



New Mexico
Children, Youth and Families Department
FY2019 Annual Report & Strategic Plan



Table

2

Department Overview

- 2 Mission
- 3 Vision
- 4 Operating Principles
- 5 Strategic Planks
- 6 PullTogether
- 7 Service Area Map and Contact Info
- 8 Organizational Structure

The FY19 CYFD Annual Report & Strategic Plan is divided into two sections.

The **Department Overview** describes how CYFD is organized, why it exists (Mission and Vision), and lists the basic values and strategies that underpin its actions.

The second section, **Divisions & Performance Plans**, provides additional detail on CYFD's divisions and describes the specific initiatives CYFD is taking in FY19 to address the most pressing issues many of our children and families face.

9

Divisions & Performance Plans

- 9 Overview of CYFD's Divisions
- 10 Early Childhood Services
- 14 Protective Services
- 20 Juvenile Justice Services
- 24 Behavioral Health Services
- 28 Program Support
- 29 Performance Monitoring



Department Overview



Our Mission

Improve the quality of life for our children.

What does quality of life mean? We believe to have quality of life, you must:

**BE ALIVE
& SAFE**

Prevent physical and emotional injury

BE CARED FOR

Be nurtured, have stability, and experience positive human connections and love

BE A CONTRIBUTING MEMBER OF SOCIETY

Nearly all of CYFD's initiatives seek to address at least one of these quality of life categories.



Our Vision

(Our ultimate aspirational goal)

Make New Mexico
the best place
to be a kid.



Operating Principles

CYFD's operating principles are a set of enduring underlying values and core beliefs that inform and guide all CYFD's actions.

Be kind, respectful and responsive



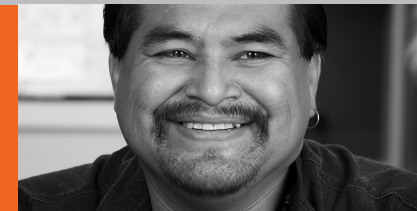
Be child/youth-centric

Create a culture of accountability and support



Simplify: Do fewer, bigger things that produce results

It's all about the quality of our workers





Strategic Planks

CYFD's strategic planks are broad initiatives CYFD is currently concentrating on in order to enhance our ability to achieve our mission. All divisions within CYFD are guided by these initiatives.

1

Shore Up Our Core Functions



2

Prevention



3

Financial Controls



4

Community and Stakeholder Engagement





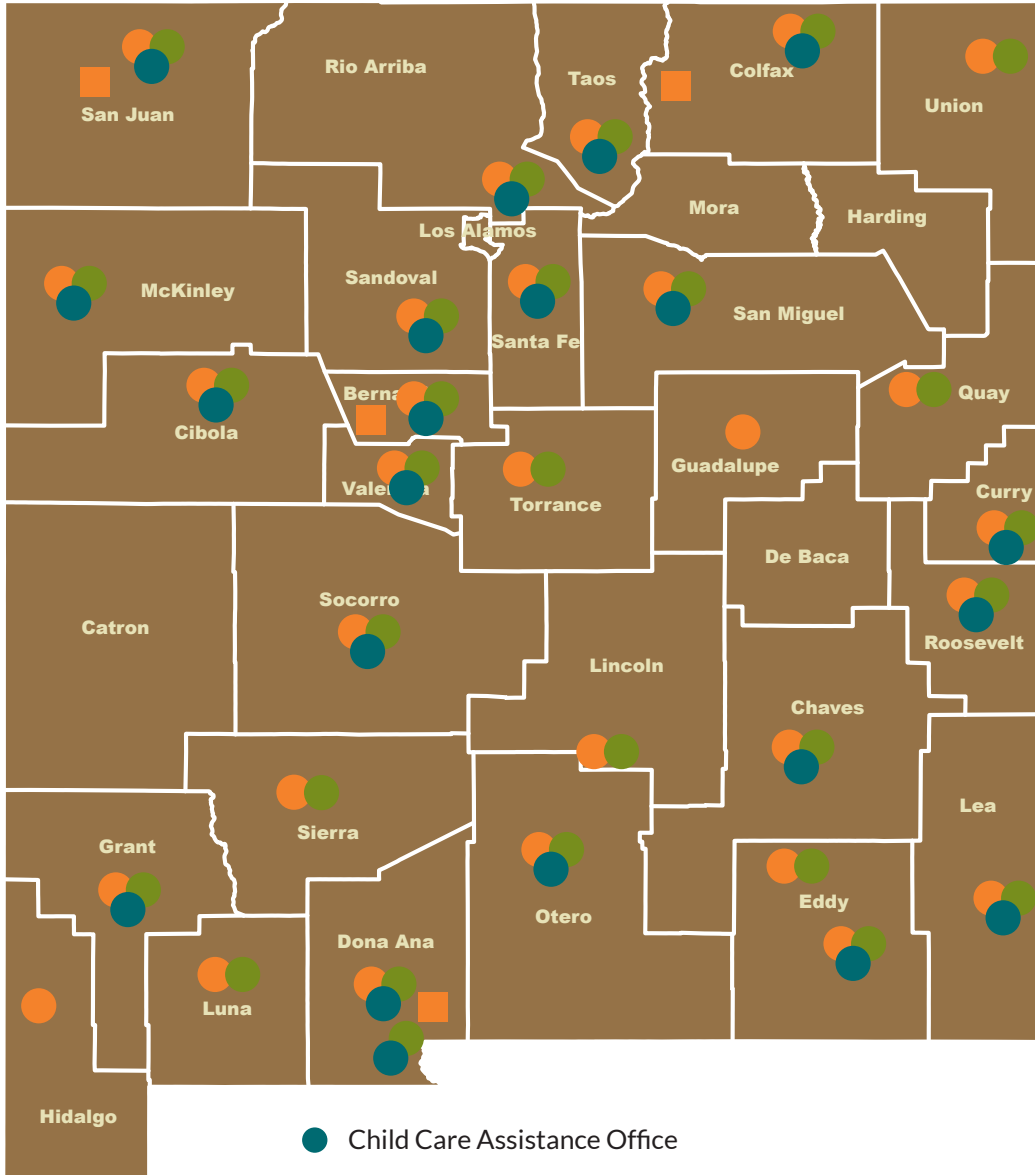
PullTogether

PullTogether is a community engagement initiative intended to bring all New Mexicans together to truly make a difference in the lives of our children, and make New Mexico the best place to be a kid.

Through PullTogether, New Mexicans in need can find resources available through state and local agencies, businesses, and nonprofits, such as where to find low-cost child care assistance, free summer meals, substance abuse and behavioral health treatment and services, and tips on how to keep children safe.

PullTogether also serves as a resource for New Mexicans who want to make a difference in their community. Whether through adopting or fostering a child, donating a backpack to a child in need, reporting child abuse or neglect, or even applying for a job at CYFD.

To learn how to find support, resources, or ways to help out in your community, visit [PullTogether.org](https://www.pulltogether.org) or call 1-800-691-9067.



- Child Care Assistance Office
- Protective Services Office
- Juvenile Probation Office
- JJS Facility (Secure, Reintegration, Residential, etc.)

Contacting CYFD

Office of the Secretary
(505) 827-7602

Public Information Officer
(505) 470-3790

Constituency Affairs
(505) 827-7606

Early Childhood Services
(505) 827-7659

Protective Services
(505) 827-8400

Juvenile Justice Services
(505) 827-7629

Behavioral Health Services
(505) 827-8008

Administrative Services
(505) 827-8069

Office of the General Counsel
(505) 476-0471

Office of the Inspector General
(505) 695-5839

HIPAA Privacy Office
(505) 827-6412

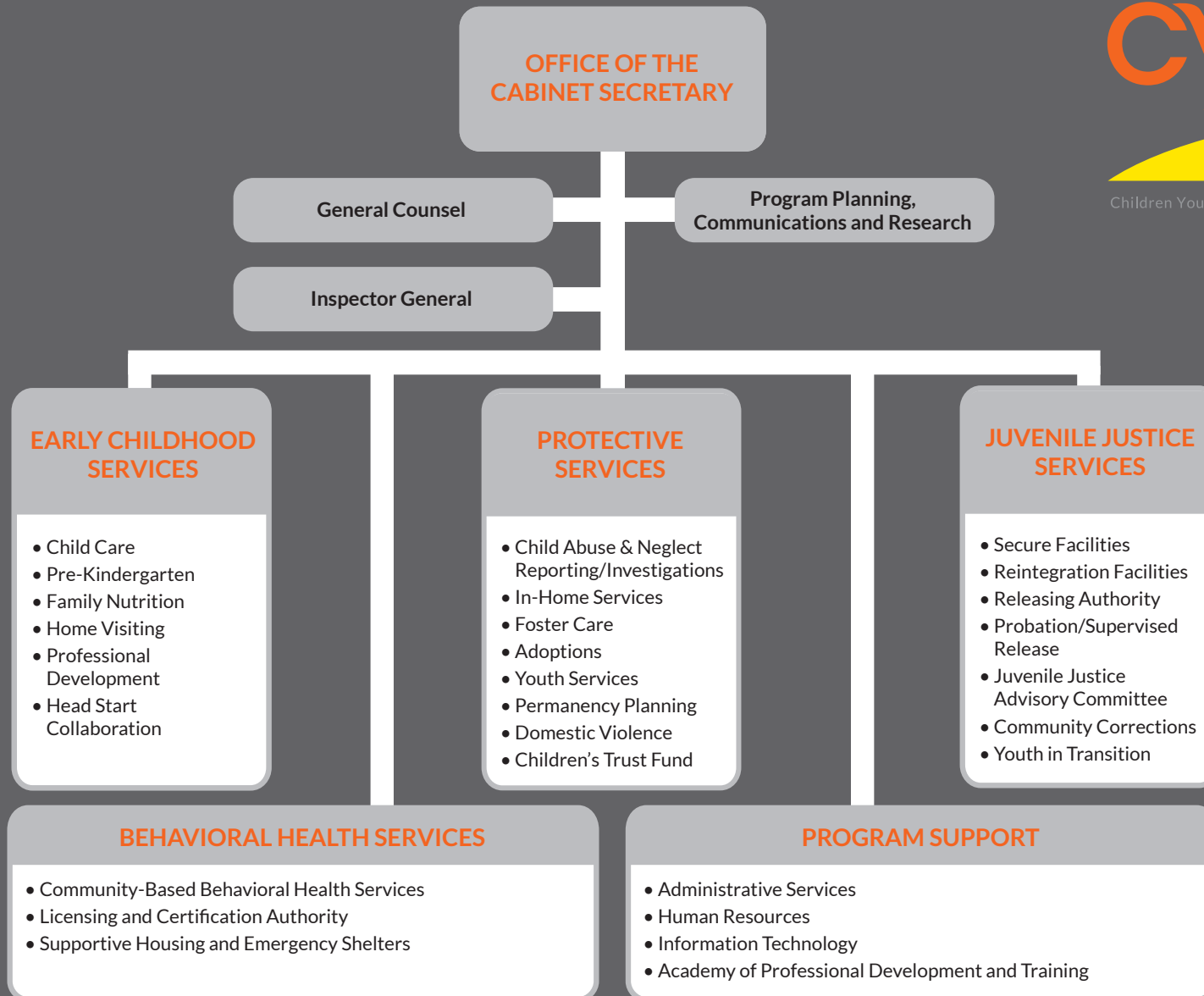
Employee Recruitment Hotline
(505) 841-2996 (JJS jobs)
(505) 827-7620 (all others)

Child Abuse/Neglect Hotline
#SAFE from a cell phone or
(855) 333-SAFE

Foster Care and Adoptions Hotline
(800) 432-2075

PullTogether Support Line
(800) 691-9067

Organizational Structure



Divisions & Performance Plans



Overview of CYFD's divisions

In order to make progress in meeting CYFD's mission and vision, the department is organized into divisions and units that address the various needs of New Mexico's children and families.

EARLY CHILDHOOD SERVICES

- Help develop the full potential of New Mexico's children by building a strong continuum of early childhood services that balance access and quality with an eye to serving our most vulnerable. This helps ensure that New Mexico children are safe, healthy, loved, and ready for school

PROTECTIVE SERVICES

- PS is charged with investigating reports of children in need of protection from abuse and neglect, and taking action to protect and promote the well-being of those children whose safety cannot be assured. Whatever the extent of a child's involvement with PS process (such as investigation, client services, placement or permanency), our staff are committed to ensuring the safety and well-being of PS involved children and providing permanency in a timely manner

JUVENILE JUSTICE SERVICES

- JJS provides effective delinquency prevention through the use of interventions that emphasize community-based alternatives. We are committed to keeping our children safe and prepare them to be contributing members of society by providing treatment and rehabilitative services tailored to their needs, while also holding our clients accountable and protecting public safety

BEHAVIORAL HEALTH SERVICES

- BHS in collaboration with PS, JJS, and ECS is committed to the provision of quality behavioral health services and supports that are trauma informed, evidence-based, culturally competent, and youth and family driven that meet the needs of CYFD's children, youth and families

Early Childhood Services



ECS core function

Help develop the full potential of New Mexico's children by building a strong continuum of early childhood services that balance access and quality with an eye to serving our most vulnerable. This helps ensure that New Mexico children are safe, healthy, loved, and ready for school

Who ECS serves

- Provides programs and services for children from prenatal up to age 12 and their families

Areas of Responsibility

- Child care assistance
- Child care licensing and provider regulatory oversight
- Federally funded family nutrition programs
- Home Visiting program
- Pre-kindergarten (PreK) and early PreK
- Head Start Collaboration Office
- Quality improvement and professional development in the early care and learning community

Number of people served

- Child care assistance: Approximately 20,488 children and 11,939 families per month. On an annual basis, where some families exited services and were replaced by new families, over 28,791 children were served in FY18.

- In FY18, the PreK program was contracted to serve 3,198 4 year olds and 950 3-year-old children.
- In FY17 average daily child attendance in the Family Nutrition Child and Adult Care Food Program was 36,746.
- The Home Visiting program was funded to serve 3,178 in FY18.

ECS FY19 Adjusted Budget

- \$256.154m (including special appropriations): 34% State General Funds, 45% federal funds, 0.4% other funds, 0.7% PreK fund, and 21% transferred federal funds routed through other agencies.

Key challenges

- Making sure the most vulnerable children and families take advantage of the services available to them, and continuing to build the quality of services.

ECS desired outcomes (derived from ECS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Increase the participation of low income children in FOCUS, high quality early learning programs</p>	<ul style="list-style-type: none"> • Percent of children receiving subsidy in high-quality programs • Percent of children receiving state childcare subsidy with substantiated abuse or neglect referrals during the child care assistance participating period 	<ol style="list-style-type: none"> 1. Increase the number of high quality child care programs that provide services to low income children. 2. Utilize PullTogether.org (including the Resource and Referral services) and Am I eligible strategies including online applications and early childhood services referrals to recruit potentially eligible families for child care and other Family Services Programs. 3. Enhance Child Care for At-Risk Families as a tool to prevent child abuse and neglect, to include mental health consultation. 4. Expand FOCUS to Registered Home Providers on a pilot basis in rural high-needs communities. 5. Expand participation of CACFP early learning programs in the Healthy Kids, Healthy Childcare Initiative (CYFD-DOH) to support healthy eating, physical activity, breast feeding, staff wellness, and family engagement in Childcare settings.
<p>Improve caregiver-child interactions at home and in early learning settings</p>	<ul style="list-style-type: none"> • Percent of parents participating in Home Visiting who demonstrate progress in practicing positive parent-child interactions 	<ol style="list-style-type: none"> 1. Implement Assessment and Observation tools to measure the quality of caregiver-child interactions for a positive social emotional development outcome for Home Visiting and Child Care. 2. Cultivate a skilled early learning workforce to support social-emotional (Mental Health) development of young children that yield to positive outcomes for young children. 3. Implement Level II Targeted Home Visiting services for children and families involved in the Neonatal Intensive Care Unit Hospitals (Level II NICU) and Level II Specialized programming (Level IIS) serving the most vulnerable population in the community (Homelessness, Domestic Violence, prolonged Infant Intensive Care stay, etc.) with the overall goal to promote positive caregiver-child relationships and prevent child abuse, neglect and abandonment of children who are at highest risk.

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ECS desired outcomes (derived from ECS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Improve caregiver-child interactions at home and in early learning settings</p>	<ul style="list-style-type: none"> • Percent of parents participating in Home Visiting who demonstrate progress in practicing positive parent-child interactions 	<ol style="list-style-type: none"> 4. Increase Safe Sleep strategies for infants in New Mexico: Home Visiting recruitment strategies at Hospitals and Neonatal Units, include Safe Sleep Education for new parents paired with an optional SafeSleep cradle distribution.
<p>Increase the quality of early education and care statewide for all young children in CYFD Early Learning Programs</p>	<ul style="list-style-type: none"> • Percent of children in CYFD-funded prekindergarten showing measurable progress on the School Readiness Fall-Preschool • Percent of licensed childcare providers participating in high-quality programs 	<ol style="list-style-type: none"> 1. Integrate cross-sector quality practices for all CYFD-funded early learning programs: Child Care, PreK, Home Visiting, Head Start, CACFP. 2. Increase access to voluntary high-quality pre-kindergarten programs. Expand Early PreK Services for unserved 3-year olds and implement mixed-age pilot for 3-and 4-year olds. 3. Improve child outcomes in: Math/Science, Literacy and Social-Emotional Development. 4. Implement and sustain a diverse workforce system, that includes resources, supports, expectations, and core competencies that lead to the child and family outcomes CYFD has identified.

ECS desired outcomes (derived from ECS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Increase and promote positive family engagement, access and education</p>	<ul style="list-style-type: none"> Percent of families receiving home visiting services for at least six months that have one or more protective services substantiated abuse or neglect referrals during the participating period 	<ol style="list-style-type: none"> Expand the use of PullTogether as a tool to provide education to New Mexico's families with young children in the following main topics: Safe Sleep, Attachment, Responsive Caregiving, Injury Prevention (including shaken baby), Emergency Preparedness, Parenting, etc. this will be done in collaboration with CYFD, State and National Experts. Align CYFD resources and supports to ensure that families involved in CYFD Systems can benefit from all available Early Childhood Services resources eliminating duplication and gaps. Implement practices in CYFD Early Learning Programs that support academic achievement and child abuse prevention through family engagement, inclusion, cultural competence, bilingual and bi-literate development. Implement Level II Targeted Home Visiting services for children and families involved in the Neonatal Intensive Care Unit Hospitals (Level II NICU) and Level II Specialized programming (Level IIS) serving the most vulnerable population in the community (Homelessness, Domestic Violence, prolonged Infant Intensive Care stay, etc.) with the overall goal to promote positive caregiver-child relationships and prevent child abuse, neglect and abandonment of children who are at highest risk.

Other major ECS FY19 initiatives:

- ECS will launch Targeted Services focusing on at risk families, addressing Adverse Childhood Experiences, Implementing practices such as Safe Sleep, Positive Caregiver-Child Interactions and Family Engagement.

Protective Services



PS core function

PS is charged with investigating reports of children in need of protection from abuse and neglect, and taking action to protect and promote the well-being of those children whose safety cannot be assured. Whatever the extent of a child's involvement with PS process (such as investigation, client services, placement or permanency), our staff are committed to ensuring the safety and well-being of PS involved children and providing permanency in a timely manner

Who PS serves

- Provides programs and services for children from birth up to age 21 and their families. Youth emancipate after age 18 but can choose to receive services up to the age of 25.

Areas of Responsibility

- Child abuse and neglect reporting
- Investigations
- In-home services
- Foster care
- Adoptions
- Youth services
- Other services contracted to community providers (domestic violence, Children's Trust Fund, adoption promotion and support, etc.)

Number of people served (FY18)

- Statewide Central Intake (SCI) took 40,703 calls, or about 112 per day:
 - 22,351 calls were screened in for investigation.

- 22,941 investigations were completed (some were initiated the prior year).
- 6,478 investigations were substantiated.
- There were 10,923 child victims.
- CYFD licensed 1,343 homes to provide foster care. As of 7/30/18:
 - 469 new homes licensed during the fiscal year.
 - The average number of children in foster care for a given month was 2,587.
 - The total number of children in foster care for any length of time was 4,650.
 - Of the 1,932 children who exited foster care, 69% were reunified with their natural families, 20% were adopted, and 4% were emancipated. The other 8% exited for other reasons, such as court dismissal, guardianship or tribal intervention.

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Protective Services

Number of people served (FY18)

- Number who received domestic violence services: 5,738 adult victims/survivors, 2,004 child victims/witnesses, 1,910 adult offenders and 15 youth intimate partner victims/witnesses.

PS FY19 Budget

- \$152.767m budget, of which 63% is General Fund, 35% federal funds, 1% other transfers, and 1% other funds.

Key challenges

- Reducing caseloads,
- Foster parent retention,
- Services for parents and children,
- Judicial involvement and understanding of timelines,
- Initial and on-going training for staff.

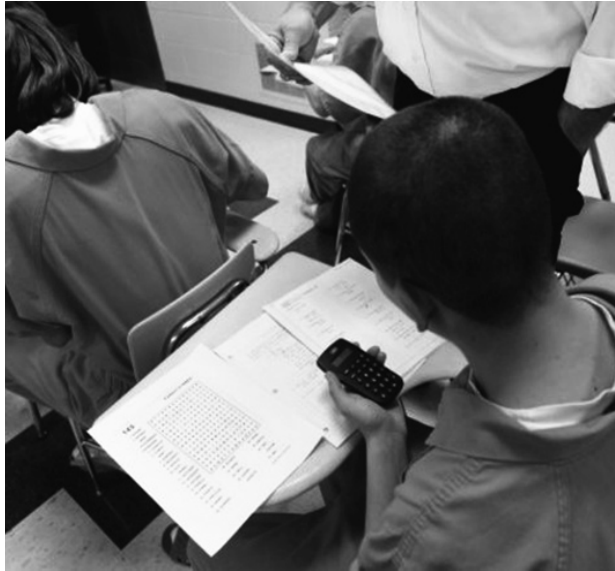
PS desired outcomes (derived from PS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Basic, core PS functions will be performed in a more effective & efficient manner to ensure that PS involved children, families and their caregivers receive timely and appropriate care and services that address their needs for safety, placement stability and permanency. This will include a focus on: improving family engagement through frequent and quality visitation; improved stability by placement with relatives and siblings; timely adoption, reunification or guardianship, timely closure to investigations, and timely disposition for foster parent licensing</p>	<ul style="list-style-type: none"> • Of children in foster care for more than 8 days, percent of children who achieve permanency within 12 months of entry into foster care • Of children in foster care for 12-23 months at the start of a 12-month period, percent who achieved permanency within that 12 months • Of children in foster care for 24+ months at the start of a 12-month period, percent who achieve permanency within that 12 months • Of children who were victims of a substantiated report during a 12-month period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report? • Percent of children who are not the subject of substantiated maltreatment within six months of a prior determination of substantiated abuse • Maltreatment victimization per 100,000 days in foster care • Placement moves per 1,000 days of care provided to children who entered care during a rolling 12-month period and stayed for > 8 days 	<ol style="list-style-type: none"> 1. Family engagement will be improved through caseworkers visiting parents in their place of residence at least once per month to engage the family in their treatment plan. 2. Caseworkers will give preference to placement with relatives when children are in need of out of home care if the relatives are safe and appropriate. Placement with relatives will occur upon initial placement when feasible and are determined safe for the children. 3. Caseworkers will consider guardianship as a permanency plan when children are placed with relatives. County offices will have plans to ensure cases move through the system timely, and PS will work with courts/CCIC to improve systemic capacity to provide timely permanency for children. 4. County offices will develop plans to ensure all investigations are completed timely and thoroughly. Offices will implement pre-initiation staffings and ensure families are connected with services. 5. Support the comprehensive foster parent plan that includes recruitment, Navigators, time to licensure and retention. This includes Navigators and placement staff working with applicants to ensure they achieve licensure within 120 days, and County offices developing plans to retain foster parents. 6. Support the comprehensive plan that includes Pull Together, facilitates connections to ECS & warm handoff services. 7. Revise process of coordination of CBHCS for each county to assist caseworkers in addressing the behavioral health needs of our children.

PS desired outcomes (derived from PS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Better and more consistent decision making regarding children's safety will be implemented during all phases of a child's involvement with PS - including intake, investigations, in home services and permanency</p>	<ul style="list-style-type: none"> • Of children in foster care for more than 8 days, percent of children who achieve permanency within 12 months of entry into foster care • Of children in foster care for 12-23 months at the start of a 12-month period, percent who achieved permanency within that 12 months • Of children in foster care for 24+ months at the start of a 12-month period, percent who achieve permanency within that 12 months • Of children who were victims of a substantiated report during a 12-month period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report? • Percent of children who are not the subject of substantiated maltreatment within six months of a prior determination of substantiated abuse • Maltreatment victimization per 100,000 days in foster care • Turnover rate for protective services workers (quarterly rolling 12 month measure, state fiscal year) • Percent of survivors/clients receiving domestic violence services who create a personalized safety plan with the support of agency staff prior to discharge from services 	<ol style="list-style-type: none"> 1. The Safety Assessment Tool will be automated for staff use. All Supervisors will be trained on its use and a group of staff will be trained to train all workers, CCAs and community providers. Coaching on Safety Organized Practice and the safety assessment tool will be ongoing. 2. All staff in PS will receive monthly supervision to review case plans and provide professional development. 3. The Risk Assessment Tool will be updated and then automated for staff use. 4. The agency will prioritize the completion of a personalized safety plan for domestic violence survivors/clients.

PS desired outcomes (derived from PS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Ensure that PS has motivated, high quality workers. This includes having the right number of caring people with the right training and mindset</p>	<ul style="list-style-type: none"> • Turnover rate for Protective Service Workers (quarterly rolling 12 months measure, state Fiscal year) 	<ol style="list-style-type: none"> 1. Build an effective ongoing recruitment plan. 2. Revise training so that it prepares staff to perform their job duties in an effective manner, is job specific and ongoing. 3. PS Leadership will continue to visit with offices that have low morale per the organizational health survey and work with the county office leadership to improve conditions in those offices. Regional leadership will ensure that worker’s secondary trauma is addressed through use of EAP. Worker safety and meaningful rewards and recognition will be addressed. 4. Monitor plan to improve physical plans and building improvement, safety concerns or substandard building conditions is ongoing.
<p>Increase accountability and improve outcomes for county offices by increasing the use of data to inform practice and drive decision making among PS staff</p>	<ul style="list-style-type: none"> • Turnover rate for Protective Service Workers (quarterly rolling 12 months measure, state Fiscal year) • Of children in foster care for more than 8 days, percent of children who achieve permanency within 12 months of entry into foster care • Of children in foster care for 12-23 months at the start of a 12-month period, percent who achieved permanency within that 12 months • Of children in foster care for 24+ months at the start of a 12-month period, percent who achieve permanency within that 12 months 	<ol style="list-style-type: none"> 1. Revise COM and Regional Manager evaluations to address their responsibility in improving outcomes for their counties and regions. <p style="text-align: right;"><i>continued on next page</i></p>

PS desired outcomes (derived from PS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Increase accountability and improve outcomes for county offices by increasing the use of data to inform practice and drive decision making among PS staff</p>	<ul style="list-style-type: none"> • Of children who were victims of a substantiated report during a 12-month period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report? • Maltreatment victimization per 100,000 days in foster care 	<ol style="list-style-type: none"> 2. PS will collaborate with IT to ensure staff have the necessary tools to monitor caseworker required activities and meet CCWIS requirements.
<p>Tighten financial controls to ensure that funds are monitored and allocated to reduce waste and improve the quality of life of our clients</p>	<ul style="list-style-type: none"> • Ensure financial controls are in place to demonstrative responsible use of state and federal funds • PS will ensure contracts are used effectively and contribute to improvement in outcomes 	<ol style="list-style-type: none"> 1. Monitor RMS, penetration rate, and work with ASD to get training on IVE reimbursement. 2. Monitor contract performance measures and share with contractors. 3. Monitor OT and require approval in writing. 4. Monitor overpayments and provide informational webinars to staff and reports to managers to use in supervision.

Juvenile Justice Services



JJS core function

JJS provides effective deterrents to acts of juvenile delinquency, including an emphasis on community-based alternatives. We are committed to keeping our children safe and prepare them to be contributing members of society by providing treatment and rehabilitative services tailored to their needs, while also holding our clients accountable and protecting public safety

Who JJS serves

- Provides programs and services for youth up to age 21 and their families

Areas of Responsibility

- Probation/Supervised Release
- Secure facilities
- Reintegration facilities
- Transition services
- Releasing Authority - Juvenile Public Safety Advisory Board
- Juvenile Justice Advisory Committee
- Juvenile Community Corrections
- Detention Certification
- Juvenile Detention Alternatives Initiative

Number of people served (FY17)

- Juvenile referrals: 11,419
- Number of cases handled informally: 7,415

- Probation cases: 1,688
- Commitments: 177

JJS FY19 Budget

- \$72.091m: 96% State General Funds, 1% federal funds, 1% other transfers, 1% fund balance, and 2% other revenue.

Key challenges

- Youth Care Specialists (YCS) vacancy rates remain high.
- Difficulty in updating FACTS to address procedural revisions that support continued reform efforts.
- Technology within the facility is outdated thus requiring staff to work harder thereby also leaving room for human error.

JJS desired outcomes (derived from JJS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Keep our children safe</p>	<ul style="list-style-type: none"> • Number of physical assaults in juvenile justice facilities • Number of client-on-staff physical assaults in juvenile justice facilities • Percent of incidents in juvenile justice services facilities requiring use of force resulting in injury • Percent of substantiated complaints by clients of abuse or neglect in juvenile justice facilities 	<ol style="list-style-type: none"> 1. Ensure appropriate staffing levels are maintained. 2. Reviewing and revising JJS policies and procedures specific to safety and security so as to reflect best practices, provide operational clarity and allow management to guide operations without constant oversight. 3. Updating the facility disciplinary process so that it is more able to hold client's appropriately accountable in a more timely manner relative to the incident's occurrence. 4. Create the ability for staff to address less severe problematic behavior in an informal, positive behavior based alternative to the discipline model.
<p>Redirecting the trajectory of delinquent youth so that they transition to be healthy, contributing members of society</p>	<ul style="list-style-type: none"> • Percent of clients who successfully complete probation • Recidivism rate for youth discharged from active field supervision • Recidivism rate for youth discharged from commitment • Percent of juvenile justice division facility clients age 18 and older who enter adult corrections within two years after discharge from a juvenile justice facility 	<ol style="list-style-type: none"> 1. Enhance Life Skills programming through evaluation of available programming and the identification of best providers. 2. JJS Field Services will be moving towards a teaming concept which is consistent with Wraparound principles by using supports that are identified by the client and their family to work together, coordinate activities, and blend perspectives so that they get the best and most helpful outcomes possible. Teaming is a concept that can be used by any staff in more circumstances. 3. Establishment and improved tracking of the revised Probation Order and Agreement statewide that focuses on specific supervisory factors related to individual youth delinquency, increasing the likelihood of supervision completion. 4. Safely reduce the reliance on secure confinement and strengthen juvenile justice systems through participation in the nationally recognized Juvenile Detention Alternatives Initiative (JDAI) with local stakeholders, specifically in State-to-Scale and Deep End initiatives.

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JJS desired outcomes (derived from JJS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Redirecting the trajectory of delinquent youth so that they transition to be healthy, contributing members of society</p>	<ul style="list-style-type: none"> • Percent of clients successfully completing term of supervised release • Percent of clients with improvement in reading on standardized pre- and post-testing • Percent of clients with improvements in math on standardized pre- and post-testing. 	<ol style="list-style-type: none"> 5. Utilization of Council of State Governments (CSG) technical assistance regarding the in-depth evaluation of Juvenile Justice Services in New Mexico that has provided insight into areas of growth and development for the Department. 6. Reviewing and revising JJS policies and procedures specific to programming and operations so as to reflect best practices, provide operational clarity and allow management to guide operations without constant oversight. 7. Improving case management supervision and decision making through technological solutions that will make the information contained within the Juvenile Justice case management system mobile. 8. Identify additional methods to facilitate, maintain and strengthen youths' connection to family to support rehabilitation while in facilities by reducing incidents and increasing school performance and lowering recidivism when they leave. 9. Identify and implement strategies to facilitate and improve the transfer of care to assure continuity of services and to help clients and their families feel secure and clear about what is happening. 10. Define Diversion and establish practices to identify the proper cases to completely divert from the Juvenile Justice system following a referral to the appropriate services. This will reduce the amount of informal cases currently carried by JPO and will them allow to focus on higher need clients that need more formal services and supports.

<p>JJS desired outcomes (derived from JJS core function)</p>	<p>Related performance measures (quantitative indicators of desired outcomes)</p>	<p>Major FY19 initiatives intended to impact desired outcomes and related performance measures</p>
<p>Ensure that JJS has motivated, high quality workers. This includes having the right number of caring people with the right training and mindset</p>	<ul style="list-style-type: none"> • Turnover rate for Youth Care Specialists 	<ol style="list-style-type: none"> 1. Implementation of retention tools as well as continuously evaluate recruitment, staffing levels/needs and hiring practices. 2. Work collaboratively with the Academy of Professional Development and Training service area within CYFD to ensure appropriate and relevant new employee and recertification training is offered to staff. 3. Identify and implement opportunities to foster a healthy staff culture through employee appreciation, staff wellness opportunities and JJS leadership team-building.

Behavioral Health Services



BHS core function

BHS in collaboration with PS, JJS and ECS is committed to the provision of quality behavioral health services and supports that are trauma informed, evidence-based, culturally competent, and youth and family driven that meet the needs of CYFD's children, youth and families.

Who BHS serves

- Provides behavioral health programs and services for children, youth and their families along with behavioral health-related training for CYFD's workforce in the JJS, PS and ECS divisions and community stakeholders serving this population.

Areas of Responsibility

- Oversight of community-based behavioral health services
- Community-based service development
- Support to JJS, PS and ECS
- Licensing and Certification Authority (LCA) activities
- Community Behavioral Health Clinicians (CBHCs) serving target population children and youth in PS and JJS
- Supportive housing and emergency shelters
- To develop and provide targeted trainings to PS and JJS staff

Number of people served (FY18)

- Approx. 12,000 clients were provided behavioral health-related services.
- Approx. 5,340 CYFD staff and providers attended at least one of the many training programs and training sessions provided by BHS contractors and personnel.

BHS FY19 Budget

- \$17.345m: 83% State General Funds and 17% federal funds.

Key challenges

- Providing timely, high-quality access to: 1) mental health services; 2) substance use treatment; and 3) crisis placements for CYFD-involved children, youth and their parents.
- Access to crisis placements for CYFD children and youth with high needs.

BHS desired outcomes (derived from BHS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>CYFD involved children, youth & families receive timely and appropriate services that address their specific Behavioral Health and Substance Use Disorder needs</p>	<ul style="list-style-type: none"> • Percent of CYFD involved children and youth in the estimated target population that are receiving services from Community Behavioral Health Clinicians (CBHCs) 	<ol style="list-style-type: none"> 1. Deploy the CBHCs to consult, assess, coordinate, team and advocate internally and externally for the target population children and youth in PS and JJ. 2. Expand the use of Trauma Informed - Child & Adolescent Needs & Strengths (CANS) tool for accurate assessment of individual Behavioral Health & Substance Use Disorder needs and appropriate referral. 3. Continue to work with the BH Collaborative and system partners to build a comprehensive, trauma informed children’s behavioral health system. 4. Maintain a comprehensive on-line BH service / support directory and maintain regular updates. 5. Continue to organize and sustain regular meetings with providers and provider organizations to improve communication and professional relationships.
<p>NM will have a quality Infant Mental Health program with the capacity to meet the needs of infants in CYFD custody who have sustained trauma</p>	<ul style="list-style-type: none"> • Percentage of infants served by infant mental health teams with a team recommendation for unification that have not had additional referrals to Protective Services 	<ol style="list-style-type: none"> 1. Develop a plan to sustain IMH funding through the BHSD MH Block Grant and Medicaid. 2. Increase the number of infants served by Parent-Infant Psychotherapy and Infant Mental Health Teams across the state. 3. Increase the number of IMH clinicians trained through the IMH Infrastructure Project.

BHS desired outcomes (derived from BHS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Multi-system involved children and youth with complex behavioral health and substance use disorders will be served in their communities, have less system involvement and more social supports</p>	<ul style="list-style-type: none"> • Percent of youth receiving community-based and juvenile detention center behavioral health services who perceive that they are doing better in school or work because of the behavioral health services they have received 	<ol style="list-style-type: none"> 1. Develop a plan to sustain BHS Wraparound Unit in order to expand the practice statewide. 2. Increase the number of High Fidelity Wraparound Facilitators throughout the state. 3. As an adjunct to Wraparound, develop, implement, and sustain Family and Youth Peer Support Services to meaningfully engage families and youth in services and promote family and youth voice and choice. 4. Increase the number of credentialed facilitators in collaboration with NM Credentialing Board.
<p>Transition-aged youth with BH needs will have safe habilitation and supports that enable them to access needed services and build skills that will prepare them to live independently, enter the workforce and/or continue their education</p>	<ul style="list-style-type: none"> • Percent of youth receiving community-based and juvenile detention center behavioral health services who perceive that they are doing better in school or work because of the behavioral health services they have received 	<ol style="list-style-type: none"> 1. Lead the effort to expand the number of quality Adolescent Substance Use Disorder Treatment providers across the state. 2. Deploy Youth Support Services to geographically dispersed community providers. 3. Ensure sufficient shelter capacity exists to meet the needs for homeless children and youth. 4. Fund and collaborate with housing initiatives for PS and JJS target population experiencing homelessness due to BH needs. 5. Grow and sustain Youth MOVE NM to develop youth leaders and promote youth engagement, voice and choice.

BHS desired outcomes (derived from BHS core function)	Related performance measures (quantitative indicators of desired outcomes)	Major FY19 initiatives intended to impact desired outcomes and related performance measures
<p>Children's BH services are safe, high quality and resources are used most effectively through professional endorsements/certifications, surveys, audits and monitoring</p>	<ul style="list-style-type: none"> Percent of youth receiving community-based and juvenile detention center behavioral health services who perceive that they are doing better in school or work because of the behavioral health services they have received 	<ol style="list-style-type: none"> 1. Develop an integrated Incident Management System for LCA and add modular systems for licensing and certification surveys and reporting. 2. Maintain the process to ensure that SGF is used appropriately as funding of last resort for children that are not Medicaid enrolled or eligible. 3. Establish and maintain endorsement and certification processes to ensure high quality provision of services in accordance with discipline best practices. 4. Restructure Youth Satisfaction Survey to more accurately capture youth satisfaction & voice related to BH services and supports. 5. Develop and establish auditing and financial oversight processes for Behavioral Health Services funded programs.

Program Support



Program Support core function

Support and enable the core functions of CYFD (PS, JJS, ECS and BHS)

Program Support includes

- Information Technology
- Administrative Services
- Human Resources
- The Academy of Professional Development and Training

Key challenges

- Enhance the quality and effectiveness of underlying support systems within CYFD, such as our financial processes and contract review.

Performance Monitoring



CYFD maintains a process for developing and maintaining meaningful performance measures that focus on key client outcomes in each of the department's programs and services.

As part of this process, CYFD monitors the accuracy and reliability of its performance measures by clearly identifying data sources and calculation methodologies for each of our internal and LFC/DFA-approved performance measures.

Throughout the performance year, CYFD publishes a quarterly performance measures report. The latest report for our LFC/DFA-approved measures can be found on our website at:

www.cyfd.org/about-cyfd/publications-reports