Key Quarterly Performance Measures Report

2nd Quarter, Fiscal Year 2018
Contacting CYFD

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

Juvenile Justice Services ...................... 505-827-7629
Administrative Services ...................... 505-827-8069
Employee Recruitment ....................... 505-827-7620
Foster Care/Adoptions Hotline ............. 800-432-2075
Child Abuse/Neglect Hotline .............. #SAFE (#7233) by cell or 855-333-SAFE (7233)

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

www.cyfd.org
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 ends December 31, 2017.
- A small percentage of providers in rural and frontier areas of the state have three- to five FOCUS STAR levels. This is due to the lack of resources, 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.
- October 2015 ECS implemented FOCUS Quality Differential Increase.
- 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

- System: Family Automated Client Tracking System (FACTS)
- Windows: In-Home Services, Home Provider License, Private Provider License
- High Quality = Any child care programs at a 3 Star FOCUS, 4 Star FOCUS, 5 Star FOCUS level or Nationally Accredited
- Report(s): sm10a16 (“FS Providers with Active Licenses”) STAR Level
- Numerator: Number of subsidy children served at Star level three through five. Denominator: Number of subsidy children served

Percent of children receiving subsidy in high quality programs

<table>
<thead>
<tr>
<th></th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>56.3%</td>
<td>57.1%</td>
<td>56.3%</td>
</tr>
</tbody>
</table>

Desired trend
**Percent of licensed child care providers participating in high quality programs**

**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 ends December 31, 2017.
- A small percentage of providers in rural and frontier areas of the state have three- to five FOCUS STAR levels. This is due to the lack of resources, and challenges with sustainability.
- Consultation had to be revamped since in some instances the consultation did not meet the needs of the program.

**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.
- October 2015 implemented FOCUS Quality Differential Increase: After cost and revenue analysis for child care centers, CYFD Early Childhood Services determined the previous quality differentials were not sufficient at the 4 and 5 Star quality level 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 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**
- System: Family Automated Client Tracking System (FACTS)
- Windows: Provider Organization
- High Quality = Any child care programs at a 3 Star FOCUS 4 Star FOCUS, 5 Star FOCUS level or Nationally Accredited
- Report(s): sm10a16 (“FS Providers with Active Licenses”)
- Numerator: Number of licensed providers at Star level three through five. Denominator: Number of licensed providers

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Desired trend:

- FY18 Target: 39%
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 and supports for Dual Language Learners and Inclusion Practices.
- Focus on school readiness.
- Fund professional development—teacher training and on-site technical assistance and support.

Causal and Contributing Factors Impacting Performance Measure

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

Data Source/Methodology

- 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.

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.

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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>91.4%</td>
</tr>
<tr>
<td>FY14</td>
<td>90.2%</td>
</tr>
<tr>
<td>FY15</td>
<td>94.2%</td>
</tr>
<tr>
<td>FY16</td>
<td>94.3%</td>
</tr>
<tr>
<td>FY17</td>
<td>91.0%</td>
</tr>
<tr>
<td>FY18</td>
<td>94%</td>
</tr>
</tbody>
</table>

(FY18 Q4 reported annually in June)
Percent of parents who demonstrate progress in practicing positive parent-child interactions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Targeted Corrective Actions to Improve Performance</th>
<th>Data Source/Methodology/Notes</th>
</tr>
</thead>
</table>
| • Provide professional development opportunities to Home Visiting staff on the importance of positive parent-child interactions, how does it look like, strategies for communications with families and Infant Mental Health practices.  
• 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. | • 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. | • 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. |

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.
**Objective**

- Implementation of a non-biased, non-gender-specific assessment tool.
- Training for Home Visiting staff in the appropriate implementation of the Relationship Assessment Tool.
- Training for Home Visiting staff in the steps to take in the event of a positive screen.
- Access community resources for the implementation of the family safety plans.

**Causal and Contributing Factors Impacting Performance Measure**

- Information is not always entered accurately in the Home Visiting data system.
- 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.
- Families with newborns and young infants are more vulnerable to domestic violence due to stress, economics and family dynamics.
- Families do not feel confident in sharing relationship concerns due to fear, stigma or hopelessness.
- Lack of resources in some communities make it more difficult for Home Visiting staff to refer families who may need access to services.

- Home Visiting staff have indicated their discomfort in asking the questions in the Domestic Violence Screening possibly due to the lack of training, stigma or personal experiences.

**Targeted Corrective Actions to Improve Performance**

- Enhance consultation expectations so that home visiting teams are provided with focused support around education and safety planning for high-risk families.
- 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.
- 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.
- Coordinate involvement at a state and local level with domestic violence coalitions and shelters to assist in the referral process.

**Data Source/Methodology/Notes**

- Use reflective supervision to support staff address domestic violence situations with families.
- Home Visiting data provided by University of New Mexico Continuing Education Division.
- 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.

---

**Percent of families at risk for domestic violence who have a safety plan in place**

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td></td>
<td></td>
<td>38.1%</td>
<td>40.8%</td>
<td>41.8%</td>
<td>48.7%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

- FY18 Target: 50%

- Q1: 40.8% (20/49)
- Q2: 41.8%
- Q3: 38.1% (40/105)
- FY17: n/a
Percent of children receiving childcare state subsidy, excluding child protective services child care, who have one or more Protective Services-substantiated abuse and/or neglect referrals

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
<td>0.41% (88/21,478)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY17</td>
<td>1.2%</td>
<td>0.63% (149/23,472)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY18</td>
<td>1.2%</td>
<td>0.63% (149/23,472)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**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): sm110a16 ("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 families receiving home visiting for six months or longer (excluding home visiting level two), that have one or more protective services substantiated abuse or neglect referrals

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>0.58%</td>
<td>n/a</td>
<td>0.58%</td>
<td>1.02%</td>
</tr>
<tr>
<td>FY17</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Objectives**
- Provide training to home visitors to recognize signs of risk among families and how to create safety plans to prevent an incident.
- Home Visitors will receive training and support to refer families to other community resources and encourage families to enroll.
- Provide training to home visitors on developmentally appropriate expectations and how to share that information with families.
- Provide training and support to home visitors to promote positive parent-child interactions and safety when working with families.

**Causal and Contributing Factors Impacting Performance Measure**
- Families presenting with a higher risk of protected services referrals, often disengage from home visiting services prior to the six month mark.
- Home Visitors have indicated a need for more training and support around working with high risk families to increase engagement for a longer period of time.
- Referrals to other community resources may be provided but the family may not engage in additional support services (mental health services, substance abuse counseling, etc.), thus causing potential barriers to engaging in home visiting.

**Data Source/Methodology/Notes**
- Home Visiting data provided by University of New Mexico Continuing Education Division.
- Numerator: Number of families that have one or more protected services substantiated abuse or neglect referrals. Denominator: Number of families receiving home visiting services for six months or longer.

**Targeted Corrective Actions to Improve Performance**
- Enhance Consultation Expectations so that home visiting teams are provided with focused support around education and safety planning for high risk families.
- Ensure ongoing communication between Local HV Program Managers and CYFD Manager/Monitors when a family with high needs, or has previously been referred to Protective Services is being served.
- Provide consultation and ongoing education to home visiting teams on how abuse/neglect impacts child development in addition to the benefits of positive parent-child interactions and the importance of healthy, safe homes for children.
- Work with home visiting programs to strengthen relationships with community resources to enhance the referral process and encourage family engagement in additional support services.

**Explanatory:**
- Safety Plans are often associated with domestic violence and home visitors have expressed some challenge in reframing the practice to address other concerns of risk in the home.
- Home Visitors may have personal experience or trauma related to abuse/neglect which may impact the relationship with a high risk family.
### Percent of children who are not the subject of substantiated maltreatment within six months of a prior determination of substantiated maltreatment

<table>
<thead>
<tr>
<th></th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td></td>
<td></td>
<td>87.9% (3,876/4,409)</td>
<td>88.3% (3,607/4,086)</td>
</tr>
<tr>
<td>FY17</td>
<td>88.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>87.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>89.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>88.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>92.3%</td>
<td></td>
<td></td>
<td></td>
</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. Vacancy rates impact this outcome. Caseworkers need to improve in assisting families to connect with safety-related services.

**Targeted Corrective Actions to Improve Performance**

- Retaining caseworkers and hiring in areas with high vacancies.
- Monitor progress of Family Support Worker contracts in ten counties statewide.
- Begin Safety practice changes and implementation of a new safety assessment tool through continued collaboration with the National Center on Crime and Delinquency Children’s Resource Center (NCCD-CRC).
- Monitor Child Advocacy Center contracts to assess if these programs are impacting repeat maltreatment.
- Monitor other contracts developed to reduce repeat maltreatment.
- Implement a comprehensive supervisory framework under the umbrella of Safety Organized Practice (NCCD-CRC).
- Implement statewide peer review quality assurance process targeting the pre-initiation staffing and warm-handoff to ensure consistent implementation of these practices.

**Data Source**

- CYFD FACTS data system.

**Resource Needs, Outcome Expectations and Timelines**

- Retain caseworkers and rapidly hire when vacancies occur.
- Ongoing technical assistance through the National Center on Crime and Delinquency-Children’s Resource Center to evaluate and improve safety practice, including a revised safety assessment tool, development of policies and procedures related to a new tool and implementation.
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>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>99.91% (3,465/3,468)</td>
<td>99.86% (3,574/3,579)</td>
<td>99.76%</td>
<td>99.8%</td>
</tr>
<tr>
<td>FY17</td>
<td>99.98%</td>
<td>99.9%</td>
<td>99.76%</td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>99.76%</td>
<td>99.7%</td>
<td>99.75%</td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>99.75%</td>
<td>99.9%</td>
<td>99.9%</td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>99.90%</td>
<td>99.9%</td>
<td>99.72%</td>
<td></td>
</tr>
</tbody>
</table>

Causal and Contributing Factors Impacting Performance Measure

• This measure is highly susceptible to a decrease in performance with only a small number of children in foster care being maltreated. PSD has traditionally done very well in this measure.

Targeted Corrective Actions to Improve Performance

• None needed; target was achieved.

Resource Needs, Outcome Expectations and Timelines

• Continue to work on licensing and recruitment of quality foster homes to care for the increasing numbers of children.

• Increase funding for care and support to ensure financial resources are available to reimburse foster and adoptive families for the multiple expenses incurred by children in foster care.

Data Source

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

- It is important to acknowledge that parent readiness for reunification is critical for this measure. It is imperative that the safety threats that resulted in foster care placement be addressed and risk of future maltreatment be reduced prior to reunification. Contributing factors such as parental substance abuse, mental health problems, criminal history, and domestic violence impact many of the families and create complex case planning needs and services.

- There has been an increase in the number of children entering care due to safety threats stemming from parental substance abuse. Addiction, recovery, and relapse constitute significant challenges for families that often result in longer stays in foster care.

- Permanency caseloads are high. Cases are not being moved to permanency timely, particularly those with plans of adoption. The backlog of adoption cases strains the time and resources caseworkers need to devote to families working toward reunification. Workers frequently report that they are often only able to engage in crisis management with families. Caseworkers are not consistently engaging with caregivers and children effectively in order to assess needs, case plan, provide services, and monitor progress.

- Contracts for services for families will be reviewed to determine their impact on helping parents address issues that prevent them from safely caring for their children.

- Pending adoption or guardianship cases will be finalized to allow workers more time to work with biological parents.

- Continue to work with the Managed Care Organizations to ensure that medical, behavioral and dental needs for children are addressed while in foster care and support is provided to biological parents to maintain children safely in their homes when they are returned.

- Continued efforts to link families with needed substance abuse treatment including in-patient services, intensive outpatient services, and harm reduction planning.

- Implementation of mandatory case consultation to ensure all permanency cases are internally reviewed at minimum every 90 days to identify barriers to permanency and develop case planning strategies.

- Implementation of the warm handoff practice whereby worker link families directly with needed services through a face to face meeting with the family and the provider.

- Implementation of the Safe and Together Model, a field tested approach to improve practice and create better outcomes for children and families exposed to domestic violence perpetrator behavior.

Data Source/Notes

- This calculation is a one component of a composite measure formerly reported to federal oversight during Round 2 of the CFSR. It is calculated using an exit cohort. Many of the children in the denominator will have entered care long before corrective actions targeting timely reunification were implemented.

Targeted Corrective Actions to Improve Performance

- Caseworkers are now required to visit with parents in their place of residence monthly to engage them in working toward resolution of safety threats. Emphasis being placed on the County Office Manager to monitor visits for each caseworker.

- Results Oriented Management (ROM) interface allows the field to more closely monitor their progress and improvement.

- Formal training and coaching for supervisors and caseworkers in the principals of Safety Organized Practice and the case consultation model (NCCD-CRC) to ensure all staff are implementing the practice framework accurately and consistently.

- Staff training and practice skills related to parent engagement and assessment.

- Improved access to substance abuse treatment around the state.

- Continue to analyze service gaps and in needs in each community.

Resource Needs, Outcome Expectations and Timelines

- Reduce caseloads by moving children in care to permanency primarily those with plans of adoption.

<table>
<thead>
<tr>
<th>FY18</th>
<th>Q4</th>
<th>57.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>Q3</td>
<td>61.3%</td>
</tr>
<tr>
<td>FY17</td>
<td></td>
<td>58.2%</td>
</tr>
<tr>
<td>FY16</td>
<td></td>
<td>60.4%</td>
</tr>
<tr>
<td>FY15</td>
<td></td>
<td>64.1%</td>
</tr>
<tr>
<td>FY14</td>
<td></td>
<td>59.4%</td>
</tr>
<tr>
<td>FY13</td>
<td></td>
<td>62.4%</td>
</tr>
</tbody>
</table>

Desired trend: **65%**
## Percent of children in foster care for 12 months with no more than two placements

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>82.0%</td>
<td>81.8%</td>
<td>82.6%</td>
<td>82.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>72.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>70.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>73.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>76.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>76.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Causal and Contributing Factors Impacting Performance Measure

- This outcome is another area where PSD struggled to meet the federal standard. There are numerous factors that can impact this outcome including number of available foster families, the role of kinship caregivers, needs of children coming into foster care, and the array of services available to meet the needs of foster children.
- Children are frequently placed in short term emergency placements at the time of removal until a permanent placement can be identified.

### Targeted Corrective Actions to Improve Performance

- Implement Statewide Foster Parent Recruitment and Retention Plan.
  - Use the tenets from the National Resource Center for Diligent Recruitment and Retention in implementation.
  - Continue to implement Diligent recruitment concepts to improve long term placement options.
- Continue data utilization and use of evaluation tools to assist county offices in targeted recruitment efforts. Provide ongoing data reports (KEVIN) and support for utilization of the placement dashboard.
- Implementation of the Community Behavioral Health Clinician (CBHC) initiative. The CBHC provides support to children in foster care by assessing them for the appropriate level of care and linking them to supportive services to promote placement stability.
- The Child and Adolescent Needs and Strengths (CANS) Assessment is completed for all children at the entry into care and prior to each permanency hearing. The assessment supports case planning and level of care decision-making.
- Resource Needs, Outcome Expectations and Timelines
  - Continue to promote placement with relatives when they are deemed safe. Focus on the necessary shift in culture related to engaging relatives as placement options and connections for children in foster care.
  - Implement statewide foster care and recruitment plan to increase the number of foster care resources for older children and children with complex needs, including automation of the recruitment, licensing, and recertification process.
  - Targeted recruitment for difficult placement cohorts, including teens, large sibling groups, behavioral challenged kids.
  - Continue to train staff to utilize Results Oriented Management (ROM) to allow County Office Managers to more closely monitor their progress and improvement.

### Data Source/Notes

- CYFD FACTS data system.
- Note: Child and Families Services review has changed how this item is measured.
### Percent of children adopted within 24 months from entry into foster care

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>33%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FY18 Target:** 33%

**Desired trend:**

<table>
<thead>
<tr>
<th>Year</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.6%</td>
<td>23.3%</td>
<td>32.1%</td>
<td>31.8%</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

**Data Source**
- CYFD FACTS Data System.
- Note the Child and Family Services Review has changed how this item is measured.
- This is an exit cohort measure and progress will be incremental until the adoption backlog is addressed. Ongoing agency efforts to achieve permanency for children already in care for 24 months will cause this measure to get worse before it gets better.

### Causal and Contributing Factors Impacting Performance Measure
- This outcome has decreased in the last year. High caseloads for permanency planning workers and our CCA’s have impacted timely adoption.
- There are a high number of children with plans of Adoption who need to be moved toward permanency expeditiously.
- Congestion of court dockets, resulting in fragmented and inconclusive court proceedings, causing delays in freeing children for adoption.

### Targeted Corrective Actions to Improve Performance
- Streamlined date reporting in delays in Motions and judicial proceedings.
- The CCIC is convening Collaborative meetings between the courts, CYFD, and other stakeholders to identify and to address barriers to timely adoption in select judicial districts (2nd, 6th, and 12th)
- Training on federal Guardianship Assistance Programs (Subsidized Guardianship) at Children’s Law Institute and within each CYFD region.
- Development of forms within CYFD-Legal for use in permanent guardianship proceedings.
- Every region in the state has developed a plan to prioritize cases ready for filing motions to Terminate Parental Rights (TPR) and complete TPR Hearings. Children who have a permanency resource will be prioritized for completion of the adoption process.
- Regular meetings at every level-county, region, and statewide-monitoring progress to adoption for every child who is free for adoption.
- Regular meetings at every level-county, region, and statewide-monitoring legal processes after change of plan to adoption.
- County offices are working with the judiciary to enlist assistance from other judges to for TPR Hearings.
- Guardianship Assistance is being considered for children in placement with relatives who have plans of adoption.
- Partnering with Casey Family Programs to provide coaching for counties with high numbers of children in care for 15 or more months.

### Resource Needs, Outcome Expectations and Timelines
- Caseloads for all services provided by PSD are high, need to move cases to permanency.
- Legal resources are needed to address the backlog of cases.
- Adoption consultants need to be hired and trained.
- Promotion of adoption event in May.
- Guardianship Assistance Program training continues to be provided to PS staff and attorneys; other legal partners.
- Bi-weekly with regional managers and monthly staffings with county office managers to identify barriers on specific strategies, develop strategies, and monitor progress.
Percent of children in foster care who have at least one monthly visit with their caseworker

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>94.1%</td>
<td>95.3%</td>
<td>94.8%</td>
<td>95.6%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Causal and Contributing Factors Impacting Performance Measure

- CYFD usually achieves this target, but has declined in performance during the last two quarters. This quarter dropped below the national standard is 95%. Children placed in out of state facilities and who are on runaway status present as challenges for caseworkers in making monthly contact.
- Workers report that they are engaged in crisis management rather than planned visits and there is limited support and planning to address these predictable events such as placement disruption and other emergencies.

Targeted Corrective Actions to Improve Performance

- Emphasize importance of visiting children in foster care during monthly meetings with Regional Managers and Field Deputy Director.
- Target counties who have fallen below to address causes for missed visits and plan for future visits.
- Revise monthly report to county office managers to include statewide data and ranking of county offices.

Resource Needs, Outcome Expectations and Timelines

- PSD needs to retain workers and provide coaching and supervision to improve the quality and quantity of child-worker visitation.
- Retention of staff and quick hiring to fill vacancies is needed to keep caseloads to a manageable size.
- Increase in number of available foster homes within the child’s communities to reduce travel time for caseworkers.
- Promote in state residential services to allow the child’s assigned caseworker to maintain contact with the child.

Data Source

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>91.0%</td>
<td>91.0%</td>
<td>91.0%</td>
<td>91.0%</td>
</tr>
<tr>
<td>FY16</td>
<td>88.9%</td>
<td>91.0%</td>
<td>91.0%</td>
<td>91.0%</td>
</tr>
<tr>
<td>FY15</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>FY14</td>
<td>92.0%</td>
<td>92.0%</td>
<td>92.0%</td>
<td>92.0%</td>
</tr>
<tr>
<td>FY13</td>
<td>92.3%</td>
<td>92.3%</td>
<td>92.3%</td>
<td>92.3%</td>
</tr>
</tbody>
</table>

FY18 Target: 94%

Causal and Contributing Factors Impacting Performance Measure
- The data being collected is determined by on-site visits through a percentage of randomly selected cases and reported out to reflect the performance measure accurately. It is important to acknowledge that organizational capacity & skill differs between each DV provider across the state and PSD is working diligently on both systematic changes and individualized program changes to impact performance measures and the quality of services delivered to survivors and their children.

Targeted Corrective Actions to Improve Performance
- PSD continues to collaborate with the New Mexico Coalition Against Domestic Violence (NMCAV) to provide specific training and technical assistance to programs surrounding individualized safety planning for all survivors and children receiving services from domestic violence providers. In Q2, new training components have been added to the new advocate training through the NMCAV.
- Individual meetings held by PSD DV program managers and the DV program to discuss issues, barriers and to come up with adaptive solutions and plan to not only meet the target but also to ensure that the safety plans are individualized to each survivor to meet the specific dynamics & need.
- PSD is in progress of creating safety planning guidelines to provide a more standardized process across the state.

Resource Needs, Outcome Expectations and Timelines
- On-site program reviews will allow the PSD program managers to more closely monitor progress, performance and provide individualized technical assistance and training needs to DV program staff.
- Continue to analyze competency gaps and needs in each community.

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 reports they received information that helped them plan for their safety. Denominator: Number of DV adult victims/survivors surveyed.
- There was significantly fewer files reviewed in the second quarter of FY18 than there were in the first quarter, in order to more accurately assess this outcome a standardized process and sample size will be developed for this review.
PROTECTIVE SERVICES

Turnover rate for protective services workers

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>Q4</th>
<th>25.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY16</td>
<td>Q3</td>
<td>29.7%</td>
</tr>
<tr>
<td></td>
<td>FY15</td>
<td>Q2</td>
<td>29.0%</td>
</tr>
<tr>
<td></td>
<td>FY14</td>
<td>Q1</td>
<td>26.4%</td>
</tr>
<tr>
<td></td>
<td>FY13</td>
<td></td>
<td>19.2%</td>
</tr>
</tbody>
</table>

Objectives

• Decrease the turnover rate for Protective Services Workers.

Causal and Contributing Factors Impacting Performance Measure

• Protective Services workers work in a field of high stress and high 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

• The Academy for Professional Development and Training (APDT) is finalizing a strategic plan for training based on individualized jobs in collaboration with division directors. A job skill survey was sent out to staff to determine which types of skill training are needed. The survey results have been compiled and incorporated into trainings on all levels, including advanced and ongoing.

• APDT has implemented additional advanced courses to supplement Foundations of Practice. Examples include advanced child maltreatment, effective communication, customer service, family engagement, basic interviewing, primary and secondary trauma, advanced forensic interviewing, advanced interviewing, physical safety, and advanced verbal de-escalation.

• APDT is part of the team that is developing a Protective Services supervisor training and coaching model.

• 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. The software has been rolled out to the agency.

• Monthly professional development supervision. Supervisors are required to meet monthly with workers for the purpose of coaching, readiness for work, moral, etc.

• PSD created a Training Director position specifically for protective services to implement initial and ongoing training initiatives and coaching and support for staff in their home offices. Six regional coaches will also be hired to support ongoing skill development through coaching.

• The agency continues to address staff concerns identified in the Annual Organizational Health Survey related to worker safety, including improved security at offices and in parking lots, automated safety alerts, and phone tethers that can be activated in the field to notify law enforcement of an emergency.

• Rapid hire event streamline the hiring process to fill vacancies in a timely manner in an effort to manage caseloads for all 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 caseload.

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.
**Percent of children subject to repeat maltreatment within 12 months**

<table>
<thead>
<tr>
<th>Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>15.6%</td>
<td>15.2%</td>
<td>14.7%</td>
<td>n/a</td>
</tr>
<tr>
<td>FY17</td>
<td>14.7%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY16</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY15</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**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. Vacancy rates impact this outcome. Caseworkers need to improve in assisting families to connect with safety-related services.

**Targeted Corrective Actions to Improve Performance**

- This measure is being provided for context and to further describe the outcomes for the children served by the agency. This information serves as a baseline for future reporting. These measures will be officially reported beginning in SFY19 after targets are established with the LFC.

**Resource Needs, Outcome Expectations and Timelines**

- Retain caseworkers and rapidly hire when vacancies occur.
- Continue with technical assistance through National Resource Center to evaluate and improve safety practice, including a revised safety assessment tool, development of policies, and procedures related to a new tool and implementation.

**Data Source/Methodology/Notes**

- CYFD FACTS data system.
Rate of victimization per day in foster care

<table>
<thead>
<tr>
<th></th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td></td>
<td></td>
<td>14.1</td>
<td>10.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>8.2</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Causal and Contributing Factors Impacting Performance Measure

- This measure is highly susceptible to a decrease in performance with only a small number of children in foster care being maltreated. PSD has traditionally done very well in this measure.

Targeted Corrective Actions to Improve Performance

- This measure is being provided for context and to further describe the outcomes for the children served by the agency. This information serves as a baseline for future reporting. These measures will be officially reported beginning in SFY19 after targets are established with the LFC.

Resource Needs, Outcome Expectations and Timelines

- Continue to work on licensing and recruitment of quality foster homes to care for the increasing numbers of children.
- Increase funding for care and support to ensure financial resources are available to reimburse foster and adoptive families for the multiple expenses incurred by children in foster care.

Data Source/Methodology/Notes

- CYFD FACTS data system.
- The new measure related to maltreatment in foster care measures this outcome much differently from the previous measure. The previous measure counted, in the numerator, the number of victimizations of children in which the perpetrator is identified as a licensed foster care provider. In the new measure, the rate is calculated using the number of substantiated reports that are made while the child is placed in foster care, regardless of the role of the perpetrator. Currently, allegations that occur prior to the child’s placement in foster care are often still screened in for investigation, and will impact this measure even if the perpetrator no longer has access to the child.

Desired trend
Causal and Contributing Factors Impacting Performance Measure

• It is important to acknowledge that parent readiness for reunification is critical for this measure. It is imperative that the safety threats that resulted in foster care placement be addressed and risk of future maltreatment be reduced prior to reunification. Contributing factors such as parental substance abuse, mental health problems, criminal history, and domestic violence impact many of the families and create complex case planning needs and services.

• There has been an increase in the number of children entering care due to safety threats stemming from parental substance abuse. Addiction, recovery, and relapse constitute significant challenges for families that often result in longer stays in foster care.

• Permanency caseloads are high. Cases are not being moved to permanency timely, particularly those with plans of adoption. The backlog of adoption cases strains the time and resources caseworkers need to devote to families working toward reunification. Workers frequently report that they are often only able to engage in crisis management with families. Caseworkers are not consistently engaging with caregivers and children effectively in order to assess needs, case plan, provide services, and monitor progress.

Targeted Corrective Actions to Improve Performance

• This measure is being provided for context and to further describe the outcomes for the children served by the agency. This information serves as a baseline for future reporting. These measures will be officially reported beginning in SFY19 after targets are established with the LFC.

Resource Needs, Outcome Expectations and Timelines

• Reduce caseloads by moving children in care to permanency primarily those with plans of adoption.

• Results Oriented Management (ROM) interface allows the field to more closely monitor their progress and improvement.

• Formal training and coaching for supervisors and caseworkers in the principals of Safety Organized Practice and the case consultation model (NCCD-CRC) to ensure all staff are implementing the practice framework accurately and consistently.

• Staff training and practice skills related to parent engagement and assessment.

• Improved access to substance abuse treatment around the state.

• Continue to analyze service gaps and in needs in each community.

Data Source/Methodology/Notes

• CYFD FACTS Data System.

• Like many PS measures, reunification and/or permanency in 12 months outcomes are measured using a 12-month cohort of children entering foster care. For this particular measure, the entry cohort is a year earlier than the other permanency outcomes to allow for accurate measure of its companion measure, re-entries into foster care for children who achieve reunification within 12 months of entry. For example, the children in SFY2’s reporting cohort will have entered care between January and December 2015. Efforts to improve timeliness to permanency that have been enacted since that year would have little to no impact on this outcome for another two years.
**Causal and Contributing Factors Impacting Performance Measure**

- It is important to acknowledge that parent readiness for reunification is critical for this measure. It is imperative that the safety threats that resulted in foster care placement be addressed and risk of future maltreatment be reduced prior to reunification. Contributing factors such as parental substance abuse, mental health problems, criminal history, and domestic violence impact many of the families and create complex case planning needs and services.
- There has been an increase in the number of children entering care due to safety threats stemming from parental substance abuse. Addiction, recovery, and relapse constitute significant challenges for families that often result in longer stays in foster care.
- Permanency caseloads are high. Cases are not being moved to permanency timely, particularly those with plans of adoption. The backlog of adoption cases strains the time and resources caseworkers need to devote to families working toward reunification. Workers frequently report that they are often only able to engage in crisis management with families. Caseworkers are not consistently engaging with caregivers and children effectively in order to assess needs, case plan, provide services, and monitor progress.

**Targeted Corrective Actions to Improve Performance**

- This measure is being provided for context and to further describe the outcomes for the children served by the agency. This information serves as a baseline for future reporting. These measures will be officially reported beginning in SFY19 after targets are established with the LFC.

**Resource Needs, Outcome Expectations and Timelines**

- Reduce caseloads by moving children in care to permanency primarily those with plans of adoption.
- Results Oriented Management (ROM) interface allows the field to more closely monitor their progress and improvement.
- Formal training and coaching for supervisors and caseworkers in the principals of Safety Organized Practice and the case consultation model (NCCD-CRC) to ensure all staff are implementing the practice framework accurately and consistently.
- Staff training and practice skills related to parent engagement and assessment.
- Improved access to substance abuse treatment around the state.
- Continue to analyze service gaps and in needs in each community.

**Data Source/Methodology/Notes**

- CYFD FACTS data system.
**Placement moves per 1,000 days of foster care for children entering foster care in a 12 month period**

<table>
<thead>
<tr>
<th></th>
<th>FY18</th>
<th>Q4</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
<td>5.9</td>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Q2</td>
<td>6.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Causal and Contributing Factors Impacting Performance Measure

- This outcome is another area where PSD struggled to meet the federal standard. There are numerous factors that can impact this outcome including number of available foster families, the role of kinship caregivers, needs of children coming into foster care, and the array of services available to meet the needs of foster children.
- Children are frequently placed in short term emergency placements at the time of removal until a permanent placement can be identified.

Targeted Corrective Actions to Improve Performance

- This measure is being provided for context and to further describe the outcomes for the children served by the agency. This information serves as a baseline for future reporting. These measures will be officially reported beginning in SFY19 after targets are established with the LFC.

Resource Needs, Outcome Expectations and Timelines

- Continue to promote placement with relatives when they are deemed safe. Focus on the necessary shift in culture related to engaging relatives as placement options and connections for children in foster care.
- Implement statewide foster care and recruitment plan to increase the number of foster care resources for older children and children with complex needs, including automation of the recruitment, licensing, and recertification process.
- Targeted recruitment for difficult placement cohorts, including teens, large sibling groups, behavioral challenged kids.
- Continue to train staff to utilize Results Oriented Management (ROM) to allow County Office Managers to more closely monitor their progress and improvement.

Data Source/Methodology/Notes

- CYFD FACTS data system.
- Note: Child and Families Services review has changed how this item is measured. This is the current measure, which counts moves rather than children. With this measure, PS is accountable for each move a child entering foster care experiences, rather than just counting children who have had more than two moves within their first year of foster care.
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 has instituted a Probation Agreement pilot program where only public safety and conditions are placed on the agreement. The anticipated impact would be that there will be an overall reduction in Probation Violations while providing time reduction incentives to foster success. Initial data has shown a reduction in recidivism numbers.

- At the end of FY18 Q2, 86.6% of the youth discharging from probation did so successfully. The target FY18 target for this measure is 84%. At the end of FY17 82.7% of the youth discharging from probation did so successfully exceeding the FY17 target of 80% for this measure.

- The FY18 Q2 data reflects that age at time of discharge appears to have a slight impact on the number of youth discharging unsatisfactorily. Overall, approximately 70% of all clients released on formal probation are 17 years of age or younger while approximately 30% were 18 years or older at the end of FY18 Q2.

- Probation discharges by age group reflect more successful discharges in the 17 and younger age groups starting in FY18 Q1 by about a 9% increase.

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 and 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.
**Percent of clients re-adjudicated within two years of previous adjudication**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18 Target:</td>
<td>5.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17</td>
<td>6.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>5.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>6.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>6.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>5.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Objective**
- Reduce recidivism through improved community-based services.

**Causal and Contributing Factors Impacting Performance Measure**
- There were 894 adjudications during FY17, of which 54 were youth who had discharged from JJS services within two years of the new adjudication. Currently there are 394 adjudications in the as of the second quarter of FY18, 201 that occurred in FY18 Q1 and 193 that occurred in FY18 Q2 of which 20 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 FY18.
- Over the past eight quarters we have observed a downward trend for the number of new adjudications while re-adjudications are also trending downward beginning in FY15 Q4.

**Targeted Corrective Actions to Improve Performance**
- Not applicable.

**Resource Needs, Outcome Expectations, and Timelines**
- The resource needs for clients re-adjudicated will not only be focused on increasing services around the state but matching the client with the appropriate service. NM 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 Division on a regular basis to identify those areas that are critical to the success of our youth.

**Data Source/Methodology/Notes**
- 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.
- Continuous methodology.
- This measure is cumulative.
Objective

- Reduce recidivism through improved facility programs.

Causal and Contributing Factors Impacting Performance Measure

- The rate of overall commitments has been steadily decreasing since FY12. The FY17 recommitment overall commitment rate was 6.9% which falls under the target set for this measure at 8%.

- 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.

- JJS is currently operating with one less reintegration center which sometimes limits the clients that can be referred to and accepted into a center. This results in some clients going home which may not be the best environment for success due to community risks as well as lack of services.

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.
- Notes: This measure only reports on a small percentage of the overall discharge population. There have been a total of 492 facility discharges for commitments within the timeframe of FY15 through FY17. Of those discharges, 30% were 17 or younger at the time of discharge. Put another way, 70% of the facility discharges in the past 3 years were not reported on as they were no longer subject to the jurisdiction of the juvenile justice system and couldn’t be re-committed if they did re-offend. What’s more, the observed trend over the past 3 fiscal years suggests that the population that this measure is relevant for is decreasing within JJS.

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.
Objective

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

Causal and Contributing Factors Impacting Performance Measure

- When evaluating the rate of youth transitioning into NMCD through the lens of a rolling two year average, it appears that the rate may have plateaued these past 6 quarters. Prior to this, the rate was increasing.

- The target goal is 10%. There was a 1% increase in juveniles entering a NMCD facility between FY15 Q3 and FY17 Q4 with an increase form 11.7% to 12.7%. This was followed by a continuous drop in NMCD commitments starting in FY17 Q3 and continuing to FY18 Q2 with the current percentage at 11.2%, the lowest percentage since FY16 Q3 when the percentage was at 11.4%. The percentage of clients entering an adult facility is currently at 11.2%. The methodology for this measure was modified in FY17. The percentage shown here reflects a rolling 2 years (8 quarters) as opposed to the cumulative quarter by quarter total for each fiscal year.

- 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.

- JJS uses 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. JJS uses a similar process prior to release which involves facility and field staff participating together in conducting the Home Study for the client, to ensure that the proposed environment is the most appropriate placement.

- Education continues to focus on 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 reengage in an educational setting.

- 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, and many revert back to survival skills which ultimately result in involvement with the adult corrections system.

Targeted Corrective Actions to Improve Performance

- Not applicable.

Data Source/Methodology

- Data source: FACTS (Batch File: sm14-05); MOU with Department of Corrections.

- Numerator: Number of clients age 18 and older discharged from a JJS facility during a quarter two years ago that appear in the NMCD inmate population during the following two years.

- Denominator: Number of clients age 18 years and older discharged from a JJS facility during a quarter two years ago.

- This measure is cumulative.

- This measure reports on a very narrow subset of population whom JJS serves. In FY18 Q1 only 1 youth entered NMCD custody within two years of discharge from a CYFD facility.

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>n/a</td>
<td>3.3% (1/30)</td>
<td>6.3% (3/48)</td>
<td>11.0%</td>
</tr>
<tr>
<td>FY14</td>
<td>7.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td></td>
<td>11.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td></td>
<td>13.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17</td>
<td></td>
<td></td>
<td>11.0%</td>
<td></td>
</tr>
<tr>
<td>FY18</td>
<td></td>
<td></td>
<td></td>
<td></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

- JJS was 0.6% below the FY18 target of 1.5% for this performance measure in quarter 2. Of the 448 facility incidents that occurred in FY18 Q2, 4 resulted in injuries as a result of use of force.
- The total number of DIRs continues to trend downward. Though CNYJC also continues to trend downward with regards to the total number of DIRs, their current numbers represent 44% of the overall total though they house about 34% of the current population. Additionally, of the 4 total injuries sustained this quarter, 2 (50%) were from CNYJC. CNYJC has two units that are considered Emotional Regulation Units (ERU) - A-2-A pod and A-2-C. 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. For FY17 most of their U of F resulting in injury did indeed come from those 2 units. However, for Q2 of FY18, 63% of their restraints occurred in female units with two female clients being responsible for 11% of all physical assault incidents.

Targeted Corrective Actions to Improve Performance

- Not applicable.

Resource Needs, Outcome Expectations, and Timelines

- Staff Social Climate Surveys indicate that CYFD-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. In an effort to rectify this deficiency, 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.
- 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**

- Though we far exceed our target for this measure, it should be noted that FY17 experienced a 2% decline in the volume of physical assault incidents when compared to FY16 and represents the first decline in numbers since FY13.

- The number of physical assaults is down from Q1. The cumulative total for FY18 is currently 183 this is more than half of the target of 275 for the year. At the current rate JJS will be over the target in late Q3 or early Q4.

- Twenty-four (24) individual clients were responsible for 55% of the physical assault DIRs.

**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.

- Members of facility leadership will be trained in the Public Safety Curriculum of Mental Health First Aid on 01/17/2017; Sergeant Kiersten Harzeswki from NMSP will be conducting this training. Following this training, regular training dates will be scheduled on a regular basis to train the entirety of the staff in the Adolescent Curriculum. We anticipate the majority of our staff will be trained in MHFA by the end of April, 2018.

**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.

- Notes: While there is not official target or requirement for reporting on this measure, a sub-set of these incidents includes client on client physical assaults. So far in FY18 there have been 133 client on client physical assaults, this is less than half of the unofficial target of 275.

---

**Number of physical assaults in juvenile justice facilities**

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>n/a</td>
<td>105</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>FY14</td>
<td>346</td>
<td>374</td>
<td>448</td>
<td>398</td>
</tr>
<tr>
<td>FY15</td>
<td>374</td>
<td>448</td>
<td>398</td>
<td>448</td>
</tr>
<tr>
<td>FY16</td>
<td>448</td>
<td>398</td>
<td>374</td>
<td>346</td>
</tr>
<tr>
<td>FY17</td>
<td>398</td>
<td>374</td>
<td>448</td>
<td>346</td>
</tr>
<tr>
<td>FY18</td>
<td>183</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Desired trend**

<table>
<thead>
<tr>
<th>Year</th>
<th>FY18 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>&lt;275</td>
</tr>
</tbody>
</table>

---

**JUVENILE JUSTICE SERVICES**
**Objective**
- Reduce the number of client-to-staff battery incidents in JJS facilities.

**Causal and Contributing Factors Impacting Performance Measure**
- The FY18 target for physical assaults on Staff is set at less than or equal to 120.
  - There were 21 client on staff physical assaults in FY18 Q2. For FY18 so far, there has been a total of 52 client on staff physical assaults. This is less than half of the target of 120 for the fiscal year so thus far JJS should remain in compliance with this measure if the number of client on staff physical assaults does not dramatically increase over the next 2 quarters.
  - Of the 52 client on staff physical assaults that have occurred in FY18, 6 unique youth were involved in 55% of the client on staff physical assault DIRs.
  - 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. Client discipline and administrative sanctions procedures are starting to be re-examined.

**Targeted Corrective Actions to Improve Performance**
- Not applicable.

**Resource Needs, Outcome Expectations, and Timelines**
- JJS is utilizing additional staff coverage and Behavioral Management Services (BMS). The extra staffing allows for additional support/security for the client as well as staff. BMS services are provided with the goal of increasing youths' ability to function effectively with positive life, social, and behavioral skills. A trained BMS provider provides 1:1 services through coaching and training.
- 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.
- 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.
- Members of facility leadership will be trained in the Public Safety Curriculum of Mental Health First Aid on 01/17/2017; Sergeant Kiersten Harzeswki from NMSP will be conducting this training. Following this training, regular training dates will be scheduled on a regular basis to train the entirety of the staff in the Adolescent Curriculum. We anticipate the majority of our staff will be trained in MHFA by the end of April, 2018.

**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-staff incidents only.

### Number of client-to-staff battery incidents

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>FY18 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>143</td>
</tr>
<tr>
<td>FY16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>147</td>
</tr>
<tr>
<td>FY15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>108</td>
</tr>
<tr>
<td>FY14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95</td>
</tr>
<tr>
<td>FY13</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>&lt;120</td>
</tr>
</tbody>
</table>
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. This procedure was updated in 2016 to be compliant with PREA requirements.

- Additionally, the procedure established a toll-free JJS facility confidential reporting phone number (1-855-563-5065) 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.

- The target for this measure in FY16 was 32.7%. The performance measure for this target was moved down to 15% for FY17 and reduced to 7.5% for FY18.

- JJS experienced an upswing in FY17 regarding the volume of investigations that have been conducted. That fiscal year represent the highest volume of investigations within a single fiscal year within OIG’s reporting time frame of FY11 to present. This may be attributable, at least in part, to the statewide implementation of PREA. Our efforts to provide continuous training to staff/clients/families regarding both SAP and our grievance process may also be contributing to the increased number of investigations. As the volume of investigations is increasing, it makes it difficult to establish a normative value upon which to base comparisons. The percentage of substantiated complaints is currently the second lowest it has been since the end of FY16.

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 the 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.

- All CYFD JJS secure facilities and reintegration centers have been certified by a federal auditor as PREA compliant. Our certification confirm CYFD/JJS’ ongoing commitment to providing a safe and secure environment, free from all forms of sexual misconduct and retaliation for clients and employees.

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.

- This was a new measure for FY15. This information is generated by the Office of the Secretary, Office of the Inspector General as they are tasked by Stand Alone Procedure 02 (SAP02) with investigating these types of complaints.
Percent of clients with improvement in reading on standardized pre- and post-testing

<table>
<thead>
<tr>
<th>Year</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td></td>
<td>n/a</td>
<td>59.3%</td>
<td>61.1%</td>
<td>45.0%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Q4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Desired trend (reported semiannually)

Objective
- Utilize the T.A.B.E. or Test for Adult Basic Education pre and post-test achievement for math, reading and language of all youth attending the three CYFD JJS high schools located on the grounds of secure JJS facilities tracking academic progress in Math, Reading and Language.

Causal and Contributing Factors Impacting Performance Measure
- In order to have an appropriately sized dataset for reporting on, this measure is reported on bi-annually in Q2 and Q4. The T.A.B.E performance measure defines a target growth score as a client upon discharge testing at the 8th grade level or above in math, reading and language on the T.A.B.E. post-test. The issue that we are discovering with this methodology is that we are comparing growth/decline in all entrance and exit tests given that quarter when we should be comparing entrance/exit exams for each unique client. The education and data teams will be coordinating meetings this upcoming quarter to further work on the methodology.

Targeted Corrective Actions to Improve Performance
- We are in the process on implementing a number of things that we believe will make a significant effect on teacher efficacy and student achievement. We have implemented Professional Learning Communities (PLCs). All teacher from both DC and Camino participate in PLCs with their common department. They are in the process of unwrapping standards and creating scope and sequences for each course aligned to the rigor of the NM adopted standards. This work is led by our new Instructional Coach. She will also be visiting AYA monthly to mirror this work with their teachers. Additionally, since we have found that we have a fair amount of student’s >2 years below grade level in reading a math, we have purchased two intervention programs for math and reading. Students started using the Reading intervention, Reading Horizons, last semester and began using ST Math this semester.

- We continuously look at 3 sets of data to determine which students need support (NWEA, entry TABE, classroom performance).
- We will be hiring an intervention specialist with CREC monies. Such support will be extremely useful since we have to educate by unit and we cannot mix units or separate units.

Data Source/Methodology/Notes
- Numerator: Number of clients that met or exceeded their target growth score. Denominator: Number of clients with an entry target growth score for the period being evaluated.
- Data source: Target growth scores established by T.A.B.E. normalization studies. The attainment of grade level 8 and above on the T.A.B.E. exit test.

Resource Needs, Outcome Expectations, and Timelines
- NM CYFD Juvenile Justice Services is now utilizing a new methodology for reporting reading, math and language scores progress using testing for Adult Basic Education or T.A.B.E. testing. This assessment measures academic skills and does not have the limitations observed in NWEA testing as every student has an entrance and exit exam that can be compared from this assessment. The TABE results provide a numerical score that is converted to a gravel level value in Reading, math and language. Comparisons of Intake TABE scores with exit TABE scores provide information on a student’s academic growth while they are in the JJS education system.
Objective

- Utilize the T.A.B.E. or Test for Adult Basic Education pre and post-test achievement for math, reading and language of all youth attending the three CYFD JJS high schools located on the grounds of secure JJS facilities tracking academic progress in Math, Reading and Language.

Causal and Contributing Factors Impacting Performance Measure

- In order to have an appropriately sized dataset for reporting on, this measure is reported on bi-annually in Q2 and Q4. The T.A.B.E performance measure defines a target growth score as a client upon discharge testing at the 8th grade level or above in math, reading and language on the T.A.B.E. post-test. The issue that we are discovering with this methodology is that we are comparing growth/decline in all entrance and exit tests given that quarter when we should be comparing entrance/exit exams for each unique client. The education and data teams will be coordinating meetings this upcoming quarter to further work on the methodology.

Targeted Corrective Actions to Improve Performance

- We are in the process on implementing a number of things that we believe will make a significant effect on teacher efficacy and student achievement. We have implemented Professional Learning Communities (PLCs). All teacher from both DC and Camino participate in PLCs with their common department. They are in the process of unwrapping standards and creating scope and sequences for each course aligned to the rigor of the NM adopted standards. This work is led by our new Instructional Coach. She will also be visiting AYA monthly to mirror this work with their teachers. Additionally, since we have found that we have a fair amount of student’s >2 years below grade level in reading a math, we have purchased two intervention programs for math and reading. Students started using the Reading intervention, Reading Horizons, last semester and began using ST Math this semester.

- We continuously look at 3 sets of data to determine which students need support (NWEA, entry TABE, classroom performance).

- We will be hiring an intervention specialist with CREC monies. Such support will be extremely useful since we have to educate by unit and we cannot mix units or separate units.

Data Source/Methodology/Notes

- Numerator: Number of clients that met or exceeded their target growth score. Denominator: Number of clients with an entry target growth score for the period being evaluated.

- Data source: Target growth scores established by T.A.B.E. normalization studies. The attainment of grade level 8 and above on the T.A.B.E. exit test.

Resource Needs, Outcome Expectations, and Timelines

- NM CYFD Juvenile Justice Services is now utilizing a new methodology for reporting reading, math and language scores progress using testing for Adult Basic Education or T.A.B.E. testing. This assessment measures academic skills and does not have the limitations observed in NWEA testing as every student has an entrance and exit exam that can be compared from this assessment. The TABE results provide a numerical score that is converted to a grade level value in Reading, math and language. Comparisons of Intake TABE scores with exit TABE scores provide information on a student’s academic growth while they are in the JJS education system.
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 has been able to divert clients appropriately to prevention services and away from probation and commitment and as a result, overall commitments to secure facilities made up about 1 percent of all juvenile justice dispositions. Juveniles committed to facilities exhibit higher risk and higher needs and require resources that often do not exist in their communities. As has been the historical trend, JJS has not met the target set forth. Our current target for this performance measure is 70%. Given that this measure focuses on our most difficult and complex clients, a re-evaluation of the appropriateness of this target is in order.

- As of FY18 Q2, 73 youth have been discharged from supervised release and of those 41 were successfully discharged. Currently the percent successful supervised release is approximately 56% in FY18 Q2 compared to 62% in FY18Q1. The target for FY18 is 70%.

- Walkaways from reintegration centers have occurred in 12 (46%) of the total discharges for FY18 Q2 compared to 9 (36%) for FY18 Q1.

- If the 21 youth who walked away hadn’t done so and were successfully discharged from supervised release, then a total of 62 successful discharges would have occurred. This would have put us at an 85% success rate which is well above the target.

Targeted Corrective Actions to Improve Performance

- One of the JJS strategies in assisting to increase the successful completion rate will be the changing of current legislation to address the issue of walkaways from our Reintegration Centers (RCs) and in the community. 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.

- Knowing that many clients return back to their homes/communities where historically they have not been successful, a continuum of services must be employed to address the needs of our clients:
  - JJS continues to use RCs 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 by assisting them in gaining the appropriate life skills, employment, education, and connecting them to services and resources to assist them long term. The biggest focus within the centers that serve our client population has been employment. Past results have shown that clients that obtain employment learn the necessary life skills (teamwork, responsibility, etc.) that often lead to them realizing the successes they can achieve and gain the confidence to live independently. JJS is focused on placing the clients at the center that are the most appropriate and would have a greater chance at success.
  - Additionally, through the partnership with the Council of State Governments, legislation is being submitted that would require 50% of JJAC funds to be used towards those youth identified as medium to high risk of re-offending. Additionally, reverted funds would be used to fund innovative services in those areas not served by a juvenile justice continuum.
  - Transition Services (TS) 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. TS partners with youth, families, JJS facility staff, juvenile probation officers, and other team members in transition plan development to identify access with community providers. TS is exploring various options for independent living to assist with our older client population to be successful upon completing their formal Supervision period. Community resources are used to provide additional Life Skills training to assist clients when they return back home or obtain their own residence. Transition Services also has the ability to administer emergency wraparound funds to support transition-related needs.

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).
- This measure is cumulative.
- Youth may be duplicated if there is more than one supervised release for a commitment episode or if there are consecutive commitments.
Objective

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

Causal and Contributing Factors Impacting Performance Measure

- The current quarter turnover rate for FY18 Q1 is at 7.7% compared to 7.0% in FY17 Q1.

- This is a very difficult job that provides frequent mental challenges, long hours, and the potential for assault. Often staff have the heart and desire to try and help these youth but then realize that they are not the right fit for this type of environment. Even with a smaller population, staffing patterns do not provide for an adequate relief factor and the vacancy rates of YCS staff do not account for those who are out on Workman’s Comp, FMLA, Military Leave, Annual/Sick leave, etc. that can result in staff having to cover mandated shifts.

- JJS has created a salary matrix to guarantee that applicants receive appropriate pay based on their education and related experience. This, however, has created a somewhat significant pay disparity between new staff and senior staff who often have more experience. Staff often try to seek promotional/pay increase opportunities in other segments of state government.

- YCS-1’s provide direct client services within the secure facilities. The turnover rate for YCS-1’s 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.

Targeted Corrective Actions to Improve Performance

- JJS is struggling with both filling and retaining staff. We have registered with career services at CNM, UNM, and NMSU and be able to participate in job fairs and classroom presentations. We are also putting together information to include on the PullTogether website for job opportunities within CYFD/JJS.

- We are also working with our HR and administrative services to gather more specific data on those employees we have lost to determine, 1) Why did they leave (resignation, promotion, disciplinary matter, etc.)? and, 2) How long were they with us before they left?

- 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.

Resource Needs, Outcome Expectations and Timelines

Outcome expectations:

- 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.

- Numerator: Number of separations. Separations are defined as being either “transfers out of CYFD” (to other state agencies)” or “regular terminations that are not attributed to dismissals, retirements, deaths, reduction in force, and misconduct.” Denominator: Number of full time employees (FTEs) budgeted.
Percent of youth receiving community-based and juvenile detention center behavioral health services who perceive that they are doing better in school or work because of the behavioral health services they have received

**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**
- Perceived quality of behavioral health services accessed by youth.
- As a result of anonymous surveys, for FY16, 81% 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 receive behavioral health services. Data is collected and analyzed by CYFD-BHS each year and an annual report produced for which the data on this measure is drawn. Data for the above was pulled from the larger data set of the survey. Data for FY14 and FY15 was collected and analyzed by UNM.
- Data for FY17 was collected through face to face contact with youth who had received behavioral health services during the previous year. At the time of the survey these youth reside in Shelter programs, CYFD JJS commitment programs, Transitional Housing, or are members of the LUVYANM CYFD-Protective Services Youth Advisory group. All anonymously completed paper and pencil survey instruments.
- We will not have data for FY17 until the late fall of 2017.
- Notes: *The trend data for the community-based population is not comparable to the previous years as previous years were based upon telephone surveys of a random selected cohort and 2017’s is based upon face to face interviews of participants in CYFD/BHS Healthy Transitions grant and members of LUVYANM. The “n” for the community-based population in this year’s survey is only 34 — not allowing any determination that is statistically significant. The “n” for Juvenile Justice facility population was 85 for 2017.*
BEHAVIORAL HEALTH SERVICES

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

<table>
<thead>
<tr>
<th>FY18</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
<th>FY17</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>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Desired trend

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.
- Please note that with such a small “n” the percentages could vary widely and the results have little external validity and cannot be generalized.
Page Left Intentionally Blank
## CYFD Key Measures at a Glance

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY17</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Final</th>
<th>FY18 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 high quality programs</td>
<td>n/a</td>
<td>56.3%</td>
<td>57.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45%</td>
</tr>
<tr>
<td>Percent of licensed child care providers participating in high quality programs</td>
<td>n/a</td>
<td>34.1%</td>
<td>34.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39%</td>
</tr>
<tr>
<td>Percent of children in state-funded pre-kindergarten showing measurable progress on the preschool readiness for kindergarten tool</td>
<td>91.0%</td>
<td>(reported annually)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>94%</td>
</tr>
<tr>
<td>Percent of parents who demonstrate progress in practicing positive parent-child interactions</td>
<td>44.0%</td>
<td>44.6%</td>
<td>44.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45%</td>
</tr>
<tr>
<td>Percent of families at risk for domestic violence who have a safety plan in place</td>
<td>41.8%</td>
<td>40.8%</td>
<td>38.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>Percent of children receiving childcare state subsidy, excluding child protective services child care, who have one or more Protective Services-substantiated abuse and/or neglect referrals</td>
<td>1.2%</td>
<td>0.41%</td>
<td>0.63%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.2%</td>
</tr>
<tr>
<td>Percent of families receiving home visiting for six months or longer (excluding home visiting level two), that have one or more protective services substantiated abuse or neglect referrals</td>
<td>n/a</td>
<td>0.58%</td>
<td>1.02%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>PROTECTIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children who are not the subject of substantiated maltreatment within six months of a prior determination of substantiated maltreatment</td>
<td>88.9%</td>
<td>88.3%</td>
<td>87.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>92%</td>
</tr>
<tr>
<td>Percent of children who are not the subject of substantiated maltreatment while in foster care</td>
<td>99.98%</td>
<td>99.91%</td>
<td>99.86%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>99.8%</td>
</tr>
<tr>
<td>Percent of children reunified with their natural families in less than 12 months of entry into care</td>
<td>58.2%</td>
<td>61.3%</td>
<td>57.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65%</td>
</tr>
<tr>
<td>Percent of children in foster care for 12 months with no more than two placements</td>
<td>72.9%</td>
<td>81.8%</td>
<td>82.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td>Percent of children adopted within 24 months from entry into foster care</td>
<td>24.6%</td>
<td>20.4%</td>
<td>20.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33%</td>
</tr>
<tr>
<td>Percent of children in foster care who have at least one monthly visit with their caseworker</td>
<td>94.8%</td>
<td>95.3%</td>
<td>94.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Percent of adult victims or survivors receiving domestic violence services who have an individualized safety plan</td>
<td>91.0%</td>
<td>87.4%</td>
<td>96.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>94%</td>
</tr>
<tr>
<td>Turnover rate for protective services workers</td>
<td>25.0%</td>
<td>10.0%</td>
<td>16.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td>Percent of children subject to repeat maltreatment within 12 months</td>
<td>14.7%</td>
<td>15.2%</td>
<td>15.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Rate of victimization per day in foster care</td>
<td>8.2%</td>
<td>10.1%</td>
<td>14.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Permanency within 12 months of entry</td>
<td>30.6%</td>
<td>30.1%</td>
<td>30.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Permanency within 12 months for children in care for 12-23 months at the start of a rolling 12 month period</td>
<td>38.0%</td>
<td>36.3%</td>
<td>43.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>
## CYFD Key Measures at a Glance

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY17</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Final</th>
<th>FY18 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>Placement moves per 1,000 days of foster care for children</td>
<td>6.0</td>
<td>5.9</td>
<td>6.3</td>
<td></td>
<td></td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>entering foster care in a 12 month period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>82.7%</td>
<td>86.7%</td>
<td>86.7%</td>
<td></td>
<td></td>
<td>84%</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Percent of clients re-adjudicated within two years of previous</td>
<td>6.0%</td>
<td>5.0%</td>
<td>5.1%</td>
<td></td>
<td></td>
<td>5.5%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>adjudication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of clients recommitted to a CYFD facility within two years</td>
<td>6.9%</td>
<td>2.8%</td>
<td>2.8%</td>
<td></td>
<td></td>
<td>8%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>of discharge from facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of JJS facility clients age 18 and older who enter adult</td>
<td>11.0%</td>
<td>3.3%</td>
<td>6.3%</td>
<td></td>
<td></td>
<td>n/a</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>corrections within two years after discharge from a JJS facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of incidents in JJS facilities requiring use of force</td>
<td>1.7%</td>
<td>1.6%</td>
<td>1.3%</td>
<td></td>
<td></td>
<td>1.5%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>resulting in injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of physical assaults in juvenile justice facilities</td>
<td>398</td>
<td>105</td>
<td>183</td>
<td></td>
<td></td>
<td>&lt;275</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>Number of client-to-staff battery incidents</td>
<td>143</td>
<td>31</td>
<td>52</td>
<td></td>
<td></td>
<td>&lt;120</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>Percent of substantiated complaints by clients of abuse or neglect</td>
<td>9.5%</td>
<td>17.0%</td>
<td>6.7%</td>
<td></td>
<td></td>
<td>7.5%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>in juvenile justice facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of clients with improvement in reading on standardized</td>
<td>45.0%</td>
<td>51.0%</td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre- and post-testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of clients with improvement in math on standardized</td>
<td>60.0%</td>
<td>46.0%</td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre- and post-testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of clients successfully completing term of supervised</td>
<td>52.5%</td>
<td>62.2%</td>
<td>56.2%</td>
<td></td>
<td></td>
<td>70%</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>release</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover rate for youth care specialists</td>
<td>20.6%</td>
<td>7.7%</td>
<td>18.2%</td>
<td></td>
<td></td>
<td>15%</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td><strong>BEHAVIORAL HEALTH SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of youth receiving community-based and juvenile</td>
<td>71.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
<td>80%</td>
<td>▲</td>
</tr>
<tr>
<td>detention center behavioral health services who perceive that they</td>
<td>(reported annually)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>are doing better in school or work because of the behavioral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>health 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>90%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td>80%</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>have not had re-referrals to Protective Services Division</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: The trend data for the community-based population is not comparable to the previous years as previous years were based upon telephone surveys of a random selected cohort and 2017’s is based upon face to face interviews of participants in CYFD/BHS Healthy Transitions grant and members of LUVYANM. The “n” for the community-based population in this year’s survey is only 34 – not allowing any determination that is statistically significant. The “n” for Juvenile Justice facility population was 85 for 2017.*