impacting Performance Measure
- The NWEA MAP (Northwest Evaluation Association-Measures of Academic Progress) standardized assessment requires 90 days between each assessment period for each student; thus, the reason for submitting this data only at Q2 and Q4. However, using Q2 and Q4 pre- and post-data for students who sit for both the pre- and post-NWEA allows for only a small sampling of total student population. In FY16 Q2, only 50 students were evaluated for math improvements and 48 were evaluated for reading. This is due to idiosyncrasies of measuring a facility population. Only those students who were in the facility at the time of the initial assessment and the follow-up assessment can be reported on. If a student wasn’t in the facility at either of those two specific points, then he/she is excluded from the measure.
- In July 2015, as addressed in the FY15 LFC quarterly report, JJS Education began the move from using the NWEA as a pre- and post-assessment to using the Test of Adult Basic Education (TABE) assessment as the pre- and post-assessment instrument for determining growth in reading and math. Since July 2015, all students are administered the TABE upon entry and exit from the secure facility. The TABE is a paper/pencil assessment. This eliminates the need for computer access. TABE scores above a NM PED designated cut may also be used as demonstration of student competency for graduation.

Targeted Corrective Actions to Improve Performance
- Not applicable; measures are only required to be reported in second and fourth quarters.

Data Source/Methodology/Notes
- 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: NWEA MAP application.

Resource Needs, Outcome Expectations, and Timelines
- Education is transitioning from using the NWEA assessment to track student improvement in reading and math to using the TABE (Tests of Adult Basic Education) but this will take some time. JJS Education began administering the TABE to all incoming clients in August 2015 and plans to have the transition from NMWEA MAP assessment to TABE complete by the end of FY17. This methodology is on track and anticipated to replace the NWEA methodology starting in FY18.
**Objective**

- Use the NWEA MAP reading 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 post-test indicators for the percentage of students meeting or exceeding target growth scores in reading.

**Causal and Contributing Factors Impacting Performance Measure**

- The NWEA MAP (Northwest Evaluation Association-Measures of Academic Progress) standardized assessment requires 90 days between each assessment period for each student; thus, the reason for submitting this data only at Q2 and Q4. However, using Q2 and Q4 pre- and post-data for students who sit for both the pre- and post-NWEA allows for only a small sampling of total student population. In FY16 Q2, only 50 students were evaluated for math improvements and 48 were evaluated for reading. This is due to idiosyncrasies of measuring a facility population. Only those students who were in the facility at the time of the initial assessment and the follow-up assessment can be reported on. If a student wasn’t in the facility at either of those two specific points, then he/she is excluded from the measure.

- In July 2015, as addressed in the FY15 LFC quarterly report, JJS Education began the move from using the NWEA as a pre- and post-assessment to using the Test of Adult Basic Education (TABE) assessment as the pre- and post-assessment instrument for determining growth in reading and math. Since July 2015, all students are administered the TABE upon entry and exit from the secure facility. The TABE is a paper/pencil assessment. This eliminates the need for computer access. TABE scores above a NM PED designated cut may also be used as demonstration of student competency for graduation.

**Targeted Corrective Actions to Improve Performance**

- Not applicable; measures are only required to be reported in second and fourth quarters.

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

- Education is transitioning from using the NWEA assessment to track student improvement in reading and math to using the TABE (Tests of Adult Basic Education) but this will take some time. JJS Education began administering the TABE to all incoming clients in August 2015 and plans to have the transition from NMWEA MAP assessment to TABE complete by the end of FY17. This methodology is on track and anticipated to replace the NWEA methodology starting in FY18.

**Data Source/Methodology/Notes**

- 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: NWEA MAP application.

---

**Percent of clients with improvement in math on standardized pre- and post-testing**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>57.9%</td>
</tr>
<tr>
<td>FY16</td>
<td>60.7%</td>
</tr>
<tr>
<td>FY15</td>
<td>65%</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>59.6%</td>
</tr>
</tbody>
</table>

(Desired trend: 57.9% reported semiannually; FY17 Target: 65%)
Objective

- Increase the percent of clients who successfully complete supervised release (parole) through the provision of rehabilitative services.

Causal and Contributing Factors Impacting Performance Measure

- JJS implemented Field/Facility Admissions Teaming to support comprehensive client care and staff professionalism. Upon a client’s admission to a CYFD secure facility, field and facility staff members meet to share valuable information to help prepare the facility staff members to care for him/her to create an individualized plan to meet the needs and reach the desired outcomes. This has created a more effective process to begin discharge planning, which will lead to more successful outcomes on supervised release.

- The majority of clients on supervised release are placed in JJS reintegration centers to assist them in gaining the appropriate life skills, knowing that many clients return back to their communities where historically they have not been successful. Reintegration centers have full-time behavioral health therapists who have been receiving additional training in best practices now that reintegration has been moved under Field Services. The role and function of reintegration is being changed to focus on discharge planning, which will lead to more successful outcomes on supervised release.

- The majority of clients on supervised release are placed in JJS reintegration centers to assist them in gaining the appropriate life skills, knowing that many clients return back to their communities where historically they have not been successful. Reintegration centers have full-time behavioral health therapists who have been receiving additional training in best practices now that reintegration has been moved under Field Services. The role and function of reintegration is being changed to focus on discharge planning, which will lead to more successful outcomes on supervised release.

Targeted Corrective Actions to Improve Performance

- A continuum of services must be employed to address the individual needs of our clients. Field Services continues to use reintegration centers as a step-down facility in order to assist youth who are placed on supervised release to be successful in their transition back to their community. Part of the client’s application process for reintegration is to take a tour of the facility while in their long-term commitment in order to meet with staff, see the center, and ask questions about the program. This step enables JJS to place clients at the center that are most appropriate and would have a greater chance of success. Due to the Carlsbad Reintegration Center still being closed, JJS is still not able to place all youth in a reintegration center closer to their family and natural supports and limits the number of bed spaces available for supervised release clients.

- Field Behavioral Health continues to attend the Intake, Diagnosis, and Disposition staffing on a weekly basis. This allows Field Behavioral Health to develop a “treatment” plan for the families so that they are able to engage in services available in their communities to provide a more stable environment for clients as they return home. Field Behavioral Health is also spearheading the shared decision-making training to staff which focuses on including youth and family voice in the treatment planning which allows programming to be client specific.

- Transition Services continues to focus on our most high risk/need clients which are the youthful offenders and 18 year and older population. These clients often lack the supports in the community and are in the greatest need of supportive services. Being assigned a transition coordinator helps them not immediately get absorbed into the adult system due to committing crimes to meet their basic needs. Transition Services is exploring various options for independent living to assist with our older client population to be successful upon completing their formal supervision period.

- One of the strategies we have to increase the successful completion rate will be the changing of current legislation to address the issue of walkaways from our reintegration centers. Currently, if a youth on supervised release walks away from either a reintegration center or their placement in the community, there is no mechanism for the time to toll. JJS is committed to continue providing youth with the support and services they received while in their commitment phase, but we are hampered with the issues of youth absconding without consequence. The legislative change will “disincentivize” youth choosing to abscond from their supervision while at the same time allow JJS staff to continue working with the client. The Delinquency Act Terms, Petitions and Changes: Absconder Bill is part of CYFD’s Legislative priorities for the 2017 Session.

Data Source/Methodology

- Numerator: Number of clients completing supervised release with a satisfactory release type only. Denominator: Number of clients completing supervised release.

- Data source: FACTS (MS Access Query: Additions and Releases).
Objective

- Decrease the turnover rate for youth care specialists (YCS).

Causal and Contributing Factors Impacting Performance Measure

- For this quarter, 14 YCS staff separated from JJS. Eleven submitted resigned/dismissed, two transferred to NMCD, and one transferred to DOT. Three of the 14 were YCS from YDDC, seven from CNYC, three from ABRC and one from ENRC.
- YCS-1s provide direct client services within the secure facilities. The turnover rate for YCS-1s is a concern for the program as it can negatively impact the JJS budget in the form of overtime expenses, recruitment and training expenses, travel and per diem expenses, pre-employment screening expenses and contractual services expenses due to nursing vacancies.
- The cost of hiring and training one YCS is approximately $15,000 or the equivalent of nearly six months of their salary.
- We are actively working to enhance our training curriculum and opportunities to equip staff with the tools they need to be successful in their jobs of improving the quality of life for our children. For example, in our New Employee Orientation, APDT and JJS have worked to create curriculums that provide for a blended learning experience, including scheduled periods of OJT, that is more experiential and more closely simulates their actual job.
- JJS has created a salary matrix to guarantee that applicants receive appropriate pay based on their education and related experience.

Targeted Corrective Actions to Improve Performance

- Not applicable.

Resource Needs, Outcome Expectations and Timelines

- As the above-referenced initiatives are implemented, it is anticipated that turnover rate will improve based on increased sense of confidence and skill performing job tasks, employee satisfaction and decreased burnout.

Data Source/Methodology/Notes

- Data source: SHARE (analysis conducted by CYFD Human Resources).
- This measure is cumulative.
- Note that beginning in FY17, CYFD is using a new, more accurate methodology for determining PS field worker and JJS YCS-1 worker turnover rates. Detailed information about this methodology can be found in the “Review of Methodologies for Determining Turnover Rates” document at https://cyfd.org/about-cyfd/publications-reports.

Turnover rate for youth care specialists

<table>
<thead>
<tr>
<th>Year</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>15.2%</td>
</tr>
<tr>
<td>FY14</td>
<td>14.4%</td>
</tr>
<tr>
<td>FY15</td>
<td>22.4%</td>
</tr>
<tr>
<td>FY16</td>
<td>18.3%</td>
</tr>
<tr>
<td>FY17</td>
<td>14%</td>
</tr>
</tbody>
</table>

Desired trend
Percent of youth hospitalized for treatment of selected mental health disorders who receive a follow-up with a mental health practitioner within seven calendar days after discharge

<table>
<thead>
<tr>
<th>Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>n/a</td>
<td>26.6%</td>
<td>31.3%</td>
<td>28.5%</td>
<td>(data not currently available)</td>
</tr>
</tbody>
</table>

Objective

One of the critical factors contributing to decompensation after successful inpatient treatment and/or inpatient re-admissions is the timeliness of follow-up community-based services. A standard measure for this is the percent of youth who receive a follow-up (aftercare) mental health service within seven days of discharge. Research shows that an outpatient appointment within seven days contributes greatly to stability and lessens the chance of readmission. Timely followup appointments within seven days give providers the opportunity to:

- Assess for psychiatric stability.
- Explore medication adherence (e.g., did they fill their prescriptions).
- Evaluate safety and security systems (e.g., are caregivers supportive).

Causal and Contributing Factors Impacting Performance Measure

There are a number of factors that may impact this performance measure. These include (but are not limited to):

- Inadequate discharge planning: The discharging facility should develop a discharge plan with the youth, family and other relevant stakeholders that includes dates, times, and locations of follow-up services (e.g., intensive out-patient programs, medication management, counseling) to stabilize the gains made while inpatient and continue the upward trajectory toward recovery and resiliency. Whenever possible these should be “warm” hand-offs to follow-up care with the active engagement of the youth and family in setting up these appointments.
- Inadequate communication by the inpatient facility to the youth and family regarding the importance of follow-up care including discharge instructions that are legible and are in plain language, culturally sensitive and age appropriate; and whether supplies (such as sufficient medications until the date of a scheduled medication management appointment) have been provided.
- Geotemporal access: Follow-up services may not be available within a reasonable distance to the youth’s home and community; or appointments may not be available within seven days.
- Poverty: Even if follow-up appointments are made, there may be significant challenges due to inadequate transportation, financial resources, and/or parent(s) work schedule conflicts that prevent attendance.
- The behavioral health system moved from having a single statewide entity to having four managed care organizations (MCOs) on Jan. 1, 2014.
- MCO care coordinators are not currently allowed to be part of hospital’s discharge planning.

Targeted Corrective Actions to Improve Performance

- The Quality Committee of the NM Behavioral Health Collaborative has made this issue a priority initiative and has begun ongoing Q1 meetings with all four MCOs. As a result, it was discovered that a broad range of out-patient services are not included in the standard measure (e.g. peer support services). Recommendations have been made to HSD/BHSD leadership to increase the scope of qualified services.
- Establish discharge planning as a Medicaid-reimbursable service. This was presented as a recommendation to BHSD.
- Encourage the establishment of high quality discharge planning by providers as a contractual obligation with MCOs.

Resource Needs, Outcome Expectations, and Timelines

Resource needs:
- HSD Medicaid support for both initiatives above.
Outcome expectations:
- Increased percentage of youth receiving follow-up services within seven days.

Data Source/Methodology/Notes

- We have requested the FY16 Q4/CY16 Q2 data and the FY17 Q1 data from HSD/BHSD but as of Oct. 26, 2016, it has not been received. They indicated the CY16 Q2 report for Report #5—Admissions and Readmissions has not been approved and the CY16 Q3 reports will be submitted Oct. 31, 2016.
Percent of youth who show improvement in the substance disorder domain of the global assessment of individual need short screen

Objective
To assess improvement (reduction in use) of substances by juvenile justice-involved youth.

Causal and Contributing Factors Impacting Performance Measure
This was a new measure for FY15 and, therefore, there is no data for FY14. As “improvement in the substance disorder domain” actually means “less need for further assessment and possibly treatment” in the GAIN scoring results, we are not confident that it is a good measure to capture reduction in the rate of substance use in our population nor decreased need for substance use treatment. In addition, CYFD Juvenile Justice Services is only using this screen to identify youth who need further assessment and possibly treatment for substance use. They are doing no follow-up or post-testing to determine if there has been any “improvement.” We have proposed that this measure be dropped for 2016 and again for 2017.

Targeted Corrective Actions to Improve Performance
• BHS has requested that this measure be eliminated as re-screens are not required. Screens are used only initially for referral purposes only. JJS has also stopped completing the initial screen as well effective July 1, 2016.

Data Source/Methodology/Notes
Data for this report comes from the national Chestnut Health Systems Global Appraisal of Individual Needs (GAIN) database. This data regarding substance use specific to NM JJS involved youth screened by JJS is downloaded and loaded into a Microsoft SQL server database. Queries are constructed based upon this data set to determine initial and to a very limited extent follow-up scores in the GAIN-SS after 90 days of intervention by JSS.

The limited Q4 data (sample size 242) we do have indicates the following:
Of the 242 youth who received two (2) GAIN short screen assessments for substance use challenges and had at least three months between the pre- and post-test:
• 30 or 12.4% had a lower score on the post-test indicating a lesser need for further assessment and/or treatment.
• 99 or 40.91% stated they had never used substances at both pre and post-test.
• 89 or 36.78% had a higher score on the post-test indicating a need for assessment and possible treatment.
• 24 or 9.92% had the same score pre-test to post-test indicating no change in need for further assessment and possible treatment.

Juvenile Justice Services (JJS) has concluded that this instrument is of little operational or programmatic utility to JJS staff. Due to this determination, the GAIN Short Screen will no longer be conducted by JJS. CYFD is currently planning to implement the Child and Adolescent Needs and Strengths (CANS) in 2017. CANS is a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications. Full implementation is anticipated to take approximately one year. During this period we will be working with the developer, Dr. John Lyons, Ph.D., to identify specific measures for this quarterly report for SFY 2018.

4th quarter CANS update: Training on the CANS for PS and JJS staff is scheduled for August 30-31, 2016. The first day of training will focus on how to apply the CANS and all its uses for PS and JJS, the second day will be training select PS and JJS staff on how to train people to use the CANS tool. CYFD-CBHD is also are working with PS and JJS on a protocol for how we can track the youth’s progress in treatment by completing the CANS at a given benchmark to track whether the services that are being provided to our youth are helping address their needs.

Twelve pilot sites have been identified (Santa Fe, Rio Arriba/Espanola, Dona Ana-1 unit, Otero/Alamogordo, McKinley/Gallup, Torrance/Estancia, Sandoval/Rio Rancho, Chavez/Roswell, Lea/Hobbs, Albuquerque-West permanency, San Miguel/Las Vegas). There are 25 trainers of the CANS, 15 PS, four JJS, five from BHS. There are 102 people that received the CANS training in order to use the CANS, 72 PS, 15 JJS, 10 from BHS, and five community providers.
Objective
To determine and track youth satisfaction with the impact of behavioral health interventions on the major life domain of school or work.

Causal and Contributing Factors Impacting Performance Measure
- Quality of behavioral health services accessed by youth.
- As a result of anonymous surveys, for FY16, 82.2% of youth perceived that they are doing better in school or work because of the behavioral health services they have received. Of these, 108 of 142 (76.1%) youth in facilities believed this to be true and 82 of 93 (88.2%) of youth in the community did as well.

Targeted Corrective Actions to Improve Performance
- None. This measure is met or exceeded.

Data Source/Methodology/Notes
- This is an annual survey conducted during the late summer/early fall of the year on a randomly selected group of youth who received behavioral health services. Data is collected and historically analyzed by UNM each year and an annual report produced for which data on this measure is drawn. Starting in FY17, BHS has assumed responsibility for the data analysis and report writing. Data for the above was pulled from the larger data set of the FY16 survey.
- Data was collected through anonymous telephone surveys of 93 youth who had received behavioral health services during the previous year and through face to face contact with 108 youth residing in CYFD JJS commitment programs. The latter anonymously completed paper and pencil survey instruments.
Objectives

• Track the effectiveness of the infant mental health (IMH) services provided to families and infants in CYFD custody. It measures subsequent referrals to Protective Services after recommended unification has taken place. Infant Teams have the professional knowledge to observe when a child and the bio-parent(s) are ready for a successful reunification. In those cases when a re-referral occurs means that either the child or the bio-parents either were not ready, or circumstances unable to be reasonably predicted took place.

• Note that this is a new performance measure and a target will be established starting for FY18.

Causal and Contributing Factors Impacting Performance Measure

• Maltreatment interferes with the establishment of the mother-infant bond that encourages security and growth promoting development. Early relationship building interventions can safeguard children from harm and promote learning and development. Any small shift in interactions from negative to positive can make a difference. The research and perspectives of interdisciplinary fields indicate that all domains of development-social-emotional, intellectual, language and physical are interdependent and supported through the dynamics of the caregiving environments.

Targeted Corrective Actions to Improve Performance

• For FY17, CYFD is merely reporting on this measure.

Data Source/Methodology/Notes

• IMH database housed at UNM Continuing Education, Early Childhood Service Center; direct information request sent to Infant Teams clinicians from all judicial districts served; and Protective Service Division, Research Assessment and Data Unit.

• To assure the quality and reliability of the data, two independent data sources were consulted (IMH database and clinicians). A third independent source (Protective Service, Data Unit) was consulted to check the existence of re-referrals once the universe of FY16 reunification recommendations was established.

Number of infants served by infant mental health programs that have not had re-referrals to Protective Services Division

<table>
<thead>
<tr>
<th></th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>91%</td>
</tr>
</tbody>
</table>

Desired trend
Objective

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

Causal and Contributing Factors Impacting Performance Measure

- This performance measure changed for FY17. The previous performance measure was the “average number of days to fill positions from the advertisement close date to candidate start date.” The new FY17 performance measure is the “average number of days to fill positions from the advertisement close date to candidate’s offer date.” The effect of this change is to remove a time period that HR has no control over, i.e., how much notice a candidate chooses to give their current employer, needs in order to relocate, etc.

Targeted Corrective Actions to Improve Performance

- The measure is now significantly below the FY17 target. Nevertheless, HR is continually striving to improve processing speed of transactions and reduce days to fill positions.

Resource Needs, Outcome Expectations, and Timelines

Resource needs:
- Continuing budget approval to maintain 0% vacancy rate in Employee Support Services.

Outcome expectations:
- Maintain performance goal of 65 days or less to fill.

Timelines:
- Not applicable.

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.
Causal and Contributing Factors Impacting Performance Measure

- Contractors not responding to audit requirements as outlined in the Administrative Standards.
- Contractors not responding and confirming site visits in a timely manner.
- Insufficient staff to cover the entire state. Contract Audit Unit has two contract audit reviewers (down from four) and needs to audit approximately 450 contracts and agreements in any given fiscal year.

Targeted Corrective Actions to Improve Performance

- Re-examine and update the CYFD Administrative & Fiscal Standards since there have been significant changes and updates to federal compliance.

Resource Needs, Outcome Expectations, and Timelines

- Training on sub recipient monitoring.
- With additional staff we can increase the site visits conducted to a minimum of six site visits per month.

Data Source/Methodology/Notes

- For example: At the end of quarter ending September 30, there were 370 professional services contracts approved and eight financial site visits. The percentage for site visits would be calculated as 8/370 = 2.2%.
- It is estimated that CYFD has 450 approved contracts each fiscal year and in order to achieve the target for the measure, AS would have to perform 45 financial visits per year.

Percent of contractors that receive an onsite financial visit

<table>
<thead>
<tr>
<th>FY17</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

FY17: 10%

- FY16: 4.7%
- FY15: n/a
- FY14: n/a
- FY13: n/a

Desired trend
## Percent of contracts that receive a desktop audit

<table>
<thead>
<tr>
<th>Year</th>
<th>%</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>23%</td>
<td>3.1% (15/487)</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
<td>19.9%</td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Causal and Contributing Factors Impacting Performance Measure

- Contractors not responding to audit requirements as outlined in the Administrative Standards.
- Contractors not responding and confirming site visits in a timely manner.
- Insufficient staff to cover the entire state. Contract Audit Unit has two contract audit reviewers (down from four) and needs to audit approximately 450 contracts and agreements in any given fiscal year.

### Targeted Corrective Actions to Improve Performance

- Solicit assistance from the CYFD program managers in obtaining audit reports from contractors.
- Re-examine and update the CYFD Administrative & Fiscal Standards since there have been significant changes and updates to federal compliance.

### Resource Needs, Outcome Expectations, and Timelines

- Training on sub recipient monitoring.
- With additional staff we can increase the site visits conducted to a minimum of six site visits per month.

### Data Source/Methodology/Notes

- For example: At the end of quarter ending September 30, there were 370 professional services contracts approved and 30 desk audits performed. The percentage for desk audits would be calculated as \( \frac{30}{370} = 8.1\% \).
- It is estimated that CYFD has 450 approved contracts each fiscal year and in order to achieve the target for the measure, AS would have to perform 90 desk audits per year.

- AS will utilize the number of contracts approved at the end of each quarter during the fiscal year; September 30, December 31, March 31 and June 30th as the base or denominator for computing the percentage of contract desk audits and site visits. AS will utilize the contract payment log compiled by the Contract Support staff as the source for the number of completed cumulative contracts at the end of each quarter.
- The numerator will be the number of desk audits. This information will be based on a quarterly count and will be a cumulative number used from one quarter to the next.
## CYFD Key Measures at a Glance

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY16</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY17 Final</th>
<th>FY17 Target</th>
<th>Desired Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EARLY CHILDHOOD 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 receiving subsidy in Stars/Aim High programs level three through five or with national accreditation</td>
<td>31.3%</td>
<td>26.7%</td>
<td></td>
<td></td>
<td></td>
<td>40%</td>
<td></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>15.2%</td>
<td>14.1%</td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
<td></td>
<td>▼</td>
</tr>
<tr>
<td>Percent of children receiving state subsidy in FOCUS, level three</td>
<td>n/a</td>
<td>10.0%</td>
<td></td>
<td></td>
<td></td>
<td>19%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children receiving state subsidy in FOCUS, level four</td>
<td>n/a</td>
<td>3.1%</td>
<td></td>
<td></td>
<td></td>
<td>6%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children receiving state subsidy in FOCUS, level five</td>
<td>n/a</td>
<td>14.0%</td>
<td></td>
<td></td>
<td></td>
<td>14.5%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of licensed child care providers participating in FOCUS, level three</td>
<td>n/a</td>
<td>5.1%</td>
<td></td>
<td></td>
<td></td>
<td>12%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of licensed child care providers participating in FOCUS, level four</td>
<td>n/a</td>
<td>2.5%</td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of licensed child care providers participating in FOCUS, level five</td>
<td>n/a</td>
<td>15.5%</td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
<td></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>94.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(reported annually)</td>
<td>93%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of infants on schedule to be fully immunized by age two</td>
<td>93.8%</td>
<td>93.7%</td>
<td></td>
<td></td>
<td></td>
<td>85%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of parents who demonstrate progress in practicing positive parent-child interactions</td>
<td>43.8%</td>
<td>32.8%</td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of families at risk for domestic violence who have a safety plan in place</td>
<td>48.7%</td>
<td>52.8%</td>
<td></td>
<td></td>
<td></td>
<td>40%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of mothers who initiate breastfeeding</td>
<td>88.0%</td>
<td>93.3%</td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Number of meals served through CYFD-administered food programs, in millions</td>
<td>n/a</td>
<td>4.45m</td>
<td></td>
<td></td>
<td></td>
<td>21m</td>
<td></td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children receiving state subsidy, excluding Child protective services child care, that have one or more Protective Services-substantiated abuse and/or neglect referrals</td>
<td>n/a</td>
<td>0.2%</td>
<td></td>
<td></td>
<td></td>
<td>1.3%</td>
<td></td>
<td>▼</td>
</tr>
</tbody>
</table>
## CYFD Key Measures at a Glance

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY16</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY17 Final</th>
<th>FY17 Target</th>
<th>Desired Trend</th>
</tr>
</thead>
<tbody>
<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>87.7%</td>
<td>87.4%</td>
<td></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>99.76%</td>
<td>99.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>99.8%</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>60.4%</td>
<td>57.0%</td>
<td></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>70.5%</td>
<td>72.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>76%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children adopted within 24 months from entry into foster care</td>
<td>23.3%</td>
<td>19.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of children reentering foster care in less than 12 months</td>
<td>12.6%</td>
<td>10.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9%</td>
<td>▼</td>
</tr>
<tr>
<td>Percent of children in foster care who have at least one monthly visit with their caseworker</td>
<td>95.6%</td>
<td>96.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>97%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of adult victims or survivors receiving domestic violence services who have an individualized safety plan</td>
<td>88.9%</td>
<td>90.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95%</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>81.7%</td>
<td>84.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>92%</td>
<td>▲</td>
</tr>
<tr>
<td>Turnover rate for protective services workers</td>
<td>29.7%</td>
<td>7.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20%</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>85.4%</td>
<td>81.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of clients re-adjudicated within two years of previous adjudication</td>
<td>5.5%</td>
<td>4.3%</td>
<td></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>9.5%</td>
<td>2.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8%</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>13.1%</td>
<td>13.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
<td>▼</td>
</tr>
<tr>
<td>Percent of incidents in JJS facilities requiring use of force resulting in injury</td>
<td>1.6%</td>
<td>2.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.5%</td>
<td>▼</td>
</tr>
<tr>
<td>Number of physical assaults in juvenile justice facilities</td>
<td>448</td>
<td>134</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;255</td>
<td>▼</td>
</tr>
<tr>
<td>Number of client-to-staff battery incidents</td>
<td>147</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;108</td>
<td>▼</td>
</tr>
<tr>
<td>Number of substantiated complaints by clients of abuse or neglect in juvenile justice facilities</td>
<td>2.9%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13%</td>
<td>▼</td>
</tr>
<tr>
<td>Percent of clients with improvement in reading on standardized pre- and post-testing</td>
<td>61.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>59%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of clients with improvement in math on standardized pre- and post-testing</td>
<td>57.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of clients successfully completing term of supervised release</td>
<td>66.4%</td>
<td>57.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
<td>▲</td>
</tr>
<tr>
<td>Turnover rate for youth care specialists</td>
<td>18.3%</td>
<td>7.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14%</td>
<td>▼</td>
</tr>
</tbody>
</table>
### CYFD Key Measures at a Glance

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY16</th>
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<th>FY17 Final</th>
<th>FY17 Target</th>
<th>Desired Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEHAVIORAL HEALTH SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Percent of youth hospitalized for treatment of selected mental</td>
<td>28.%</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
<td>▲</td>
</tr>
<tr>
<td>health disorders who receive a follow-up with a mental health</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>practitioner within seven calendar days after discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Percent of youth who show improvement in the substance</td>
<td>17.0%</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
<td>▲</td>
</tr>
<tr>
<td>disorder domain of the global assessment of individual need short screen</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Percent of youth receiving community-based and juvenile</td>
<td>82.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
<td>▲</td>
</tr>
<tr>
<td>detention center behavioral health services who perceive that they are</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>doing better in school or work because of the behavioral health</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>services they have received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of infants served by infant mental health programs that</td>
<td>n/a</td>
<td>91%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
<td>▲</td>
</tr>
<tr>
<td>have not had re-referrals to Protective Services Division</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>PROGRAM SUPPORT</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of days to fill positions from the advertisement close</td>
<td>n/a</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65</td>
<td>▼</td>
</tr>
<tr>
<td>date to candidate’s offer date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of contractors that receive an onsite financial visit</td>
<td>4.7%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
<td>▲</td>
</tr>
<tr>
<td>Percent of contracts that receive a desktop audit</td>
<td>19.9%</td>
<td>3.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23%</td>
<td>▲</td>
</tr>
</tbody>
</table>