



**ADMINISTRATION FOR CHILDREN AND FAMILIES**

Regional Office VI  
1301 Young St, Room 914  
Dallas, TX 75202

April 15, 2003

Mary-Dale Bolson, Ph.D.  
Cabinet Secretary  
Children, Youth & Families Department  
P.O. Drawer 5160  
Santa Fe, New Mexico 87502

Dear Dr. Bolson:

This is to acknowledge receipt of the April 10, 2003 revision of the New Mexico Child and Family Services Review Program Improvement Plan (P.I.P.) pursuant to CFR 1355.35. We, in collaboration with the Children's Bureau, have carefully reviewed your Plan, which is approved effective April 1, 2003.

Enclosed with this letter, please find a copy of the approved version of the New Mexico P.I.P. (including narrative and matrix). A copy of the Agreement Form between the Administration for Children and Families (ACF) and the Children, Youth and Families Department (CYFD) has been included.

We appreciate the amount of time and effort that you and your staff have committed to the planning and development of your P.I.P. While this was a joint Federal/State effort, we would like to thank the New Mexico Children, Youth and Families Department (CYFD) staff, and in particular Maryellen Strawniak and Mark Dyke, for their efforts in completing the development of the plan.

We look forward to our continued partnership with CYFD throughout the program improvement planning and implementation process. If you have any questions, please call Dr. Patricia Newlin, Child and Family Services Program Specialist, at 214-767-1971 for additional assistance.

Sincerely,

/s/

Leon R. McCowan  
Regional Administrator

cc: John R. Rinaldi, Ed.D., LPCC, Director  
Dianne Rivera-Valencia, Deputy Secretary  
Romaine Serna, Office of the Secretary  
Maryellen Strawniak, Protective Services Division  
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Dr. Patricia Newlin, Child and Family Services Program Specialist  
Dr. Susan Orr, Associate Commissioner, Children's Bureau  
William Hornsby, Children's Bureau  
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Enclosures



## **New Mexico Program Improvement Plan**

**State Agency:** New Mexico Children, Youth and Families Department  
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### **Lead agency staff responsible for development of this plan:**

John Rinaldi, Ed.D., LPCC, Division Director

### **Program Improvement Plan Coordinator**

Mark Dyke, Administrator

### **PSD staff involved in development of this plan:**

Linda McNall, Policy and Procedures Bureau Chief  
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Brenna Dotson, PSD County Office Manager (Bernalillo Co.)

### **Other agency and community participants involved in development of this plan:**

Barbara Mathis, University of New Mexico  
Eugene Pickett, Jr., private agency provider  
Jonas Snyder, CYFD Prevention & Intervention Division

Butch Brown, Office of African American Affairs  
Glenn Felton, University of New Mexico  
Ann Halter, Advocacy, Inc. (Guardian ad Litem)  
Denette Saiz, Hogares (child placement agency)  
Gregoria Kay Rirou  
Pat Briggs, Citizens Review Board  
Bob Klein, Administrative Office of the Courts  
Janice Trujillo, Citizen Review Board  
Marie Aberant, CASA  
Lisa Graham, La Familia, Inc. (child placement agency)  
Beverly Nomberg, La Familia, Inc.  
Cindy Clark-Thompson, New Mexico Solutions (child placement agency)  
Susan McDonald  
Veronica Montano-Pilch  
Steve Johnson, All Faith's Receiving Home  
Juan Gutierrez, CYFD Juvenile Justice Division

### **Federal participants**

Dr. Patricia Newlin, ACF, Dallas Regional Office  
Michelle Helmke, ACF Dallas Regional Office  
Marilyn Kennerson, ACF  
Beth Frizsell, National Resource Center for Organizational Improvement

## **I. Structure of the Program Improvement Plan**

The New Mexico Program Improvement Plan (PIP) has two parts: a narrative and a matrix. The narrative focuses on the broad approach to program improvement and explains the rationale for focusing on various activities. It includes a description of the methodology and identification of the National Resource technical assistance needs anticipated by the state. The matrix addresses specific activities that NM is in the process of implementing or plans to implement over the next two years. The narrative includes discussion of some issues not identified as areas needing improvement through the CFSR process, but are included to provide a context for state changes in practice and PIP strategies. The matrix describes only the major activities that will move CYFD closer to meeting national standards and achieving substantial conformity required in the CFSR Final Report.

Overall themes emerged during the CFSR, which impact several of the outcome measures and systemic factors. Rather than repeat “action steps” in the matrix that might impact numerous outcomes, initiatives and activities have been listed under the outcome where CYFD believes the most system improvement will be realized. CYFD is aware that the activity may result in improvement in a variety of outcomes but will measure the effectiveness of the specific activity related to the outcome where it has been listed. Overall system improvement will be broadly measured as performance is tracked in comparison to the national standards.

## **II. Scope of the Program Improvement Plan**

Most actions described in the Program Improvement Plan (PIP) are statewide. There are a few exceptions in which the Action Step pertains to a few counties. The PIP will address those areas that the CFSR Final Report identified as “needing improvement.” Local county efforts will address areas that are identified in Quality Assurance reviews and/or by state data reports as “areas needing improvement”. This combination of statewide PIP and focused county-based efforts are part of the Department’s overall strategy to improve outcomes for children and families using effective clinical supervision, along with county-based data. Although areas “needing improvement” are the only ones addressed in the PIP, New Mexico will continue other efforts and initiatives that result in positive outcomes for children and families. Several new initiatives that are described in the PIP will be tested at pilot sites prior to statewide implementation.

To support the outcomes in the CFSR process, the Department’s strategic plan and performance based budget measures were aligned with a number of the national standards. CYFD’s goal is to maintain a focus on those federally recognized safety, permanency and well-being outcomes critical for children and families.

## **III. Time Period Covered by the Program Improvement Plan**

The time period for demonstrating improvement in the outcome areas covered in the plan is two years from the date of the finalized Program Improvement Plan.

#### **IV. Development of the Plan**

Child welfare programs in New Mexico are state supervised and state administered. Twenty-eight county offices serve New Mexico's 33 counties. The Protective Services Division (PSD) is one of five divisions of the Children, Youth and Families Department (CYFD). Other divisions are Prevention and Intervention Division (PID), Juvenile Justice Division (JJD), Employee Support Division (ESD), and Financial Services Division (FSD).

CYFD submitted the state self-assessment in June 2001. The Child and Family Services on-site review was completed in August 2001. This assessment was a cooperative effort of federal partners, department staff, community providers, and stakeholders across the state. The process allowed CYFD to thoroughly examine child welfare programs and determine those areas that are working and those areas that need improvement. New Mexico received the Final Report of the Child and Family Services Review in April 2002.

CYFD included many stakeholders in the state self-assessment, the on-site review, and development of the PIP. The original state SAT was called back to meet in the fall of 2001. During the winter and spring, CYFD carried out several activities designed to elicit recommendations and feedback from stakeholders and interested parties around the state. From January through April, a series of meetings were held at different sites around the state. During one series of meetings, the Title IV-B contract manager held open meetings in county offices and discussed community service needs and resource availability. Contract providers, agency staff, community people, and CYFD employees participated and gave suggestions for needed services. The manager also provided information about the process for submitting proposals in response to a Request for Proposals from CYFD to encourage a greater pool of proposals from which to award contracts.

A second series of meetings was held around the state in five locations, facilitated by another manager in the Policy and Procedures Bureau and the Independent Living program manager. These open forums were designed to provide information about the State's Child and Family Services Plan (CFSP), solicit input for the Annual Progress and Services Report (APSR) and the expected development of the PIP, and suggestions for service delivery under the Chafee Foster Care Independence Program. At the annual Foster Parent Conference in April 2002, CYFD offered two open meetings at which foster and adoptive parents could voice concerns, offer suggestions for services, and make recommendations to improve service delivery. All of this information was used for completion of the APSR, submitted in June 2002, and for the expected development of the PIP.

Upon receipt of the final report, invitations were sent to all members of the original State SAT and to those people who participated in the on-site review to help CYFD develop the PIP. With the help of the National Resource Center for Organizational Improvement, CYFD members of the State's SAT and other interested parties met in May to begin the development of the PIP. The group consisted of provider agencies, foster and adoptive parents, CYFD staff, university officials, tribal representatives, and other interested parties who are committed to improving child welfare services in New Mexico. At these meetings four subgroups focused on Safety, Permanency, Well-Being, and Service Array. The subgroups developed feedback on existing processes and recommendations for future direction. CYFD asked this group to have a continuing role in working toward continual improvement of child welfare services as an advisory group. CYFD plans to meet biannually with those interested stakeholders and review the progress of the PIP and begin the process of developing the next CFSP.

## **V. Implementation and Evaluation Strategy**

In order to provide broad oversight to the state's efforts to improve outcomes for children and families, New Mexico will establish a Child and Family Services Review, Self Assessment Team (SAT). The SAT, comprised of state stakeholders and agency staff, will function as an advisory board to the Protective Services Division of the Children, Youth & Families Department. In addition to assisting in the development of the state's Child and Family Services Plan and subsequent Annual Services Progress Report, the team will be asked to monitor the implementation of this Program Improvement Plan and participate in the preparation of the next self assessment.

It is expected that the SAT will meet on a quarterly basis to consider the progress in achieving the PIP benchmarks and evaluate the state's progress towards achieving substantial conformity on the identified safety, permanency and well-being outcomes.

The SAT will receive information from a variety of sources. To facilitate the flow of information to the SAT and to ensure consistent implementation of the plan in each of the outcome areas, four implementation teams will be established. Each of the teams will be responsible for specific areas of the PIP and, on a quarterly basis, will report progress on achievement of the benchmarks, as well as available data measures to the SAT. The teams will be responsible for identifying any barriers to successful implementation and developing recommendations for strategies to address them. If the strategies identified within the PIP do not appear to have a positive impact on the outcome measures, the implementation teams can work with the SAT to recommend alternative strategies. As the SAT will be reviewing all areas, the team can ensure that there is not a conflict in strategies being proposed and that the state's resources are being used effectively. It will be the responsibility of the SAT to make final recommendations to CYFD regarding formally pursuing alternative strategies and/or requesting amendments to the State's PIP.

The four implementation teams and the leads for those teams are as follows:

Safety Team: Responsible for Safety Outcome 1 and Matrix Items 1A through 2H. Lead person is Maryellen Strawniak, Clinical Deputy Director.

Permanency Team: Responsible for Permanency Outcomes 1, 2 and 3 and Matrix Items 7A through 16 B. Lead person is Angela Adams, Chief Children's Court Attorney.

Well-Being Team: Responsible for Well-Being Outcomes 1, 2, and 3 and Matrix Items 17A through 23B. Lead person is Marci Kennai, Quality Assurance Review Team Manager.

Service Array Team: Responsible for Systemic Factor Service Array and Matrix Items 35A and B. Lead person is Mark Dyke, Administrator.

The implementation teams will also be responsible for coordinating with the State's existing Training Advisory Group. This group, which includes staff from the Protective Services Division (PSD) and Employee Support Division (ESD) of CYFD, and personnel from the universities, meets regularly to assess the training needs of PSD staff and develop training to meet those needs. Additional information on this topic is provided in section VI. Improving Our Systems of Care, Item A.1. Staff Development of the narrative part of this PIP. The Training Advisory Group is lead by Kirk Rowe, Manager of Children's Services in the Policy and Procedures Bureau of the PSD.

#### Quarterly Reporting

The results of the quarterly meetings of the SAT will provide the framework for the quarterly progress reports that are submitted to the regional office. The quarterly report will provide process measures, that is, a description of the New Mexico's progress in conducting those activities identified on the PIP matrix, and measures as available. As the State has duplicated the federal process for calculating the National Standards, the State will also report on those standards used to determine substantial conformity on each of the Safety and Permanency outcomes as applicable. As National Standards are not used to determine substantial conformity in any of the Well Being Outcomes, nor in the Service Array systemic factor, the State will present information from our Quality Assurance case review and an increase in availability of services over an established baseline for each of those areas respectively, in addition to related process measures.

In terms of the case review information, the state is proposing to submit the combined results of county-based reviews for every three sites completed. Depending upon the review schedule (see section VI. Improving Our Systems of Care, section 2. Quality Assurance for sites) information may not always be available for quarterly reports and some quarterly reports may provide information from two separate compilations. This approach would mirror the federal on-site CFSR case review process that similarly incorporates the results of case reviews from 3 sites and reports on approximately 50 cases. The Quality Assurance Review Team would calculate whether the items were rated as strengths, needing improvement, or not applicable in

the same manner as the federal case review process and will demonstrate conformity at the 90 percentile to achieve exit from the requirements on the PIP related to the item. It should be noted that as the federal instrument has been modified since New Mexico's on-site review, comparisons of current practice in New Mexico might not always correspond to results obtained during the New Mexico on-site review.

## **VI. Improving Our Systems of Care**

In response to data gathered during the state self-assessment, CYFD implemented activities to improve practice. These activities are discussed in some detail in this narrative section. Activities that are directly related to Action Steps will have a corresponding Item citation.

### **A. System-Wide Strategies that will Improve Outcomes for Children and Families**

#### **1. Staff Development**

- a. Training: The Training Advisory Group has recommended changes to staff training and development to address burnout and turnover in the Protective Services Division, in order to develop a well-trained workforce. The Training Advisory Group supported this approach and recommended: CYFD staff uses IV-E funds to maximize training opportunities in collaboration with three universities in New Mexico; enhance training for all new workers during their first year; develop a competency-based training model; and the development of a Training Academy. A well-trained staff is the key to the delivery of quality and appropriate services. In order to achieve the practice standards and/or systemic changes described in this PIP, the state is pursuing specific training efforts. These efforts include the development of specialized training for caseworkers, working with the universities to provide permanency planning training on topics such as visitation, and placing a special emphasis on increasing the skill level and experience of the supervisory and management staff. Matrix Items 2D, 7B, 13A, 13B, 13C, 16A, 17A, & 21B
- b. Performance Appraisal Development: CYFD made changes in the existing employee performance evaluation criteria and included the CFSR national standards and/or case review criteria as part of the evaluation process for each employee. This has helped bring a greater level of awareness of the part that every person in the child welfare program plays in service delivery and how each one impacts and affects the outcomes for children and families.

c. The Children's Law Institute: The Children's Law Institute, held annually in January, is a training effort of the Court Improvement Project. CYFD and others help to plan the Institute, which attracts over 300 people annually. The Institute focuses on training judges, Guardian Ad Litem, attorneys, social workers, and providers on issues affecting children in our system. In 2003, "Well-Being" areas were highlighted.

2. Quality Assurance: CYFD instituted a quality assurance system which includes a case review process that is patterned after the federal review system. The Quality Assurance System will monitor progress on the outcomes both at the county and statewide level. The system has four components:

a. Component One: The first level consists of management information reports that track outcomes and describe case status. Management information reports include: CPS Abuse, Neglect Summary Report; CPS Investigation Results Report; Status of Children with Adoption Plan Report; and All Children in Custody Report. These reports are sent to the deputies, Quality Assurance Review Team, and to each county so that outcomes can be tracked at multiple levels.

b. Component Two: A statewide Quality Assurance (QA) Review Team that utilizes a system of case review that parallels the Federal Child and Family Services on-site case review process has been established. Just as in the Federal review process, staff from the county "team up" with QA staff to review the case record and conduct case related stakeholder interviews using the federal instrument. This process not only assists in determining compliance, but also in helping all staff understand what is expected in the areas of safety, permanency and well-being and to translate these concepts to their daily case practice. The reviews are county-based, with twelve cases randomly selected for the review. Cases are debriefed in the evenings. The review is completed in a week and the on-site portion concludes with an exit conference involving the county staff. A written report, which identifies the county strengths and areas needing improvement, is provided to the management staff of the county and the deputy director. Aggregate data for the county is included in the analysis found in the final report. Counties are expected to develop corrective action to improve outcomes. The QA Review Team returns to the county to evaluate progress and the effectiveness of the county based efforts.

The following counties are scheduled for review in 2003: San Miguel; Santa Fe; Cibola; Taos; Dona Ana; San Juan, Bernalillo West; Bernalillo East; Rio Arriba, and Chaves. For three of the counties, this review will establish a baseline. For Santa Fe; Dona Ana, San Juan, Bernalillo East and West, Rio Arriba, and Chaves, the review will be used to assess progress from a baseline established in a previous review. The schedule of reviews for 2004 has not yet been determine, however will include two reviews of the Bernalillo county operations.

- c. Component Three: County Office Managers will produce a monthly report which documents work flow within the office and compliance with specific practice standards. Monthly reports will be reviewed with the deputies, along with existing management reports. The information in the monthly report provides fundamental information for the Performance Appraisal and Development (PAD) plans for all of our employees.
  
- d. Component Four: A Data Review Team will meet quarterly to coordinate the data from the above three components and the results of research efforts within the agency, and will review the statewide picture of what is happening to children. The Data Review Team will identify promising practices, develop and monitor corrective action plans and outcomes, and inform policy development for continuous quality improvement. The Data Review Team will be co-chaired by the Research and Evaluation Manager and the Quality Assurance Manager.  
The Data Review Team is an internally staffed version of the Self Assessment Team.

3. Expanding the Service Array:

- a. Children's Cabinet: In January of 2003, the administration of Governor Bill Richardson took office. By Executive Order the Children's Cabinet, led by Lieutenant Governor Diane Denish, was created. The Children's Cabinet brings together the Cabinet Secretaries of a number of state departments for the purpose of enhancing collaboration and maximizing state resources to more effectively identify and meet the needs of children and their families. The Cabinet Secretaries of the Children, Youth and Families Department, Department of Health, Human Services Department, the Department of Labor, and representatives from the Department of Education provide core membership in the Children's Cabinet. The Children's Cabinet signals a significant start in the effective utilization of state resources to meet the needs of children by expanding the array of available services. Matrix Items 23B

- b. Mapping Resources: CYFD now has the capability to map resources to begin to identify and locate gaps in the service array. Domestic violence services funded by CYFD, will be mapped as well as behavioral health services and foster parent resources. Geographic service gaps will be addressed in the next RFPs that are issued by the Prevention and Intervention Division of CYFD. Matrix Item 35A
- c. Memorandums of Understanding with Managed Care Organizations: We are working with our sister divisions, Medicaid Salud!, and with the managed care organizations to identify areas where we need more services and where they could help us expand New Mexico's service array. We have signed two Memorandums of Understanding with all of the MCO's in New Mexico related to providing the behavioral health services needed for children in CYFD custody. One of the MOUs provides the structure for case specific collaboration, while the other one addresses systemic concerns. Matrix Items 22A ,23A, 35B
- d. Healthy Beginnings: The University of New Mexico Hospital (UNMH) collaborated with CYFD to open a clinic especially for foster children. The clinic serves the Bernalillo metropolitan region and is a "one stop" shop for coordinating care of foster children. Children can be fully evaluated and their care can be coordinated by UNMH medical staff. CYFD staff and foster parents participate in meetings with UNMH staff. It is expected that this approach to coordinated health care for foster children will improve the well being of foster children who reside in New Mexico's largest metropolitan area. The children can also be followed at UNM if and when they return to their families.

4. Recruitment and Retention of Staff:

- a. Recruitment and Retention Committee: To address recruitment and retention of social workers, New Mexico created a Recruitment and Retention committee, which includes CYFD staff and key community stakeholders from the universities, National Association of Social Workers (NASW), provider community, and advocacy groups. The committee meets semi-annually to go over recruitment and retention reports, and to problem solve. CYFD conducts exit interviews with staff leaving PSD. Information gathered during exit interviews will be submitted to the team for review and identification of barriers. CYFD has designated a full time recruitment and retention specialist within the Employee Support Division to assist with this issue. Matrix Item 1B

- b. Filling Vacancies and Reducing Turnover: During the review, the impact of staff vacancies and turnover was a serious issue that was commented on statewide. Previous efforts to address vacancies had not been successful. However, In April 2002 CYFD was given permission from the State Personnel Office to consider individuals with related degrees for intake and investigation worker positions. We expect this practice to result in more timely investigations of child abuse and neglect and fewer vacancies in all areas of the Division. Matrix Item 1B
  - c. Work Load Study: Closely related to the issues of staff vacancies and turnover is the determination of current workload demands upon existing staff. Agency policy and procedures prescribe those standards of practice believed to promote positive outcomes for children and families. During the review concerns were raised by stakeholders about the agency's compliance with those standards. While vacancies have required staff to extend themselves, the Division recognizes that no formal evaluation of the workload demand created by those standards has been conducted since the passage of the Adoptions and Safe Families Act. CYFD plans to conduct a workload study and use the results of that study to better determine staffing needs and develop strategies to improve practice. Matrix Item 2C
5. Prevention of Shaken Baby Syndrome: In 2002, New Mexico experienced a rise in the number of Shaken Baby reports received. Child Abuse Prevention Treatment Act (CAPTA) money was used to purchase videos, brochures and posters that will address prevention. Conversations with the Department of Health Newborn Screening Unit to collaborate on addressing the issue statewide have begun.
6. New Mexico Multi-Disciplinary Conference on Serious Child Abuse: In an effort to enhance collaboration with community partners, NM has worked collaboratively with the National Shaken Baby Alliance to present the new Mexico Multi-disciplinary Conference on Serious Physical Child Abuse. In March 2003, international and nationally recognized experts in the field of child abuse presented, along with state experts, to promote multi-disciplinary approaches to identify and address serious physical child abuse.

**B. Achieving a Family-Centered System of Care:**

New Mexico is improving upon the family-centered system of care by beginning to implement concurrent planning practices and Family Group Decision Making (FGDM). This family-centered approach is not restricted to a child's biological family. Supportive and therapeutic services must also be provided to a child regardless of

whether s/he is placed with kin, foster or adoptive families. To that end the following initiatives have been implemented:

1. Family Group Decision Making (FGDM): FGDM is being utilized in several counties and will increase family involvement in planning and decisions related to the best interests of children. FGDM was implemented under contract two years ago in limited sites to test the feasibility of developing this as a program statewide. CYFD will continue this program in at least two demonstration sites, using CYFD staff resources rather than contractors, and will develop criteria and guidelines for use. CYFD expects that further use and refinement of this program will increase family involvement in case planning and engage families in actively working toward permanency for their children. FGDM has the prospect of also engaging kin and other facets of the family's support network. The FGDM work group will continue to oversee the implementation of FGDM. The services of the National Resource Center for Family Centered Practice are presently being utilized. Matrix Item 18B
2. Concurrent Planning: NM is currently in the process of implementing concurrent planning and is refining policies and procedures to support this practice. All staff have been trained in concurrent planning and will continue policy and procedure revisions. The services of the National Resource Center on Permanency Planning and the National Resource Center On Organizational Improvement are being utilized for this effort. Matrix Item 7E
3. PRIDE Foster and Adoptive Parent Curriculum: The PRIDE training stresses the importance of the kin and foster family as resources for the child, and as helpers in the process of reunification. The PRIDE training curriculum (developed by CWLA) addresses CFSR participants' concerns that foster parents need training which is relevant to planning for children in their care. PRIDE will help implement family-focused practices by utilizing foster parents as helpers in the process. The implementation of this training will also have an impact on safety of children in foster care as PRIDE involves a comprehensive assessment of persons applying to be foster/adoptive parents and seeks to continuously develop the skills and abilities of our foster care providers. Better decisions regarding who should be licensed as a provider and in assuring that those persons licensed have the skills and ability to provide safe care to our children will be possible. Matrix Item 16B
4. Focus on Kin: CYFD will continue to focus on kin as resources for children who come into custody and will work with community partners to address services to kin that care for children who do not come into custody. Two years ago, New Mexico passed a law making it possible for kin to petition the court directly for guardianship of children in their care as an alternative to children coming into custody. CYFD supported passage of that legislation and participated on the Incarcerated Parent

Task Force to discuss facilitated guardianships for those parents who are incarcerated. Matrix 16A

5. Independent Living Efforts: CYFD will make efforts to reconnect older children with their families of origin as well as other individuals that have been significant for the youth. New Mexico continues to partner with community providers to develop and/or expand services and housing opportunities for youth. CYFD consults with the youth advisory board to review agency policy, procedures, and practice. In addition, CYFD will use FGDM as a way to develop and/or improve the youths' significant relationships and connections. A special emphasis will be placed on those children who have been freed for adoption but who have not been adopted and who have no stable foster family resource to support them on their journey to adulthood. Matrix 18B

### **C. Keeping Children Safe in New Mexico**

1. Timeliness of Investigations: New Mexico continues to make progress on clearing up the backlog of pending investigations. A closer examination of the pending investigations has determined that most pending cases were due to documentation of work rather than late assessments of children's safety. County Office Managers and supervisors have instituted stronger accountability and monitoring of pending investigations. Every County Office Manager receives a monthly report of pending investigations. Policies and Procedures will be reviewed to clarify the specific definition of "initiation", and determine whether time frames for initiation and completion are realistic. In addition, standards in policy and procedures defining the minimum requirements for locating families who have been reported for alleged child maltreatment will be developed. The newly developed county office managers report requires the County Office Manager to track each investigation received and determine if the initiation, safety assessments and investigation were timely. Matrix Items 1A, 1C
2. Structured Decision Making: CYFD is using and evaluating the Structured Decision Making tools. CYFD has developed screening and prioritization tools for the Statewide Central Intake (SCI) and is developing reporting capability around the risk factors that are identified by Structured Decision Making tools. This will help workers identify appropriate services and interventions at the point a family first encounters the system and will help us better identify risk factors that contribute to repeat maltreatment. CYFD has a contract with the Children's Research Center of the National Council on Crime and Delinquency to help develop these new reports and tools. Matrix Item 2G
3. Training for CPS investigators: With the assistance of the National Resource Center on Child Maltreatment, the state has developed a preliminary curriculum to enhance

training for CPS investigators. This curriculum has been field tested, and is now under revision. It is expected that the training will enhance the skill level and improve consistency in decision-making concerning substantiating abuse and neglect referrals. The services of the National Resource Center on Child Maltreatment will continued to be utilized. Matrix Item 2D

4. Community Partnerships: Communities can be partners in protecting children. CYFD has begun conversations with the community and with staff around building a consensus as to what constitutes “risk” and what constitutes abuse and/or neglect through the creation of a Safety Team. Feedback from this group will inform policy, procedures, and practice changes for intake and investigation services. This group can also assist CYFD in targeting available contract funds. CYFD will use the National Resource Center for Child Maltreatment to help us with this work. Matrix 2B
5. Evaluate the Effectiveness of Current Intensive Family Service Models: During the review, comments concerning the Family Preservation Model, as currently administered by the state, were received. Stakeholders raised concerns regarding whether the model was sufficient in length to service the needs of families, specifically those families dealing with substance/domestic violence issues. CYFD plans to examine other models of voluntary family services to see if more effective models have been developed and are being used in other states. Based upon the results of the review and exploration of other models, CYFD will determine if changes to current practices are warranted. CYFD will request aide from the National Resource Center on Family Centered Practice, to help in determining the most appropriate FPS and other Voluntary Family Service Models for New Mexico. Matrix 2F
6. Repeat Maltreatment Cases: CYFD will examine the quarterly detailed reports on cases where repeat maltreatment has occurred to identify patterns that it might quantify and address. The study will focus on the association between repeat maltreatment, and types of abuse, (physical abuse, neglect, sex abuse); domestic violence; risk levels; and substance abuse. An additional study will examine factors contributing to maltreatment in foster care. Results of these studies will be used to direct changes in practice and contract funding. Matrix Items 2E, 2I
7. New Procedures and Data Collection to Address Abuse and Neglect in Foster Care: In January 2001, CYFD changed policy and began accepting reports alleging abuse or neglect in foster care. Those reports where the concern rose to the level of an allegation of child abuse and neglect were assigned for investigation. This was in addition to any criminal investigation conducted by law enforcement. All other reports were assigned for an internal review for potential policy and procedures violations. CYFD continues to cross report to law enforcement as

required by the Children's Code and cooperates fully in criminal investigations. Every report alleging abuse or neglect in a foster placement or pre-adoptive home receives a response from CYFD to assure the safety of the child. At the time of the federal review, collection of this information was new and incomplete and not available for review and assessment. Although none of the sampled cases during the on site review contained issues about maltreatment in foster care, the federal reviewers were concerned by this lack of data. New Mexico had already recognized and begun the process of capturing this data to address services and interventions accordingly. The data is now tracked monthly. Assistance from the National Center for Child Welfare Information and Technology will be requested to help meet data needs. Matrix Items 2H, 2I

8. Foster Parent Liaisons: During the onsite CFSR, stakeholders and staff identified that where there were foster parent liaisons, foster parents reported that they felt more supported in their care of children. As a result, CYFD has created Foster Parent Liaison positions in every county and has standardized the job descriptions so that all counties will use these positions to support foster parents, and obtain all medical and educational records. This type of support for foster parents will help ensure the safety and well-being of children in foster care. Matrix 22B
9. Respite for Foster Parents: The Therapeutic Foster Care Providers group will explore contracts for additional respite care. In addition, Permanency training to specifically address the CPS worker's responsibility for assessing the needs of foster parents will be amended. Matrix 17A

#### **D. Assuring Permanency for Children:**

1. Identifying and Removing Barriers to Adoption: CYFD established a work group called Adoption Obstacle Removal Team (AORTA) to examine barriers to adoption. AORTA made recommendations concerning levels of care, subsidy rates, traveling files, the negotiation processes, and other barriers to permanency. As a part of the overall coordination plan, AORTA will be merged with the Permanency Team. The therapeutic foster care providers group was established to collaborate with the treatment foster care agencies to clarify roles and responsibilities of the TFC agency and CYFD in moving children to permanency, and in particular, identifying the barriers present in treatment foster care adoptions. Matrix 9A
2. PRIDE: A new foster and adoptive parent curriculum, PRIDE will address issues of permanency and the foster parent's role in achieving permanency in a timely fashion. The implementation of PRIDE will better prepare foster parents to work with birth parents and to understand the importance of "connections" for children. The existing policies and procedures have been reviewed and revisions are in progress so as to be compatible with the changes that PRIDE brings to the current

application and approval process, including the role of foster parents and staff resources. CYFD expects that the new training will improve the skill level of new and experienced foster and adoptive parents and will positively affect placement stability, reduce maltreatment in foster care, increase involvement of foster parents in treatment planning and working with biological families, and facilitate expedited permanency in a more timely fashion. Matrix 16B

3. Improving the ICPC Process: Out of state placements and the ICPC process have been identified as barriers to permanency. CYFD will examine the existing resources and identify avenues to pursue to address the barriers and facilitate placements of children through the ICPC process, as well as streamlining and better defining the process for consideration of home studies from other states, private agencies, and private individuals who are responding to the CYFD adoption web site. Border agreements with neighboring states are under discussion. Matrix Item 7D
4. The Role of the CPS Consultants: CYFD will examine the consultant staffing process to determine how these positions could best be utilized to support safety, permanency, and well being outcomes, and the needs of children in custody. Matrix Items 7A, 18A, 21A
5. Permanency Planning: “Addressing Barriers to Permanency” training will be developed. Components of the training will include: assessing family strengths; the importance of relatives and family connections; relative guardianships; efforts to identify and locate fathers; policy revisions; and visitation with incarcerated parents. CYFD will continue to collaborate with the Child Support Enforcement Bureau around the use of the absent parent locator service as a resource for locating family members. The services of the National Resource Center on Permanency Planning and the National Resource Center on Family Centered Practice may be utilized. Matrix Items 13A, 13C, 16A
6. Policy Changes Related to Visitation: The CFSR identified the need for policy related to visitation to be clarified and/or developed. Policy expectations about visitation with parents by the worker and the content and quality of that contact in service intervention are under development. Matrix Items 7C, 13C, 20 Another policy revision that has begun targets visitation to children in family foster care, relative foster care, in treatment foster care (Matrix Item 13A), and the children of incarcerated parents (Matrix Items 16A).
7. Recruitment of Homes for Older Children and Minorities: New Mexico is proud of its efforts around timely adoptions and is fast approaching the achievement of the national standard. CYFD has developed a nationally recognized initiative called the Heart Gallery which focuses on older children, sibling groups, and minority children

freed for adoption. CYFD has also entered into an initiative (Breakthrough Series Collaborative) with the Casey Foundation. The Breakthrough Series Collaborative will focus our efforts on recruitment of Native American homes for Native American children. Matrix Item 9B

#### **E. Addressing the Well-Being Needs of Children in Care**

1. Well-Being Week: New Mexico held Well-Being Week during the second week in September 2002. During that week staff and/or community partners visited every child in CYFD custody. As a result of this effort, the public was assured that children were accounted for and collected information regarding the safety, permanency and well-being needs of children. A well-being questionnaire was used to gather information regarding CYFD's ability to meet the well-being needs of children. Every child was visited and the data is being compiled. County Office Managers will use this data to help focus staff on the needs of children in their counties.
2. Traveling Files: Every child placed will have a traveling file that goes with him/her no matter where s/he is placed. Foster parents have been trained to keep all of a child's medical records and educational records in the file so that if a child moves or is returned home, his/her history will follow the child.
3. Dental Services: Lack of Dental Services for children exists around the state. County staff advocate with area dentists to serve children; however, the Medicaid reimbursement issue needs to be addressed with the Human Services Department. The formation of the Children's Cabinet can assist in beginning to address this service need. In addition, collaborative committees composed of CYFD Division Deputies, Providers, and Managed Care Organizations have been formed to address the lack of services in New Mexico. Matrix Item 22A, 23B

#### **VIII. Technical Assistance Requested**

NM will negotiate with the National Resources Centers to determine the type of assistance the NRC's can provide. Training and Technical Assistance (T/TA) from the National Resource Centers will be coordinated through the PIP. The National Resource Centers will aide us through T/TA on statistical analysis, provision of training, policy revision and program evaluation. Assistance from the NRC's will be coordinated through the PIP Coordinator (Mark Dyke).

1. National Resource Center for Information Technology in Child Welfare: It is anticipated that 10 days of technical assistance will be needed to enhance ability to collect data, to develop the expertise to track cohorts of children who enter and exit care, track timeliness

of visitation and to aide in developing a model for analyzing the relationship of prioritization on timeliness of initiation. Matrix Item 1D

2. National Child Welfare Resource Center on Family Centered Practice: Ten days of technical assistance will be needed to help examine policies and procedures related to family centered practice, to develop and assess our Family Group Decision Making and Family Preservation Services interventions, and to assist in developing training curriculum to maximize family visitation so as to enhance well-being and permanency outcomes. Matrix Items 2F, 18B
3. National Resource Center for Organizational Improvement: Ten days of technical assistance to continue strategic planning, monitoring of the PIP and coordinating the state's efforts, to include coordinating our work with the other National Resource Centers will be needed. CYFD will use this center to integrate the many and numerous federal planning documents and state based initiative/requirements.
4. National Resource Center on Child Maltreatment: Ten resource days will be needed to help develop training for investigators and to look at developing consensus around definitions. Matrix Items 2D
5. National Resource Center on Substance Abuse and Child Welfare: Ten resource days will be needed to help develop training for staff and to move CYFD toward family centered approaches to working with clients and families affected by substance abuse. Matrix Items 17A
6. National Resource Center for Foster Care and Permanency Planning: Ten resource days will be needed to help review practice and procedures around implementation of concurrent planning and to improve treatment planning process. Matrix Item 7B, 7E

## **VI. Summary of Outcome Areas Identified as Needing Improvement**

The areas that were identified in the Final Report as “needing improvement” are summarized below and bulleted, along with their corresponding Matrix Items. Action steps that will address these areas and move New Mexico closer to substantial conformity are listed in the Matrix.

**SAFETY OUTCOME 1 (S1): Children are, first and foremost, protected from abuse and neglect.** This outcome was determined not to be in substantial conformity and the specific items identified in the CFSR as Areas Needing Improvement will be addressed in the Program Improvement Plan.

**Item 1: Timeliness of initiating investigations of reports of child maltreatment.** This item was rated as a strength in 82% of the applicable cases reviewed. Key factors identified in the CFSR were:

- The definition of “initiation” needs clarification. Matrix Item 1A
- Staff vacancies have impacted the state’s ability to conduct timely investigations. Matrix Item 1B
- Number of pending investigations. Matrix Item 1B
- Timely initiations of reports assigned as Priority 2. Matrix Item 1D
- Stakeholders’ perception that SCI screens out too many cases. Matrix Item 2A
- Concerns regarding timely completion of safety assessment tools. Matrix Item 2D

**Item 2: Repeat Maltreatment.** This item was rated as a strength in 86% of the applicable cases reviewed. Key factors identified in the CFSR were:

- Within some cases there were multiple reports of maltreatment prior to child entering foster care. Matrix Item 2E
- Aggregate data did not meet the national standard. Matrix Items 2A-2G
- Current model for Family Preservation Services may not be appropriate to meet the needs of families requiring services. Matrix Item 2F

**Item 3: Services to family to protect child(ren) in home and prevent removal.** This item was rated as a strength and will not be addressed in the Program Improvement Plan.

**Item 4: Risk of harm to the child.** This item was rated as a strength and will not be addressed in the Program Improvement Plan.

**SAFETY OUTCOME 2 (S2): Children are safely maintained in their homes whenever possible and appropriate.** New Mexico achieved substantial conformity on this outcome; therefore, it will not be addressed in the Program Improvement Plan.

**PERMANENCY OUTCOME 1 (P1): Children have permanency and stability in their living situations.** This item was determined not to be in substantial conformity and the specific items identified in the CFSR as Areas Needing Improvement will be addressed in the Program Improvement Plan.

**Item 5: Foster Care Re-entries.** This item was rated as a strength and will not be addressed in the Program Improvement Plan

**Item 6: Stability of Foster Care Placements.** This item was rated as a strength and will not be addressed in the Program Improvement Plan

**Item 7: Permanency Goal for the Child:** The determination that permanency goal for child was an area needing improvement was based on information obtained during the onsite review process, through the review of 29 applicable cases and

stakeholder interviews. This item was rated a strength in 79% of the applicable cases reviewed. Key factors identified in the CFSR were:

- Delays were noted around financial assistance for adoptive parents. Matrix Item 9A
- In some cases, services provided were inconsistent with the permanency goal identified in the case record. Matrix Item 7A
- In a few cases visitation did not take place consistently to support the permanency plan. Matrix Items 7B, 7C, 13A, 13B, 13C, 16A
- Not all parties were involved in developing and working toward the most appropriate permanency goal. Matrix Item 18A
- Delays in permanency related to ICPC. Matrix Item 7D
- Staff vacancies impacted state's ability to achieve permanency for children. Matrix Item 1B
- Documentation of case activities in the case record was not always current. Matrix Item 7A

**Item 8: Independent Living:** This item was rated as a strength and will not be addressed in the Program Improvement Plan

**Item 9: Adoption:** This item was rated a strength in 100% of the applicable cases reviewed; however it was not rated as a strength because the statewide aggregate data of 28.4% did not meet the national standard. Key factors identified in the CFSR were:

- Data in the state's AFCARS report between foster care and adoptions was not consistent. (Addressed in AFCAR Improvement Plan, not PIP)
- Subsidy issues related to children in TFC homes. Matrix Item 9A
- Lack of Native American foster and adoptive homes. Matrix Item 9B
- Delays related to a lengthy ICPC process. Matrix Item 7D
- A few stakeholders expressed concern that time frames for completing home studies were too long. Matrix Item 9C

**Item 10: Permanency Goal of Other Planned Permanent Living Arrangement:** This item was rated as a strength and will not be addressed in the Performance Improvement Plan.

**PERMANENCY OUTCOME 2 (P2): The continuity of family relationships and connections is preserved for children.** This outcome was determined not to be in substantial conformity and the specific items identified as Areas Needing Improvement in the CFSR will be addressed in the Program Improvement Plan.

**Item 11: Proximity of foster care placement:** This item was rated as a strength and will not be addressed in the Program Improvement Plan.

**Item 12: Placement with siblings:** This item was rated as a strength and will not be addressed in the Performance Improvement Plan.

**Item 13: Visiting with parents and siblings in foster care:** This item was rated as a strength in 79% of the cases. Key factors identified in the CFSR were:

- Concerns about the agency's lack of encouragement for child visits with incarcerated parents. Matrix Item 16A
- Stakeholders identified a need to strengthen efforts to encourage foster parent and biological parent interaction regarding visitation. Matrix Item 16B
- Visitation plans in the case record were not always implemented. Matrix Item 13B
- Reviewers noted a lack of visitation in therapeutic foster care cases. Matrix Item 13A

**Item 14: Preserving connections:** This item was rated as a strength and will not be addressed in the Program Improvement Plan.

**Item 15: Relative Placements:** This item was rated as a strength and will not be addressed in the Program Improvement Plan.

**Item 16: Relationship of child in care with parents:** This item was rated as a strength in 71% of the cases. Key factors identified in the CFSR were:

- Stake holder's perception that foster parents should be encouraged to promote positive relationships with the child's family of origin. Matrix Item 16B
- In some cases key service needs were not assessed or not addressed which negatively affected the parent/child relationship. Matrix Item 17A
- Staff vacancies impact on the state's ability to address permanency needs for children. Matrix Item 1B

**WELL BEING OUTCOME 1 (WB1): Families have enhanced capacity to provide for their children's needs.** This outcome was determined not to be in substantial conformity and the specific items identified in the CFSR as Areas Needing Improvement will be addressed in the Program Improvement Plan.

**Item 17: Needs and services of child, parents and foster parents.** This item was rated as a strength in 78% of the applicable cases. Key factors identified in the CFSR were:

- In some cases key service needs were either not assessed accurately or were not addressed sufficiently. Matrix Item 17A
- In some cases domestic violence concerns are inadequately addressed and there are inadequate services provided across the state. Matrix Item 23B
- In some cases issues regarding recurrence of substance abuse, incidence of sexual abuse, and domestic violence are not followed up on. Matrix Item 2B

**Item 18: Child and Family Involvement in case planning.** This item was rated as strength in 80% of the applicable cases reviewed. Key factors identified in the CFSR were:

- Increase the consistency of active involvement of children and parents in case planning, especially fathers. Matrix Item 18A
- Increase the consistency of active involvement of providers and other interested parties in case planning. Matrix Items 18A, 18B

**Item 19: Worker visits with child.** This item was rated as a strength in 78% of the cases. Key factors identified in the CFSR were:

- Improve documentation concerning the content of visits. Matrix Items 13B, 19
- Improve agency case management efforts in those cases where children are placed in TFC homes. Matrix Item 16A, 19
- Work with treatment foster care agencies to increase understanding and accountability in regards to permanency and well-being issues. Matrix Items 13A, 17A

**Item 20: Worker visits with parents.** This item was rated as a strength in 81% of the applicable cases. Key factors identified in the CFSR were:

- Develop a written policy on frequency of visitation between workers and parents. Matrix Item 20
- Improve documentation in the case record to better describe case activities specific to visitation. Matrix Item 13B
- Increase the involvement of fathers and incarcerated parents in case planning and service delivery. Matrix Item 18A

**WELL BEING OUTCOME 2 (WB2): Children receive appropriate services to meet their educational needs.** This outcome was determined not to be in substantial conformity and specific items identified in the CFSR as Areas Needing Improvement will be addressed in the Program Improvement Plan.

**Item 21: Educational needs of the child.** This item was rated as a strength in 84% of the applicable cases. Key factors identified in the CFSR were:

- Address the educational needs of children receiving in-home services. Matrix Items 21A, 21B
- Improve consistency in follow-up on identified educational needs of children. Matrix Item 21A
- Address issues of missing documentation in case records, specifically, IEP's and school records. Matrix Item 21A
- Address delays in receiving special educational services when children are in transition. Matrix Item 21A
- Conduct assessments for the need of early intervention services for those children not yet school age. Matrix Item 21B

**WELL BEING OUTCOME 3 (WB3): Children receive adequate services to meet their physical and mental health needs.** This outcome was determined to be not in substantial conformity and specific items identified in the CFSR as Areas Needing Improvement will be addressed in the Program Improvement Plan.

**Item 22: Physical Health of the child.** This item was rated as a strength in 81% of the applicable cases reviewed. Key factors identified in the CFSR were:

- The availability of dentists who will serve CYFD children Matrix Items 22A, 23B
- Improve consistency in agency providing foster parents the child's medical records and health information. Matrix Item 22B
- Improve documentation of the child's medical needs in the case record. Matrix Item 22B
- Improve the availability of and access to those services provided through managed care organizations to children in custody. Matrix Items 22A, 35B

**Item 23: Mental health needs of the child.** This item was rated as strength in 77% of the applicable cases reviewed. Key factors identified in the CFSR were:

- The lack of services in the areas of mental health, substance abuse and domestic violence. Matrix Items 23B
- Improve CYFD's follow up and monitoring of those children placed in TFC homes to assure that children are receiving the services that they need. Matrix Items 13A, 17A

## **IX. Summary of Systemic Factors and Areas Needing Improvement**

### **Statewide Information System**

New Mexico was found to be in substantial conformity on this systemic factor and it will not be addressed in the Program Improvement Plan.

**Item 24: The state is operating a Statewide Information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months has been) in foster care.** This item was rated as a strength and will not be addressed in the Program Improvement Plan

### **Case Review System**

New Mexico was found to be in substantial conformity on this systemic factor and will not address it in the Program Improvement Plan.

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 28: Provides for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 29: Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

## Quality Assurance System

New Mexico was found to be in substantial conformity on this systemic factor and will not address it in the Program Improvement Plan.

**Item 30: The state has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the child.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 31: The state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

## Training

New Mexico was found to be in substantial conformity in this systemic factor and will not address it in the Program Improvement Plan.

**Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Title IV-B and IV-E, and provides initial training for all staff who deliver these services.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 34: The State provides training 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 adopted children.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

## Service Array

New Mexico was not in substantial conformity in this systemic factor and the items identified in the CFSR as Areas Needing Improvement will be addressed in the Program Improvement Plan.

**Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.** Key factors identified in the CFSR were:

- The lack of dental and wrap-around services, especially in rural areas of the state. Matrix Items 35A, 35B
- The lack of substance abuse treatment and domestic violence services. Matrix Items 35A, 35B
- The need to expand respite care for foster parents needs in many areas of the state. Matrix Item 35A

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.** The factors that were identified in item 35 were also identified for this item.

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

#### **Agency responsiveness to the community**

New Mexico was found to be in substantial conformity in this systemic factor and it will not be addressed in the Program Improvement Plan.

**Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service 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 in the goals and objectives of the CFSP.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Foster and adoptive parent licensing, recruitment, retention.**

New Mexico was found to be in substantial conformity in this systemic factor and it will not be addressed in the Program Improvement Plan.

**Item 41: The state has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 43: 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.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflects the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.

**Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.** This item was rated as a strength and it will not be addressed in the Program Improvement Plan.



Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/A <sup>2</sup>						
Item 1A: Timeliness of initiating investigations of reports of child maltreatment	x	Increase the percent of investigations that are initiated within required time frames to 90%. Baseline: 82%  Projected Date of achievement: 11/04	Revise policy to clearly define "initiation" and efforts to locate families, to improve response times  Lead: Clinical Deputy Director	Process Measure: a description of progress toward accomplishing Benchmarks will be reported Quarterly.  QA Review will be used to measure achievement of the goal	Draft recommendation for policy and procedures completed  Final policy and procedure changes and distribution for internal department review completed  Final policy and procedure changes completed and distributed to staff  Changes to new employee core training completed to reflect changes in initiation policy  Staff training on new policy and procedures completed	5/03  6/03  7/03  7/03  7/03	Actual:

1. Applicable
2. Not Applicable

Program Improvement Implementation						
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup> N/ A <sup>2</sup>					
Item 1B: Timeliness of initiating investigations of reports of child maltreatment	Goal: Same as above  Baseline: Vacancy rate social worker & case worker series-13% Baseline Percentage of pending investigations compared to total number of investigations as of 12/01: Will be established by 5/03 Projected Date of Achievement: 3/04	Reduce the number of pending investigations to no more than 10% of total investigations through maintaining a vacancy rate of 9.5 % or less  Lead: Clinical Deputy Directors	MIS Report, on pending investigations	Caseworkers hired with related degrees to reduce vacancies  Caseworker training  Baseline developed	4/02  5/02 (ongoing)  Date 5/03	
Item 1C: Timeliness of initiating investigations of reports of child maltreatment	Goal: Same as above  Baseline: Will be developed by 5/03  Projected Date of Achievement: 3/04	Reduce the number of pending investigations to no more than 10% of total investigations through enhanced supervisor/manager oversight of investigative process  Lead: Clinical Deputies	Monthly and Quarterly 907 reports of Pending Investigations by County (includes Trend Analysis)	County Manager monthly report Developed  Supervisors/County Managers trained  County Manager monthly report implemented  County Manager monthly reports aggregated	2/03  3/03  3/03  6/03	Actual:

1. Applicable
2. Not Applicable

Program Improvement Implementation						
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup> N/A <sup>2</sup>					
Item 1D: Timeliness of initiating investigations of reports of child maltreatment	Goal: Same as above  Projected Date of Achievement: 3/04	Develop management information report to examine investigations by initial prioritization assignment. (not ongoing) Lead: Research and Evaluation Manager	A baseline report on timeliness of P2's	Business rules written to stipulate requirements  BIT software written  Tests and certifications of the software completed  Report run and results obtained  Collaborate with NRC, Information and Technology to develop model and subsequent analysis completed	5/03  9/03  11/03  2/04  2/04	

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/ A <sup>2</sup>						
Recurrence of Maltreatment Item 2A: (Statewide data indicator relating to Item 2)	x	Repeat maltreatment rates will be reduced from 8.3% to 7.5%  Baseline: 8.3%  Projected date of achievement: 11/04	Strengthen the screening process for determining response to reports, through improved screening and prioritization tools  Lead: SCI Manager	Process Measure, a description of progress will be included in the Quarterly Report  FACTS report National Standards, recurrence of maltreatment	New Screening Tool developed  FACTS changes identified  Staff trained Implement through ACCESS  FACTS changes completed  New tool fully automated and implemented	11/03  2/03  3/03 4/03  8/03  10/03	Actual:
Item: 2 B: Repeat maltreatment		Repeat maltreatment rates will be reduced from 8.3% to 7.5%  Baseline: 8.3%  Projected date of achievement: 11/04	Development of Safety Committee to inform SCI screening practice  Lead: SCI Manger & Administrator V	Process Measure, a description of progress and results will be included in the Quarterly Report FACTS National Standard report used to determine achievement of Goal  Quarterly SCI screen-in data	Committee practice procedures designed  Committee established  Quarterly meetings held  Safety committee recommendations implemented	6/03  7/03  11/03-ongoing  12/03-ongoing	

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/ A <sup>2</sup>						
Item: 2C: Repeat maltreatment		Repeat maltreatment rates will be reduced from 8.3% to 7.5%  Baseline: 8.3%  Projected date of achievement: 11/04	Workload study to determine resource needs and guide policy development  Lead: Administrator	Process Measure, a description of where we are in the process will be included in the Quarterly Report	RFP for workload study developed  RFP circulated  Recipient selected  Study completed  Re-distribute FTEs to fit workload	4/03  5/03  7/03  1/04  2/04	
Item: 2D: Repeat maltreatment		Repeat maltreatment rates will be reduced from 8.3% to 7.5%  Baseline: 8.3%  Projected date of achievement: 11/04	Develop training curriculum to enhance training for CPS investigators  Lead: Clinical Deputy	Process Measure, a description of ongoing progress toward benchmarks and goals will be included in Quarterly Report	Collaborated with NRC on Child Maltreatment to develop curriculum  Curriculum reviewed by safety committee  NRC aide to provide training completed  Training implemented statewide	7/03  9/03  10/03  11/03	

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/A <sup>2</sup>						
Item 2 E Repeat maltreatment		Repeat maltreatment rates will be reduced from 8.3% to 7.5%  Baseline: 8.3%  Projected date of achievement: 11/04	Examine cases of repeat maltreatment to determine which risk factors have highest association with repeat maltreatment  Lead: Administrator V	A report on the study will be included in the Quarterly Report	Repeat maltreatment cases identified (statewide)  Categories associated with repeat maltreatment developed  Data collected on cases of repeat maltreatment. Categories include: type of abuse, level of risk, domestic violence, substance abuse,  Strength of association analyzed between variables and repeat maltreatment  Strategies identified to address reasons for repeat maltreatment	4/03  4/03  6/03  9/03  11/03	Actual:

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup>	N/A <sup>2</sup>					
Item: 2F: Repeat maltreatment		x	Repeat maltreatment rates will be reduced from 8.3% to 7.5%  Baseline: 8.3%  Projected date of achievement: 11/04	Examine alternative voluntary family service models , including alternative Family Preservation models Mid-level Family Preservation Evaluation Study  Lead: Admin V	Process Measure, a description of where we are in the process will be included in the Quarterly Report  FACTS National Standard report used to determine achievement of Goal	Collaboration with NCWRC on Family Centered Practice, to identify and assess alternative models completed  Strengths and weaknesses of models analyzed  Appropriate voluntary family service models identified  Model selected Staff trained Model implemented	6/03  12/03  3/04  4/04 8/04 11/04
Item 2G: Repeat Maltreatment			Repeat maltreatment Will be rated as a strength in 90% of cases reviewed.  Baseline: 86% Projected date of achievement: 11/04	Improve the use of SDM tools in the field	FACTS National Standard report used to determine achievement of Goal QA reviews	All staff retrained on the use of SDM	7/02

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1	2	3	4	5	6	7		
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement		
	A <sup>1</sup> N/A <sup>2</sup>							
Item 2H: Incidence of Child Abuse and/or Neglect in Foster Care (Statewide data indicator relating to Item 2)	<input type="checkbox"/>	x	The incidence of child abuse/neglect for children in foster care will be reduced to .6%  Baseline: to be determined by 10/03  Projected date of achievement: 11/04	Develop report format to track CA/N for children in foster care.  Lead: Research and Evaluation Manager Support Bit Manager	QA Reviews FACTS National Standard report used to determine achievement of Goal  NCANDS data	FACTS changes identified  Baseline established  Training on use of the new format completed.  Quarterly report distributed to County Office Managers and Placement staff.	8/02  10/03  12/03  12/03	Projected:
Item 2I: Incidence of Child Abuse and/or Neglect in Foster Cares	<input type="checkbox"/>	x	The incidence of child abuse/neglect for children in foster care will be reduced to .6%  Baseline to be determined by 10/03  Projected date of achievement: 11/04	Review cases of CAN in foster care to determine factors Lead: Placement Administrator	FACTS National Standard report used to determine achievement of Goal  NCCANDS	Statewide study designed Data collected Data analyzed Report written on results of analysis Strategies developed to address CAN	6/03 9/03 12/03 3/04 6/04	
Outcome P1: Children have permanency and stability in their living situation	<input type="checkbox"/>						Projected:	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup>	N/A <sup>2</sup>					
Item 7A: Permanency goal for the child		x	Permanency goal for a child will be rated as a strength in 90% of the cases reviewed  Baseline: 79%  Projected date of achievement: 11/04	Increasing oversight of treatment planning & fit between services and permanency goal through amending Consultant role Lead: Consultant Supervisors	QA reviews  FACTS National Standard report used to determine achievement of Goal	CPS consultant role amended to include oversight of fit between permanency goals and services  CPS consultant monthly report revised	6/03  8/03
Item 7B: Permanency goal for the child			Permanency goal for a child will be rated as a strength in 90% of cases reviewed.  Baseline: 79%  Projected date for achievement: 11/04	Train staff on importance of visitation and the use of the visitation tab (documentation)  Lead: Children's Section Manager	Process Measure, a description of progress toward benchmarks will be included in the Quarterly Report  FACTS National Standard report used to determine achievement of Goal	Aide requested from NRC on Foster Care and Permanency Planning to develop curriculum  Joint Powers Agreement with Universities to provide training developed  Staff trained statewide	6/03  6/03  12/03

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/A <sup>2</sup>						
Item 7C: Permanency goal for the child		Permanency goal for a child will be rated as a strength in 90% of cases reviewed .  Baseline: 79%  Projected date of achievement: 11/04	Revise policy and procedures to clarify practice standards for visitation Lead: Policy and Procedures Bureau Manager	Process Measure, a description of progress toward benchmarks will be included in the Quarterly Report  QA Review used to determine achievement of goal	Draft completed for recommendation for policy and procedures  Final policy and procedure changes and distribution for internal department review completed  Changes completed to new employee core training to reflect changes in initiation policy  Final policy and procedure changes completed and distributed to staff  Staff training on new policy and procedures completed	5/03  7/03  9/03  10/03  1/04	

1. Applicable
2. Not Applicable

Program Improvement Implementation						
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup> N/A <sup>2</sup>					
Item 7D: Permanency goal for the child	Permanency goal for a child will be rated as a strength in 90% of cases reviewed.  Baseline: 79%  Projected date of achievement: 11/04	Development of an ICPC data base to track and improve timeliness of ICPC cases  Lead: Bureau Chief of Policy and Procedures	FACTS Outcome reports  AFCARS Data Indicator Reports  ICPC Database  QA Reviews	ICPC data base to track timeliness developed  ICPC software installed  Training on the use of the database completed County staff trained on ICPC procedures  Communication system implemented between placement staff and ICPC Administrator  Strategies developed to address systemic barriers to timely completion	6/03  9/03  11/03  1/05  1/05  6/03	
Item 7E: Permanency goal for the child	Permanency goal for a child will be rated as a strength in 90% of cases reviewed  Baseline: 79%  Projected date of achievement: 11/04	Implement Concurrent planning  Lead: County Office Managers	Progress toward benchmarks will be described in Quarterly Report  FACTS National Standard Report used to measure achievement of the goal	Aide requested on NRC Foster Care and Permanency Planning to review policy and procedure recommendations NRC recommendations received  Policy and procedures amended  Facts changes completed  Training completed for staff and judges on the use of concurrent planning	6/03  8/03  9/03  2/04  6/04	

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup>	N/A <sup>2</sup>						
Item 9A: Adoption	<input type="checkbox"/>	x	Percent of children adopted within 24 months of entry into foster care will be no less than 30%  Baseline: 23.4%  Projected date of achievement: 11/04	Adoption Obstacle Removal Team (AORTA) identifies, and develops action regarding: subsidy rates, negotiation process, financial assistance to adoptive parents and collaboration with TFC agencies.  Lead: Chief Children's Court Attorney	Process Measure, a description of progress toward Benchmarks will be included in the Quarterly Report	Definitions and criteria established for levels of foster care  Decision tree for determining eligibility of children for levels of care completed  Decision tree and definitions in two sites tested  FACTS changes identified and requested  Policy and Procedures changes identified  FACTS changes implemented  Policy and Procedures finalized  Staff trained on new policy  Levels of care implemented statewide	1/03  2/03  3/03  5/03  6/03  7/03  7/03  7/03  9/03	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/A <sup>2</sup>						
Item 9B: Adoption		Percent of children adopted within 24 months of entry into foster care will be no less than 30%  Baseline: 23.4%  Projected date of achievement: 11/04	Design Breakthrough Series Collaborative to increase Native American foster and adoptive homes  Lead person: Administrator V	Number of Native American foster and adoptive homes, pre and post initiative, and over time.  Limited to 3 areas: Gallup, Grants, Farmington	Develop baseline  Initiatives to increase number of Native American foster and adoptive families, i.e. ( use of genograms pre removal) planned Initiatives implemented  Effects of interventions on increased number of homes examined	4/03  1/03  3/03  6/03	

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/ A <sup>2</sup>						
Item 9C: Adoption		Percent of children adopted within 24 months of entry into foster care will be no less than 30%  Baseline: 23.4%  Projected date of achievement: 11/04	Amend Policy & Procedures to clarify "initiation " time lines for home studies  Lead: Policy and Procedures Bureau Manager	Process Measure, a description of progress toward achieving benchmarks will be provided in the Quarterly Report	Draft for recommendation for policy and procedures completed  Final policy and procedure changes and distribute for internal department review completed  Changes to new employee core training to reflect changes in initiation policy completed  Final policy and procedure changes completed and distributed to staff  Staff training on new policy and procedures completed  Policy implemented	5/03  7/03  9/03  10/03  1/04  1/04	Actual:
Length of Time To Achieve Permanency Goal of Adoption (Statewide data indicator relating to Item 9)	<input type="checkbox"/>	x	Percent of children adopted within 24 months of entry into foster care will be no less than 30%  Baseline: 23.4%  Projected date of achievement: 11/04			Projected:	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup>	N/A <sup>2</sup>						
Outcome P2: The continuity of family relationships and connections is preserved for children	<input type="checkbox"/>	x					Projected:	Projected:
							Actual:	Actual:
Item 13A: Visiting with parents and siblings in foster care	<input type="checkbox"/>	x	Visitation and documentation of visits according to policy will occur in 90% of cases reviewed.  Baseline: 79%  Projected date of achievement: 11/04	Train staff on nuts- and bolts on visitation when children placed in TFC's  Lead: Placement Manager	Measure increase in the number of visits  QA Reviews  A Process Measure will describe progress toward training	Develop a baseline  Training curriculum developed  Trainers trained  Treatment staff trained statewide	6/03  6/03  8/03  12/03	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation						
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup> N/A <sup>2</sup>					
Item 13B: Visiting with parents and siblings in foster care	Visitation and documentation of visits according to policy will occur in 90% of cases reviewed.  Baseline: 79%  Projected date of achievement: 11/04	Train supervisor and field staff on the use of the visitation grid  Lead: MA 4's	Process Measure, a description of progress toward meeting benchmarks will be included in the Quarterly Report  FACTS report detailing use of visitation grid QA Reviews County Manager Reports	Power point demonstration completed  MA 4's, trained to train supervisors and field staff  Training implemented statewide	5/03  7/03  9/03	
Item 13C: Visiting with parents and siblings in foster care	Visitation and documentation of visits according to policy will occur in 90% of cases reviewed.  Baseline:79%  Projected date of achievement: 11/04	Provide Permanency training with emphasis on importance of maintaining relationships  Lead: Children's Section Manager	Process Measure, a description of where we are in the process will be included in the Quarterly Report QA Reviews FACTS Visitation report	Development of training curriculum  Training provided through Training Bureau and Universities  Statewide (ongoing).	6/03  7/03  7/03-ongoing	

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1	2	3	4	5	6	7		
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement		
	A <sup>1</sup>	N/A <sup>2</sup>						
Item 16A: Relationship of child in care with parents	<input type="checkbox"/>	x	Visitation and documentation of visitation according to policy will occur in 90 % of cases reviewed  Baseline: 71%  Projected date of achievement: 11/04	Train staff on nuts- and bolts on visitation when children's parents are incarcerated  Lead: Children's Section Manager	Process Measure, a description of where we are in the process will be included in the Quarterly Report  QA reviews  Supervisory Reviews	Training curriculum developed  Training provided to PSD consultants on visitation in detention centers, jails, and prisons  Ongoing Statewide training to county offices provided by consultants.	Projected: 6/03  6/03  8/03	Actual:
Item: 16B: Relationship of child in care with parents			Visitation and documentation of visitation according to policy will occur in 90 % of cases reviewed Baseline: 71%  Projected date of achievement: 11/04	Implement PRIDE training (statewide) of foster parents which emphasizes parallel parenting & resource parenting  Lead: Placement Administrator	Process Measure, a description of where we are in the process will be included in the Quarterly Report	PRIDE package purchased  Trainers trained  Foster parents trained statewide (ongoing)	6/02  7/02  1/03	
Outcome WB1: Families have enhanced capacity to provide for their children's needs	<input type="checkbox"/>	x					Projected:	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1	2	3	4	5	6	7		
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement		
	A <sup>1</sup> N/A <sup>2</sup>							
Item 17A: Needs and services of child, parents, foster parents	<input type="checkbox"/>	x	Needs of child, parents and foster parents that are identified in treatment plans will be addressed and documented in 90% of cases reviewed  Baseline: 78% Projected date of achievement: 11/04	Develop Permanency training and revise Core training to include worker's responsibility to assess needs of child, parents & foster parents  Lead: Children's Section Manager	QA reviews Bernalillo County will be reviewed semi-annually	Aide requested from NRC on Substance Abuse and Child Welfare to develop curriculum  Committee formed with NRC to revise training curriculum  Training revised  Training provided through Training Bureau and Universities Statewide (ongoing) .	5/03  7/03  8/03  1/04	Projected:
Item 18A: Child and family involvement in case planning	<input type="checkbox"/>	x	Family involvement in case planning will be evident in 90% of cases reviewed.  Baseline: 80%  Projected date of achievement: 11/04	Modify CPS consultant's role to increase oversight of family participation (especially fathers)  Lead person: consultant supervisors Scope: statewide	CPS consultant's monthly report  CPS consultant aggregate report  QA reviews	Consultant report modified  Monitoring implemented	Projected: 5/03  6/03	Actual

1. Applicable
2. Not Applicable

Program Improvement Implementation							
1	2	3	4	5	6	7	
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement	
	A <sup>1</sup> N/ A <sup>2</sup>						
Item 18B: Child and family involvement in case planning		Family involvement in case planning will be evident in 90% of cases reviewed.  Baseline: 80%  Projected date of achievement: 11/04	Implement and evaluate Family Group Decision Making statewide (emphasize paternal involvement)	FGDM evaluation will include survey results and ASFA Outcomes (which details participation)  QA reviews	Implementation plan in collaboration with National Child Welfare Resource Center on Family Centered Practice established  Demonstration sites determined  Demonstration evaluated  Policy and Procedure changes completed  Training on new policies and procedures regarding FGDM completed  Implemented statewide	5/03  7/03  12/03  2/04  6/04  8/04	

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup>	N/A <sup>2</sup>						
Item 19: Worker visits with child	<input type="checkbox"/>	x	Worker visits are occurring with frequency required by policy in the FACTS record in 90% of cases reviewed  Baseline: 78%  Projected date of achievement: 11/04	Revise Policy and Procedures to clarify practice standards regarding worker visits with child  Lead: Policy and Procedures Bureau Manager	Process Measure, a description of where we are in the process will be included in the Quarterly Report  QA reports  COM monthly reports	Draft for recommendation for policy and procedures completed  Final policy and procedure changes completed and distributed for internal department review  Final policy and procedure changes completed and distributed to staff  Staff training on new policy and procedures completed  Policy implemented	Projected: 11/02  5/03  10/03  12/03  12/03	Projected:
Item 20: Worker visits with parent(s)	<input type="checkbox"/>	x	Worker visits are occurring with frequency required by policy and documentation is in FACTS record in 90% of cases reviewed.  Baseline: 81%  Projected date of achievement: 11/04	Revise Policy and Procedures to clarify practice standards regarding worker visits with parent  Lead: Policy and Procedures Bureau Manager	Process Measure, a description of progress toward Benchmarks will be included in the Quarterly Report  QA review  Consultant report COM report	Draft for recommendation for policy and procedures completed  Final policy and procedure changes completed and distributed for internal department review  Final policy and procedure changes completed and distributed to staff  Staff training on new policy and procedures completed	Projected: 11/02  5/03  10/03  12/03	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup>	N/A <sup>2</sup>						
Outcome WB2: Children receive appropriate services to meet their educational needs	<input type="checkbox"/>	<input type="checkbox"/>					Projected:	Projected:
Item 21A: Educational needs of the child	<input type="checkbox"/>	x	Documentation of educational needs in the treatment plans in 90% of the applicable cases.  Baseline: 84%  Projected date of achievement: 11/04	Amend CPS Consultants report to include documentation of child's educational needs. Consultants are included in most case planning meetings.  Lead: Consultant Supervisors	Progress Measure  Consultant Report (statewide)  QA Reviews	Consultant Report Amended  Training completed  Revised Consultant report implemented	Projected:  7/03  9/03  10/03	Projected:
Item 21B: Educational needs of the child			Documentation of educational needs in the treatment plans in 90% of the applicable cases.  Baseline: 84%  Projected date of achievement: 11/04	Train staff and foster parents on need for educational assessment of preschool children  Lead: Children's Section Manager	Consultant report (statewide)  QA reviews	Training curriculum developed  Changes incorporated into Permanency and Core training  Training provided to all staff, including foster parents statewide	7/03  9/03  11/03	Actual:
Outcome WB3: Children receive adequate services to meet their physical and mental health needs	<input type="checkbox"/>	x					Projected:	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1	2	3	4	5	6	7		
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement		
	A <sup>1</sup> N/A <sup>2</sup>							
Item 22A: Physical health of the child	<input type="checkbox"/>	x	Documentation of physical health needs and services to meet those needs are found in case plans 90% of applicable cases  Baseline: 81%  Projected date of achievement: 11/04	PSD collaborative effort with CYFD Prevention and Intervention, Managed Care Organizations, and Providers to increase medical and dental resources  Lead: Deputy Directors	Progress Reports QA reports Bernalillo County reviewed semi-annually  Consultant Reports	Development of Collaborative Committees completed  Ongoing Committee efforts  Documentation of newly developed resources	9/02  9/02-12/03  12/03-ongoing	Projected:
Item 22B: Physical health of the child			Documentation of physical health needs and services to meet those needs will be in the child's case plan in 90% of cases reviewed.  Baseline: 81%  Projected date of achievement: 11/04	Train foster parent liaisons to obtain necessary medical and health records for case records  Lead: County Office Managers	Consultant Reports  County Office Management Report  QA reviews	Training curriculum developed  Training statewide to foster parent liaisons provided	6/03  8/03	Actual:

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1	2	3	4	5	6	7		
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement		
	A <sup>1</sup> N/A <sup>2</sup>							
Item 23A: Mental health needs of the child	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of mental health needs and services to meet those needs will be in the child's case plan in 90% of cases reviewed.  Baseline: 77%  Projected date of achievement: 11/04	PSD collaborative effort with CYFD Prevention and Intervention, Managed Care Organizations, and Providers  Lead: Deputy Directors	Progress Reports  QA reviews  Bernalillo County reviewed semi-annually  Consultant Reports	Development of Collaborative Committees completed  Ongoing Committee efforts  Documentation of newly developed mental health resources	9/02  9/02-12/03  12/03-ongoing	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation						
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup> N/ A <sup>2</sup>					
Item 23B: Mental health needs of the child	Documentation of mental health needs and services to meet those needs will be in the child's case plan in 90% of cases reviewed.  Baseline: 77%  Projected date of achievement: 11/04	Issues related to service gaps will be presented to the Children's Cabinet  Lead: Division Director	Progress Reports  QA reviews  Bernalillo County reviewed semi-annually  Consultant Reports	Service gaps identified  Service gaps presented to Children's Cabinet  Documentation of activities related to resource development	8/03  10/03  12/03-ongoing	Actual:
Item 22C: Mental health of the child	Documentation of mental health needs and services to meet those needs will be in the child's case plan in 90 % of cases reviewed.  Baseline: 77%  Projected date of achievement: 11/04	Train foster parent liaisons to obtain necessary mental health records for case records  Lead: County Office Managers	Consultant Reports  County Office Management Report  QA reviews	Training curriculum developed  Training statewide to foster parent liaisons provided	6/03  8/03	

1. Applicable
2. Not Applicable

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup>	N/A <sup>2</sup>						
Systemic Factor 5: Service Array	<input type="checkbox"/>	x					Projected:	Projected:
							Actual:	Actual:
Item 35A: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.	<input type="checkbox"/>	x	Baseline will be established through mapping of services.  Baseline: reflecting availability of services at the time of the on-site review to be established 10/03  Projected date of achievement: 11/04	Establish baseline of through mapping of domestic violence, substance abuse and mental health providers  Lead: Research and Evaluation Manager	Process Measure, a description of progress will be reported in Quarterly Report	Baseline established	Projected:  10/03	Projected:

1. Applicable
2. Not Applicable

Program Improvement Implementation						
1	2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Goal/Negotiated Measure/ Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Benchmarks' Dates of Achievement	Goals' Dates of Achievement
	A <sup>1</sup> N/ A <sup>2</sup>					
Item 35B: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.	Increase the availability of service types (substance abuse, domestic violence and mental health services) by 3%.  Baseline: to be established 10/03  Projected date of achievement:11/04	Collaborate with other agencies to expand services to families affected by substance abuse, domestic violence, and mental health issues.  Lead Person: Deputy Director	Process Measure, a description of progress will be reported in Quarterly Report	Information collected through mapping used to direct actions toward increasing resources  Committees formed  Committee activities ongoing  Developed/linked Services to families with substance abuse, domestic violence, and mental health issues.	10/03  9/02  9/02-12/03  12/03	Actual:

1. Applicable
2. Not Applicable

**PIP Matrix Narrative Reporting Form**

I. Summarize the reasons why benchmarks and/or goals were not achieved as projected:

II. Provide a description of, and schedule for, the actions that the State will take during the next PIP quarter to meet these projected benchmarks and/or goals:

III. Other Comments:

**Attachment B  
Children's Bureau  
Child and Family Services Reviews  
PIP Quarterly Report Tracking Log  
For Use By the  
ACF Regional Office Staff**

**PIP  
Quarterly Reports  
Date Received  
(enter date)**


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