

New Mexico

Children, Youth and Families Department

Protective Services

Child and Family Services Review

Statewide Assessment Instrument

March 17, 2015

I. GENERAL INFORMATION

Name of State Agency					
New Mexico Children, Youth and Families Department Protective Services Division					
CFSR Sample Period					
A simple random sample of cases will be selected for review. A rolling sampling period will be utilized.					
Review Dates	County/CD FIPS Code	Sampling Period for FC Cases	Sampling Period for In Home (The FC Sampling period plus an additional 45 days)	Period Under Review (From onset of Sampling Period – Date of Review)	Sample Size
April 20-24, 2015	Bernalillo /35001	4/1/14-9/30/14	4/1/14-11/14/14	4/1/14-4/24/15	8 Foster Care 4-5 In Home
May 11-15, 2015	Dona Ana/35013	5/1/14-10/31/14	5/1/14-12/15/14	5/1/14-5/15/15	6 Foster Care 4 In Home
June 15-19, 2015	San Juan/35045	6/1/14-11/30/14	6/1/14-1/14/15	6/1/14-6/19/15	6 Foster Care 2-4 In Home
July 13-17, 2015	Sandoval/35043	7/1/14-12/31/14	7/1/14-2/14/15	7/1/14-7/17/15	4 Foster Care 3 In Home

	San Miguel/35047					2 Foster Care 2 In Home
August 17-21, 2015	Chaves/35005	8/1/14-1/31/15	8/1/14-3/17/15	8/1/14-8/21/15		6 Foster Care 4 In Home
September 14-18, 2015	Bernalillo/35001	9/1/14-2/28/15	9/1/14-4/14/15	9/1/14-9/18/15		8 Foster Care 4-5 In Home

Period of AFCARS Data

October 1, 2012 through September 30, 2013

Period of NCANDS Data

October 1, 2012 through September 30, 2013

Case Review Period Under Review (PUR)

<u>DATE OF REVIEW</u>	<u>PERIOD UNDER REVIEW</u>
<u>JANUARY, FEBRUARY, MARCH</u>	<u>JANUARY OF PRIOR YEAR THROUGH THE DATE OF THE REVIEW</u>
<u>APRIL, MAY, JUNE</u>	<u>APRIL OF PRIOR YEAR THROUGH THE DATE OF THE REVIEW</u>
<u>JULY, AUGUST, SEPTEMBER</u>	<u>JULY OF THE PRIOR YEAR THROUGH THE DATE OF THE REVIEW</u>
<u>OCTOBER, NOVEMBER, DECEMBER</u>	<u>DECEMBER OF THE PRIOR YEAR THROUGH THE DATE OF THE REVIEW</u>

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A. AGENCY DESCRIPTION:

Children, Youth and Families Department *Protective Services Division (PSD)* is responsible for all child welfare services for children and families in New Mexico. The Division is mandated, in accordance with the New Mexico Children’s Code, NMSA 1978 Section 32A-4 et. seq., to receive and investigate reports of children in need of protection from abuse and neglect by their parent, guardian or custodian, and to take action to protect those children whose safety cannot be assured in the home. In addition, the Division is committed to assuring the well-being of the children in its care and to provide permanency for those children as quickly and as safely possible.

PSD provides child protective services and other child welfare services in every geographic area in the state. Administration of the child welfare program is centralized, with direct services offered through county offices located within five designated regions. County office managers report to five regional managers who, in turn, report to the field deputy director. The field deputy also manages the Statewide Central Intake. The program deputy director manages the Adoption and Foster Care Bureau, the Research and Data Analysis Bureau, the Youth Services Bureau, the Child and Family Services Bureau and the constituent ombudsperson. The administrative deputy director manages administrative functions, including the Policy, Training and Federal Reporting Bureau, the Community Services Bureau, Fiscal/Budget, Human Resources and Administration. PSD has in-house children’s court attorneys, located throughout the state and managed by regional attorney managers under the chief children’s court attorney.

B. STATEWIDE ASSESSMENT PARTICIPANTS

Participant	# of Focus Group Participants	# of Survey Respondents
Youth	13	16
Birth Parent	1	3
Foster Parent or Adoptive Parent	22	123
Judge	2	5
Attorney	7	34
Court Appointed Special Advocate (CASA)	21	57
Other Legal	4	13

Citizen Review Board (CRB)	1	1
Child Placement Agency	0	3
Treatment Foster Care (TFC) Agency or Parent	1	7
Core Service Agency (CSA)	0*	21
Service Provider	61	82
Education	16	26
Tribe/Pueblo	6	4
Law Enforcement	6	3
Protective Service Division (PSD) Employee	48	161
Children, Youth and Families Department (CYFD) Employee	5	148

*Core Service Agencies signed in as service providers in the focus groups; the number may be included in service providers.

II. SAFETY AND PERMANENCY DATA

New Mexico Child & Family Services Review Round 3 Data Profile

November 12, 2014

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Statewide data indicators – Summary of performance and potential program improvement goals

The table below shows, for each statewide data indicator, the periods of data used, the state’s risk-standardized performance relative to the national standard, and the initial determination of whether the state must include the indicator in its Program Improvement Plan (PIP). For indicators that must be included in a PIP, the table shows the state’s baseline performance and the potential PIP Goal for the indicator based on data now available. If the indicator has a companion indicator, the table shows the state’s baseline performance and threshold for the companion indicator.

Indicator	State’s Risk-Standardized Performance, National Standards (NS), and Children’s Bureau’s potential PIP Determination							PIP Baselines, Goals, and Thresholds			
	12-month period ^a	Data used ^b	RSP ^c	95% interval ^d	National Standard ^e	Performance relative to NS ^f	PIP	Primary Indicator		Companion Indicator	
								Baseline ^g	PIP Goal	Baseline ^g	Threshold ^h
Perm in 12 months (entries)	11b12a	11b - 13a	33.1%	30.3 – 36.0%	40.4%	Not met	Yes	32.5%	34.4%		
Perm in 12 months (12-23 mos)	13b14a	13b - 14a	41.5%	37.9 – 45.2%	43.7%	No different	No				
Perm in 12 months (24 + mos)	13b14a	13b - 14a	29.6%	26.6 – 32.7%	30.3%	No different	No				
Re-entry to foster care in 12 mos	11b12a	11b - 14a	5.5%	3.6 – 8.5%	8.3%	No different	No			3.6%	4.1%
Placement stability ⁱ	13b14a	13b - 14a	6.48	6.12 – 6.86	4.12	Not met	Yes	6.23	5.68		
Maltreatment in foster care ^j	13ab, FY13	13ab, FY13	8.38	6.28 – 11.19	8.04	No different	No				
Recurrence of maltreatment	FY 12	FY12, FY13	16.1%	15.0 – 17.1%	9.0%	Not met	Yes	12.5%	11.9%		

For descriptions of the indicators, including denominators, numerators, and exclusions, see the *CFSR 3 Data Dictionary* that accompanied this profile. For details about statistical terms and the Children’s Bureau’s approach to calculating the national standards, states’ risk-standardized performance, and PIP baseline and goals, see the final Federal Register notice, *Statewide Data Indicators and National Standard for Child and Family Services Reviews* (10/10/2014) and the *Child and Family Services Technical Bulletin #8* (10/10/2014).

^a **12-month period:** The 12-month period specified in the denominator for this indicator. The FY periods (e.g., FY 12) refer to NCANDS data, which span the 12-month period Oct 1st – Sept 30th. All others refer to AFCARS data: ‘A’ refers to the 6-month period Oct 1st – March 31st. ‘B’ refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13a refers to the 6-month period Oct 1st 2012 – March 31st 2013).

^b **Data used:** Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

^c **RSP:** State’s risk-standardized performance. The RSP is derived from a multi-level model and reflects the state’s performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state’s entry rate.

^d **95% interval.** The 95% interval estimate reflects the amount of uncertainty associated with the RSP. For example, the Children’s Bureau is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

^e **National Standard.** The observed performance for the nation as described in the final Federal Register notice, *Statewide Data Indicators and National Standard for CFSRs* (10/10/2014).

^f **Performance relative to NS.** Indicates whether the state’s 95% interval showed that the state met, did not meet, or was no different than the national standard (NS). “No Different” means the interval includes the NS. For indicators assessing permanency in 12 months, “Met” is used when the entire interval is above the NS and “Not Met” is used when the entire interval is below the NS. For the remaining indicators, “Met” is used when the entire interval is below the NS and “Not Met” is used when the entire interval is below the NS.

^g **Baseline.** This is based on the state’s observed performance for the indicator using the most recent 12-month period of available data (shown in the next two tables, *Observed performance on permanency indicators* and *Observed performance on safety indicators*). At the time a PIP is due these data will be updated with the most recent available and baselines may be adjusted.

^h **Threshold (companion indicator).** If the state must include Permanency in 12 months (entries) in its PIP, the state must also not go above the threshold shown for Re-entry to foster care. If the state must include Re-entry to foster care in its PIP, the state must not go below the threshold shown for Permanency in 12 months (entries).

ⁱ Performance on **Placement stability** is expressed as the number of moves per 1,000 days in care.

^j Performance on **Recurrence of maltreatment** is expressed as the number of victimizations per 100,000 days in care.

Observed performance on permanency indicators

	Denominator			Numerator			Percentage		
	09b10a	10b11a	11b12a	09b10a	10b11a	11b12a	09b10a	10b11a	11b12a
Permanency in 12 months (entries)							39.7%	38.6%	32.5%
Age at entry									
0 – 3 mos	95	79	117	38	27	33	40.0%	34.2%	28.2%
4 – 11 mos	67	90	78	31	36	23	46.3%	40.0%	29.5%
1 – 5 yrs	406	415	397	159	156	124	39.2%	37.6%	31.2%
6 – 10 yrs	249	252	258	102	100	92	41.0%	39.7%	35.7%
11 – 16 yrs	200	172	187	77	72	66	38.5%	41.9%	35.3%
17 yrs	17	14	16	4	3	4	23.5%	21.4%	25.0%
Re-entry to care in 12 months							3.0%	7.5%	3.6%
Age at exit									
0 – 3 mos	5	4	3	1	0	0	20.0%	0.0%	0.0%
4 – 11 mos	20	18	22	2	1	0	10.0%	5.6%	0.0%
1 – 5 yrs	182	175	129	6	16	10	3.3%	9.1%	7.8%
6 – 10 yrs	103	100	97	1	10	0	1.0%	10.0%	0.0%
11 – 16 yrs	80	80	73	2	2	2	2.5%	2.5%	2.7%
17 yrs	8	8	9	0	0	0	0.0%	0.0%	0.0%

	Denominator			Numerator			Percentage or Rate		
	11b12a	12b13a	13b14a	11b12a	12b13a	13b14a	11b12a	12b13a	13b14a
Permanency in 12 months (12-23 mos)							49.8%	44.5%	44.2%
Age on 1 st day									
1 – 5 yrs	217	244	272	121	119	135	55.8%	48.8%	49.6%
6 – 10 yrs	129	161	155	74	64	63	57.4%	39.8%	40.6%
11 – 16 yrs	92	94	122	32	42	50	34.8%	44.7%	41.0%
17 yrs	18	7	12	0	0	0	0.0%	0.0%	0.0%
Permanency in 12 months (24+ mos)							41.4%	37.2%	36.7%
Age on 1 st day									
2 – 5 yrs	113	105	118	72	57	74	63.7%	54.3%	62.7%
6 – 10 yrs	160	139	177	81	59	64	50.6%	42.4%	36.2%
11 – 16 yrs	172	162	163	52	45	43	30.2%	27.8%	26.4%
17 yrs	53	32	38	1	2	1	1.9%	6.3%	2.6%
Placement stability							5.13	6.05	6.23
Age at entry									
0 – 3 mos	18963	15306	23882	50	51	82	2.64	3.33	3.43
4 – 11 mos	13263	12400	11386	57	72	52	4.30	5.81	4.57
1 – 5 yrs	71934	66873	73398	345	382	427	4.80	5.71	5.82
6 – 10 yrs	44830	41647	43723	213	241	308	4.75	5.79	7.04
11 – 16 yrs	28759	29642	34776	236	248	293	8.21	8.37	8.43
17 yrs	2594	2488	779	24	24	8	9.25	9.65	10.27

Observed performance on safety indicators

	Denominator			Numerator			Rate		
	FY 11	FY 12	FY 13	FY 11	FY 12	FY 13	FY 11	FY 12	FY 13
Maltreatment in care							8.25	7.41	6.16
Age at entry or on 1 st day									
0 – 3 mos	49,675	57,158	63,639	1	1	2	2.01	1.75	3.14
4 – 11 mos	47,240	46,335	48,281	1	5	3	2.12	10.79	6.21
1 – 5 yrs	268,010	274,207	276,858	25	34	26	9.33	12.40	9.39
6 – 10 yrs	187,191	188,726	196,954	21	8	7	11.22	4.24	3.55
11 – 16 yrs	123,860	118,462	124,782	8	3	5	6.46	2.53	4.01
17 yrs	2,806	2,960	3,743	0	0	1	0.00	0.00	26.72

	Denominator			Numerator			Percentage		
	FY 10	FY 11	FY 12	FY 10	FY 11	FY 12	FY 10	FY 11	FY 12
Recurrence of maltreatment							11.8%	12.3%	12.5%
Age at initial victimization									
0 – 3 mos	317	357	427	39	39	54	12.3%	10.9%	12.7%
4 – 11 mos	287	250	295	28	36	40	9.8%	14.4%	13.6%
1 – 5 yrs	1,966	2,024	2,141	265	256	257	13.5%	12.7%	12.0%
6 – 10 yrs	1,687	1,631	1,770	222	212	238	13.2%	13.0%	13.5%
11 – 16 yrs	1,329	1,305	1,441	116	152	173	8.7%	11.7%	12.0%
17 yrs	97	116	118	2	4	10	2.1%	3.5%	8.5%

Permanency context data

- For the *Entries to Foster Care* section below, the number of entries shown for a given 12-month period may not match the number of entries used to measure performance on the statewide data indicator for that same 12-month period (shown earlier for the *Observed performance on permanency indicators*). This is because the entry cohort data used for the context data differs from the entry cohort data used for the statewide data indicators. First, the data shown for each 12-month period below is limited to the data reported in that 12-month period, whereas the data used for the Permanency in 12 months (entries) statewide data indicator used data that were reported any time in the six reporting periods used to track the indicator. Second, the data shown below does not exclude cases due to data quality issues, but calculations for the statewide data indicators do.
- For the *Children in Care on the 1st day* sections below, context data are shown only for 11B12A, 12B13A, and 13B14A. These are the 12-month periods that were used for the statewide data indicators.
- Entry rates are calculated using Census population estimates as of July 1st of each year. Rates are shown in the 12-month period that includes July 1st, and use the number of entries for that 12-month period as the numerator.

	Number					Percentage or Rate				
	09B10A	10B11A	11B12A	12B13A	13B14A	09B10A	10B11A	11B12A	12B13A	13B14A
Entries to Foster Care										
Entry rate per 1,000 in child population						3.37	3.51	3.40	3.99	
Total number of children entering	1836	1747	1817	1750	2026					
Age at entry										
0-3 months	121	104	139	117	165	6.6%	6.0%	7.6%	6.7%	8.1%
4-11 months	120	130	120	124	108	6.5%	7.4%	6.6%	7.1%	5.3%
1-5 years	707	710	680	656	745	38.5%	40.6%	37.4%	37.5%	36.8%
6-10 years	463	420	482	423	538	25.2%	24.0%	26.5%	24.2%	26.6%
11-16 years	387	350	361	379	444	21.1%	20.0%	19.9%	21.7%	21.9%
17 years	38	33	35	51	26	2.1%	1.9%	1.9%	2.9%	1.3%
Placement setting at end of report period										
Pre-adoptive home	8	3	7	10	4	0.4%	0.2%	0.4%	0.6%	0.2%
Foster family home (relative)	261	235	244	253	331	14.2%	13.5%	13.4%	14.5%	16.5%
Foster family home (non-relative)	1200	1235	1262	1207	1348	65.4%	70.7%	69.5%	69.0%	67.3%
Group home	207	130	151	164	193	11.3%	7.4%	8.3%	9.4%	9.6%
Institution	26	18	21	19	23	1.4%	1.0%	1.2%	1.1%	1.1%
Supervised Independent Living	5	4	4	2	1	0.3%	0.2%	0.2%	0.1%	0.0%
Runaway	13	12	7	9	13	0.7%	0.7%	0.4%	0.5%	0.6%
Trial Home Visit	116	110	121	86	91	6.3%	6.3%	6.7%	4.9%	4.5%
Number of removals										
1	1551	1487	1502	1473	1682	84.5%	85.1%	82.8%	84.2%	83.0%
2	229	210	262	230	281	12.5%	12.0%	14.4%	13.1%	13.9%
3	50	39	39	34	59	2.7%	2.2%	2.1%	1.9%	2.9%
4 or more	6	11	12	13	4	0.3%	0.6%	0.7%	0.7%	0.2%

	Number					Percentage or Rate				
	09B10A	10B11A	11B12A	12B13A	13B14A	09B10A	10B11A	11B12A	12B13A	13B14A
Exits from Foster Care										
Total number of children exiting	2005	1815	1783	1655	1764					
Discharge reason										
Reunification	1289	1261	1230	1224	1269	64.3%	69.5%	69.0%	74.0%	71.9%
Live with other relative(s)	20	14	25	13	19	1.0%	0.8%	1.4%	0.8%	1.1%
Adoption	518	362	373	295	340	25.8%	19.9%	20.9%	17.8%	19.3%
Emancipation	94	101	90	56	68	4.7%	5.6%	5.0%	3.4%	3.9%
Guardianship	16	35	28	37	23	0.8%	1.9%	1.6%	2.2%	1.3%
Transfer to Another Agency	51	26	20	18	34	2.5%	1.4%	1.1%	1.1%	1.9%
Runaway	7	11	7	6	4	0.3%	0.6%	0.4%	0.4%	0.2%
Death of Child	3	1	3	3	1	0.1%	0.1%	0.2%	0.2%	0.1%
Not applicable	7	4	7	3	6	0.3%	0.2%	0.4%	0.2%	0.3%
Length of stay in care										
Less than 8 days	796	724	757	706	795	39.7%	39.9%	42.5%	42.7%	45.1%
8 days to 5 months	186	181	188	177	175	9.3%	10.0%	10.5%	10.7%	9.9%
6 – 11 months	206	246	213	212	176	10.3%	13.6%	11.9%	12.8%	10.0%
12 – 17 months	209	200	163	178	207	10.4%	11.0%	9.1%	10.8%	11.7%
18 - 23 months	159	113	134	115	106	7.9%	6.2%	7.5%	6.9%	6.0%
24 - 29 months	142	106	100	76	95	7.1%	5.8%	5.6%	4.6%	5.4%
30 – 35 months	103	57	66	58	73	5.1%	3.1%	3.7%	3.5%	4.1%
36 - 41 months	48	43	48	44	53	2.4%	2.4%	2.7%	2.7%	3.0%
42 months or longer	156	145	114	89	84	7.8%	8.0%	6.4%	5.4%	4.8%
Children in Care 1st day of 12-month period										
Total number of children in care 1 st day			1836	1874	1952					
Length of stay in care (as of the 1 st day)										
Less than 6 months			454	503	485			24.7%	26.8%	24.8%
6-11 months			428	427	410			23.3%	22.8%	21.0%
12-23 months			456	506	561			24.8%	27.0%	28.7%
24 months or longer			498	438	496			27.1%	23.4%	25.4%
Children in Care 1st day (12-23 mos)										
Age on 1 st day										
1-5 years			217	244	272			47.6%	48.2%	48.5%
6-10 years			129	161	155			28.3%	31.8%	27.6%
11-16 years			92	94	122			20.2%	18.6%	21.7%
17 years			18	7	12			3.9%	1.4%	2.1%
Placement setting at end of report period										
Pre-adoptive home			154	131	133			33.8%	25.9%	23.7%
Foster family home (relative)			65	60	89			14.3%	11.9%	15.9%
Foster family home (non-relative)			106	172	175			23.2%	34.0%	31.2%
Group home			5	0	13			1.1%	0.00%	2.3%
Institution			2	8	12			0.4%	1.6%	2.1%
Supervised Independent Living			6	5	7			1.3%	1.0%	1.2%

	Number					Percentage or Rate				
	09B10A	10B11A	11B12A	12B13A	13B14A	09B10A	10B11A	11B12A	12B13A	13B14A
Runaway			7	4	2			1.5%	0.8%	0.4%
Trial Home Visit			111	126	130			24.3%	24.9%	23.2%
Number of removals										
1			352	374	418			77.2%	73.9%	74.5%
2			79	110	126			17.3%	21.7%	22.5%
3			23	16	13			5.0%	3.2%	2.3%
4 or more			2	6	4			0.4%	1.2%	0.7%
Case plan goal										
Reunify			140	135	163			30.7%	26.7%	29.1%
Live with other relative(s)			1	0	0			0.2%	0.0%	0.0%
Adoption			280	352	377			61.4%	69.6%	67.2%
Long-term foster care			3	0	0			0.7%	0.0%	0.0%
Emancipation			27	16	21			5.9%	3.2%	3.7%
Guardianship			5	3	0			1.1%	0.6%	0.0%
Children in Care 1st day (24 + mos)										
Age on 1st day										
1-5 years			113	105	118			22.7%	24.0%	23.8%
6-10 years			160	139	177			32.1%	31.7%	35.7%
11-16 years			172	162	163			34.5%	37.0%	32.9%
17 years			53	32	38			10.6%	7.3%	7.7%
Placement setting at end of report period										
Pre-adoptive home			214	171	201			43.0%	39.0%	40.6%
Foster family home (relative)			45	50	45			9.0%	11.4%	9.1%
Foster family home (non-relative)			133	127	165			26.7%	29.0%	33.3%
Group home			11	18	16			2.2%	4.1%	3.2%
Institution			24	24	22			4.8%	5.5%	4.4%
Supervised Independent Living			25	15	23			5.0%	3.4%	4.6%
Runaway			21	12	14			4.2%	2.7%	2.8%
Trial Home Visit			25	21	9			5.0%	4.8%	1.8%
Number of removals										
1			340	289	346			68.3%	66.0%	69.8%
2			125	112	119			25.1%	25.6%	24.0%
3			24	31	27			4.8%	7.1%	5.4%
4 or more			9	6	4			1.8%	1.4%	0.8%
Case plan goal										
Reunify			34	25	25			6.8%	5.7%	5.0%
Live with other relative(s)			0	1	0			0.0%	0.2%	0.0%
Adoption			375	351	410			75.3%	80.1%	82.7%
Long-term foster care			5	2	2			1.0%	0.5%	0.4%
Emancipation			79	57	57			15.9%	13.0%	11.5%
Guardianship			5	2	2			1.0%	0.5%	0.4%

Safety context data

	Number				Percentage or Rate			
	FY 10	FY 11	FY 12	FY 13	FY 10	FY 11	FY 12	FY 13
Referrals								
Received by CPS	30,313	31,932	32,515	31,704				
Screened-in	16,622	16,992	16,279	18,128	54.8%	53.2%	50.1%	57.2%
Screened-out	13,691	14,940	16,236	13,576	45.2%	46.8%	49.9%	42.8%
Children referred, screened-in/out (duplicate) ^a								
Referred to CPS	SDNR	SDNR	SDNR	SDNR				
Screened-in	27,122	27,729	26,516	29,450				
Screened-out	SDNR	SDNR	SDNR	SDNR				
Screened-in rate (unique) ^b								
Population of children 0-17	518,763	516,513	512,314	507,540				
Screened-in	22,063	22,497	21,676	23,048				
Screened-in rate (per 1,000 in child population)					42.5	43.6	42.3	45.4
Re-reported within 12 months (unique)	5,270	5,025	5,222	NA	22.7%	22.0%	23.0%	
Children screened in, by dispositions (unique) ^c								
Victims								
Substantiated + Indicated	5,415	5,574	5,851	6,489	24.5%	24.8%	27.0%	28.2%
Substantiated + Indicated + AR Victim	5,415	5,574	5,851	6,489	24.5%	24.8%	27.0%	28.2%
Substantiated	5,415	5,574	5,851	6,489	24.5%	24.8%	27.0%	28.2%
Indicated	SDNR	SDNR	SDNR	SDNR				
Alternative response – victim	SDNR	SDNR	SDNR	SDNR				
Non-Victims								
Alternative response – non victim	SDNR	SDNR	SDNR	SDNR				
Unsubstantiated	16,658	16,926	15,828	16,566	75.5%	75.2%	73.0%	71.9%
Other	SDNR	SDNR	SDNR	SDNR				
Victimization rate (unique) ^b								
Population of children 0 – 17	518,763	516,513	512,314	507,540				
Substantiated + Indicated	5,411	5,573	5,848	6,487				
Victimization rate (per 1,000 in child population)					10.43	10.79	11.41	12.78

Duplicate = A child is counted each time he or she was included in a referral during the 12-month period.

Unique = A child is counted only once regardless of the number of maltreatment allegations he or she had during the 12-month period. For children with more than one maltreatment allegation, the allegation with the most severe disposition is used for the count.

^a Includes children age 18 and older. Includes children whom the state reported as unborn.

^b Excludes children age 18 and older. Excludes children whom the state reported as unborn. This is because the rate uses Census population data which does not provide counts for children age 18 and older or considered unborn.

^c Excludes children age 18 and older. Includes children whom the state reported as unborn.

SDNR = State Did Not Report

AFCARS data quality

- These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds.
- Shaded cells indicate that the percentage of problem cases exceeded the data quality limit. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the first two tables of this data profile.
- MFC = Maltreatment in foster care, PS = Placement stability
- Perm = Permanency in 12 months for children entering care, Permanency in 12 months for children in care 12-23 months, Permanency in 12 months for children in care 24 months or more, and Re-entry to care in 12 months

Checks across AFCARS files	Should not be ...	Indicator			Percentage								
		MFC	Perm	PS	09B-10A	10A-10B	10B-11A	11A-11B	11B-12A	12A-12B	12B-13A	13A-13B	13B-14A
Dropped cases	> 10%	✓	✓	✓	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
AFCARS IDs do not match across two consecutive AFCARS files	> 40%	✓	✓	✓	34.7%	31.2%	32.3%	29.5%	31.6%	29.7%	28.9%	27.6%	28.1%

Checks within each AFCARS files	Should not be ...	Indicator			Percentage									
		MFC	Perm	PS	09B	10A	10B	11A	11B	12A	12B	13A	13B	14A
Missing date of birth	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing # of placement settings	> 5%			✓	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%
Date of birth after date of entry	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry greater than 21	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at discharge greater than 21	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In care more than 21 years	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Enters and exits care the same day	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 5%		✓		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percent of children on 1st removal	> 95%	✓	✓	✓	78.7%	78.3%	79.2%	78.6%	77.9%	77.4%	76.6%	78.0%	78.4%	78.6%

NCANDS data quality

- These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds.
- Shaded cells indicate that the percentage of problem cases exceeded the data quality limit. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the first two tables of this data profile.
- MFC = Maltreatment in foster care, RM = Recurrence of maltreatment

Checks across NCANDS files	Should not be ...	Indicator		Percentage		
		MFC	RM	FY 10-11	FY 11-12	FY 12-13
Child IDs match across two consecutive NCANDS files	< 1%		✓	4.6%	4.5%	5.2%
Child IDs match across two consecutive NCANDS files, but dates of birth and sex do not match	> 5%	✓	✓	0.8%	1.0%	1.0%

Checks across NCANDS and AFCARS files	Should not be ...	Indicator				
		MFC	RM	FY 11	FY 12	FY 13
In NCANDS file, some victims with AFCARS IDs should match (using AFCARS ID) to a child record in AFCARS file for the same year	N	✓		Y	Y	Y

Checks within each NCANDS file	Should not be ...	Indicator		Percentage			
		MFC	RM	FY 10	FY 11	FY 12	FY 13
In NCANDS file, some victims should have AFCARS IDs	< 1%	✓		NA	100.0%	100.0%	100.0%
Missing age	> 5%	✓	✓	0.9%	0.9%	0.9%	1.2%
Missing date of birth ^a	> 5%	✓	✓	4.9%	4.8%	4.5%	4.7%

^a Date of birth is used to calculate age in months (used for risk-adjustment when calculating a state's risk-standardized performance).

Statewide Data Indicators

Title	Description	Denominator	Numerator	Exclusions	Notes
Maltreatment in foster care	Of all children in foster care during a 12-month period, what is the rate of victimization, per day of care?	Of children in care during a 12-month period, total number of days these children were in care as of the end of the 12-month period	Of children in the denominator, total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode within the 12-month period	<ol style="list-style-type: none"> 1. Complete foster care episodes lasting < 8 days 2. Youth in foster care at 18 or older 3. For youth who start out as 17 years of age and turn 18 during the period, any time in care beyond his or her 18th birthday is not counted in the denominator 4. Records with an incident date occurring outside of the removal episode, even if report dates fall within the episode (used when incident date exists) 5. Maltreatment reports that occur within the first 7 days of removal 6. Victims age 18 or older 7. Records with disposition or report dates falling outside of the 12-month period 8. Subsequent reports that occur within 1 day of the initial report 	<p>Cases are matched across AFCARS and NCANDS using AFCARS ID</p> <p>Unborn children are included in the 0-3 mos age group</p>
Maltreatment recurrence	Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months?	Number of children with at least one substantiated or indicated maltreatment report in a 12-month period	Number of children in the denominator that had another substantiated or indicated maltreatment report within 12-months of their initial report	<ol style="list-style-type: none"> 9. Relies primarily on the report date to determine whether the maltreatment occurred in the first 12 month period; therefore, if a case does not reach disposition until the following 12 month period but has a report date in the first, we include it. 10. Subsequent reports that occur within 14 days of the initial report 11. Subsequent reports in which the incident date shows that the subsequent report refers to the same incident as the initial report 12. If report date is prior to the first 12 months, we exclude it. 	Unborn children are included in the 0-3 mos age group
Permanency in 12 months for children entering care	Of all children who enter care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	Number of children who enter care in a 12-month period	Number of children in the denominator who discharged to permanency within 12 months of entering care	<ol style="list-style-type: none"> 13. Children in care < 8 days 14. Children who enter care at age 18 or more 15. Youth entering at 17 but who turn 18 while in care or discharge at age 18 are not counted as achieving permanency 	
Permanency in 12 months for children in care 12-23 months	Of all children in care on the first day of a 12-month period who had been in care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day?	Number of children in care on the first day of a 12-month period, who had been in care (in that episode) between 12 and 23 months	Number of children in the denominator who discharged to permanency within 12 months of the 1st day	<ol style="list-style-type: none"> 16. Children age 18 or more on the first day of the year 17. Youth age 17 on the first day but who turn 18 while in care or discharge at age 18 are not counted as achieving permanency 	

Title	Description	Denominator	Numerator	Exclusions	Notes
Permanency in 12 months for children in care 24 months or more	Of all children in care on the first day of a 12-month period, who had been in care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?	Number of children in care on the first day of a 12-month period, who had been in care (in that episode) for 24 months or longer	Number of children in the denominator who discharged to permanency within 12 months of the 1st day	18. Children age 18 or more on the first day of the year 19. Youth age 17 on the first day but who turn 18 while in care or discharge at age 18 are not counted as achieving permanency	
Re-entry in 12 months	Of all children who enter care in a 12-month period, who discharged within 12 months to reunification, live with relative, or guardianship, what percent re-entered care within 12 months of their discharge?	Number of children who enter care in a 12-month period, who discharged within 12 months to reunification, live with relative, or guardianship	Number of children in the denominator who re-enter care within 12 months of their discharge	20. Children in care < 8 days 21. Children who enter or exit care at age 18 or older are excluded 22. If a child has multiple re-entries within 12 months of their discharge, only his first re-entry is selected	
Placement stability	Of all children who enter care in a 12-month period, what is the rate of placement moves, per day of foster care?	Of children who enter care in a 12-month period, total number of days these children were in care as of the end of the 12-month period	Of children in the denominator, total number of placement moves during the 12-month period	23. Children in care < 8 days 24. Children who enter care at age 18 or more 25. Any time spent in care (or placement changes) occurring after the 18th birthday will not be counted 26. The initial removal from home (and into care) is not counted as a placement move	

Permanency Context Measures

Title	Description	Denominator	Numerator	Exclusions
Entries to Foster Care	How many unique children entered foster care during a 12-month period?	Total number of unique children entering foster care during a 12-month period	N/A	Children entering care at 18 or older. Excludes complete episodes lasting less than 8 days. Uses data reported as of the 12 month period of interest (e.g., placement settings for 11B12A would remain as they were reported in 2012A).
Exits from Foster Care	How many unique children exited foster care during a 12-month period?	Total number of children exiting foster care during a 12-month period	N/A	Children exiting care at 18 or older.
In Care First Day	How many children were in foster care on the first day of a 12-month period?	Total number of children in care on the first day of a 12-month period	N/A	Children age 18 or older.
In Care First Day by Length of Stay	Distribution by length of stay for children in care on the first day of a 12-month period	Total number of children in care on the first day of a 12-month period	Of children in the denominator, distribution by categories of length of time in care from date of removal to the first day of the period	Children age 18 or older.
Foster Care Entry Rate	What is the rate of entry into foster care, per 1,000 children?	Total number of children in the general population as of July 1 st of that year	Total number of children entering foster care during the 12-month period	Children entering care at 18 or older. Excludes complete episodes lasting less than 8 days. Uses data reported as of the 12 month period of interest (e.g., placement settings for 11B12A would remain as they were reported in 2012A).
Entries to Foster Care by Age	Distribution by age for children entering foster care	Total number of children entering foster care during a 12-month period	Of children in the denominator, total numbers in each age category	Children entering care at 18 or older. Excludes complete episodes lasting less than 8 days. Uses data reported as of the 12 month period of interest (e.g., placement settings for 11B12A would remain as they were reported in 2012A).
Entries to Foster Care by Placement Setting	Distribution by most recent setting type for children entering care	Total number of children entering foster care during a 12-month period	Of children in the denominator, total numbers: by placement setting	Children entering care at 18 or older. Excludes complete episodes lasting less than 8 days. Uses data reported as of the 12 month period of interest (e.g., placement settings for 11B12A would remain as they were reported in 2012A).

Permanency Context Measures

Title	Description	Denominator	Numerator	Exclusions
Entries to Foster Care by Number of Removals	Distribution by Number of Removal Episodes for Children Entering Care	Total number of children entering foster care during a 12-month period	Of children in the denominator, distribution by numbers of removal episodes. Children on their first placement episode have '1'.	Children entering care at 18 or older.
In care 1st Day (12-23 mos) by Age	Distribution by Age for children in care on the 1st day, with 12-23 months in care	Total number of children on the first day of a 12-month period with 12-23 months prior time in care	Of children in the denominator, distribution by age category. Minimum age would be 1 year old.	Children age 18 or older.
In care 1st Day (12-23 mos) by Placement Setting	Distribution by most recent placement setting type for children in care on 1st day, with 12-23 months in care.	Total number of children on the first day of a 12-month period with 12-23 months prior time in care	Of children in the denominator, distribution by placement setting as of the end of the report period	Children age 18 or older.
In care 1st Day (12-23 mos) by Case Plan Goal	Distribution by Case Plan Goal for Children in care on first day with 12-23 months in care	Total number of children on the first day of a 12-month period with 12-23 months prior time in care	Of children in the denominator, distribution of case plan goals	Children age 18 or older.
In care 1st Day (12-23 mos) by Number of Removals	Distribution by Number of Removal Episodes for Children in care on first day with 12-23 months in care	Total number of children on the first day of a 12-month period with 12-23 months prior time in care	Of children in the denominator, distribution by numbers of removal episodes. Children on their first placement episode have '1'.	Children age 18 or older.
In care 1st Day (24+ mos) by Age	Distribution by Age for children in care on the 1st day, with 24 months or more in care	Total number of children on the first day of a 12-month period with 24+ months prior time in care	Of children in the denominator, distribution by age category. Minimum age would be 2 years old.	Children age 18 or older.
In care 1st Day (24+ mos) by Placement Setting	Distribution by most recent placement setting type for children in care on 1st day, with 24+ months in care.	Total number of children on the first day of a 12-month period with 24+ months prior time in care	Of children in the denominator, distribution by placement setting as of the end of the report period.	Children age 18 or older.
In care 1st Day (24+ mos) by Number of Removals	Distribution by Number of Removal Episodes for Children in care on first day with 24+ months in care	Total number of children on the first day of a 12-month period with 24+ months prior time in care	Of children in the denominator, distribution by numbers of removal episodes. Children on their first placement episode have '1'.	Children age 18 or older.
In care 1st Day (24+ mos) by Case Plan Goal	Distribution by Case Plan Goal for Children in care on first day with 24 months or longer in care	Total number of children on the first day of a 12-month period with 24 months or more prior time in care	Of children in the denominator, distribution of case plan goals	Children age 18 or older.
Discharge Reasons	Distribution of Reasons for Discharge, for children exiting care in a 12-month period	Total number of children exiting foster care during a 12-month period	Of children in the denominator, distribution by discharge reasons	Children age 18 or older.
Length of Stay for Exits	Distribution by length of stay for children exiting care during a 12-month period	Total number of children exiting foster care during a 12-month period	Of children in the denominator, distribution by categories of length of stay in foster care, calculated from date of discharge and date of latest removal	Children age 18 or older.

Safety Context Measures

Title	Description	Denominator	Numerator	Exclusions	Notes
Percent of screened-in referrals	Of all referrals that CPS receives in a 12-month period, what percent are screened-in for a response?	Total number of referrals received by the state CPS agency, in a 12 month period	Total number of referrals screened-in for a response		Includes children who were 18 or over at the time of the referral. This is because the denominator uses aggregate data from the Agency File which can include children were 18 or over at the time of the referral.
Percent of children receiving CPS response	Of all children for whom the state agency received a referral during a 12 month period, what percent were subjects of an investigation or alternative response?	Total number of children for whom a referral was received by the state CPS agency, in a 12 month period	Of children in the denominator, total number of children screened in (i.e., who received an investigation or alternative response) in a 12 month period	27. Records with disposition dates falling outside of the 12-month period	Includes children who were 18 or over at the time of the referral. This is because the denominator uses aggregate data from the Agency File which can include children were 18 or over at the time of the referral.
Rate of children receiving CPS response	Of all children in the general population, what was the rate per 1,000 for an investigation or alternative response?	Total number of children in the general population for a 12 month period	Total number of children screened in (i.e., who received an investigation or alternative response) during a 12 month period	28. Children age 18 and older at time of report 29. Unborn children 30. Records with disposition dates falling outside of the 12-month period	
Re-report of maltreatment	Of all children with a screened-in report of alleged maltreatment in a 12-month period, what percent had another screened-in report within 12 months of their initial report?	Number of children with at least one screened-in report of alleged maltreatment in a 12-month period	Number of children in the denominator that had another screened-in report within 12 months of their initial report	31. Reports on the same child received within 14 days of the first 32. Children age 18 and older at time of report 33. Children whose maltreatment disposition level = no alleged maltreatment 34. Records with report and disposition dates falling outside of the 12-month period	
Victimization rate	Of all children in the general population, what was the rate per 1,000 of children with substantiated or indicated reports of maltreatment?	Total number of children in the general population for a 12-month period	Total number of children with a substantiated or indicated report of maltreatment during a 12-month period	35. Children age 18 and older at time of report 36. Unborn children	Based on unique count of children. If a child had multiple referrals during the period, the referral with the most severe disposition was selected.
Children by disposition	Of all children with a report that received disposition during a 12 month period, what was the distribution by disposition type?	Total number of children with a disposition in a 12 month period	Of children in the denominator, total number whose disposition was a) substantiated, b) indicated, c) AR victim, d) unsubstantiated, e) AR non-victim, d) other	37. Children age 18 and older at time of report	Based on unique count of children. If a child had multiple referrals during the period, the referral with the most severe disposition was selected.

AFCARS Data Quality Checks

Title	Description	Denominator	Numerator	Exclusions	Notes
Dropped cases	State reported child in foster care in this six month period and no date of discharge, but child was not reported in next six month period	Total number of children reported in first six month file	Number of children reported without discharge dates in first six month file that do not appear in the subsequent six month file	Threshold: > 10%	
AFCARS IDs don't match from one period to next	Identify the percent of records that match from one six month AFCARS submission to the next using AFCARS IDs.	Total number of children reported in first six month file	Number of children that do not match in the next six month file.	Threshold: > 40%	
Missing date of birth	Percent of records with a missing date of birth.	Total number of children reported in a six month file	Number of children missing date of birth elements.	Threshold: >5%	
Missing date of latest removal	Percent of records with a missing date of latest removal.	Total number of children reported in a six month file	Number of children missing date of latest removal.	Threshold: >5%	
Missing number of placement settings	Percent of records with a missing number of placement settings	Total number of children reported in a six month file	Number of children missing number of placement settings.	Threshold: >5%	
Date of birth is after date of entry	Percent of records where the date of birth is greater than the date of latest removal.	Total number of children reported in a six month file	Number of records where date of birth is greater than date of latest removal.	Threshold: >5%	
Date of birth is after date of exit	Percent of records where the date of birth is greater than the date of exit.	Total number of children reported in a six month file	Number of records where date of birth is greater than date of exit.	Threshold: >5%	
Age at entry is over 21	Percent of records where age at entry is greater than 21 years	Total number of children reported in a six month file	Number of records where age at entry is greater than 21.	Threshold: >5%	

AFCARS Data Quality Checks

Title	Description	Denominator	Numerator	Exclusions	Notes
Age at exit is over 21	Percent of records where age at exit is greater than 21 years	Total number of children reported in a six month file	Number of records where age at entry is greater than 21.	Threshold: >5%	
In care more than 21 years	Percent of records reported as in foster care longer than 21 years	Total number of children reported in a six month file	Number of records where length of stay in care is greater than 21 years	Threshold: >5%	
Entered and exited same day	Percent of records that have the same entry and exit date	Total number of children reported in a six month file	Number of records where length of stay in care is equal to 0.	Threshold: >5%	
Exit date is prior to removal date	Percent of records that have an exit date prior to removal date	Total number of children reported in a six month file	Number of records where length of stay in care is negative.	Threshold: >5%	
Missing discharge reason	Percent of records that have a missing discharge reason	Total number of children reported with a discharge date in the six month file	Of cases in the denominator, number of records missing a discharge reason.	Threshold: >5%	
Percent of children on first removal episode	Percent of children with a total number of removals equal to 1	Total number of children reported in a six month file	Number of records where total number of removals=1.	Threshold: <95%	

NCANDS Data Quality Checks

Title	Description	Denominator	Numerator	Exclusions
Child IDs match across two consecutive NCANDS child files	Percent of unique NCANDS Child IDs that match across two consecutive NCANDS child files	Total number of unique NCANDS Child IDs in two consecutive NCANDS child files	Of NCANDS Child IDs in the denominator, total number of those IDs that appear in two consecutive NCANDS child files	Threshold: <1%
Child IDs' match but sex dates of birth and sex do not	Child IDs match across years, but dates of birth and sex do not match	Total number of children matching on Child ID across two years' Child Files	Of children in the denominator, total number of children with a different sex or date of birth from the matching record	Threshold: >5%
Some victims with AFCARS IDs should match IDs in AFCARS Files	Some victims with AFCARS IDs should match IDs in AFCARS Files	Total number of child victims (substantiated/indicated report of maltreatment) who have AFCARS IDs reported in Child File	Of children in the denominator, total number that match using AFCARS ID to a child record in AFCARS, during the same year	Yes/No
Some victims should have AFCARS IDs in Child File	Some victims should have AFCARS IDs in Child File	Total number of child victims in Child File	Of children in the denominator, total number with an AFCARS ID report in Child File	Threshold > 1%
Missing age	Percent of children missing child age	Total number of records in the Child File	Number of records missing child age	Threshold: >5%

III. ASSESSMENT OF CHILD AND FAMILY OUTCOMES AND PERFORMANCE ON NATIONAL STANDARDS

PSD assesses practice through regular comprehensive case reviews in order to obtain quantitative and qualitative data that can be used in conjunction with data from the state’s management information system, to accurately identify areas of practice strength and areas needing improvement.

For the purpose of the statewide self-assessment, data was obtained from monthly quality assurance reviews conducted by PSD’s Quality Assurance (QA) Unit in calendar years 2012, 2013 and 2014. The QA unit utilizes The Child and Family Services Review-On Site Review Instrument (CFSR-OSRI) to review a random sample of foster care and in-home services cases in one county per month. The tables below show QA data reflecting calendar years 2012, 2013 and 2014 for both foster care cases and in home services cases. PSD began using the new CFSR-OSRI tool August 2014; PSD only has data using the new tool from August 2014-December 2014. For each item, the tables in sections A, B and C below reflect the percentage of cases that were rated as a strength or an area needing improvement (ANI). For each outcome, the tables reflect the percentage of cases that were rated as substantially achieved, partially achieved, or not achieved. The tables also reflect cases not applicable to a particular item or outcome.

PSD has also utilized data obtained from FACTS reports in support of QA data. Identified strengths and challenges are discussed in the data summary section below for each item and outcome.

A. Safety Outcomes 1 and 2:

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

1. Quality Assurance Safety Outcome 1 Data:

Table S1.1 - CY 2012

Foster Care Cases (N=102)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	84.62%	15.38%	37				
Item 2: Repeat Maltreatment	70.91%	29.09%	47				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				64.62%	29.23%	6.15%	37
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A

Item 1: Timeliness of Initiating Investigations	89.29%	10.71%	0				
Item 2: Repeat Maltreatment	90%	10%	8				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				85.71%	7.14%	7.14%	0

Table S1.2 - CY 2012

Foster Care and In Home Services Cases (N=130)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	86.02%	13.98%	37				
Item 2: Repeat Maltreatment	76%	24%	55				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				70.97%	22.58%	6.45%	37

Table S1.3 - CY 2013

Foster Care Cases (N=123)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	84.81%	15.19%	42				
Item 2: Repeat Maltreatment	65.67%	34.33%	54				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				65%	26.25%	8.75%	42
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	81.48%	18.52%	1				
Item 2: Repeat Maltreatment	77.27%	22.73%	6				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				74.07%	14.81%	11.11%	1

Table S1.4 - CY 2013

Foster Care and In Home Services Cases (N=151)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	83.96%	16.04%	43				

Item 2: Repeat Maltreatment	68.54%	31.46%	60				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				67.29%	23.36%	9.35%	42

Table S1.5 - CY 2014

Foster Care Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	92%	8%	22				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				92%	0%	8%	22
In Home Services Cases (N=13)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	88.9%	11.11%	4				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				88.89%	0%	11.11%	4

Table S1.6 - CY 2014

Foster Care and In Home Services Cases (N=60)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 1: Timeliness of Initiating Investigations	91.18%	8.82%	26				
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.				91.18%	0%	8.82%	26

2. Safety Outcome 1 Assessment:

- a. **Timeliness of Initiating Investigations:** PSD policy defines “prioritization” as the assignment of a time frame for CYFD to initiate an investigation, based upon indicators of immediate danger to the child and mitigating protective factors. Initiation is defined as face-to-face contact by the investigation worker with the alleged victim. Both intake and investigation policy define three priority levels with initiation time frames as follows:
 1. An emergency report requires that an investigation be initiated within three hours of the report’s receipt by the assigned county office.

2. A priority one report requires that an investigation be initiated within 24 hours of the report's receipt by the assigned county office.
3. A priority two report requires that an investigation be initiated within five calendar days of the report's receipt by the assigned county office.

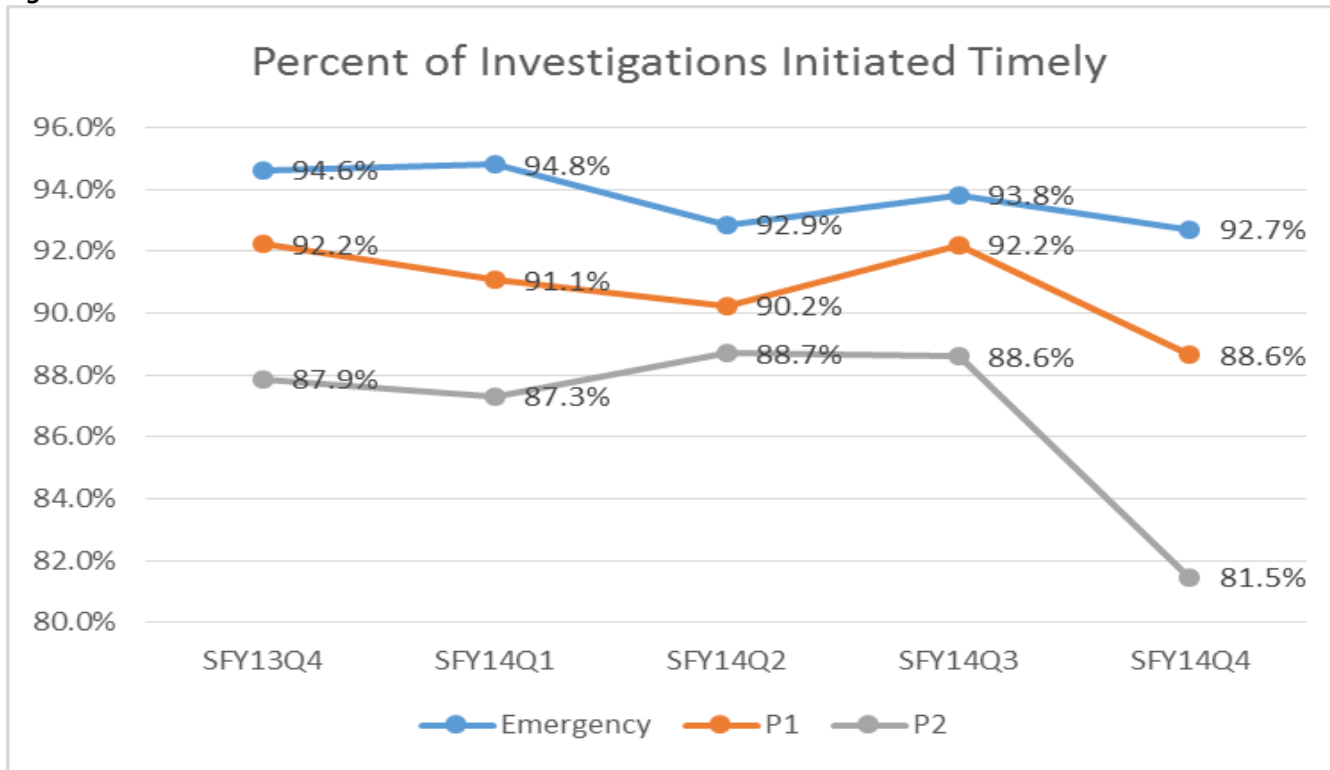
The QA Unit assesses timeliness of initiating investigations using the established time frames in policy. In the last three years, performance in timeliness of initiating investigations has been a strength for PSD in both foster care cases and in-home services cases.

Of the foster care cases reviewed in the last three years, timeliness of initiation remained fairly flat in calendar years 2012 and 2013. In CY 2012 (84.62% of cases) and CY 2013 (84.81% of cases) were rated as a strength. PSD continued to see an increase in timeliness of initiation in CY 2014, in that 92% of cases were rated as a strength. QA data was similar for in-home services cases. In CY 2012 (89.29% of cases), CY 2013 (81.48% of cases) and CY 2014 (88.9% of cases) were rated as a strength.

Even though timeliness of initiating investigations has been rated as a strength, PSD has recognized through the QA process that timeframes were not consistent in intake and investigation policy. It was not clear to Statewide Central Intake or Investigation staff when "the clock starts" for face to face initiation with the alleged victim. A workgroup including statewide central intake staff, investigation staff, quality assurance staff and policy and procedure staff recently clarified face to face initiation timeframes in both intake and investigation policy and procedure. These policy and procedures are in the process of being finalized.

FACTS also supports QA data as indicated by Figure 1 below. PSD has consistently responded timely to emergency and priority one reports. Through staff feedback and Quality Assurance data PSD has recognized priority two reports are more difficult to initiate timely. PSD believes this is due to beginning the initiation on the fourth or fifth day, the child and family being more difficult to locate, other entities not being involved (out of school or not in school), and information not being as specific to allegations and location of the child.

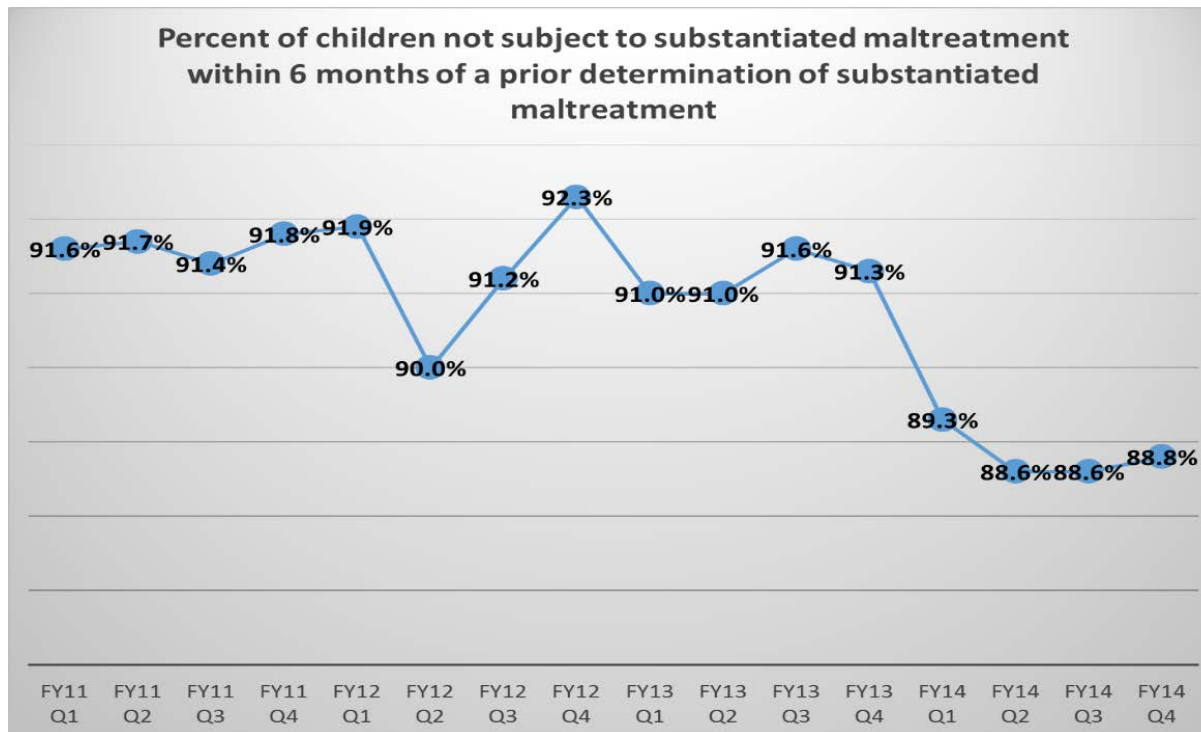
Figure 1



DATA Source: PSD FACTS

b. Repeat Maltreatment: As indicated by the Quality Assurance data, in CY 2012 Item 2 was rated as a strength in 70.91% of foster care case reviewed and 90% of in-home services cases reviewed. In CY 2013, PSD saw a decrease in the ratings for repeat maltreatment whereas only 65.67% of foster care cases reviewed were rated as a strength and 77.27% of in-home services case reviewed were rated as a strength. In CY 2014, the CFSR-ORSI was modified in that repeat maltreatment is no longer part of the Safety Outcome 1. PSD continues to track repeat maltreatment through FACTS, as indicated in Figure 2 below. PSD saw an increase in children who experienced repeat maltreatment within six months of a prior determination of maltreatment. Given both QA data and data show trends in increased repeat maltreatment over the last three years, PSD has identified repeat maltreatment as one of its primary goals in its Child and Family Services Plan. The New Mexico Child and Family Services Review Round 3 Data Profile also supports PSD internal data in addressing a need for improvement concerning repeat maltreatment.

Figure 2

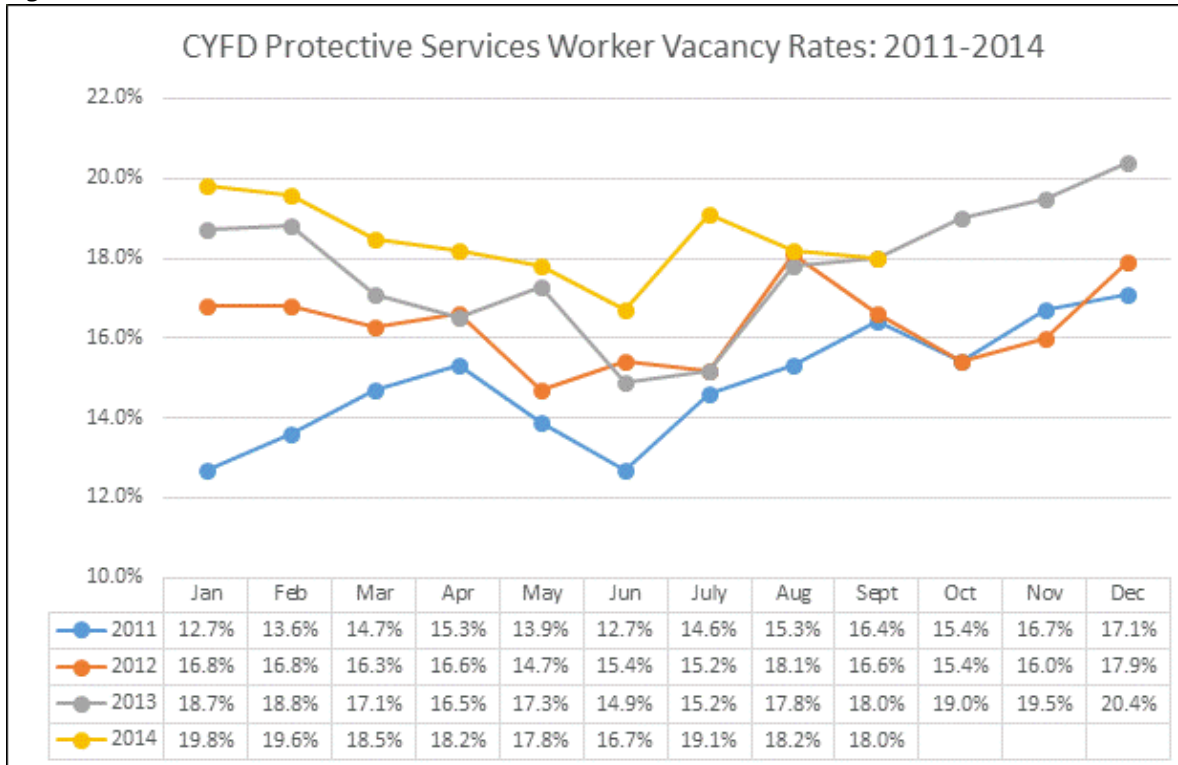


DATA Source: FACTS

PSD has some ideas as to why repeat maltreatment has increased over the last three years. As part of Continuous Quality Improvement (CQI) and the Child and Family Service Plan, PSD has recognized the need for determining possible root causes for increased repeat maltreatment. PSD plans to accomplish the root cause analysis through the CQI workgroup, Striving Toward Excellence Program (STEP) and county Office Hours.

PSD believes that one possible cause for the increase in repeat maltreatment may be related to worker vacancy rates. As indicated in Figure 3 below, over the last four years PSD has seen a steady increase in worker vacancy rates. Because of this increase, PSD has selected the recruitment and retention of field staff as one of its goals in the CFSP. A formal root cause analysis will still need to be conducted to make any positive correlations between the increasing rate of repeat maltreatment and PSD worker vacancy rates.

Figure 3



Data Source: PSD Employee/Position Listing Report

In the meantime, PSD has launched some initiatives that may have an impact in decreasing repeat maltreatment. Some of the county offices have chosen to focus on the reduction of repeat maltreatment as an adaptive challenge. Using the principles of Adaptive Leadership, county offices develop and conduct experiments they believe will affect the occurrence of repeat maltreatment. The Research, Assessment and Data Bureau has also offered the counties assistance in developing and tracking data points relevant to the county’s experiment. As experiments progress, PSD hopes to gain data that will support a practice change that can be scaled out throughout the state.

Another initiative includes a higher level of case review for those families with 3 or more referrals. These cases are reviewed by the county office manager, the investigation supervisor and worker and, when appropriate, the children’s court attorney. In addition to these higher level reviews, Bernalillo County has begun piloting the use of family support workers to provide additional support to families identified of having a higher risk of repeat maltreatment. New Mexico is also requesting funding for additional child advocacy centers throughout the state with the hope of strengthening the utilization of multi-disciplinary teams.

Safety Outcome 2: Children are safely maintained in their home whenever possible and appropriate.

1. Quality Assurance Safety Outcome 2 Data:

Table S2.1 - CY 2012

Foster Care Cases (N=102)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 3: Services to family to protect children in the home and prevent removal and re-entry.	63.64%	36.36%	36				
Item 4: Risk assessment and safety management.	66.67%	33.33%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				61.76%	12.75%	25.49%	0
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A

Item 3: Services to family to protect children in the home and prevent removal and re-entry.	75%	25%	0				
Item 4: Risk assessment and safety management.	50%	50%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				42.86%	39.29%	17.86%	0

Table S2.2 - CY 2012

Foster Care and In Home Services Cases (N=130)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 3: Services to family to protect children in the home and prevent removal and re-entry.	67.02%	32.98%	36				
Item 4: Risk assessment and safety management.	63.08%	36.92%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				57.69%	18.46%	23.85%	0

Table S2.3 - CY 2013

Foster Care Cases (N=123)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 3: Services to family to protect children in the home and prevent removal and re-entry.	76.32%	23.68%	45				
Item 4: Risk assessment and safety management.	58.68%	41.32%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				56.2%	19.01%	24.79%	0

In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 3: Services to family to protect children in the home and prevent removal and re-entry.	33.33%	66.67%	1				
Item 4: Risk assessment and safety management.	42.86%	57.14%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				21.43%	32.14%	46.43%	0

Table S2.4 - CY 2013

Foster Care and In Home Services Cases (N=151)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 3: Services to family to protect children in the home and prevent removal and re-entry.	65.05%	34.95%	46				
Item 4: Risk assessment and safety management.	55.70%	44.30%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				49.66%	21.48%	28.86%	0

Table S2.5 - CY 2014

Foster Care Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 2: Services to family to protect children in the home and prevent removal and re-entry.	66.67%	33.33%	29				
Item 3: Risk assessment and safety management.	55.32%	44.68%	0				

Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				55.32%	10.64%	34.04%	0
In Home Services Cases (N=13)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 2: Services to family to protect children in the home and prevent removal and re-entry.	33.33%	66.67%	1				
Item 3: Risk assessment and safety management.	7.69%	92.31%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				7.69%	23.08%	69.23%	0

Table S2.6 - CY 2014

Foster Care and In Home Services Cases (N=60)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 2: Services to family to protect children in the home and prevent removal and re-entry.	53.33%	46.67%	30				
Item 3: Risk assessment and safety management.	45%	55%	0				
Safety Outcome 2: Children are safely maintained in their home, whenever possible and appropriate.				45%	13.33%	41.67%	0

2. Safety Outcome 2 Assessment:

- a. **Services to children in the home and prevent removal and re-entry:** As shown in the QA data tables above PSD recognizes this is an area needing improvement. The ratings for foster care cases in calendar years 2012 (63.65%) and 2014 (66.67%) were similar with an increase in 2013 (76.32%). In-home services cases saw a steady decrease

from 2012 to 2014. In 2012, 75% of in-home services cases were rated as a strength, in 2013 and 2014 the rating decreased to 33.33%.

PSD believes a shortage of services in each community in addition to not having IV-B providers, In Home Services, and physical or behavioral health providers in all communities is one possible factor that contributes to the overall performance in this item. Statewide, there is a limited and inconsistent service array specifically to address safety threats impacting families, in particular services related to substance abuse, domestic violence, and mental illness. In some communities there is a lack of services or long waiting lists for service delivery. In the meantime to reconcile the shortage of services county offices are working with local providers to supplement necessary services.

Regional managers have also expressed the loss of institutional knowledge through staff turnover in In-Home Services workers. Newer staff do not always have the experience in recognizing impending danger early on in a case, instead staff often wait until the next safety related incident to occur before taking action with the family. CYFD has implemented additional safety training to assist workers in recognizing and assessing impending and present dangers.

- b. Risk assessment and safety management:** The QA data shows a decrease in ratings for both foster care and in-home services cases over the last three years. Foster care cases were rated as a strength in 66.67% of cases in 2012; in 58.68% of cases in 2013; and in 55.32% of cases in 2014. In-home services cases were rated as a strength in 50% of cases in 2012; in 42.86% of cases in 2013; and in 7.69% of cases in 2014.

In 2010 PSD implemented a new safety assessment and management practice that required workers to assess impending or present danger threats to the child in conjunction with the protective capacities of the parent or guardian. The new safety assessment has posed some challenges such as the consistent usage and completion of the safety assessment tool. To assist with some of these challenges a Safety Fidelity review was conducted in the fall of 2014. PSD has received the results of that review and is in the process of planning the next steps forward. In addition CYFD implemented additional skill based training and e-learnings through our initial employee training, Foundations of Practice to assist individuals in better assessing and managing safety and risk.

Although identification of safety threats is often accurate, adequate safety planning continues to be a challenge. Safety plans, in which children remain in the home, often do not adequately control or manage safety threats, instead rely on parental promise. In addition, the use of safety monitors as part of safety planning is inconsistent and frequently cannot be linked to enhanced safety management. Turnover and addition of new staff may also be

contributing to challenges in safety planning. New staff may not have the experience needed to accurately implement the safety tool when assessing safety threats and impending and present dangers in the child’s home. PSD also believes that when children live in multiple home environments, safety is not always accurately assessed when a child has secondary living situations outside of the primary home setting.

Adequate safety assessment planning and management may be contributing factor for the increase in repeat maltreatment and will be considered when conducting root cause analysis for the increase of repeat maltreatment. PSD.

B. Permanency Outcomes 1 and 2:

Permanency Outcome 1: Children have permanency and stability in their living situations.

1. Quality Assurance Permanency Outcome 1 Data:

Table P1.1 - CY 2012

Foster Care Cases (N=102)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 5: Foster care re-entries.	88.24%	11.76%	51				
Item 6: Stability of foster care placement.	50%	50%	0				
Item 7: Permanency goal for the child.	69.61%	30.39%	0				
Item 8: Reunification, guardianship, or permanent placement with a relative.	68.18%	31.82%	58				
Item 9: Adoption	30.14%	69.86%	29				
Item 10: Other planned permanent living arrangement.	0%	100%	98				
Permanency Outcome 1: Children have permanency and stability in their living situations.				31.37%	59.80%	8.82%	0

Table P1.2 - CY 2013

Foster Care Cases (N=123)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 5: Foster care re-entries.	90.63%	9.38%	54				
Item 6: Stability of foster care placement.	60.17%	39.83%	0				
Item 7: Permanency goal for the child.	73.73%	26.27%	0				
Item 8: Reunification, guardianship, or permanent placement with a relative.	60.61%	39.39%	52				
Item 9: Adoption	26.76%	73.24%	47				
Item 10: Other planned permanent living arrangement.	16.67%	83.33%	112				
Permanency Outcome 1: Children have permanency and stability in their living situations.				32.2%	58.47%	9.32%	0

Table P1.3 - CY 2014

Foster Care Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 4: Stability of foster care placement.	55.32%	44.68%	0				
Item 5: Permanency goal for the child.	56.52%	43.48%	1				
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangement.	34.04%	65.96%	0				
Permanency Outcome 1: Children have permanency and stability in their living situations.				19.15%	63.83%	17.02%	0

2. Permanency Outcome 1 Assessment:

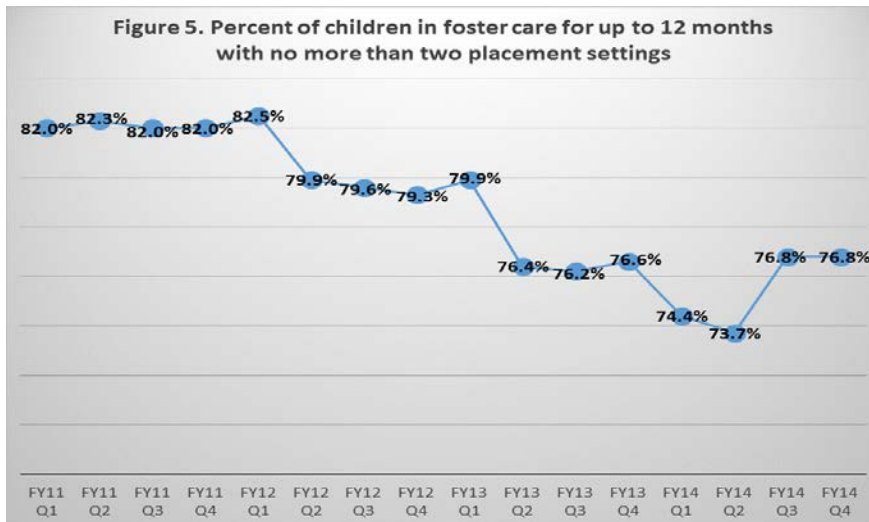
- a. **Foster Care Re-Entries:** The New Mexico Child and Family Service Review Round 3 data profile is consistent with PSD's QA data. In 2012 foster care re-entries were rated as a strength in 88.24% of cases reviewed, and increased to 90.63% in 2013. In 2014, the QA Unit began utilizing the revised CFSR-ORSI which omitted foster care re-entries as part of Permanency Outcome 1. FACTS supports the QA data for 2012 and 2013 as indicated in Figure 4. PSD's FACTS data also shows a decrease in re-entries in quarter two of FY 2014.

DATA Source: FACTS

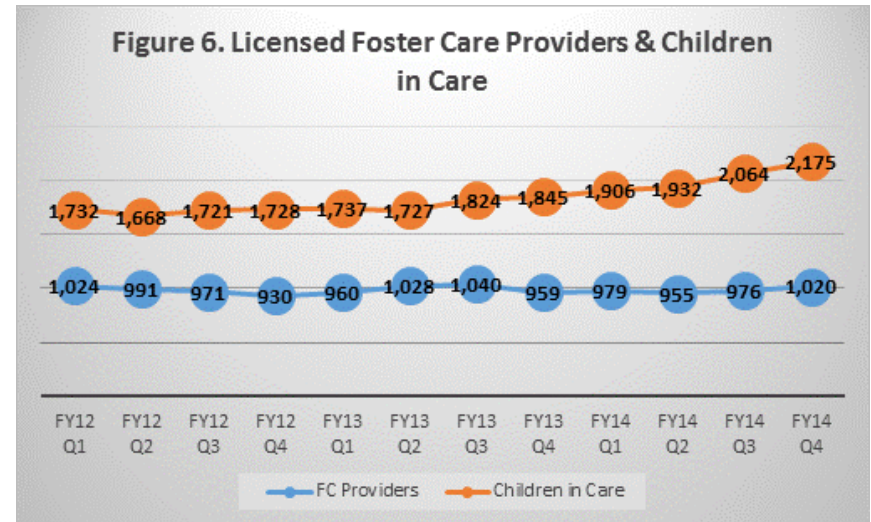
- b. **Stability of Foster Care Placements:** The New Mexico Child and Family Service Review Round 3 data profile is consistent with PSD's QA data. PSD is below the national standards in placement stability. QA data over that last three years rated placement stability as a strength in 50% of the case in 2012; 60.17% of cases in 2013; and 55.32% of case in 2014. In addition to QA data, FACTS data has shown a downward trend in placement stability beginning in 2012 and continuing through 2014 as indicated in Figure 5. As part of Continuous Quality Improvement (CQI) and the Child and Family Service Plan, PSD has recognized the need to examine possible root

causes for PSD's decrease in placement stability. PSD plans to conduct root cause analysis through the CQI workgroup, Striving Toward Excellence Program (STEP) and Office Hours.

One possible contributing factor to placement stability may be the increasing number of children in care and a lack of increase of licensed foster care providers as seen in Figure 6 below. The lack of licensed foster care providers has an effect on the number of placements a child may experience while in care. For example, when a worker has a limited number of options for placement, the initial placement is often not the last placement. Some foster care providers may not be able to take children due to over-placement or licensing restrictions or will not take sibling groups. In addition, a child may be moved due to a foster care provider being unable to meet the child's medical or behavioral health needs. As mentioned above, through the STEP program, participants have begun to analysis possible root causes related to placement stability in both Valencia and Santa Fe counties.



DATA Source: FACTS



DATA Source: FACTS

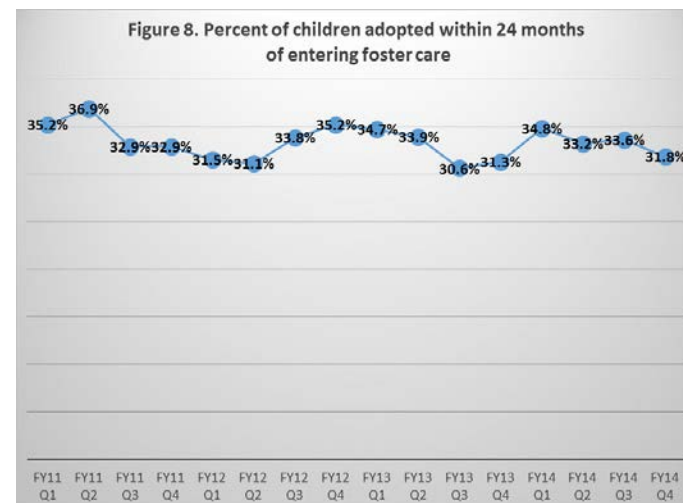
High vacancy rates may also be contributing to a decrease in placement stability. Without a placement worker or foster parent liaison to provide support to the foster family and address the needs of the foster family, PSD has seen an increase in the number of moves a child may experience while in foster care. This could be in part due to children having higher levels of behaviors and needs when coming into care and the lack of support or services available to the foster parent to address those behaviors and needs. This was supported through the feedback PSD received from foster parents as part of the Statewide Assessment Focus Groups and Survey. Foster parents

verbalized a lack of support from PSD and noted the high vacancies in staff and higher caseloads, resulting in less time for the worker to address the needs of foster parents.

- c. **Setting and Achieving Permanency Goals for Children:** In 2012, PSD rated setting the permanency goal for the child as a strength in 69.61% of case reviewed. In 2013, there was an increase to 73.73% and then back down to 56.52% in 2014. The New Mexico Child and Family Services Review Round 3 Data Profile is consistent with PSD QA data. PSD is below the national standard.

PSD does a good job of establishing the initial permanency goal, but struggles with timeliness of achieving the permanency goal. This is evident with the permanency goal of reunification and when there is a change of goal. PSD does not consistently change goals in a timely manner or as case circumstances warrant. A mechanism that may assist with timeliness of achieving the permanency goal is the use of “Pacing Permanency Reviews.” At these reviews, workers are looking at progress made toward reunification at 6, 10, and 13 months of time in care.

As indicated by Figures 7 and 8 below, PSD has seen a decrease in children reunified with their families within 12 months. The percentage of children adopted within 24 months has stayed relatively flat. PSD samples are too low to provide enough data to complete an analysis on guardianship or other planned living arrangement goals. Data suggests PSD does better in setting initial permanency goals then achieving them timely resulting in achieving timely permanency goal being an area needing improvement.



Data Source: FACTS

Data Source: FACTS

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

1. Quality Assurance Permanency Outcome 2 Data:

Table P2.1 - CY 2012

Foster Care Cases (N=102)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 11: Proximity of foster care placement.	97.87%	2.13%	8				
Item 12: Placement with siblings.	93.51%	6.49%	25				
Item 13: Visiting with parents and siblings in foster care.	57.58%	42.42%	3				
Item 14: Preserving connections.	56.44%	43.56%	1				
Item 15: Relative placement.	68.48%	31.52%	10				
Item 16: Relationship of child in care with parents.	40.45%	59.55%	13				
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				50%	48.04%	1.96%	0

Table P2.2 - CY 2013

Foster Care Cases (N=123)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 11: Proximity of foster care placement.	97.09%	2.91%	15				
Item 12: Placement with siblings.	81.25%	18.75%	38				
Item 13: Visiting with parents and siblings in foster care.	44.14%	55.86%	7				
Item 14: Preserving connections.	65.81%	34.19%	1				
Item 15: Relative placement.	68.22%	31.78%	11				

Item 16: Relationship of child in care with parents.	39.6%	60.4%	17				
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				42.37%	54.24%	3.39%	0

Table P2.3 - CY 2014

Foster Care Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 7: Placement with siblings.	78.13%	21.88%	15				
Item 8: Visiting with parents and siblings in foster care.	39.39%	60.61%	14				
Item 9: Preserving connections.	52.17%	47.83%	1				
Item 10: Relative placement.	73.91%	26.09%	1				
Item 11: Relationship of child in care with parents.	53.33%	46.67%	17				
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				55.32%	36.17%	8.51%	0

2. Permanency Outcome 2 Assessment:

- a. **Proximity of Foster Care Placements:** Proximity of foster care placements was rated as a strength in 97.87% of cases reviewed in 2012, and 97.09% of cases reviewed in 2013. In 2014, the QA Unit began utilizing the revised CFSR-ORSI which omitted proximity of foster care placements as part of Permanency Outcome 2. PSD believes this to be a strength due to higher number of relative placements and due to clear guidance in Permanency Planning Policy that requires children to be placed in close proximity to their homes of origin. When a child with a plan of reunification is not placed close to the child’s home because of special needs, the worker must document why the placement is superior to other placements and facilitate visits.

- b. Placement with Siblings:** Placement with siblings was rated as a strength in 93.51% cases reviewed in 2012; 81.25% of cases reviewed in 2013; and 78.13% of case reviewed in 2014. Although there has been a decline over the last three years, PSD believes placement with siblings continues to be a strength. PSD believes the decline may be attributed to the difficulty in placing large sibling groups, the increase in number of children in care, and the decrease in number of licensed foster care providers. Field staff have expressed that finding foster parents willing to accept large sibling groups is difficult. The difficulty may be based on physical space issues or because they do not feel that they can deal with the special needs of multiple children.
- c. Visiting with Parents and Siblings in Foster Care:** Visitation with parents and siblings was rated as a strength in 57.58% of cases reviewed in 2012; in 44.14% of case reviewed in 2013; and in 39.39% of case reviewed in 2014. PSD may struggle with visitation when siblings are not placed together due to large sibling groups or siblings having different needs. PSD also struggles with engaging absent, disengaged and incarcerated parents in visitation and overall case planning. Another reason for a decrease in visits with parents or siblings may be the lack of transportation, especially as PSD has seen an increasing number of foster care providers that work full time. Foster parents may not always be able to leave work to transport a child to a visit, and an office may not have the staff available to step in when a foster parent cannot transport a child to a visit. In these cases, PSD has come up with some preliminary solutions to addressing the transportation barrier, such as establishing better communication between PSD, foster parents and biological parents about the best time or alternate locations to set up visitation.
- d. Preserving Connections:** Preserving connections was rated as a strength in 56.44% of cases reviewed in 2012; in 65.81% of case reviewed in 2013; and in 52.17% of case reviewed in 2014. PSD recognizes the importance in preserving connections for children, however, often due to competing priorities and lack of resources preserving connections may not always be adequately addressed. Typically, PSD has focused on identifying and locating relatives, and not on the child's other connections to his or her home or community of origin. PSD has recognized a possible need for establishing a process for identifying those connections at the onset of the case, and developing a plan to maintain those connections while the child remains in care.
- e. Relative Placement:** QA data over that last three years rated relative placement as a strength in 68.48% of the case in 2012; 68.22% of cases in 2013; and 73.91% of case in 2014. PSD has seen an increase in relative

placements. PSD continues to issue provisional licenses to relatives in an effort to preserve family connections at the onset of custody, when there is a viable relative identified. In addition, PSD has a dedicated position to conducting relative searches for field staff. In compliance with the Fostering Connections Act, PSD has implemented into policy and practice methods i.e. Family Centered Meetings (FCMs) to identify both maternal and paternal relatives early in the investigations stage of the case. This practice continues throughout the life of the case.

PSD has an effective process for identifying, locating, evaluating relatives statewide. PSD has seen that it does a better job of identifying and locating relatives when the parent or parents are engaged in their case plan. In addition, PSD sees the identification and location of relatives as a strength at initiation of the case, but seems to struggle with ongoing efforts to identify and locate relatives as a case moves on through the child welfare system.

- f. **Relationship with Child in Care with Parents:** QA data over that last three years rated relationship with child in care with parents as a strength in 40.45% of the case in 2012; 39.60% of cases in 2013; and 53.33% of case in 2014. Policy and procedures address promoting or maintaining the parent-child relationship. These sections emphasize the need to place children in close proximity to their parents and the importance of on-ongoing contact and involvement of the parents in case planning for their children. To maintain the relationship of the child in care with their parents PSD utilizes Ice Breaker meetings between the foster parent and birth parents to transition the child into the foster parent’s home or back to the birth parent’s home. This process allows birth parents to be more involved in their child’s life and activities. At times, PSD has found it more difficult to engage a parent that is disengaged, absent or incarcerated which impacts the child’s relationship with their parent.

C. Well-Being Outcomes 1, 2 and 3:

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

1. Quality Assurance Well-being Outcome 1 Data:

Table WB1.1 - CY 2012

Foster Care Cases (N=102)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A

Item 17: Needs and services of child, parents and foster parents.	38.24%	61.76%	0				
Item 18: Child and family involvement in case planning.	48.51%	51.49%	1				
Item 19: Case worker visits with child.	85.29%	14.71%	0				
Item 20: Caseworker visits with parents.	23.66%	76.34%	9				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				33.33%	58.82%	7.84%	0
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	60.71%	39.29%	0				
Item 18: Child and family involvement in case planning.	78.57%	21.43%	0				
Item 19: Case worker visits with child.	96.43%	3.57%	0				
Item 20: Caseworker visits with parents.	78.57%	21.43%	0				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				60.71%	35.71%	3.57%	0

Table WB1.2 - CY 2012

Foster Care and In Home Services Cases (N=130)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	43.08%	56.92%	0				
Item 18: Child and family involvement in case planning.	55.04%	44.96%	1				
Item 19: Case worker visits with child.	87.69%	12.31%	0				
Item 20: Caseworker visits with parents.	36.36%	63.64%	9				

Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.		39.23%	53.82%	6.92%	0
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Table WB1.3 - CY 2013

Foster Care Cases (N=123)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	31.67%	68.33%	0				
Item 18: Child and family involvement in case planning.	52.54%	47.46%	2				
Item 19: Case worker visits with child.	78.33%	21.67%	0				
Item 20: Caseworker visits with parents.	23.08%	76.92%	16				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				28.33%	60.83%	10.83%	0
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	17.86%	82.14%	0				
Item 18: Child and family involvement in case planning.	64.29%	35.71%	0				
Item 19: Case worker visits with child.	92.86%	7.14%	0				
Item 20: Caseworker visits with parents.	67.86%	32.14%	0				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				17.86%	78.57%	3.57%	0

Table WB1.4 - CY 2013

Foster Care and In Home Services Cases (N=151)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	29.05%	70.95%	0				
Item 18: Child and family involvement in case planning.	54.79%	45.21%	2				
Item 19: Case worker visits with child.	81.08%	18.92%	0				
Item 20: Caseworker visits with parents.	32.58%	67.42%	16				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				26.35%	64.19%	9.46%	0

Table WB1.5 - CY 2014

Foster Care Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 12: Needs and services of child, parents and foster parents.	38.3%	61.7%	0				
Item 13: Child and family involvement in case planning.	68.89%	31.11%	2				
Item 14: Case worker visits with child.	74.47%	25.53%	0				
Item 15: Caseworker visits with parents.	34.38%	65.63%	15				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				34.04%	53.19%	12.77%	0
IHS Cases (N=13)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 12: Needs and services of child, parents and foster parents.	15.38%	84.62%	0				

Item 13: Child and family involvement in case planning.	30.77%	69.23%	0				
Item 14: Case worker visits with child.	56.15%	53.85%	0				
Item 15: Caseworker visits with parents.	38.46%	61.54%	0				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				15.38%	38.46%	46.15%	0

Table WB1.6 - CY 2014

Foster Care and In Home Services Cases (N=60)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 12: Needs and services of child, parents and foster parents.	33.33%	66.67%	0				
Item 13: Child and family involvement in case planning.	60.34%	39.66%	2				
Item 14: Case worker visits with child.	68.33%	31.67%	0				
Item 15: Caseworker visits with parents.	35.56%	64.44%	15				
Well-being Outcome 1: Families have an enhanced capacity to provide for their children's needs.				30%	50%	20%	0

2. Well-being Outcome 1 Assessment:

- a. **Needs and services of child, parent and foster parents:** QA data over that last three years rated needs and services of child, parent and foster parents for foster care cases reviewed as a strength in 38.82% of the case in 2012; 31.67% of cases in 2013; and 38.30% of cases in 2014. In home services cases were rated as a strength in 60.71% of cases in 2012, 17.86% of cases in 2013 and in 38.30% of cases reviewed in 2014. Over the last five years PSD has obtained information in stakeholder meetings, QA reviews, and through recent loss of services informing PSD that there is a need to improve assessments of parents and guardians needs and to address the lack of provision of services to this population. PSD believes focusing on improving assessments with parents and

legal guardians needs will improve parental engagement, improve safety and enhance parental protective capacities reducing repeat maltreatment, and improving timely permanency, Children will experience less abuse and neglect, resulting in families having fewer referrals and receiving appropriate services. PSD has identified this as one of our goals in our plan for improvement in our Child and Family Services Plan. PSD plans to use the continuous quality improvement (CQI) process and Striving Toward the Excellence Program (STEP) results to identify problems and root causes related to assessment of parental or guardian needs and provision of services in hope of expanding existing services, or identifying new services.

- b. Child and family involvement in case planning:** Of the foster care cases reviewed in the last three years, child and family involvement in case planning were rated a strength in 48.51% of cases reviewed in 2012, 52.54% of cases reviewed in 2013, and of 68.89% of cases reviewed in 2014. Of the in home service cases it was rated in a strength in 78.57% of cases reviewed in 2012, 64.29% of cases reviewed in 2013 and 30.77% of cases reviewed in 2014. Both In-Home Services and Permanency Planning Policy requires all plans be developed in collaboration with the family and that “active efforts” to locate both parents and involve them in case planning should occur. In addition to the parents, Permanency Planning Procedures require the worker to encourage the participation and involvement of family members and the substitute care provider in the development of the treatment plan. PSD’s FACTS (SACWIS) system offers workers an opportunity to develop unique case plans and update the plans as a child or parent has accomplished the goal or as a new need is identified. PSD has several methods they utilize to involve children and families in case planning. One method is the use of Family Centered Meetings (FCMs) at critical decision making points during the life of a case. Another method is involvement of youth and children in court to encourage their voice is heard as part of the case planning. PSD believes that we do better at development of a plans with children and family, however struggles more with parental engagement in services to address the safety threats and enhance parental capacities.
- c. Case worker visits with child:** In-Home Services policies and procedures requires weekly visits with child during the provision of in home services. Permanency planning policy requires CYFD to visit each child in CYFD custody at least monthly in the child’s placement. PSD believes case worker visits with child is a strength as reflected through FACTS data and QA data. FACTS reflects 97.81% of visits were made on a monthly basis to the child while in care. QA data shows of foster care cases reviewed in the last three years, case worker visits with the child was a strength in 85.29% of the cases reviewed in 2012, in 78.33% of the cases reviewed in 2013 and in 74.47% of the cases reviewed

in 2014. In home services cases were rated as a strength in 94.43% in cases reviewed in 2012, in 92.86% in cases reviewed in 2013 and in 46.15% in cases reviewed in 2014. PSD believes the difference between QA and FACTS data is QA measures quantity and quality and looks at quantity of visits. The QA data would lead PSD to believe that quality is more of a challenge for us to achieve. Quality could be a challenge due to the number of visits needed to visit children where siblings are placed in multiple placements, at different levels of care or blended families.

- d. **Case worker visits with parents:** Of the foster care cases reviewed in the last three years, case worker visits with parents has been rated a strength in 23.66% of cases reviewed in 2012, 23.08% of cases reviewed in 2013 and 34.38% cases reviewed in 2014. Of the in home service cases reviewed it was rated a strength in 78.57% of cases reviewed in 2012, in 67.86% of cases reviewed in 2013 and in 38.46% of cases reviewed in 2014. Although we have policy and procedure that requires at least monthly face to face visits, this continues to be a challenge for PSD. PSD attributes this challenge to high vacancy rates and difficulty in engaging disengaged parents, absent parents and incarcerated parents. PSD has identified engagement of parents as a plan for improvement within the Child and Family Service Plan. PSD is utilizing continuous quality improvement (CQI) to assist us in identifying problems in assessment of parents’ needs and engaging parents in their case plan and services.

B. Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

1. Quality Assurance Well-being Outcome 2 Data:

Table WB2.1 - CY 2012

Foster Care Cases (N=102)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 21: Educational needs of the child.	88.37%	11.63%	16				
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.				88.37%	3.49%	8.14%	16
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 21: Educational needs of the child.	85.71%	14.29%	21				

Well-being Outcome 2: Children receive appropriate services to meet their educational needs.		85.71%	14.29%	0%	21
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Table WB2.2 - CY 2012

Foster Care and In Home Services Cases (N=130)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 21: Educational needs of the child.	88.17%	11.83%	37				
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.				88.17%	4.30%	7.53%	37

Table WB2.3 - CY 2013

Foster Care Cases (N=123)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 21: Educational needs of the child.	79.81%	20.19%	16				
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.				79.81%	5.77%	14.42%	16
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 21: Educational needs of the child.	54.55%	45.45%	17				
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.				54.55%	9.09%	36.36%	17

Table WB2.4 - CY 2013

Foster Care and In Home Services Cases (N=151)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 21: Educational needs of the child.	77.39%	22.61%	33				

Well-being Outcome 2: Children receive appropriate services to meet their educational needs.		77.39%	6.09%	16.52%	33
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Table WB2.5 - CY 2014

Foster Care Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 16: Educational needs of the child.	90.91%	9.09%	3				
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.				90.91%	4.55%	4.55%	3
In Home Services Cases (N=13)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 16: Educational needs of the child.	100%	0%	9				
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.				100%	0%	0%	9

Table WB2.6 - CY 2014

Foster Care and In Home Services Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 16: Educational needs of the child.	91.67%	8.33%	12				
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.				91.67%	4.17%	4.17%	12

2. Well-being Outcome 2 Assessment:

- a. **Educational Needs of the Child:** QA data reflects in the last three years educational needs of the child is a strength for PSD .Foster care cases were a strength in 88.37% cases reviewed in 2012, 79.81% cases reviewed in 2013 and 90.13% cases reviewed in 2014. In home service cases were rated a strength in 85.71% cases reviewed in 2012, in

54.55% cases reviewed in 2013 and 100% cases reviewed in 2014. Since Governor Martinez has taken office she has developed a governor’s educational task force to better meet children’s educational needs. In addition to the educational task force PSD will be piloting educational liaisons in 2015 to assist us in sustaining this as a strength. PSD also shares educational data with Public Education Department to ensure information is shared freely regarding a child’s educational status and home situation. PSD has implemented Fostering Connections and has focused on trying to maintain the child in their school of origin as much as possible to prevent shifting of schools and school records.

C. Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

1. Quality Assurance Well-being Outcome 3 Data:

Table WB3.1 - CY 2012

Foster Care Cases (N=102)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 22: Physical health of the child.	80.2%	19.8%	1				
Item 23: Mental/behavioral health of the child.	70.13%	29.87%	25				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				67.33%	18.81%	13.86%	1
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 22: Physical health of the child.	69.23%	30.77%	15				
Item 23: Mental/behavioral health of the child.	84.62%	15.38%	15				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				77.27%	4.55%	18.18%	6

Table WB3.2 - CY 2012

Foster Care and In Home Services Cases (N=130)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 22: Physical health of the child.	78.95	21.05%	16				
Item 23: Mental/behavioral health of the child.	72.22%	27.78%	40				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				69.11%	16.26%	14.63%	7

Table WB3.3 - CY 2013

Foster Care Cases (N=123)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 22: Physical health of the child.	79.17%	20.83%	0				
Item 23: Mental/behavioral health of the child.	75.28%	24.72%	31				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				65%	27.5%	7.5%	0
In Home Services Cases (N=28)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 22: Physical health of the child.	57.14%	42.86%	14				
Item 23: Mental/behavioral health of the child.	58.33%	41.67%	16				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				60%	5%	35%	8

Table WB3.4 - CY 2013

Foster Care Cases (N=151)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 22: Physical health of the child.	76.87%	23.13%	14				
Item 23: Mental/behavioral health of the child.	73.27%	26.73%	47				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				64.29%	24.29%	11.43%	8

Table WB3.5 - CY 2014

Foster Care Cases (N=47)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Physical health of the child.	82.98%	17.02%	0				
Item 18: Mental/behavioral health of the child.	71.43%	28.57%	12				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				68.09%	19.15%	12.77%	0
In Home Services Cases (N=13)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Physical health of the child.	66.67%	33.33%	10				
Item 18: Mental/behavioral health of the child.	50%	50%	3				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				50%	0%	50%	1

Table WB3.6 - CY 2014

Foster Care and In Home Services Cases (N=60)	Strength	ANI	Cases N/A	Substantially Achieved	Partially Achieved	Not Achieved	Cases N/A
Item 17: Physical health of the child.	82%	18%	10				
Item 18: Mental/behavioral health of the child.	66.67%	33.33%	15				
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				64.41%	15.25%	20.34%	1

2. Well-being Outcome 3 Assessment:

- a. **Physical health of the child:** Over the last three years, QA data regarding the physical health of the child was rated a strength in 80.20% cases reviewed in 2012, 79.17% cases reviewed in 2013 and 82.98% cases reviewed in 2014. In home service cases were rated a strength in 69.23% cases reviewed in 2012, in 57.14% cases reviewed in 2013 and 66.67% cases reviewed in 2014. Permanency Planning Policy requires CYFD to provide or arrange services for the child including medical services. CYFD requires that each child have a complete physical examination within the first 30 days of custody, and when the investigation is substantiated. If there is a child under the age of three in the family, PSD makes a referral to the Family Infant Toddler Program for an assessment. Additional requirements include provision of scheduled routine medical, dental, and eye care and psychological services; immunization records that are kept current; and that the child’s parents be involved in any and all medical decisions and kept informed of the child’s health status. PSD believes this has been a strength for foster care cases because of the oversight of PSD to ensure the child’s physical health needs are met. PSD believes this is not the case for in-home services, as it is a voluntary service that the parent chooses to engage in.

PSD has seen some barriers in ensuring dental needs are met regularly. This may be due to the lack of pediatric dental services resulting in delayed or missed dental check-ups as needed. Another factor may be that when a family or child becomes engaged with PSD, the focus is usually on immediate problems and not on preventive care in relationship to health.

- b. Mental/behavioral health of child:** Over the last three years, QA data regarding the mental or behavioral health of the child was rated a strength in 70.13% cases reviewed in 2012, 75.28% cases reviewed in 2013 and 71.43% cases reviewed in 2014. In home service cases were rated a strength in 84.62% cases reviewed in 2012, in 58.33% cases reviewed in 2013 and 50% cases reviewed in 2014.

PSD remains involved with the Behavioral Health Purchasing Collaborative (BHPC). PSD and Managed Care Organizations (MCO's) have implemented a process to provide for timely behavioral health assessments for children when they first enter foster care. Assessment results are used to ensure the timely provision of services and to enhance placement stability.

PSD continues to implement the practice of referring children to core service agencies (CSAs) to monitor and treat emotional trauma related to maltreatment and removal from home. CSAs can weave in existing services, bridge treatment gaps and promote the appropriate level of service intensity, all while ensuring that community support services are integrated into treatment. CSAs are the single point of accountability for identifying and coordinating a targeted client's behavioral health, health and other social service needs.

New Mexico is implementing communities of care in 12 sites. Community of care is defined as "a network of services, supports, and relationships built by committed people who have a stake in improving outcomes for children and youth with serious behavioral health challenges." Building a community of care requires the engagement of multiple stakeholders and a foundation of trusting and respectful relationships. Communities of care is primarily designed for children and youth, and their families, who are:

1. in an out of home placement or at high risk of out of home placement;
2. involved in with either protective services or juvenile justice services;
3. have received a behavioral health diagnosis that qualifies them for services provided by core service agencies; and
4. meets the medical necessity criteria for residential treatment.

In October of 2014, PSD issued a Program Instruction Guideline (PIG) to staff to provide guidance on the appropriate use and monitoring of prescribed psychotropic medications to children in PSD custody. PSD recognizes that the use of psychotropic medication is one of several interventions used to address the emotional and behavioral needs of children. The PIG requires the PSD worker to inquire about the most appropriate use of medication and dosage, as well as ongoing monitoring.

IV. ASSESSMENT OF SYSTEMIC FACTORS

PSD solicited feedback and obtained ratings regarding Systemic Factors through focus groups, surveys, informational interviews, and analysis of quality assurance and FACTS data. For each systemic factor, information was evaluated to determine whether each factor was functioning. A more detailed description of the focus groups and survey follows.

PSD held seven stakeholder focus groups in five different areas of the state: Santa Fe; Las Cruces; Roswell; Gallup; and Albuquerque. Due to time constraints, as well as the desire to have as many perspectives as possible, the groups did not consist of specific populations; rather, the groups represented mixed populations and contained foster and adoptive parents, PSD staff, youth (including former foster youth), legal and judicial representatives, law enforcement, service providers, public school staff, tribal partners Citizen Review Board (CRB) members and Court Appointed Special Advocates (CASA). One birth parent was present at one of the Albuquerque focus groups.

Each focus group began with an overview of the CFSR, the purpose of the Statewide Assessment and how participant feedback would be used. In all the groups, the systemic issues of Case Review System, Staff and Provider Training, Service Array and Resource Development, and Foster and Adoptive Parent Licensing, Recruitment, and Retention were covered. In three of the groups, as time permitted, Agency Responsiveness to the Community was also discussed as the last topic. The Statewide Information System and Quality Assurance System were not covered in any of the groups due to the need to prioritize the topics and not keep participants past the two hours. Detailed notes of stakeholder comments were taken in each meeting.

Suggested questions from the Stakeholder Interview Guide and the Supplemental Interview Guide were largely used (with minor wording changes), so the focus would be on obtaining specific information needed for the Statewide Assessment. Participants were told that their feedback would be also used in future problem-solving and planning, and that any suggestions or recommendations for remedying any issue identified as a deficit during the discussions would be welcomed; several suggestions were received during the groups or later via email.

In addition to the focus groups, PSD sent out a survey via e-mail to PSD staff, other CYFD staff, and external stakeholders; including judicial partners, foster parents, birth parents, youth, tribal partners and service providers. See appendix A attached to view the survey. Appendix B, attached is survey responses according to participant roles, including the number of responses per question. PSD received 771 responses. The purpose of this survey was to rate the systemic factors based on a 4 point scale, which consisted of strongly disagree, disagree, strongly agree, and agree. PSD Research Assessment and Data (RAD) bureau assigned each option a numeric values, one through four, to arrive at a mean score for each systemic factor. RAD

determined a mean score of 2.5 or greater indicated that most of the survey respondents agreed that the particular item was functioning. RAD also conducted a qualitative analysis of the comments from the survey, as well as comments taken from the focus groups to identify emergent themes to assist in analysis of the systemic factors. Final evaluation took into account survey responses, focus group information, as well as any other data, institutional knowledge or observation available to assess functioning.

A. Statewide Information System

1. **Item 19: Statewide Information System:** *How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who (or within the immediately preceding 12 months, has been) in foster care?*
 - a. **Analysis of Functionality:** Since the last Statewide Self-Assessment conducted in 2007, New Mexico continues to maintain a Tier 1 SACWIS system as rated through periodic SACWIS reviews. New Mexico maintains in compliance with both AFCARS and NCANDS reporting. New Mexico's Statewide Information System (SACWIS), known as FACTS (Family Automated Client Tracking System), meets systemic factor requirement in that it can identify the legal status, demographic characteristics, location, permanency goal and placement of every child who is or has been in foster care in the preceding 12 months. FACTS tracks every aspect of a case including intake, investigation, in home services, permanency planning, placement, and independent living to adoption finalization or dismissal. All demographic information is readily available through FACTS case and person maintenance windows, as well as the placement services window. In September 2013, PSD participated in a SACWIS on site review. During this review, FACTS was determined to be functional related to the system's ability to identify legal status, demographic characteristics, location, permanency goal and placement of every child. No concerns or errors were reported to PSD about FACTS functionality in those areas.

PSD completes Quality Assurance (QA) reviews on a monthly basis around the state. Part of this process is reviewing FACTS entries as part of completing the OSRI tool. The OSRI tool requires information related to demographic characteristics, location of the child, and goals for placement. QA staff makes note of any missing entries due to user error for County Office Managers to correct. PSD feels if this systemic factor was not functioning it would be flagged through multiple QA reviews conducted each year.

PSD recognizes that there is a need for specific quality assurance around the accuracy of information in FACTS. The FACTS Unit Manager has begun working with PSD's Quality Assurance unit in developing an assessment tool to further evaluate whether the data in FACTS is accurately reflecting what is occurring for a child.

FACTS meets federal and state standards, however, the functionality of the system makes modifications to FACTS a cumbersome and costly process. In order to remedy this, CYFD is now in the initial stages of developing a web-based Statewide Information System. PSD is not expected to begin the process of implementing the new system until 2018.

PSD has a dedicated FACTS Unit that continually monitors FACTS and provides feedback regarding this systemic factor. The FACTS Unit:

- a. provides user support to field staff;
- b. submits change and service requests to the CYFD IT Department to make modifications to meet federal and state standards;
- c. tests the functionality of those modifications; and
- d. addresses data entry errors made by field staff.

The FACTS Unit is an in-house unit within PSD that is separate from the CYFD IT Department. The FACTS Unit works as a liaison between Protective Services and the CYFD IT Department to maintain the functionality of FACTS and to address any reported errors. The FACTS Unit staff understand the needs of the PSD, are knowledgeable in federal and state reporting standards, and are able to communicate these needs to the CYFD IT Department. An example of this workflow is the Unit's implementation of FACTS changes. For example the FACTS unit works with the CYFD IT Department to amend FACTS in order to implement identified changes.

As mentioned above, the FACTS Unit addresses data entry error by PSD field staff and works with staff to correct that information. For example, field staff may enter inaccurate placement end dates which result in overpayments to foster care providers. These types of errors are captured through the FACTS Overpayment Report and then corrected in FACTS by field staff or by FACTS Unit staff.

FACTS also has some built in checks and balances that minimize data entry errors. An example of this is FACTS "pre-fills" select fields in order to maintain consist data entry. There are also built in capacities and limitations that will alert the user to potential errors and allows the user to rectify any errors prior to final approval.

PSD additionally ensures FACTS functionality and accuracy by monitoring the error rates through AFCARS and NCANDS submission process. In order to reduce error rates, the FACTS Unit repeatedly tests the system two months prior to each semiannual AFCARS submission to identify and correct errors. This testing

process is also used for the annual NCANDS submission. AFCARS and NCANDS provides information to PSD regarding the quality of data produced by FACTS. AFCARS evaluates data quality across 14 different measures and NCANDS evaluates across five measures. PSD has consistently met data quality thresholds for both AFCARS and NCANDS since the previous Statewide Self-Assessment submission. This is reflected in New Mexico's Child and Family Services Review Round 3 Data Profile.

- b. Strengths or Promising Practices:** PSD has a dedicated FACTS unit, which acts as a liaison between CYFD and PSD to maintain FACTS system functionality. In September 2013 SACWIS review, PSD received no concerns or errors on the FACTS system being able to identify the legal status, demographic characteristics, location, permanency goal and placement of every child.
- c. Challenges or Barriers:** Modifications to the FACTS system is a cumbersome and costly process. As a result of this CYFD is moving each division to a web based system. PSD is expected to move to this web based system in 2018.
- d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.94 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 3.04.

- 2. Systemic Factor Rating:** Based on the survey results, the SACWIS review results, FACTS built in checks and balances and the FACTS unit assisting in maintaining FACTS system functionality PSD believes the FACTS system is functional. PSD assesses this item and systemic factor to be functioning.

B. Case Review System

1. **Item 20: Written Case Plan:** *How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?*
 - a. **Analysis of Functionality:** PSD develops a case plan (also known as a treatment plan) for each child in care with the parent, guardian or custodian. The child's case plan is central to the legal process from the point of custody to dismissal of the case. The January 2014 CCIC Quality of Hearings, Assessment and Final Report below, reflects that 100% of case plans were included in the court report provided at each court hearing.

PROCESS	Yes		No		NA
1. Permanency Hearing was timely	30	100.0%	0	0.0%	0
2. Timely and adequate notice sent to all parties	30	100.0%	0	0.0%	0
3. Court reports provided to all parties at least 5 days before the hearing	15	62.5%	9	37.5%	1
4. Case plan included/attached to the court report	29	100.0%	0	0.0%	1
5. Court order signed at conclusion of hearing	10	32.3%	21	67.7%	1
6. Permanency Review Hearing scheduled at conclusion of Permanency Hearing.	6	24.0%	19	76.0%	7
7. Order entered changing plan if applicable.	4	50.0%	4	50.0%	24

January 2014 CCIC Quality of Hearings, Assessment & Final Report

Approximately one third of participants indicated that parents were adequately involved in developing their child's case plans and plans were appropriate and of good quality. Two thirds of participants indicated there was not adequate and appropriate involvement of the parent, child or youth in the development of the child's plan and plans were of questionable quality. Many participants felt parent and child involvement in the development of the child's plan varied from caseworker to caseworker. Participants felt child outcomes improved when a parent was involved in the development of a child's plan. Most participants in the focus groups believed PSD has agency policy, procedure and processes in place to facilitate effective case planning such as completion of psychosocial assessments, Family Centered

Meetings (FCMs), and mediation. A reoccurring theme was many parents feel overwhelmed at the time their child is removed and along with other issues they may be addressing such as substance abuse issues, they are unable to fully engage in the development of their child's treatment plan and may not fully understand the plan and what is required of them as a parent. Many focus group participants felt non-custodial parents, typically fathers were not appropriately engaged in the development or ongoing assessment of their child's plan and that few incarcerated parents are fully involved. Participants in one focus group discussed PSD's difficulty in engaging parents with severe mental health issues.

Youth attended all but one of the focus groups. Youth were evenly split on whether they were involved in the development or ongoing assessment of their case plan. Comments from youth ranged from youth being extremely involved and controlled all aspects of their plan to they were asked for input, but did not feel their input was considered.

Foster parents attended all but one of the focus groups. Foster parents were split on child involvement in case plans. Some felt children in their home were appropriately involved and others felt children were never engaged in case planning. One specific foster parent described a thirteen child in her home did not know her permanency goal.

PSD received additional feedback from the focus groups and survey that case plans were "cookie cutter" and not always individualized. For example services are not tailored to each family resulting in case plans not being unique. One possible explanation for this feedback, may be that FACTS provides a case plan template that is commonly used by PSD workers, therefore giving case plans a uniformed look. However, FACTS does provide an option to workers to develop unique case plans, but this option is not utilized often most likely due to worker time constraints and caseloads. One method offered to assist in developing individualized case plans was the coordinated development of the PSD case plan with other plans developed through the criminal court or other service providers.

Feedback obtained from focus group participants was critical of the services recommended and provided in the case plan. Again, focus group participants felt services were not varied and did not always adequately address the needs of the child or family. PSD believes this is because there is a limited amount of services in rural counties and the service array as a whole in New Mexico.

Focus group feedback and survey feedback was consistent with PSD QA data reflecting PSD has struggled with keeping parents involved in child's case planning. In 2012, out of 130 cases reviewed QA data showed

this was a strength in 55.04% of cases. In 2013 out of 151 cases this was rated a strength in 54.79% of the cases. In 2014 out of 60 cases reviewed 60.34% of the cases were rated as a strength. This is particularly true when a parent is not engaged, absent or incarcerated. QA data shows that PSD has slightly improved in this item, but PSD recognizes the need to continue to improve in this item. One solution PSD has employed is the use of Family Centered Meetings (FCMs) at critical decision making points during the case in order to better involve parents and other family members in case planning. FCM's provide PSD staff and external partners, such as service providers, the opportunity to make decisions regarding a child's case with the family present in a formal setting. Another method PSD is utilizing is ensuring children and youth have a voice in their case planning and has encouraged children and youth to attend and participate in court hearings.

- b. Strengths or Promising Practices:** PSD is offering "Wraparound" training to supervisors in 2015. Wraparound training and teaming activities promote parental support which may result in more individualized plans.
- c. Challenges or Barriers:** As stated above, New Mexico has a limited service array at this time including high staff vacancy and turnover, which results in existing staff being overwhelmed and maybe not spending the necessary time with each parent and child to develop individualized case plans or there is not service available or a waiting list to meet the need. Each of these were highlighted in the focus groups and the survey.
- d. Survey Rating:** The rating for this item on this survey had an overall mean of 2.8 for both internal and external survey participants. PSD employees had a mean survey rating of 2.80. Legal and judicial survey respondents, which included judges, attorneys, CASAS, and CRB had a mean rating of 2.81 for this item.
- e. Item Rating:** Based on the survey results, the focus group feedback and QA data, PSD believes this item is an area needing improvement. PSD struggles with individualizing these case plans and consistently involving the parent, child or youth in the development of the plan. Consistent with the third goal in New Mexico's CFSP, PSD is analyzing root causes in order to better engage parents or guardians in case planning.

2. **Item 21: Periodic Reviews:** *How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?*

- a. **Analysis of Functionality:** New Mexico State Statute requires court hearings to occur at specified times when a child comes into custody. The adjudicatory hearing occurs within 60 days of service on the respondent. The dispositional hearing typically occurs in conjunction with the adjudicatory hearing, but no later than 30 days after the conclusion of the adjudicatory hearing. The initial case plan is presented to the court at the dispositional hearing, and modified and approved by the court as necessary. State statute also requires the initial judicial review (periodic review) hearing occur within 60 days of the dispositional hearing. Again the child's and respondent's case plan is reviewed and approved by the court. The initial permanency hearing occurs within six months of the initial judicial review. At the initial permanency hearing the child's and respondent's case plans are reviewed as well as the permanency plan. State statute requires court hearing every six months after the initial permanency hearing. Again at each hearing the child's plan is reviewed. FACTS generates reports to PSD legal staff to assist in timeliness of periodic reviews.

PSD received feedback from PSD staff and court personnel present at the focus groups that "scheduling orders" assist in timeliness of the periodic review. Most judicial jurisdictions in New Mexico utilize "scheduling orders" which consists of the court issuing an order after the adjudication hearing that automatically schedules the first periodic review, the first permanency hearing, and in some instances, additional periodic reviews and the second permanency hearing.

In five of seven focus groups, participants commented on the increased number of children coming into care in the past year, which has made it even more difficult to have timely hearings. For example in Bernalillo this increase was reported to be a 40 to 60% increase. Participants pointed out in each focus group that courts and all attorneys have been overwhelmed with this increase of children and trying to timely meet hearing requirements.

QA unit also conducts a legal case review in conjunction with each OSRI review completed to ensure hearings are occurring in a timely manner. In 2014, statewide QA completed the QA Legal Review on 171 cases. As indicated in the table below, in 2014, QA Legal Review data reflected 90% of cases reviewed had timely initial periodic reviews and 94% of cases reviewed had timely subsequent periodic reviews.

Was the Initial Judicial Review (IJR) due at the time of this review? Due within 60 days from the date of Disposition.		
Yes	253	88%
No	35	12%
Total	288	100%
Was the Initial Judicial Review (IJR) completed timely? 60 days from the date of disposition. If the 60 the day is a weekend or holiday, the IJR is due the next business day.		
Yes: Timely	167	66%
No: Late	57	22%
No: Commenced but not completed timely.	(2	1%
Hearing not held and overdue	25	10%
Info not provided	3	1%
Total	254	100%
Timely Completion of IJR.		
60 days or less	164	72%
61-90 days	32	14%
91 days or more	29	13%
Info not provided	3	1%
Total	228	100%

2014 QA Legal Case Review

- b. Strengths or Promising Practices:** PSD collaborates with Children’s Court Improvement Commission (CCIC) to exchange data between PSD and the judicial system to continue to address timeliness of court hearings. The judicial system is measuring timeliness from the date of petition and PSD measures it the earlier of the date the court found the child abused or neglected or 60 days after the child’s removal.

PSD workers are required to produce a written case plan that is presented to the court at each hearing. This ensures the case plan is reviewed at every hearing.
 - c. Challenges or Barriers:** Even though PSD and CCIC are exchanging data it has come to PSD’s attention that individuals categorize hearings differently. This can impact the ability to obtain accurate data for timeliness of periodic review hearings. CCIC is currently addressing this issue.

PSD has also experienced high vacancies with in house court attorney positions as well, which may lead to delays in timeliness of court hearings because many in house children’s court attorneys are covering more than one county.

Focus participants described delays may occur with periodic reviews if a county does not have a Children’s Court. Other hearings, such as criminal hearings, may take precedence over a scheduled periodic hearing. Additionally, in some counties abuse and neglect hearings are heard one day of the month, which can cause inevitable delays depending on the number of hearings needing to be heard that month.
 - d. Survey Rating:** The rating for this item on this survey had an overall mean of 3.07 for both internal and external survey participants. PSD employees had a mean survey rating of 3.30. Legal and judicial survey respondents, which included judges, attorneys, CASAS, and CRB had a mean rating of 3.08 for this item.
 - e. Item Rating:** Based on the survey results, the focus group feedback, QA data and CCIC data, PSD believes this item is a strength in that PSD consistently holds periodic reviews every six months.
- 3. Item 22: Permanency Hearings:** *How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care, and no less frequently than every 12 months thereafter.*
- a. Analysis of Functionality:** PSD policy and procedure and state statute require a permanency hearing to occur no later than 12 months from the date a child enters foster care and respective permanency hearings to occur every 12 months thereafter. In 2014, the Children’s Court Improvement Commission (CCIC)

provided data in which one of the measures was timeliness of the first permanency hearing. The CCIC data does not include ongoing permanency hearings, however, PSD plans to collaborate with CCIC to develop a measure to capture ongoing permanency hearings. The table below reflects the timeliness of the first permanency hearing from the filing of the abuse and neglect petition with the court.

Months from A/N Petition to Initial Permanency Hearing

	Frequency	Percent	Cumulative Percent
0-12 months	533	85.1	85.1
>12-14 months	69	11.0	96.2
>14 months	24	3.8	100.0
Total	626	100.0	

2014 CCIC State and Federal Performance Measures

PSD's Quality Assurance Unit conducts a legal review to assess the timeliness to the first permanency hearing, as well as on-going permanency hearings.

<u>Initial Permanency Hearing</u>	Frequency	Percentage
Was the Initial Permanency Hearing held timely?		
Yes: Timely	101	90%
No: Hearing held late	8	7%
No: Hearing not held and overdue	3	3%
Info not provided	0	0%
Total	112	100%

2014 QA Legal Case Review

<u>Ongoing Permanency Hearings</u>	Frequency	Percentage
In the cases reviewed, were any ongoing Permanency Hearings due the time of this review?		
Yes	80	46%
No	94	54%
Total	174	100%
How many ongoing permanency hearings occurred in the 18 months prior to the review?		
	160	-
Was the hearing timely?		
Yes: Timely	151	94%
No: Held late	9	6%
No: Commenced but not completed	0	0%
No: Not held and overdue	1	1%
Info not provided	0	0%
Total	161	100%
Is the hearing date entered accurately in FACTS?		
Yes	146	91%
No	14	9%
Info not provided	0	0%
Total	160	100%

2014 QA Legal Case Review

CCIC data showed on average initial permanency hearings occur at 10.95 months. QA Legal Review data in 2014 showed that 90% of cases reviewed had a timely initial permanency hearing.

Focus group participants had a consensus that initial permanency hearings occur timely. “Scheduling orders” assisted in this timeliness. Subsequent permanency hearings where a “scheduling order” wasn’t in placed resulted in less timely hearings. Many of the issues highlighted in periodic reviews were issues in permanency hearings. An additional area identified as a barrier in the focus groups, was when the adjudication hearing or the periodic hearing were delayed it resulted in a delay in the initial or subsequent permanency hearings.

- b. Strengths or Promising Practices:** PSD continues to share data with CCIC to monitor timeliness of permanency hearings. In addition the QA unit continues collaborate with PSD legal staff to improve the legal case review tool.

During the focus groups the participants highlighted “scheduling orders” were utilized in the majority of judicial districts in New Mexico to assist in achieving timely hearings.

- c. Challenges or Barriers:** Focus groups participants stated that when an earlier hearing is delayed for one or both parents then the permanency hearing may be delayed.
- d. Survey Rating:** The rating for this item on this survey had an overall mean of 3.05 for both internal and external survey participants. PSD employees had a mean survey rating of 3.30. Legal/Judicial survey respondents, which included judges, attorneys, CASAS, and CRB had a mean rating of 3.10 for this item.
- e. Item Rating:** Based on the survey results, the focus group feedback, QA data and CCIC data, PSD believes this item is a strength. PSD consistently holds permanency hearings no later than 12 months from the date the child entered foster care, and no less frequently than every 12 months thereafter.

4. Item 23: Termination of Parental Rights: *How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?*

- a. Analysis of Functionality:** In accordance with internal procedure, the Children’s Court Attorney (CCA) files a motion to terminate parental rights at the earlier of the following:
 1. within 45 days of the change of plan (COP) to adoption;
 2. within 30 days of the receipt of all necessary information for filing the motion from the PSD worker;

3. within 60 days of a judicial determination that further efforts to reunify would be futile;
4. within 60 days of a judicial determination that a child less than one year old has been abandoned.

In the case of a child who has been in foster care for 15 of the most recent 22 months, the CCA files a motion to terminate parental rights by the end of the 15th month in foster care, unless the child is being cared for by a relative or the CCA has documented compelling reasons for not filing. Entry into foster care is defined as the earlier of 60 days from the date of removal from the home or the date of the first judicial determination of child abuse or neglect. The table below shows the QA Legal Review data for 2014 regarding the timeliness of filing the motion for termination of parental rights after the change of plan staffing. In 40% of the case reviewed, including those case considered not applicable, the termination of parental rights was filed within 45 days of the change of plan. Termination of parental rights was not filed timely within the change of plan in 40% of case reviewed. 20% of case reviewed were not applicable.

TPR Motion not due	19	18%
TPR Motion filed with 30 days of change of plan (COP)	35	32%
TPR Motion filed with 31-45 days of change of plan (COP)	9	8%
TPR Motion filed with 46-60 days of change of plan (COP)	5	5%
TPR Motion filed with 61-90 days of change of plan (COP)	8	7%
TPR Motion filed with 91 + days of change of plan (COP)	24	22%
TPR Motion not filed and overdue	6	6%
Information unknown	2	2%
Total of Applicable Cases	108	100%

2014 QA Legal Case Review Data

Children’s Court Improvement Commission (CCIC) data shown in the table below, measures time from filing of the abuse and neglect petition to termination of parental rights. The data shows that a child is freed on average in about 18.83 months.

Months to Child Freed	Frequency	Percent	Cumulative Percent
0-12 Months	91	23.3	23.3
>12-18 Months	120	30.8	54.1
>18-24 Months	92	23.6	77.7
>24-36 Months	63	16.2	93.8
36+ Months	24	6.2	100
Total	390	100.0	
Missing	1		
Total	391		

2014 CCIC State and Federal Performance Measures

Focus group participants generally agreed if reunification goal was delayed then the filing for the TPR motion would be delayed. This may be due to a parent in the last month beginning to work their case plan, a parent recently being located and the court wants to give them an opportunity to work their case plan, the court wanted to give the parent additional time to work their case plan, or children with siblings who have come into care at different points of time. Focus group participants also agreed that TPR motions may be delayed when there are staff or attorney vacancies resulting in staff and attorneys being overwhelmed and overburdened. PSD staff in the focus groups also identified the “351 Report” required by the permanency planning worker prior to the Children’s Court Attorney filing the TPR motion can be cumbersome to complete causing further delays. Lastly two Children Court Attorneys stated that the compelling reasons defined in New Mexico Children’s Code are too broad and don’t align with the federal compelling reasons.

It would appear that although PSD does not always file a motion for termination of parental rights within internal timeframes, this is likely due to high vacancy rates for CCA’s. The CCIC data is showing that children are being freed on average within 24 months in care. CCA’s that participated in the focus groups shared because of the vacancies, CCA’s are covering more than one county and often traveling long distances which cuts down on time spent in any given county office with PSD staff.

- b. Strengths or Promising Practices:** FACTS utilizes a tickler system and provides legal reports such as compelling reason report to assist PSD in timeliness of filing the TPR motion.

- c. **Challenges or Barriers:** PSD has had high vacancies with children court attorneys and field staff resulting in both entities being overburdened and TPR motions not always being filed timely.
- d. **Survey Rating:** The rating for this item on this survey had an overall mean of 2.80 for both internal and external survey participants. PSD employees had a mean survey rating of 2.90. Legal/Judicial survey respondents, which included judges, attorneys, CASAS, and CRB had a mean rating of 2.90 for this item.
- e. **Item Rating:** Based on the survey results, the focus group feedback, QA data and CCIC data, PSD believes this item is an area needing improvement. PSD does not consistently file a motion for termination of parental rights within internal timeframes.

5. **Item 24: Notice of Hearings and Reviews to Caregivers:** *How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.*

- a. **Analysis of Functionality:** PSD provides notice of hearings and reviews to caregivers including relatives, foster parents and pre-adoptive parents. PSD recognizes the need to have foster parents, children and youth to have a voice in court hearings and has encouraged each to participate in court hearings. If a foster parent or youth is not able to attend a hearing, PSD provides a form for a foster parent or youth to provide feedback.

Foster parents almost unanimously agreed they received notice in focus groups. Notices were provided formally through a letter or informally through contact with the caseworker. The notice was identified as timely and typically through multiple methods. Foster parents reported they are encouraged by PSD to attend court hearings and felt they have a voice in court hearings. If the foster parent was not able to attend the hearing they met with the Guardian ad Litem or one of the other attorneys prior to the hearing. Only two foster parents during the Santa Fe focus group identified they are not receiving regular notice of hearings. One foster parent clarified they do receive a phone call for notice, but it is typically the night before the hearing. CASA's in the focus groups reported foster parents received appropriate notice. If notice was not received it tended to be due to a recent change in placement for the child.

Almost all youth in the focus groups stated they received notice of their hearings and were encouraged to attend. One youth defined the barrier of her attending was due to her being on runaway status and PSD

not being able to locate her to notify her of the hearing. Two additional youth described the difficulty in participating in hearings when they were placed in a different county. Transportation was typically the barrier for having youth participate in the hearing.

- b. Strengths or Promising Practices:** Foster parents and youth in the focus groups identified they regularly received notice for hearings. The notice many times occurred formally and informally through a phone call, e-mail or a visit by their worker.
 - c. Challenges or Barriers:** PSD has a process in place to ensure notice is provided to foster parents and youth. At times, PSD has struggled with notifying the correct foster parent when a child has a change of placement. This could be as a result of data users not timely and accurately entering the child's placement information in FACTS. Legal depends on FACTS system to correctly reflect the child's placement and so if a worker has not updated the placement in FACTS it could result in the notice not being sent to the current placement provider. In addition, PSD does not have a mechanism to obtain data to analysis overall performance in providing caretaker notice.
 - d. Survey Rating:** The rating for this item on this survey had an overall mean of 2.89 for both internal and external survey participants. PSD employees had a mean survey rating of 3.00. Legal/Judicial survey respondents, which included judges, attorneys, CASAS, and CRB had a mean rating of 2.80 for this item. Foster and adoptive parents had a mean survey rating of 2.70 for this item.
 - e. Item Rating:** Based on the internal processes, survey results, the focus group feedback and lack of mechanism to obtain quantitative data, PSD believes this item is an area needing improvement. PSD does not have a mechanism to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.
- 6. Systemic Factor Rating:** PSD struggles with individualizing case plans and engaging parents in the case planning process, especially those parents who maybe struggling with substance abuse or mental health issues, as well as absent and incarcerated parents. In addition, PSD does not have a mechanism to ensure that foster parents and relative caregivers are receiving notice of all hearing with respect to the child, nor does PSD consistently file a motion for termination of parental rights within internal timeframes.

Consistent with QA and CCIC data, PSD is holding timely periodic and permanency hearings. Although two of the items within this systemic factor were rated as strength, PSD believe that the overall systemic factor is an area needing improvement.

C. Quality Assurance System

1. **Item 25: Quality Assurance System:** *How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?*

- a. **Analysis of Functionality:** PSD has a functioning quality assurance system that operates as part of an overall continuous quality improvement process that includes internal and external stakeholders.

The state's quality assurance activities include monthly data reports generated through the FACTS system and provided to regional and county management for the purposes of achieving better outcomes for children and families. These reports are generated monthly and include the child and worker visit report, the pending investigation reports, the permanency planning reports, and the over placement reports.

In addition to these reports the Research Assessment and Data Bureau generates the Annual 360 Report and County Profiles. These reports are utilized by both internal and external stakeholders to assess the needs and strengths of the agency in key areas, building program improvement plans, implementing plans, and evaluating progress.

PSD's Piñon Project is the framework for which Adaptive Leadership and CQI activities are implemented throughout the state. County offices identify adaptive challenges specific to the needs of their community and office, develop plans for improvement, experiment with implementing plans, and measure progress. The RAD Bureau tracks these experiments, monitors progress, and provides technical support for the county.

PSD has developed a CQI work group with representatives from all five regions of the state and includes workers, supervisors, and managers. The work group plans and monitors CQI activities for the Agency.

In addition other CQI activities include citizen review boards, youth advisory boards, the judicial symposium, and judicial brown bags.

QA utilizes The Child and Family Services Review-On Site Review Instrument (CFSR-OSRI) to review a random sample of cases in at least one county per month. The sample includes both permanency and in-home service cases when there is an in-home service program. The QA unit members work in pairs with trained peer reviews and conduct the review on-site in the county office. The review process includes a review of the hard copy case record, a review of the electronic case record (FACTS), and interviews with important case participants, including the primary worker, the child when developmentally appropriate, parents when their parental rights are intact, foster parents, and service providers. In addition to the Child and Family Services Review, the QA unit conducts supplemental reviews that have been developed specifically to evaluate and assess targeted practice areas. Lastly PSD contracts with an individual outside of PSD to provide a second level review of all QA cases reviewed.

A post meeting conference call occurs with QA staff, County Office Managers and the QA second level reviewer to provide trends and discuss how the QA process was handled for the review. The QA manager provides each county a comprehensive report showing the results of that county's QA review. These reports are utilized by the county to make practice improvements. Additionally counties will be receiving a survey to provide feedback on the QA process. QA staff also looks at methods to assist counties with Continuous Quality Improvement (CQI) through feedback received in QA reviews, survey or through the CQI workgroup. The QA Manager provides an annual QA report that summarizes all the county reviews that have occurred over the last calendar year. The CFSR portal (OMS) has assisted PSD in the timeliness of these reports.

Over the past year, the QA unit has focused on three primary goals:

1. Shifting the philosophy of the monthly reviews to a continuous quality improvement model. This model is data driven and supports a culture of continuous learning and active participation at all levels of the agency.
2. Increasing transparency of the quality assurance process by opening up QA meetings to county representatives, planning the reviews with the input of county staff, and meeting with county staff prior to the review to discuss the review week agenda and values of CQI.

3. **Increasing Inter-Rater Reliability.** The QA unit meets at least monthly to review case rating decisions. The QA unit maintains a log of these discussions for further reference. The QA contract consultant also attends these meetings.

Next steps include, increased involvement of external stakeholders in the QA Review process. Plans are being developed to include community members and tribal partners in the QA Peer Reviewer Training and to develop a concise and user friendly report that county offices can use to share review results with their community partners.

- b. **Strengths or Promising Practices:** Shortly after a county QA review, PSD management conducts a hold Stakeholder Data Roundtable. The purpose of these Roundtables is to present high level data, strengths and challenges for a county. A discussion then occurs on how PSD works with the community to improve these outcomes.
- c. **Challenges or Barriers:** Although PSD believes QA is a strength, PSD recognizes the need for continuous quality improvement. Although there is a curriculum for peer reviewers, a tracking system needs to be developed for those who have attended training. In addition QA unit faces a challenge in having a set team of peer reviewers for the review and having committed reviewers back out at last minute.
- d. **Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.73 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 3.06.

2. **Systemic Factor Rating:** Based on the survey results, and internal processes related to CQI and the Piñon Project, PSD believes the Quality Assurance system is functional. PSD assesses this item and systemic factor to be functioning.

D. Staff and Provider Training

1. **Item 26: Initial Staff Training:** *How is the staff and provider training functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?*
 - a. **Analysis of Functionality:** PSD has developed an initial staff training that meets the goals and objectives of the CFSP and is alignment with Title IV-B and IV-E requirements. The training has been adjusted throughout the years to ensure that PSD staff receive the necessary training to carry out their duties for children and families within child welfare. In June 2014, CYFD changed employee initial training from Core training to Foundations of Practice (FOP) training. Foundations of Practice training provides a skills based blended learning environment that assists staff in obtaining the necessary skills to accomplish their job duties. PSD has hired 208 staff from June 1, 2014 to March 12, 2015. 114 of these staff were caseworkers, 48 were temporary workers and 46 were all other roles within PSD. The table below provides a breakdown of PSD new employees who have completed Foundations of Practice between June 30, 2014 and March 6, 2015. A special training was provided to temporary employees, so not all temporary employees attended Foundations of Practice training.

Employee Role	# Employees Completed FOP
Statewide Central Intake Worker or Supervisors	20
Administrative, Secretary, Legal Secretary	11
Family Support Workers or Supervisors	11
Investigative Worker or Supervisors	40
Youth Transition Specialists	3
Permanency Planning Worker or Supervisor	41
Placement Worker or Supervisor	12
Children's Court Attorney	7
County Office Manager or other Managers	4
In Home Services Worker or Supervisor	6
Client Service Agent Worker or Supervisor	9
Recruiter	2
FACTS Worker	1

Academy for Training and Professional Development Data Base

Academy for Training and Professional Development tracks each new employee to reflect the date the employee began and completed their training. Employees register for Foundations of Practice training through a training registration form maintained on the CYFD intranet. After the employee is registered, the employee and his or her supervisor receives an e-mail outlining the date the employee is scheduled to attend Foundations of Practice and the pre-requisite e-learnings. The employee also receives a date the e-learnings need to be completed. Academy for Training and Professional Development staff monitor individuals' completion of the pre-requisites. If a pre-requisite is not completed, then the employee and their supervisor receive a reminder. If the pre-requisites are still not completed, the employee is removed from the currently scheduled training and scheduled for the next round of training. Eleven of the e-learnings require the employee to complete a test scoring at least a 70%. The tests evaluate the knowledge the employee gained through the e-learning on the specific topic area. Employees sign a sign in sheet each day they attend Foundations of Practice training. This information is then entered into Academy for Training and Professional Development's database. When an employee completes all components of Foundations of Practice they receive a certificate of completion. If an employee misses any components of Foundations of Practice, they are offered an opportunity to make up the portion they missed in the next round of training. Once the employee completes the missing section or sections they receive their completion certificate.

All Foundations of Practice trainings have an evaluation component. The evaluation is completed on different levels. The Academy for Training and Professional Development started collecting data on the evaluation components in November of 2014. Analysis of results have yet to be formulated at this time. Below are the evaluation components:

- Nine self-assessments that assist the employee learning more about themselves such as their biases, values, resiliency, or prior traumas and apply this knowledge to how it will impact their work with families in PSD.
- For each simulated apartment experience the employee completes a self-assessment reflecting on their experience and behaviors.
- For each simulated apartment experience the employee receives three additional levels of assessments (external assessments) from coaches who provide feedback to the employee on the

employee's skills. There are a total of twelve opportunities where the employee receives this level of feedback.

- Employees complete one pre and posttest.
- Employees complete evaluations on a daily basis during the Human Resources week, Safety week, Assessment week and two times during Legal week. Employees are asked to provide feedback on relevancy of the concepts to their job role, which skills the employee will utilize in their job and how the skills the employee learned will prepare them for their job.
- Beginning with employees who completed Foundations of Practice training in November 2014, employees will complete a follow up evaluation one month after completion of Foundations of Practice. This evaluation provides feedback on how Foundations of Practice training prepared the employee for their job role. The evaluation will also be sent out at six months and then every year. In addition the evaluations will be sent to the employee's supervisor to obtain their feedback on how prepared the employee was for their job role.

Academy for Training and Professional Development assign an "advisor" to each employee attending Foundations of Practice. This advisor provides technical assistance and coaching throughout the training. The "advisor" is also a point of contact for the supervisor to respond to any questions or concerns during the training. The advisor arranges regular opportunities to debrief with the employee and their supervisor. The goal of the debriefings are to assist the supervisor in obtaining a better understanding of their new employee's skills, areas of strengths or growth and prepare the supervisor to continue coaching opportunities when the employee returns to the office.

Foundation of Practice training curricula was developed through identification of best practices from internal and external sources including PSD worker, supervisors, and managers; conduction of a needs assessment and focus groups, researching accredited sources and review of previous Core curricula. The curricula has specific objectives and outcomes and all skills and evaluations are created to meet the objective. The curricula is developed for the child welfare population and specific to each individual's role. The individual's needs and skills drive the objectives and outcomes. For example, if an individual shows a low skill in interviewing a four year old child, the training and coaching is adjusted to assist the individual to gain additional skills in this area. Foundation of Practice training outcomes reflect policy and procedure, best practice and level of experiences participants are expected to reach. For example, expectations to begin the foundation for entry level staff may be different then staff experienced in child welfare. Skills

that support the objectives are identified and practiced throughout Foundations of Practice trainings and through additional ongoing trainings.

PSD has several methods for supervisors and employees to identify training needs. Supervisors and employees can identify the need for additional training through the debriefing meetings with their advisor during Foundations of Practice training. The Academy for Training and Professional Development conducts an analysis based on the information shared during the debriefings to capture trends, additional skills needed or additional training needs. This is also identified from the employees' experiences in the simulated apartment by staff and coaches. In addition to this, PSD maintains a Training Advisory Council (TAC) with representatives from the Academy for Training and Professional Development, field staff, supervisors, managers and central office staff to provide an opportunity for feedback regarding current training and discuss additional training needs. Academy for Training and Professional Development then prioritizes the ongoing training needs that have been identified and develops a plan for how and when the trainings will be provided.

Feedback from the focus groups and survey identified initial training as a strength. Individuals said Foundations of Practice training is superior to Core training. Participants felt it provided a better foundation for staff that is further enhanced by the supervisor when the individual returns to their office. A supervisor stated that staff were able to apply the skills learned in Foundations of Practice to their work. Two caseworkers described the importance of Foundations of Practice, but felt the on the job training is what best prepares individuals for the job. Academy for Training and Professional Development overwhelmingly has received positive evaluations. Survey feedback focused mainly on identifying additional ongoing or advanced trainings, which is highlighted in ongoing trainings below.

December 2014, Academy for Training and Professional Development and PSD sought feedback on Foundations of Practice training. Below is feedback from employees who attended Foundations of Practice:

- Overall participants have loved the training.
- Employees have found the simulated apartment experience to be realistic.
- “Apartment” is very beneficial, training would not be the same without it.
- Training engaged the employee and was provided them skills to work with a family and maintain themselves safely.

- Activities and blended learning experiences provided throughout Foundations of Practice are beneficial and help prepare employees for their job roles.
- Employees have found that “Writing to the Level of Legal Scrutiny” and “mock trial” assist employees in preparing them for the legal work done within PSD.
- Assists staff in learning how to maintain themselves safely in their work in child welfare.

In December 2014, PSD surveyed some employees who attended Foundations of Practice, individuals who provided coaching during Foundations of Practice and one of the curriculum developers. Below is the feedback PSD obtained:

Employees who completed Foundations of Practice training:

- “I am a former CYFD Senior Investigator. The Foundation of Practice training was a refresher for me. However, it was an awesome and welcomed refresher. As a manager, the Foundation of Practice training provided me with insights about realistic expectations for my staff. The Foundations of Practice training was like day and night compared to what I experienced with my Core training in 1998. Meaning it has evolved into, ‘now I have the tools I need to be successful’. You have to experience it for yourself.”
- “The training allowed me opportunities through hands on exercises to practice skills and get immediate feedback on my areas of strength and areas I could improve. The instructors were knowledgeable and many had direct field experience related to child welfare. The exercises and the design of the instruction gave many opportunities for peer and professional mentoring and feedback, which is helpful to understanding the material.”
- “Being an Investigative Supervisor, the Foundations of Practice training gave me an ‘inside view’ of how my investigators will be trained. This insight allowed me to better understand how to support my staff, with both the basic skills learned in the training and the more detailed skills learned on the job. This decreased the confusion of learning one way and then being told a different way. The training implemented very realistic scenarios that prepared me for real life experiences with our population served; specifically the apartment and interviewing scenarios.”

Coaches for Foundations of Practice training:

- “The preparation and guidance from the facilitators was great, as were the pointers for the coaches. I was very impressed with how the more seasoned coaches helped those of us who were new to the experience. This was accomplished through modeling and helping us understand the importance of assessing the new staff’s decisions within the experience and being mindfully of the staff/coach interaction. I would like to encourage others in our field to take advantage of the coaching opportunity/experience, as it is a most rewarding experience.”
- “The new approach to training new employees is innovative and creative. We have moved to a new style of developing competencies in new employees through coaching. The ‘Training Academy’ now uses mock experiences with experienced staff working directly with new employees one-on-one in order to enhance learning. New employees have several opportunities to enter a ‘live action’ training environment to practice skills learned in the classroom. The learning experience then becomes individualized to the new employee’s needs, as the coach works with them one-on-one to highlight what went well with their mock experience and what could have gone better. Participating in the coaching opportunity has re-energized me as a trainer, supervisor and child protection professional.”
- “Coaching allowed me to see how our new employees react to a situation. As a supervisor, it also gave me the opportunity to see the potential for growth. Coaching the new workers allowed me to share field experience and guidance, in hopes that the new employees will take something away that they can utilize in the field. I highly recommend coaching. It was an enlightening experience.”

Co-Developer of curricula for Foundations of Practice:

- “The new, experiential learning based and skills practice formats provide hands on learning for Foundation of Practice students. To prepare the students to hit the ground running, this program now balances briefer theory input combined with extensive applied practice and extensive real-time feedback from coaches.”

Academy for Training and Professional Development has also provided “mini apartment experiences” once a month. These mini experiences allows any individual to obtain information on Foundations of Practice training and experience the simulated apartment experience like any new employee would. Foundations of Practice is also available to any existing staff, supervisor or manager. One supervisor in the focus group

expressed appreciation for the opportunity to attend the “mini apartment experience” to better understand what new employees are receiving.

Academy for Training and Professional Development has implemented Foundations of Leadership, a supervisor training built on Situational Frontline Leadership (three days) and nine additional days over a two or three month time frame of skills identified as necessary to supervision. This training will begin to be offered February 2015. Foundations of Leadership was developed in the same manner and with the same concepts utilized through Foundations of Practice, meaning supervisors will learn skills through practicing and bringing real life situations to work through. It again will be a blended learning environment with skills being built through e-learnings, classroom and homework assignments practiced in the office setting. It will have the same evaluation system as developed in Foundations of Practice. Ongoing or advanced supervisor trainings will be developed based on the needs identified by supervisors during the training, Supervisor’s Association or feedback provided from different partners such as managers or Training Advisory Council.

- b. Strengths or Promising Practices:** Through Foundations of Practice training PSD employees have an opportunity to practice their skills with a family through an “apartment experience”. This allows the employee to immediately utilize their skills in the moment, learn from their peers and repeatedly practice necessary skills with various family members.

PSD has an evaluation component for initial employee training to help PSD recognize needs for improvement, prepare new employees for their job duties, and identify additional training needs.
- c. Challenges or Barriers:** Foundations of Practice training requires intensive resources in terms to the amount of individuals needed to hold each training session. This is not delaying new staff being trained, but adds an additional burden to existing PSD staff. This requires collaboration between Academy for Training and Professional Development, New Mexico State University (NMSU) and PSD staff.
- d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.54 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 2.42.
- e. Item Rating:** Based on the survey results, the focus group feedback, and feedback from FOP participants, coaches and supervisors, PSD believes this item is a strength. PSD has a process that ensures that initial training is provided to all staff that includes the basic skills and knowledge required for their positions.

2. **Item 27: On-going Staff Training:** *How well is the staff and provider training system functioning statewide to ensure that on-going training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?*

- a. **Analysis of Functionality:** PSD policy requires every employee complete certain mandatory trainings every two or four years such as Domestic Violence in the Workplace, Steps for Respect, Civil Rights, ICWA, and Cultural Competency training. At this time, PSD does not have policy related to requirements for ongoing or advanced training. PSD in the past depended on licensure requirements for individuals to lead the number of hours and required trainings to define this. PSD now hires staff with social work degrees and related degrees. Some individuals are licensed and some are not. The individuals that are licensed may have varying licensing requirements. As a result of this there is no longer a common requirement for ongoing or advanced training. Due to this and now having a training academy PSD will be working with Academy for Training and Professional Development to update CYFD and PSD training policy.

Ongoing or advanced trainings are offered through Academy for Professional Development and Training, community or through contractors. An example of some of these trainings are Children's Law Institute; Cross trainings; Circle of Security; Children with Disabilities, Victimization, Prevention, Sexuality and Communications; Monitoring Psychotropic Medication and Complex Trauma; Monitoring Psychotropic Medication and Complex Trauma; Neurosequential Model of Therapeutics (NMT) training; Customer Service training; Adaptive Leadership; Situational Frontline Leadership; Head to Toe Conference, Message Matters, ICWA conference and Quality Assurance. PSD has also focused on providing child abuse and neglect investigations training through New Mexico State University Southwest Region National Child Protection Center. Each time these trainings are offered, PSD provides scholarships to staff and county multidisciplinary team members to attend these trainings.

Academy for Training and Professional Development and New Mexico State University (NMSU) are currently working with PSD to expand our ongoing trainings. By the end of 2016, PSD will have expanded ongoing training options available to PSD staff.

Curricula and identification of ongoing or advanced courses are developed in the same manner as described in Foundations of Practice training. Ongoing or advanced training curricula was developed through identification of best practices from internal and external sources including PSD workers,

supervisors, and managers; conduction of a needs assessment and focus groups, researching accredited sources and review of previous curricula. Each employee is asked during the Foundations of Practice training to identify ongoing or advanced trainings. The curricula has specific objectives and outcomes and all skills and evaluations are created to meet the objective. The curricula is developed for the child welfare population and specific to each individual's role. The individual's needs and skills drive the objectives and outcomes, which may adjust the training or coaching provided to the specific individual. Ongoing or advanced training outcomes reflect policy and procedure, best practice and level of experiences participants are expected to reach. Skills that support the objectives are identified and practiced throughout ongoing or advanced trainings.

Focus group participants identified PSD does not have a set number of hours required for ongoing or advanced trainings. Workers and supervisors identified there are required yearly trainings. This was highlighted through licensure requirements. PSD and staff are diligent in assisting staff attend trainings to maintain their licensure. PSD pays for social worker license renewal fees and as a result has a method to track the number and level of licensed social work staff within PSD. Currently there is no comprehensive tracking system for individuals that are unlicensed. Academy for Training and Professional Development does require all staff submit training information to them to be entered into their tracking system, but not all staff do this resulting in not always capturing an accurate data. Focus group participants stated that ongoing trainings are offered in several settings and on an ongoing basis, resulting in more individuals being able to attend. There are more variety of ongoing trainings offered in the metro area compared to some of the other areas of the state. Staff in more rural areas discussed the barrier of distance to attend trainings. Some staff described they were not able to attend ongoing trainings due to their caseload or vacancies within the office. Staff identified e-learnings are a training method that is easier for them to access and complete. Staff specifically in one focus group identified the effectiveness of cross trainings between different agencies i.e. law enforcement, CRB, CASA, and judicial partners. Additional training needs that came out of the focus groups and the survey were additional training on domestic violence, continual cross trainings especially with law enforcement, enhanced trainings specific to individual roles within PSD, employee burnout, compassion fatigue or secondary trauma, additional trauma informed trainings, and updated individual or family intervention trainings. This feedback has been provided to Academy for Training and Professional Development. One staff in the survey discussed priority for training

occurs with licensed individuals resulting in not all employees having equal opportunity to ongoing or advanced trainings.

- b. **Strengths or Promising Practices:** PSD partners with the Academy for Professional Development, New Mexico State University and additional community individuals to provide trainings for PSD staff at no additional cost.

PSD has an evaluation component for every training to help PSD recognize needs for improvement, prepare the individual for their job role, and identify any additional training needs

- c. **Identified Challenges or Barriers:** As mentioned in initial training, skill based trainings can be resource intensive and PSD struggles to locate employees that can assist. This is not delaying new staff being trained, but adds an additional burden to existing PSD staff.
- d. **Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.55 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 2.42.
- e. **Item Rating:** Based on the survey results from PSD employees and the focus group feedback, PSD believe this item is an area needing improvement. PSD is already working with the Academy for Training and Professional Development to provide more ongoing training opportunities for staff by the end of 2016.

- 3. **Item 28: Foster and Adoptive Parent Training:** *How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adoptive children?*

- a. **Analysis of Functionality:** PSD policy requires foster parents attend approximately 32 hours of Relative, Adoptive and Foster Training (RAFT) training prior to being licensed and 12 hours (6 hours self-selected and 6 mandated hours) training each subsequent year. PSD offers a Foster Parent Conference and an Adoptive Parent Conference to assist foster and adoptive parents obtain their training hours and to provide ongoing

skills to assist them in caring for foster and adoptive children. PSD has initial and ongoing provider training in place for foster parents that help prepare them to care for foster children and youth. All trainings are offered in Spanish as well as English. Recently PSD recognized the need to offer additional RAFT trainings in Spanish and has partnered with New Mexico State University to provide these.

Between July 1, 2013 and June 30, 2014, 141 foster families (237 adults), 8 treatment foster families and 55 adoptive families (86 adults) attended RAFT training. At the end of each day of RAFT training, foster or adoptive parents completed an evaluation. The evaluation utilized a 4 point agreement scale consisting with strongly disagree, disagree, strongly agree, and agree. Those four options were assigned a numeric value, one through four. In the analysis, mean scores were examined based on daily evaluations completed the average mean was 3.76 reflecting the majority of foster and adoptive parents were satisfied with the RAFT training.

Focus group participants and survey respondents related that PSD's initial foster parent training, RAFT, prepared foster parents to care for foster children and youth and was a strength. Foster and adoptive parents felt RAFT training content was relevant. It was described as real, trauma focused, promotes participant involvement and provides "testimonies" for different areas which assist individuals in retaining the information. One foster parent defined the training as extremely beneficial and described how the training improved even improved his parenting skills with his biological child. Another foster parent felt they knew everything about parenting until they went through the training. Overall foster and adoptive parents appreciated the opportunity for peer networking that began in the trainings and continued through the foster or adopting experience. The training was described as far superior to the previous foster and adoptive parent training. Participants did express concerns with the training being offered on Saturday's and childcare not being provided which caused some hardship for some foster or adoptive parents. Participants did identify PSD provided some flexibility on "making up" sessions when they could not attend a particular Saturday. Foster and adoptive parents universally felt PSD provided an array and high quality ongoing training. Training opportunities included face to face and e-learnings. All participants felt the trainings were beneficial and tailored to meet their needs. Additional adoptive trainings provided by the Fiesta program further enhanced trainings for adoptive parents. Again child care was a barrier for some foster or adoptive parents to attend trainings. One foster parent identified at times he received very short notice for trainings and so could not always coordinate attending the training. Foster and adoptive

parents expressed the need for additional trainings on specific child behaviors to further enhance their skills. This training need was shared with the Foster and Adoptive Care Bureau Chief.

- b. Strengths or Promising Practices:** PSD has an evaluation component for every foster and adoptive parent training to help prepare foster and adoptive parents to care for children in care, and identify additional training needs.
 - c. Challenges or Barriers:** PSD received feedback from foster and adoptive parents in the focus groups though RAFT training provides some elements of trauma informed training, but they would like to see more opportunities for ongoing training. In addition foster and adoptive parents felt the scheduling of RAFT trainings on Saturdays created barriers in regards to child care and not being available for four Saturdays. PSD identified that RAFT training was not offered in Spanish as frequently as needed. PSD has coordinated additional resources to meet this need.
 - d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.79 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 2.80. Foster and adoptive parents rated this item on the survey with a mean of 2.83.
 - e. Item Rating:** Based on the survey results, the focus group feedback, and internal processes, PSD believes this item is a strength. Foster and adoptive parents rated training as a 2.83 on the survey. PSD has a process that ensures training is occurring statewide for current or prospective foster parents, adoptive parents and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adoptive children.
- 4. Systemic Factor Rating:** Initial training and foster care and adoptive parent trainings are strengths for PSD. Although ongoing training is an area needing improvement, PSD in collaboration with Academy for Training and Professional Development is in the process of developing additional ongoing training to staff to improve job skills. Based on the survey, focus group feedback and collaboration with Academy for Training and Professional Development, PSD assesses this systemic factor to be functioning.

E. Service Array and Resource Development

1. **Item 29: Array of Services:** *How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?
Services that assess the strengths and needs of children and families and determine other service needs;
Services that address the needs of families in addition to individual children in order to create a safe home environment;
Services that enable children to remain safely with their parent when reasonable; and
Services that help children in foster and adoptive placements achieve permanency.*
- a. **Analysis of Functionality:** Based on the QA data below PSD has struggled with item 17 (12 for 2014) in providing needs and services for birth parents.

2012 QA Data - Foster Care Cases (N=102)	Strength	ANI	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	38.24%	61.76%	0
2012 QA Data - In Home Services Cases (N=28)	Strength	ANI	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	60.71%	39.29%	0

2013 QA Data - Foster Care Cases (N=123)	Strength	ANI	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	31.67%	68.33%	0
2013 QA Data - In Home Services Cases (N=28)	Strength	ANI	Cases N/A
Item 17: Needs and services of child, parents and foster parents.	17.86%	82.14%	0

2014 QA Data - Foster Care Cases (N=47)	Strength	ANI	Cases N/A
Item 12: Needs and services of child, parents and foster parents.	38.3%	61.7%	0
2014 QA Data - IHS Cases (N=13)	Strength	ANI	Cases N/A
Item 12: Needs and services of child, parents and foster parents.	15.38%	84.62%	0

In 2013, New Mexico underwent a transition of behavioral health agencies. This transition forced long standing agencies with close community ties to close and reduced the capacity of others. Six new agencies assumed services throughout the state, however these agencies are struggling to become financially solvent.

Focus group participants in five of the seven focus groups focused on New Mexico's change of behavioral health providers. The majority felt these changes resulted in delays in services or inadequate coverage for specific services such as counseling for mental health and substance abuse treatment. Participants stated the new behavioral health agencies struggled with start-up issues and staffing issues resulting in many children and families having a disruption or gap in critical services. Client eligibility and discharge requirements were changed in some instances, resulting in a child or family finding themselves without any service due to no longer meeting service criteria. In some situations providers changed hours, which left some individuals no longer available to obtain the service. As a result of the change of providers children and families also had to develop rapport and trust with new providers resulting in potential delays in their progress. Many of the out of state providers have provided notice to quit providing services in many counties resulting in some counties without services. Existing providers and PSD are collaborating together to try to meet the gaps in the service array. An example of this is in Chaves County providers and PSD are meeting monthly to address the service array. Providers are also lobbying legislators to reflect the statewide service array crisis.

All focus group participants stated that in larger counties all basic and many specialized services are available. The struggle occurs in more of the rural counties. Housing was identified a barrier in each of the counties. An example provided was a family in Bernalillo County had a delay in reunification due to the

difficulty in obtaining suitable housing. Substance abuse, especially inpatient was another service that not all counties had available to families. Focus group participants reported the need in all counties for additional in home services or other preventative services to help prevent children coming into care. One participant stated that many services are underutilized while others are over utilized and believed additional community collaboration could assist with this. Transportation or distance was stated as general barriers in many communities to accessing services. Youth felt like services to assist them in living independently were sufficient. One youth expressed being dissatisfied with the services, stating the services didn't come until he was almost 18 years old and needed to be provided sooner. Some youth described transportation or finances to provide gas were barriers to get to services. Two youth said youth independent services provided in the facility met their needs.

Survey respondents provided similar feedback as focus group participants. Additional feedback was the difficulty and delay it may take to get individuals or providers through the RFP process or licensing process for treatment care programs. Another comment was the limitations New Mexico Medicaid allows for billing certain services. This results in providers being limited on what they will provide to a client. Lastly a respondent stated that PSD does a great job in ensuring services are provided to Navajo children and families.

Despite the statewide disruption of behavioral health agencies providing services to families, PSD provides a service array such as:

1. PSD utilizes core service agencies (CSAs) to monitor and treat emotional trauma related to maltreatment and removal from home. CSAs can weave in existing services, bridge treatment gaps and promote the appropriate level of service intensity, all while ensuring that community support services are integrated into treatment. CSAs are the single point of accountability for identifying and coordinating a targeted client's behavioral health, health and other social service needs.
2. A child abuse response team (CART) serves children and youth statewide. Services include psychological evaluations as well as comprehensive exams, including dental. CART is located at the University of New Mexico Hospital (UNMH) and is available to all counties; it is essentially a trauma team. PSD does not have data to show how many children or youth have received a CART exam.
3. Early periodic screening, diagnosis, and treatment (EPSDT) screenings are provided to every child in foster care within the first month of care and one year thereafter

4. Department of Health Family Infant Toddler (FIT) programs (early intervention services) to ensure service delivery to families and our most vulnerable child population. PSD is required within our policy to refer any child, three and under with a substantiated referral of abuse or neglect to a FIT provider. Department of Health Family Infant Toddler program does maintain data on children served, but PSD has not requested this information. PSD's FACTS system also has a section for a worker to enter the date a child is referred to a FIT provider. Different PSD staff meet regularly with the FIT providers to ensure children are being referred appropriately. PSD does not currently have data on number of children who have been referred to a FIT provider and due to the limitations of what additional reports can be requested from the FACTS system PSD will not be able to obtain a report with this data.
5. Infant mental health services are available in Bernalillo, Dona Ana, Grant, Otero, Rio Arriba, San Juan, Santa Fe, Sandoval and Taos counties.
6. PSD provides child care services to birth parents to enable the child to remain safely in the home and enable parents to participate in their case plan activities. PSD also provides child care to foster families to assist them in meeting the needs of the different children in their home.
7. PSD supports and is actively involved with Leaders Uniting Voices, Youth Advocates of New Mexico (LUVYA-NM) and other youth organizations. PSD collaborates with LUVYA-NM and other youth to improve outcomes for older children in care, focusing most recently on youth transitioning out of foster care and examining the needs of youth up to the age of 21.
8. PSD actively works with tribal social services to ensure tribes are familiar with and have access to PSD services, including Chafee/ETV services, Title IV-E foster care maintenance agreements and training.
9. PSD partners with the Early Childhood Services Division of CYFD to promote access and utilization of home visiting programs for families coming in contact with the child protective services system.
10. PSD is striving to provide access to trauma informed assessments through the Neurosequential Model of Therapeutics (NMT). Community agencies are being trained to complete these assessments. At this time 16 PSD staff and 21 individuals within community agencies. PSD is in the process of coordinating training for 24 additional individuals within community agencies.

11. PSD has implemented stakeholder data roundtable meetings after a QA review has occurred in a county. The purpose of these meetings is to seek input and feedback from the community on how to join together to improve outcomes for children and families. PSD staff also share data regarding the county's performance on safety, permanency and well-being outcomes.
12. PSD partners with Children's Court Improvement Commission (CCIC) on outcomes for children and families with judicial partners.
13. Development and partnership with Child Advocacy Centers and Family Advocacy Centers in Valencia County and Bernalillo County. These centers provide access to comprehensive multidisciplinary services, reduce the investigation time for all agencies involved, reduce the number of interviews required by the child, increases quality of the investigation, eliminates travel time to services since all necessary services are located in one place, improves coordination between multidisciplinary partners, and increases the overall number of convictions. The overall focus of the centers is to decrease victim trauma while providing supportive services.
14. Multiple Disciplinary Teams (MDTs) in Bernalillo, Valencia, Taos, San Juan, Cibola, Dona Ana, and Luna counties. PSD utilizes multidisciplinary teams to enhance and improve investigations and responses for children and families. In New Mexico multidisciplinary teams represent a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and plan for children and families receiving child welfare services. Each team determines how often they meet. Different data points are maintained through the multitude of agencies and at this time PSD has no current data.
15. Family Support Workers (FSW's) in Bernalillo County to assist in connecting families to community agencies to help meet their needs and prevent children from repeat maltreatment and re-entry into the child welfare system. PSD is in the process of collecting data on the FSW program and is seeking funds to implement FSW program in additional counties.
16. Title IV-B services available 2014 in the following counties:
 - Time Limited Reunification served 134 families. Of the 134 families:
 - 54 were served in Bernalillo County.
 - 21 were served in Dona Ana County.
 - 18 were served in Lea County.

- 16 were served in Sandoval County.
- 25 were served in Valencia County.
- In Home Services served 132 families. Of the 132 families:
 - 21 were served in Bernalillo County.
 - 11 were served in Chaves County.
 - 23 were served in Dona Ana County.
 - 28 were served in Lea County.
 - 14 were served in Socorro County.
 - 35 were served in Valencia County.
- Family Support Services served 128 families. Of the 128:
 - 44 were served in Bernalillo County.
 - 20 were served in Chaves County.
 - 26 were served in Dona Ana County.
 - 10 were served in Socorro County.
 - 28 were served in Valencia County.
- Fiesta served 890 families.
- Home Study served 433 families.

In addition to other services offered PSD also offers services to meet the needs of youth in foster care, those youth who have emancipated out of foster care, and those youth adopted from the foster care system at sixteen years of age or older. A statewide youth advisory board, Leaders Uniting Voices, Youth Advocates of New Mexico participates in developing the youth services program (independent living program) and provides feedback and suggestions to PSD staff, foster parents and community providers.

- b. Strengths or Promising Practices:** PSD provides monthly Stakeholder Roundtable meetings to assist in PSD in communicating with community partners. As a result of these, Las Vegas and Sandoval counties are now holding monthly community meetings. PSD staff reported the Stakeholder Roundtable meetings allowed them to become more knowledgeable about the community system and helped them identify a contact

person within these agencies. Individuals within Sandoval County are addressing communication and collaboration with providers in their community in Striving Toward Excellence Program (STEP).

- c. **Challenges or Barriers:** PSD continues to make efforts in addressing the service array in New Mexico. PSD staff meet with Managed Care Organizations (MCOs) personnel monthly to discuss care coordination and contracting with service providers. Regional Managers or County Office Managers have held community meetings to discuss the lack of service array to meet the needs of families in their area. Community providers have been responsive and assisted in coordinating additional resources. For example PSD is working with the Behavioral Health Services Division to expand Core Service Agencies (CSAs). As part of this coordination additional community agencies have been designated as CSAs. This process has been slow, but is occurring.
- d. **Survey Rating:** This rating was based on the components within Array of Services. The overall mean for ensuring services are accessible in all counties was 2.38. The overall mean for addressing the needs of families in addition to individual children in order to create a safe home environment was 2.82. The overall mean for both internal and external stakeholders for Array of Services was 2.57. PSD assesses this item to be functioning. The survey rating for this item and systemic factor had an overall mean of 2.80 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 2.70. Providers rated this item on the survey with a mean of 2.70.
- e. **Item Rating:** Based on focus group feedback and the recognition of a diminished service array around behavioral health, PSD believes this item is an area needing improvement. PSD recognizes the need to address capacity of behavioral health services and areas needing additional services. The Behavioral Health Division in CYFD is currently working with PSD to develop such an assessment.

2. **Item 30: Individualizing Services:** *How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?*

- a. **Analysis of Functionality:** Based on the QA data below PSD has struggled with item 18 (13 for 2014) in child and family involvement in case planning.

2012 QA Data - Foster Care Cases (N=102)	Strength	ANI	Cases N/A
Item 18: Child and family involvement in case planning.	48.51%	51.49%	1
2012 QA Data - In Home Services Cases (N=28)	Strength	ANI	Cases N/A
Item 18: Child and family involvement in case planning.	78.57%	21.43%	0

2013 QA Data - Foster Care Cases (N=123)	Strength	ANI	Cases N/A
Item 18: Child and family involvement in case planning.	52.54%	47.46%	2
2013 QA Data - In Home Services Cases (N=28)	Strength	ANI	Cases N/A
Item 18: Child and family involvement in case planning.	64.29%	35.71%	0

2014 QA Data - Foster Care Cases (N=47)	Strength	ANI	Cases N/A
Item 13: Child and family involvement in case planning.	68.89%	31.11%	2
2014 QA Data - IHS Cases (N=13)	Strength	ANI	Cases N/A
Item 13: Child and family involvement in case planning.	30.77%	69.23%	0

As mentioned in service array and resource development, PSD recognizes a diminished service array around behavioral health therefore services may not be available to address individualized needs in every county, especially more in some of the more rural areas of the state. Transportation may be a challenge for

those individuals who need to travel a distance to access needed services. To remedy this problem, some counties have partnered with Managed Care Organizations (MCOs) to assist in ensuring identified services are available for children and families. For example in Socorro County, PSD collaborated with the Core Service Agency to provide individualized services in that county.

Many focus group participants stated there are resources that are over utilized while there are other resources that continue to be underutilized, thus highlighting the need for continued collaboration. Focus group participants felt that New Mexico provides basic services such as therapy or parenting classes in all areas of the state. These services are typically available in English and Spanish. Though the services are available, there is still a need to further individualize the services to better serve certain populations who may have a substance abuse problem, Spanish speaking or are low functioning or developmentally delayed.

- b. Strengths or Promising Practices:** PSD utilizes IV-B funds to assist with services to children and families. In addition PSD is utilizing Family Support Workers in Bernalillo County to assist families in engaging in services after their investigation with PSD. PSD hopes to implement this program in other counties in 2015, depending on additional funding and resources.

PSD collaborated with different community partners to develop one Child Advocacy Center in Valencia County to better serve children and families within the child welfare system. Through the legislature, PSD is requesting funding for five or seven additional advocacy centers.

- c. Challenges or Barriers:** New Mexico does not have a comprehensive service array and cannot fully identify community services provided to children or families in individual counties or across the state. PSD is currently collaborating with community providers, IV-B providers, tribal partners, judicial partners and field staff to complete a service array assessment.
- d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.57 for both internal and external survey participants. The overall mean for assessing the strengths and needs of families and determine other service's needs was 2.81. The overall mean for ensuring services are accessible in all counties was 2.38. Providers rated this 2.30 on the survey. PSD employees rated this item and systemic factor on the survey with a mean of 2.80. Providers rated this item on the survey with a mean of 2.30.

- e. **Item Rating:** Survey results show the overall mean for ensuring services provided in all counties was 2.38; providers rated this 2.30. Based on focus group feedback and the recognition of a diminished service array around individualized services especially in rural areas, PSD believes this item is an area needing improvement. PSD recognizes the need to address capacity of behavioral health services and areas needing additional services. The Behavioral Health Division in CYFD is currently working with PSD to develop such an assessment.
3. **Systemic Factor Rating:** Based on the rating for service array and individualized services PSD feels this systemic factor is an area needing improvement.

F. Agency Responsiveness to the Community

1. **Item 31: State Engagement and Consultation Pursuant with Child and Family Service Plan and Child and Family Service Reviews:** *How is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSR's, the state engages in on-going consultation with tribal representatives, consumers, services providers, foster care providers, the juvenile court and other public and private child-and-family-serving agencies and includes the major concerns of these representatives and the goals, objectives, and annual updates of the CFSP?*
- a. **Analysis of Functionality:** PSD collaborates with stakeholders in many ways. During the writing of the Child and Family Service Plan (CFSP), PSD held stakeholder meetings to obtain feedback on outcomes and systemic factors which was used to develop the CFSP. PSD utilized the feedback to assist us in the writing of the CFSP and specifically to help PSD identify the four goals within the CFSP plan for improvement. Each of the four goals were highlighted as the area of highest need by the participants in the focus groups. The CFSP was sent directly to New Mexico tribal partners and provided on the CYFD intranet web page for other stakeholders to access. The CFSP plan for improvement is highlighted in community meetings and internal meetings to continue to obtain feedback and find root causes for the areas identified.

Another example of collaboration is after each Quality Assurance review, management holds a data stakeholder meeting to further provide data on the different outcomes and systemic factors. These

meetings are utilized to further problem solve and identify methods the community can assist in improving outcomes or systemic factors.

PSD also participates in the Children's Court Improvement Commission (CCIC) that has an impact on the judicial system, timeliness of hearings and timeliness of permanency regarding child welfare in New Mexico. PSD has partnered with CCIC on data points related to timeliness of hearings and permanency for children. One example of this is through the exchange of data. The judicial system utilizes Odyssey to obtain data and PSD utilizes FACTS. The judicial system currently working on improvements to allow Odyssey to track each child compared to each family. Until this occurs they are utilizing PSD data to reflect timeliness of hearings or permanency. Currently Odyssey can track federal and state standards and performance measures i.e. due process, service of parties, or assignment of a CASA. After the changes occur Odyssey will be able to track any data point the judicial system, PSD or CCIC would like to monitor. Fields will also be able to be added to Odyssey verify a hearing has occurred. A recent example of this is being able to track who the educational decision maker is for every child. The combination of the two systems will allow both the judicial system and PSD additional abilities to track and obtain data. Another opportunity of collaboration within CCIC is the project between PSD, Juvenile Justice Services and Public Education Department to share data to better monitor child outcomes. Over the last year CCIC members including PSD assisted in conducting a study to evaluate the quality of hearings in child welfare cases.

PSD further participates in the IV-B tribal meeting and collaborates with tribes and pueblos interested in having Interstate Governmental Agreements (IGAs). In addition county office individuals meet with tribal partners as needed to work individual cases and comply with Indian Child Welfare Act (ICWA) requirements.

PSD provides local agency responsiveness at a county level within each county through the county office managers and regional managers. Each county office manager coordinates with local partners within their community to improve outcomes for children and families involved in child welfare. Some of this work is completed through multidisciplinary meetings and others are one on one with PSD and each entity. An example of some of this collaboration is brown bag lunches with the judges where discussions occur on strengths and areas of growth. Individual workers engage with different entities within the school system to ensure children's educational needs are being met. This might be for an Individualized Education Plan (IEP), behavior or transition of the child back to their parent. As mentioned earlier, PSD is currently

coordinating with Public Education Department to share data between the two systems to allow both systems to improve child outcomes. PSD also provides a letter to the school keeping the school informed of the status of the child.

Through Butler Institute for Families, PSD gathered information through a family survey sent to birth parents attempting to obtain feedback about their experience with PSD. Only a small sample of information was gathered and one region of the state was over represented. Although information garnered was useful, PSD felt this could not be generalized across the state. As part of the Diligent Recruitment efforts, PSD conducted several surveys to obtain feedback from foster parents regarding their experiences with PSD. The first survey was a baseline that was sent to all foster parents across the site. The second survey was to verify if implemented components were making a difference for foster parents. Two subsequent surveys were sent to foster parents in the diligent recruitment pilot sites. Information garnered from those surveys informed PSD of the need to continue to work on customer service and strengthening relationships with foster parents.

Focus group participants felt PSD reaches out and collaborates consistently within each community on an ongoing basis including information sharing and working together on common issues. Participants stated PSD does extremely well in reaching out to birth parents and involving them in monthly events and planning sessions related to their case with PSD. Other examples of agency responsiveness provided were FCMs, provider meetings, and other family meetings such as after care planning. Participants highlighted PSD participation in cross training with different entities to ensure all parties have a similar understanding of expectations, programs and limitations. When a barrier is identified individuals felt like PSD partners with the necessary individuals to assist in developing a solution. One example of this is the coordination between PSD, CASA, the District Attorney's office and the judicial system to allow "courthouse dogs" be available to children when they are attending court so the experience is less traumatizing to them. Participants stated that PSD does a good job on seeking information and input from the community, but isn't as consistent with communicating the end result. Participants identified when PSD staff become overwhelmed or overburdened responsiveness can become affected. A solution through the survey was to e-mail the PSD worker when they could not be reached by phone. This resulted in a quicker response. Another point of collaboration is the responsiveness PSD received at the CFSP focus groups, Statewide Assessment focus groups and Statewide Assessment survey.

Survey results were also positive related to PSD responsiveness to the community. One example provide was PSD's involvement in initiating higher levels of care or reviews for children or families. One area of concern was noted as PSD does not always notify community individuals when a family is transferred to a different PSD worker. Another area of concern came from domestic violence partners who felt PSD staff needed additional training on responses to family members involved in domestic violence. This training need has been provided to Academy for Training and Professional Development.

- b. Strengths or Promising Practices:** PSD took a different approach in developing the CFSP to include more internal and external stakeholders, resulting in more PSD field staff having a better understanding of the purpose of the CFSP and knowledge of the goals within the CFSP. Through the use of office hours and county office staff meetings, County Office Managers continue educating staff on the CFSP goals. As a result, PSD staff are better able to articulate those goals with external stakeholders. Stakeholders assisted in developing our CFSP goals and also provided methods or solutions to better improving outcomes or addressing different systemic factors.
- c. Challenges or Barriers:** PSD has struggled with engaging various tribes and pueblos and continues to work on developing relationships with all tribes and pueblos in New Mexico. One effort PSD has made is to attend tribal and pueblo meetings at the tribe or pueblo's location of choice in addition to requesting updated contact lists on a regular basis.

PSD has inconsistent relationships with law enforcement entities across the state and is seeking to find a better method of engagement.
- d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.80 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 3.00. CYFD, none PSD employees rated this item and system factor on the survey with a mean of 2.80. All other survey participants (all participants not a CYFD or PSD employee) rated this item on the survey with a mean of 2.80.
- e. Item Rating:** Based on the survey results, the focus group feedback, and internal processes, and PSD's ongoing collaboration with partners, PSD believes this item is a strength.

2. **Item 32: Coordination with Child and Family Service Plan Services with Other Federal Programs:** *How well is the agency responsiveness to the community system functioning statewide to ensure that the states services under the CFSP are coordinated with services or benefits of federally assisted programs serving the same population?*

- a. **Analysis of Functionality:** PSD collaborates with other state and federal entities to ensure services or benefits are coordinated and delivered to children and families. For example, over the last year PSD has had several meetings with the Department of Health and one meeting with Department of Health, Homeland Security, and Administrative for Children and Families (ACF) to further develop a plan to ensure the safety and well-being of children during a potential man made or natural disaster. Another example is PSD's recent co-chairing of the Domestic Child Sex Trafficking Task Force. This task force consists of PSD, judicial representatives including a co-chair of a Children's Court judge, law enforcement, juvenile justice, medical, district attorney's office, and community providers. The purpose of the task force is to develop a system in New Mexico to address child sex trafficking in New Mexico and to begin to address the components in Preventing Sex Trafficking and Strengthening Families Act. The group plans on addressing development of PSD policy and procedure, services, community outreach, education and training, law enforcement response and prevention.

PSD has a dedicated IV-E unit and IV-E manager that coordinates services funded by Title IV-E for eligible children, including tribal children. In addition this unit works with the Human Services Department Medicaid Division and Child Support Enforcement Division to secure benefits and services for eligible children. This unit also works with tribes and pueblos to establish Title IV-E agreements and Interstate Governmental Agreements (IGAs) that enhance services for tribal children. In addition to these agreements, PSD attends the annual Title IV-B tribal meeting to further strengthen collaboration between PSD and tribes and pueblos.

The Community Services Bureau within PSD focuses on child abuse and neglect prevention services. This bureau administers several federal programs, such as Community Based Child Abuse Prevention (CBCAP), Children's Trust Fund (CTF), Access and Visitation and Children's Justice Act (CJA). Because these programs are housed within PSD, PSD is able to assess the needs of families and integrate service provision through building the capacity statewide to deliver services needed to those families who are at risk of becoming involved with the child protection system. This allows PSD to provide training, technical assistance and networking activities to service providers funded by these federal programs.

PSD collaborates with the US Department of Housing and Urban Development for housing assistance for children, youth and families. As part of this agreement, US Department of Housing and Urban Development prioritizes families involved in child welfare over other families on their waiting list. At this time, PSD does not have data to reflect the number of families that have received this prioritization. Other community entities assist PSD in providing housing for youth, individuals with a mental health diagnosis, individuals who are homeless, and veterans. One example is PSD's monthly collaboration on supportive housing for youth with a mental health diagnosis. Each month PSD "staffs" youth that PSD has identified as having a housing need and having a mental health diagnosis with Department of Health and the housing entity to see if the youth will be recommended for a housing voucher. If the youth receives the housing voucher they are provided case management through a community agency to assist them in maintaining the housing.

The child welfare services throughout the state are provided through a combination of funds, as permitted in the State's federally approved Cost Allocation Plan. These funding sources include the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1), CBCAP, Title IV-E, and the New Mexico General Fund. PSD contracts with providers to deliver services such as the Promoting Safe and Stable Families Program (Title IV-B subpart 2), services funded through the Child Abuse Prevention and Treatment Act (CAPTA), and services through Chafee Foster Care Independence Program and Education and Training Voucher Program.

- b. Strengths or Promising Practices:** Focus group participants acknowledged New Mexico has trauma informed services to better meet the needs of children and families involved in maltreatment.
- c. Challenges or Barriers:** Though focus group participants identified New Mexico has trauma informed services they also felt there was a need for additional services specifically services for basic needs such as housing, food, and utilities.
- d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.84 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 2.94. External partners (individuals that aren't PSD or CYFD employees) rated this item and systemic factor on the survey with a mean of 2.80.
- e. Item Rating:** Based on the survey results and PSD's ongoing collaboration with partners, PSD believes this item is a strength.

5. **Systemic Factor Rating:** Based on the rating for State Engagement and Consultation item and the Coordination with Child and Family Service Plan Services with Other Federal Programs item PSD feels this systemic factor is a functional.

G. Foster and Adoptive Parent Licensing Recruitment and Retention

1. **Item 33: Standard Applied Equally:** *How well is the foster and adoptive parent licensing, recruitment and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or Title IV-E funds?*
 - a. **Analysis of Functionality:** PSD utilizes Structured Analysis Family Evaluation (SAFE) home study to evaluate potential families as foster care providers. SAFE is used by PSD as well as all licensing entities within New Mexico. In addition some tribes or pueblos have expressed interest in utilizing SAFE for the licensing of their foster families. PSD also has foster care licensing policy and procedures, which are utilized by the Child Placement Agencies, to ensure licensing standards are applied equally across the state.

Overall focus group participants felt licensing standards are applied equally. One group of participants specifically identified the SAFE home study reflects a high standards and helps ensure consistency and focus in the manner families are assessed. One individual felt there was cultural bias to the standards. Examples that were provided were related to regulations around swimming pools, air conditioning, trampolines and secured vs locked. PSD received additional feedback related to subjectivity of individual decisions regarding the safety checklist within PSD licensing policy. PSD implemented a workgroup a year ago to begin addressing inconsistencies or subjectivity related to the safety checklist. This group is in the process of updating policy and procedure requirements.
 - b. **Strengths or Promising Practices:** PSD continues to collaborate with CYFD Native American liaison, Bureau of Indian Affairs (BIA), tribes and pueblos to further improve and develop foster and adoptive parent recruitment and retention.

PSD has utilized the DR grant to test new approaches to recruit foster and adoptive parents, expand concurrent planning for all children in care for whom such planning is appropriate, and develop a customer service model for all PSD staff.

- c. **Challenges or Barriers:** PSD is inconsistent in using data to inform practices around licensing, recruitment and retention of foster and adoptive parents.

PSD lacks communication and collaboration between placement and recruitment units, which effects efficiency of the work.

PSD does not utilize all resources, such as current foster parents or youth assisting in recruitment or retention.

- d. **Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.90 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 3.13. Foster parents rated this item and system factor on the survey with a mean of 2.80. Adoptive parents rated this item and systemic factor on the survey with a mean of 2.50.

- e. **Item Rating:** Based on the survey results and focus group results, PSD believes this item is a strength.

- 2. **Item 34: Requirements for Criminal Background:** *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

- a. **Analysis of Functionality:** PSD has a criminal background unit that ensures federal compliance with criminal background clearances for foster and adoptive care licenses. PSD has policy and procedure in place requiring criminal background checks for prospective foster and adoptive parents. PSD recently transitioned from a paper criminal background clearance to an electronic method.

Focus group participants believed that criminal background checks were occurring and were completed timely. No concerns were noted in the focus groups or through the survey. In one focus group participants

identified one county who completes city and county background checks more often than what is required by policy or in other counties.

- b. Strengths or Promising Practices:** As stated above, PSD recently began utilizing electronic fingerprinting. This has cut down on the number of rejections and the need for reprinting of finger prints. In addition the PSD CRC unit are receiving results more quickly. Once an individual has been fingerprinted the “rap back” process allows immediate notification of arrest to the PSD CRC unit.
- c. Challenges or Barriers:** Even though the electronic finger printing method is considered a promising practice, it also presents a challenge with less finger print sites available for fingerprinting especially in rural areas.
- d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 3.30 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 3.40. Foster parents rated this item and system factor on the survey with a mean of 3.30. Adoptive parents rated this item and systemic factor on the survey with a mean of 3.20.
- e. Item Rating:** Based on the survey results and focus group feedback, PSD believes this item was a strength. PSD believes it has a strong process to ensure initial criminal background checks are occurring. In addition in 2012, PSD went through a Title IV-E review with Department of Health and Human Services. During this review foster care licensing requirements including PSD’s compliance with completing timely background checks were reviewed. PSD went through it was determined that 79 or 80 cases met eligibility requirements i.e. deemed non error cases. PSD was found to be in substantial compliance for the period under review.

3. Item 35: Diligent Recruitment of Foster and Adoptive Homes: *How well is the foster and adoptive parent licensing, recruitment and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

- a. Analysis of Functionality:** Recruitment events are typically county based to reflect the ethnic and racial population of that county. In addition the five Step Up! Diligent Recruitment (DR) counties have developed targeted recruitment plans to meet the diverse needs of the children coming into care.

Even though Santa Fe County is not a DR site, the county has identified the need for families who can foster large siblings groups, and have developed a plan to target those families that meet the characteristics for successfully fostering large sibling groups.

The table below reflects ethnicity of licensed foster care providers and children for 2014. PSD believes the table shows licensed and foster and adoptive families accurately reflect the ethnic and racial diversity of children in care. PSD recognizes the need to recruit Native American and African American families.

		Number	Percentage
American Indian or Alaskan Native	Foster Parent	45	4.4%
	Foster Child	234	10.3%
Asian	Foster Parent	6	0.6%
	Foster Child	0	0%
Black or African American	Foster Parent	33	3.2%
	Foster Child	105	4.6%
Native Hawaiian/Pacific Islander	Foster Parent	4	0.4%
	Foster Child	3	0.1%
White	Foster Parent	923	90.5%
	Foster Child	1785	78.3%
Unable to Determine	Foster Parent	0	0%
	Foster Child	19	0.8%

Source: FACTS

Focus group participants generally agreed that PSD needs additional Native American, Hispanic foster homes as well as additional Spanish speaking foster homes. Several participants also identified the need for additional African American foster families. One youth identified in one county many of the foster families are in a specific area of town that is not reflective of the ethnic or racial diversity of the remainder of the community. Generally individuals felt PSD's Step Up! Diligent Recruitment grant has assisted in recruiting a diverse pool of foster parents in the five diligent recruitment counties. An example of this was in Luna County where they more than doubled the number of foster families. Participants also identified recruitment through specific zip codes or through churches have been successful. It was recommended PSD should do more faith based recruitment. One foster parent who was Navajo stated that individuals within the Navajo tribe are not motivated to come forward to become foster or adoptive parents unless the child

is related to them. She also stated many individuals who do express an interest have substance abuse issues or criminal issues causing them not to be suitable and unable to be licensed. Some participants felt there may be cultural bias in the home study process and gaps in socioeconomic status or other cultural issues that may not be taken into account in the recruitment and licensing process. An example of this was PSD assumes everyone is ready to embrace filling out forms and jumping through bureaucracy hoops and does not always recognize not all individuals are college educated. Two pueblos offered assistance to PSD in recruiting Native American foster or adoptive homes from their pueblos. This information has been shared with the Foster and Adoptive Bureau Chief for follow up. Focus group participants felt PSD makes a lot of effort to show appreciation to foster and adoptive parents. Examples of this were dinners and involvement in monthly events. Both foster and adoptive parents stated this appreciation is much appreciated.

- b. Strengths or Promising Practices:** PSD provides home studies and trainings in Spanish to foster and adoptive parents to better meet the population of Spanish speakers.

Youth in the focus groups stated that when they were not placed in a foster home that was reflective of their culture, their culture and traditions were supported and they had an opportunity to learn about additional cultures and traditions.

- c. Challenges or Barriers:** Focus group participants identified New Mexico does have Native American foster and adoptive parents, but there is a need for additional ones.

It was also identified through the focus groups that PSD needs more foster and adoptive parents for youth. These foster and adoptive parents need additional skills and trainings specific to youth.

- d. Survey Rating:** The survey rating for this item had an overall mean of 2.70 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 2.60. Foster parents rated this item and system factor on the survey with a mean of 2.80. Adoptive parents rated this item and systemic factor on the survey with a mean of 2.70.

- e. Item Rating:** Based on the survey results and focus group information, PSD believes the item above is a strength.

4. **Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements:** *How well is the foster and adoptive parent licensing, recruitment and retention system function to ensure that the process for ensuring the effective use of cross jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

- a. **Analysis of Functionality:** PSD has policy and procedure that requires staff to work across county jurisdictions in order to achieve case goals. This includes investigations, in home services, permanency planning, courtesy home studies and the transfer of a legal case from one jurisdiction to another.

PSD has a policy and procedure for facilitating placements through Interstate Compact for Placement for Children (ICPC). PSD has a dedicated unit to assist with ICPC placements. PSD believes this assists in following the compact. PSD received 136 ICPC requests in 2014. These requests encompass private, public and RTC placements. Of the 136 requests, 46 requests were completed within the 60 day ICPC regulation timeframe with 90 requests not meeting the 60 day regulation. PSD believes ICPC requests may be delayed for different reasons. One reason may be due to PSD's high vacancy rates. Another reason could be waiting on information or the exchange of necessary information to complete the request. PSD has recently implemented an electronic method for ICPC requests, which will improve PSD's ability to meet the 60 day regulation timeline.

PSD has a requirement to notify and request assistance from consulates for any child or family of a different nationality. PSD also collaborates with the Mexican Consulate through a memorandum of understanding (MOU) for children or families of Mexican nationality. A county staff worker can request additional assistance from PSD's liaison. Because all requests do not come to the PSD liaison the exact number of children PSD is working with the Mexican Consulate is unknown. PSD works with the Mexican consulate to provide resources to families and children of Mexican descent.

PSD has policy requiring staff to notify a tribe or pueblo when a Native American child comes to the attention of PSD in order for the tribe or pueblo to determine jurisdiction. FACTS does not currently capture the number of children ICWA impacts. Due to limited ability to obtain changes within FACTS this capability will not be available until PSD moves to a web based system. This is not expected to occur until 2018. County offices individually work with specific tribes or pueblos. Some counties i.e. Cibola, San Juan, McKinley counties have monthly meetings between the ICWA worker with the tribe or pueblo and PSD to monitor progress in the case and obtain tribal or pueblo recommendations. In addition PSD works with

tribes and pueblos through Intergovernmental Agreements (IGAs). These IGAs allow PSD to place children in tribally licensed foster families.

- b. Strengths or Promising Practices:** PSD now sends ICPS documents to other states electronically cutting down on response time. Adoption Alliance felt that PSD ICPC staff respond immediately to inquiries and praised their customer service.
 - c. Challenges or Barriers:** PSD utilizes a stand-alone database that is not part of FACTS or supported by CYFD IT department. As a result of this PSD ICPC staff struggle obtaining needed data.
ICPC requests may be delayed when PSD has a high vacancy rates.
PSD staff struggle with applying New Mexico standards to other countries. For example a respondent parent living in Mexico may not have access to the resources required by the case plan.
 - d. Survey Rating:** The survey rating for this item and systemic factor had an overall mean of 2.84 for both internal and external survey participants. PSD employees rated this item and systemic factor on the survey with a mean of 3.10. Foster parents rated this item and system factor on the survey with a mean of 2.50. Adoptive parents rated this item and systemic factor on the survey with a mean of 2.60.
 - e. Item Rating:** PSD has an ICPC process which it receives and sends ICPC requests with other states and collaborates with local pueblos and tribes in determining jurisdiction. As part of our consulate notification and MOU with Mexico, PSD collaborates with the Mexican Consulate regarding cases involving Mexican citizens. ICPC requests may be delayed due to staff turnover and PSD does not have a formal way of evaluating cross jurisdictional resources, PSD believes this is an area needing improvement.
- 5. Systemic Factor Rating:** Despite the evaluation of cross jurisdictional resources needing improvement, PSD feels this systemic factor is functioning. PSD has a strong criminal background check process, feels the racial and ethnic diversity of foster homes reflect the children in care, and has strong licensing standards applied equally across the state. PSD believes that ICPC responses will improve as PSD worker vacancy rates improve and with the implementation of the electronic process for ICPC's.