



New Mexico Children,  
Youth & Families Department



# State of New Mexico

## Kevin S. Settlement Data Validation Plan

As approved by the Co-Neutrals  
February 16, 2022

## Overview

The metrics described in this document, the Data Validation Plan (DVP), have been developed by the State in collaboration with the Co-Neutrals to set forth a process for validating progress towards achieving the commitments in the *Kevin S.* Agreement. This plan reflects the State's current implementation plans as shared with the Co-Neutrals and the Co-Neutral's current understanding of available data and practice in New Mexico. The Co-Neutrals anticipate that the plan may be adjusted over time, in consultation with All Parties.

Per the *Kevin S.* Agreement, when assessing progress and evaluating whether the State has met the Performance Standard with respect to each commitment “the Co-Neutrals shall consider evidence gathered pursuant to the Data Validation Plan and any qualitative review protocol, as well as data and information provided by the Parties, data and information available from third party sources, and other relevant factors. They shall also consider the Goals and the prefatory language in each Appendix” (pg. 7). Further, “The Co-Neutrals’ methods may include, but are not limited to, analyses of information collected by Defendants’ management and information systems (if and when available and accurate), reviews of case records, aggregation of data, and interviews with Defendants’ personnel, contractors and their staff and/or consultants, service providers and their staff and/or consultants, Children in State Custody or formerly in state custody and their families, and other child welfare and behavioral health stakeholders” (pg. 7-8).

Note that while this Plan focuses primarily on Target Outcomes, Co-Neutrals will also use the strategies above to determine if the Defendants have met the Performance Standard for Implementation Targets in applicable reporting periods.

## Cohort Definition

The Data Validation Plan considers the analytic cohort to include any child less than 18 years of age, who was in CYFD legal custody at any point in time during a reporting period.

For each reporting year, the cohort will be defined as children in CYFD of New Mexico state protective services custody during any part of the reporting year. This is operationalized as any child with at least one episode of custody of 1 day or longer that occurring during or overlapped with reporting year. We will use the acronym CISC (“Children in State Custody”) wherever appropriate.

This analytic sample (i.e. the reporting year cohort) is exclusively defined using FACTS. Please see the description of the FACTS system of record in the definitions section, below.

Data collected about the cohort includes details on the child (age, demographic details) and their placements (dates, duration, caseworker).

A key change being made in core cohort data is around tracking a child's tribal affiliation and ICWA status. ICWA Court Determinations will be used to identify ICWA-eligible children. If the ICWA Court has not yet determined ICWA-eligibility for a child, data in FACTS will be used to identify CISC who are potentially eligible for ICWA. Specifically, if FACTS indicates

tribal membership and/or suspected tribal membership ('Indian Tribe' field, including "reason to know", i.e., those with 'Unconfirmed Tribal Membership' selected) and/or the child's race is recorded as 'American Indian or Alaska Native'. Substantive training will encourage staff to use these data fields to ensure all Native American children are appropriately identified in the cohort. For the purpose of calculating all metrics in Appendix C, the State will create a flag to identify all children in state custody who are ICWA-eligible or potentially eligible as described above at the time of data submission for a reporting year.

In order to validate metrics in this Plan, CYFD will produce and share with the Co-Neutral team lists and various characteristics for all children in the cohort including children in care at the beginning of a period under a review, at the end of a period, who entered during the period, who exited during the period, and who were served during the period. The cohorts are used to describe demographic changes among the out-of-home population and to cross-reference the populations that are part of different metrics. For example, some metrics pertain only to children entering care. For these metrics, the Co-Neutral team will check the cohorts to ensure that the data submitted for those metrics include all of the children who entered care during the period and only the children who entered care during the period.

When producing data for a new period, the previous cohort will be used to ensure consistency in the data. For example, children in care at the end of a period should appear in the beginning cohort of the next period. Verification of this data usually requires conducting a gap analysis to account for data lag and other issues.

A standard set of characteristics will be included for each child including: name, unique identifier(s), date of birth, episode start date, legal status, federal permanency goal, agency-specific placement type, AFCARS placement type, county of jurisdiction ("case county"), county of placement, region of jurisdiction ("case region"), discharge date (where applicable), discharge type (where applicable), race, Hispanic flag, tribal affiliation, gender, assigned primary caseworker ID\*, assigned primary caseworker name\*, supervisor ID\*, supervisor name\*, legally free indicator, legally free date, length of stay in foster care. Wherever possible, the State will include a standard set of identifiers and other child-level information in the data files provided for validation, even when not indicated in specific metric analysis plans to improve the efficiency of the data validation process.

Note that the Co-Neutrals will provide an overview of cohort demographics and placements in each Annual Report.

\*The State will provide an extract of these fields as part of quarterly reporting on all case assignments, beginning in CY2022. Please see Appendix B Target Outcome 10.2(i) for additional detail on this process.

## Description of Data Sources

### Family Automated Client Tracking System (FACTS)

FACTS is the information system that houses child and family demographic information, case planning and service provision information, and placement and licensing information. FACTS is the primary system of record for CYFD and is only accessible through a secured State intranet network.

## **State Tracking and Reporting System (STAR)**

The State Tracking and Reporting System (STAR) is an online platform used to collect and report information on service utilization and screening for CISC who are not covered by Medicaid, as described below. Providers use the same billing codes in STAR as they would for Medicaid reimbursement; the key difference is that services billed through STAR are paid for by state funding sources outside of Medicaid. STAR is being used to track:

1. Screenings: CANS and CAT
  - a. FACTS ID
  - b. Child being screened
  - c. Staff completing the screening
  - d. Date of completion
  - e. Scores on pre-defined domains/algorithms
  - f. Flags for follow-up services or assessments, based on score
  - g. Date of transfer of CANS or CAT to MCOs and filing with the courts
2. Non-Medicaid services paid from State (not private insurance) funds<sup>1</sup>
  - a. Provider
  - b. Child being served (FACTS ID will be associated with child's account from CANS/CAT screening. If no FACTS ID is entered, matching on First Name, Last Name, SSN, and DOB will be done quarterly)
  - c. Date of service
  - d. Cost of service
  - e. Project service was billed to
  - f. Service-specific data fields

The STAR system tracks core client demographic information. As well as having the system generate unique identifiers beginning December 1, 2021, it will have fields to track Medicaid and FACTS IDs. It is hosted by Falling Colors and is accessible by CYFD as well as qualified MCOs and Providers directly, with varying degrees of permissions. Providers use STAR to register clients, enter services, and generate invoices. CYFD and HSD review the services billed and

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<sup>1</sup> STAR only collects service data for children that are not covered by Medicaid and for behavioral health programs that are part of the Behavioral Health Collaborative's Administrative Services Contract.

approve the invoices. Additionally, CYFD and HSD can enter data directly, such as in the case of client registration or data relating to a CAT/CANS screen.

## **Medicaid**

The Medicaid Management Information System is the Medicaid system that holds Medicaid claims for services provided. It includes child Medicaid ID, service code, service code modifiers, cost, date of service, and provider. In New Mexico, this system is administered by HSD, and is accessible by Providers for billing purposes.

In each Annual Report, and in the Baseline Report, the State will provide information on the share of CISC during the reporting year who were matched to Medicaid IDs.

## **MCO Traditional Medicine Benefit (TMB)**

Managed Care Organizations offer a value-added service which provides a limited amount of dollars per year for any Native American client who wishes to participate in a traditional ceremony or otherwise seek traditional medicine outside of the MCO structure (hereafter, 'Traditional Medicine Benefit' or 'TMB'). TMB reports will be provided for all CISC for each reporting year, to HSD.

## **SHARE**

SHARE is the Human Resources management system employed by the State of New Mexico for all governmental departments. This system tracks all employee administrative information, including job titles, compensation, payroll and benefits, among other items.

## **Cornerstone**

Cornerstone is a talent management software used to administer required or optional web-based trainings to employees. It is used by CYFD. It will track trainings taken by individual staff, date of completion, and score on any relevant competency exams.

## **Blackboard**

Blackboard is a talent management software used to administer required or optional web-based trainings to employees. It is used by HSD. It will track trainings taken by individual staff, date of completion, and score on any relevant competency exams.

## **Auzmor**

Auzmor is an online learning management software which will be used to administer web-based trainings to CYFD resource parents and respondents.

## **High Fidelity Wraparound reports**

CYFD and HSD requested provider generated reports detailing the children who received High Fidelity Wraparound Services for Children in State Custody (CISC).

## **State Calendar**

CYFD will provide the annual State of New Mexico calendar which will note State holidays. This data will be used to identify business days within the year.

## **Output of qualitative reviews**

The State will share detail (including source data) collected using the qualitative instruments described below with the Co-Neutrals. The State and Co-Neutrals will determine the cadence of implementation and reporting requirements by April 30, 2022.

## **Matching across systems**

### **Child-Centered Data**

Four systems will be used as the core sources for data related to children: FACTS, STAR, Medicaid, and MCO TMB reports. Where possible, child records across systems will be matched using:

- Medicaid ID (captured for all Medicaid and MCO services; entered into STAR by CYFD Protective Services staff beginning December 1, 2021, and captured in FACTS). Quarterly reports will be extracted from STAR to identify children with missing Medicaid IDs; those children will be cross-referenced with data from HSD and the child's assigned primary caseworker to complete the information when available.
- FACTS ID: In cases where a child cannot be matched across systems using Medicaid ID (e.g., for a child whose Medicaid ID was not captured in all three systems), FACTS ID (captured for all FACTS records; captured in STAR beginning December 1, 2021) will be used to supplement cross-system matching.
- SSN: Social Security Number is often captured in FACTS, STAR (beginning December 1, 2021), and Medicaid.
- First Name, Last Name, and DOB: where no unique ID can be used to match children (for example, a child that does not have a Medicaid ID), children will be matched using first and last name, and DOB. First and last name will be matched using fuzzy logic that determines the probability that two names are the same, allowing a match between e.g., Tom and Tommy, or Smith and Smith-Jones. DOB will be matched deterministically, unless first and last are a perfect match, and other identifying information (e.g., parent's name) match across records, in which case a non-match on DOB may still result in matched records.
- Cases where the match is not certain (e.g., a match on Last Name and DOB, but not First Name), staff from Protective Services will be consulted about each case to determine a

match (determining, for example if John Doe and Jo Doe, both born January 1, 2000 are the same person, or twins).

## Staff-Centered Data

Four systems will be used as core data sources for State staff and training information: Blackboard and Cornerstone (training tools); SHARE (core staff info); and FACTS (Caseload information, Caseworker assignment information). State staff records will be matched on Staff ID (Employee Identification Number, or state email address). In cases where Staff ID is not captured in all systems, staff will be matched using First Name, Last Name, and job title.

In order to validate metrics in this plan, CYFD will produce and share with the Co-Neutral team lists of all Staff employed during the reporting year (name and EIN), start and end date(s) of employment, and any title/role(s). HSD will also collect and share the same information for agency and provider staff eligible for training per Appendices A, C and D.

## Definitions

**Best interest determination.** After December 1, 2021, an Individualized Planning Process (IPP) team, including a mental health professional, will meet to determine whether any placement of a child in a congregate care setting that is not supported by a determination of medical necessity is in the best interest of the child. This meeting will be required for the following placements, e.g., Community Homes, Pregnant or Parenting group homes, Under 18 transitional living placements, Safe Homes for victims of child exploitation and human sex trafficking. The JCRAT will be completed and serve as the documentation of this meeting. Best Interest is defined as assurance that the health, safety, and protection of the child or youth are a priority, and the child or youth will be given care, treatment, and guidance that will assist the child or youth in developing into a self-sufficient adult. Best interest also takes into consideration the importance of maintaining cultural connection, sibling connections, and other close family bonds as well as the wishes of the child or youth.

**Case Assignable Casework Staff:** Staff with any of the following titles Investigation Case Worker, Permanency Planning Worker, In-Home Services Provider, or Placement Worker, who have completed New Employee Training and are eligible for case assignment. Specifically:

- *Investigation Case Workers* take on the investigation of the case after receiving a report from Statewide Central Intake (SCI). The Investigation Case Worker completes the initial child protective service investigation and is the primary worker on the case through the disposition decision of the investigation, (normally up to 45 days).
- *Permanency Planning Workers (PPW)* manage cases for children who are in state custody or a legal intervention, including foster care, as well as a “maintain at home” determination, where the child is not removed from the home. The PPW is assigned at the conclusion of the investigation, through a case transfer staffing from the primary investigation case worker. They are responsible for assessment and case planning and providing ongoing support to the children and family. They assess the unique

circumstances of each case and work with the family to establish a plan. These plans could include timely reunification with the caretakers or another permanency situation, such as guardianship, adoption or Other Planned Permanent Living Arrangement.

- *Placement Case Workers* are responsible for initial and ongoing licensure of resource families and provides ongoing support to each family. They conduct a home study assessing resource family applicants, support placements with families they are assigned to, assist in matching children with families for all children, and provide supports to the resource families following placement to ensure needs are met and retention of the family as a resource family. Placement Case Workers complete the final adoption case work.
- *In-Home Service Workers* promote the safety of children, reduce the risk, and reduce the recurrence of maltreatment of children by their parent and/or guardian without the intervention of the courts, providing intense in-home service supports to the family.

#### **Caseload standards:**

- *Investigation Case Workers* – in 2022, the standard will be no more 17 active cases, in 2023 and beyond the standard will be no more than 12 cases (families) total; no primary assignments for first 2 months after completion of New Employee Training (NET), no more than 3 primary assignments at a time during months 3-4 after NET, no more than 6 primary assignments at a time during months 5-6 after NET.
- *Permanency Planning Workers (PPW)* – no more than 15 children on a caseload at a time; assigned as primary for no more than 5 children at a time for first 2 months after completion of NET (only transferred cases), no more than 8 primary assignments at a time during months 3-4 after NET (can include new cases), no more than 12 primary assignments at a time during month 5-6 after NET.
- *In-Home Services Providers* – no more than 8 cases (families).
- *Placement Workers* – The caseload standard for Placement Workers will be finalized in collaboration with the Co-Neutrals by July 1, 2022.

**Caseworker known to child.** The PSD worker or the PSD worker's supervisor must visit the child monthly in order to assess the child's or youth's safety and well-being and to ensure the child's or youth's needs are being met. The 'Relationship of Visitor' variable in FACTS, will allow staff to specify when the worker who completed the visit was the primary caseworker of the child or another worker known to the child (recorded in FACTS as 'primary worker/other worker known to child').

**Centennial Care 2.0:** New Mexico's 1115 demonstration waiver, approved by the Centers for Medicare & Medicaid Services (CMS), to continue the integration of Physical health, Behavioral health and Long-term care, including acute care, pharmacy, and home and community-based services (HCBS)



**Child and Adolescent Needs and Strengths (CANS).** The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Every child in custody should receive a CANS within 45 days of entering State custody. Only completed CANS will be submitted and recorded as complete.

**Children in State Custody (CISC).** Children and youth in the legal custody of CYFD's Protective Services division, including Native Children and children never removed from the Respondent's home or children returned to the Respondent's home following a removal.

**Comprehensive Needs Assessment (CNA):** An annual or semi-annual assessment performed by a provider after a Health Risk Assessment determines the need for further evaluation for care coordination. The CNA evaluates the Member's Physical health, Behavioral health, Long-term care, and social needs. Note, this is a requirement for Medicaid managed care members only.

**Crisis Assessment Tool (CAT).** The Crisis Assessment Tool (CAT) is a decision support and communication tool to allow for the rapid and consistent communication of the needs of children experiencing a crisis that threatens their safety or well-being or the safety of the community. The CAT is incorporated within the CANS, as well as being available as a stand-alone trauma screening tool. A CAT screen is considered complete if all required fields have been answered.

**Cultural Assessment Questionnaire (CAQ).** This is a qualitative assessment instrument intended to guide conversations between a CYFD protective services worker, tribal stakeholder, and a Native American, tribally affiliated, ICWA-eligible or suspected ICWA-eligible child, and their family, in order to identify the child's cultural needs and traditional interventions. The CAQ will be utilized by IPP teams, including tribal representatives.

**Culturally Reflective Foster Homes.** The State aims to develop foster homes that are reflective of the race, ethnicity, tribal affiliation and/or geographic region of the children in state custody.

**CYFD legal custody.** The State will consider the date the child is removed from the home to be the beginning of an episode of custody.

**Discharge Plan.** A discharge plan is a written course of action for safely and reasonably transitioning an individual out of one placement. This plan addresses logistical, clinical, behavioral, acceptability, and sustainability considerations. The discharge plan must be documented in writing as an attachment to the child's case in FACTS after each meeting for which it is required. In FACTS, IPP staffings will include a flag for "discharge plan created" or "discharge plan reviewed" to allow for easier quantitative metrics.

**Dismissal.** The State tracks the date of custody dismissal for a child in legal custody through FACTS currently, as well as any referrals at time of discharge.

**Early Periodic Screening, Diagnosis, and Treatment (EPSDT).** EPSDT services are federally mandated services intended to provide preventive health care to children and young adults (under the age of 21) at periodic intervals which are based on the recommendations of the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC).

**Episode of Custody (EOC).** An episode of custody is a continuous period spent in State Protective Services custody. The episode of custody begins when the child is removed from home and ends when the child is discharged from Protective Services custody. Our definition aligns with the federal definition noted in §1355.42(a) under Title 45 of the Code of Federal Regulations<sup>2</sup> used to define the scope of the Adoption and Foster Care Analysis and Reporting System (AFCARS). Using this definition, the State includes any child is in out-of-home care for 24 hours or more. To be consistent with the federal definitions, time a child has spent as a runaway, whose whereabouts is unknown, or in a trial at-home visit is included in an Episode of Custody.

**Extraordinary Circumstances:** After December 1, 2020, any placement to a hotel, motel, office, or out-of-state residential facility is prohibited unless in extraordinary circumstances necessary to protect the safety and security of the child as documented in the child's record and approved by the Secretary or the Protective Services Director of CYFD. Placements to shelter are only allowed in extraordinary circumstances.

**Follow-up Assessments.** Follow-up assessments are needed for a licensed clinician to confirm the needs indicated by the results of a CANS or CAT screening; these follow-up assessments more rigorously assess a child's potential needs, which are only preliminarily identified by the CANS or CAT. A list of approved assessments will be refreshed by the State yearly, or more often as needed, and provided to the Co-Neutral team in conjunction with the annual submission of the prior calendar year's metric validation data.

*Note: The settlement agreement sometimes uses the word "assessment" and "screening" interchangeably. Based on discussions, assessments better describe the follow-up activities from a CANS or CAT screening.*

**Individualized Planning Process meetings (IPP).** Individualized Planning Process meetings<sup>3</sup> are structured meetings that occur for the purpose of improving communication, planning, and support for children, parents, foster parents, and providers. Details on the types and requirements of meetings employing the IPP model can be found in the IPP and the Quality Assurance, Improvement, and Evaluation (QAIEP) plans.

**Joint Clinical Review.** A joint clinical review is the process of examining an individual's clinical course and access to formal health services as a means of identifying gaps in medical care, and to develop strategies to address those gaps. They will be used to make determinations of medical necessity for children placed in out-of-state congregate care settings. This process is further delineated in the IPP documents.

**Managed Care Organization (MCO).** Managed Care Organizations which are contracted by HSD for the provision of Managed Care Medicaid services in Centennial Care 2.0. The Annual Reports will include information about the percentage of CISC in a reporting year who were covered by each MCO operating in New Mexico.

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<sup>2</sup> [Federal Register Notice \(81 FR 90569\), December 2016](#)

<sup>3</sup> The Kevin S. Agreement referred to this as the Individualized Planning Meeting (IPM) model.

**MCO Care Coordinators.** Employed staff with an HSD contracted MCO who coordinate a Medicaid member's medical, Behavioral Health, Long-Term Care, and social needs. MCO care coordinators completing CNAs shall have a bachelor's degree and/or 2 years of relevant health care experience.

**Medical Necessity.** Per the New Mexico Administrative Code (NMAC) <sup>4</sup>, medically necessary services are clinical and rehabilitative physical or behavioral health services that:

- (1) are essential to prevent, diagnose or treat medical conditions or are essential to enable an eligible recipient to attain, maintain or regain functional capacity;
- (2) are delivered in the amount, duration, scope and setting that is clinically appropriate to the specific physical and behavioral health care needs of the eligible recipient;
- (3) are provided within professionally accepted standards of practice and national guidelines; and
- (4) are required to meet the physical and behavioral health needs of the eligible recipient and are not primarily for the convenience of the eligible recipient, the provider or the payer.

**Native Children.** Any child who is ICWA-eligible or is believed to be ICWA-eligible prior to court determination (i.e., Native American or Alaska Native race; 'Reason to Know' flag, tribal affiliation), such as at the time of entering custody. Children who are subsequently identified to be ineligible for ICWA through court determination will be excluded from the analytic sample for metrics relating to Native American children specifically.

**New Mexico Tribes and Pueblos.** Any federally recognized Tribe or Pueblo in the State of New Mexico.

**Placements.** Children's stays are counted as a "placement" when and where a child is present at 03:00 AM. As such, if a child is in custody at 3:00 AM on any date, the location and date of the placement will be tracked.

When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are tracked in FACTS but are not considered placements.

All other changes to the placement of a child at 3:00 AM will trigger a new placement being recorded for that date.

*Note: Trial at Home Visits and Runaways are tracked within Episodes of Custody since the child is in legal state custody at that time.*

**Seneca Family Finding Software.** This is an online platform which is used by protective services investigators in New Mexico to attempt to locate relatives of a child entering custody, for the ultimate purpose of identifying suitable kinship placements when possible.

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<sup>4</sup> 8.302.1.7 NMAC - N, 12-1-03; A, 9-15-08

**Traditional Medicine Benefit (TMB).** Managed Care Organizations offer a value-added service which provides a limited amount of dollars per year for any Native-American client who wishes to participate in a traditional ceremony or otherwise seek traditional medicine outside of the MCO structure (hereafter, ‘Traditional Medicine Benefit’ or ‘TMB’).

**Trauma-responsive services, supports, and/or treatments.** The State considers trauma responsiveness to be an approach to delivering care and services. The State also considers the services defined below to be trauma-responsive inherently because of core intervention components which address trauma as part of the treatment model, namely:

- **Dialectical Behavior Therapy (DBT).** An expanded type of cognitive behavioral therapy indicated for treating depression and suicidal ideation, substance use, post-traumatic stress disorder, eating disorders, and mood disorders. This therapy will be identifiable through Medicaid claims data in 2022.
- **Eye Movement Desensitization and Reprocessing Therapy (EMDR).** A psychotherapy modality used to treat post-traumatic stress disorder. This therapy will be identifiable through Medicaid claims data in 2022.
- **Functional Family Therapy (FFT).** A short-term, in-home, family-level intervention modality designed to minimize status-offending behaviors, including curfew violations, running away, and delinquency, among others. This therapy is identifiable through Medicaid claims data.
- **High Fidelity Wraparound (HFW).** A youth-guided and family-driven planning process that follows a series of steps to help youth and their families realize their objectives, by leveraging natural supports and facilitating connection to community resources and clinical providers. The State anticipates that this service will begin to be Medicaid billable by April 1, 2022.
- **Mobile Crisis Response (MCR).** A specialized crisis response modality based on behavioral health elements. This is a co-responder model: two-person response teams with an MCR-trained therapist and an MCR-trained family peer support worker. MCR is intended as a gateway to providing families with an array of supports and follow up services for up to 8 weeks (MCR and follow-up services are jointly referred to as Mobile Response Stabilization Services, MRSS). As of November 2021, only MCR has a discrete Medicaid billing code. Follow-up stabilization services (MRSS) are being piloted through a federal grant; the goal is to track these services through Medicaid in the future.
- **Multi-Systemic Therapy (MST).** A family-focused and community-based treatment program for juveniles with serious criminal offenses, including juveniles with substance use history. This therapy is identifiable through Medicaid claims data for reporting years 2019 and onward.
- **Trauma-informed Cognitive Behavioral Therapy (TI-CBT).** An evidence-based treatment for children impacted by trauma, as well as their parents or caregivers, which

emphasizes emotional regulation skills. This therapy will be identifiable through Medicaid claims data in 2022.

**Treatment Foster Care (TFC).** Treatment foster care (TFC), also called therapeutic foster care, is out-of-home care by foster parents with specialized training to care for a wide variety of children and adolescents, usually those with significant emotional, behavioral, or social issues or medical needs. TFC resource families receive specific training to provide therapeutic support for children. TFC resource families are recruited, licensed, supervised and supported by a group of Treatment Foster Care Agencies licensed by CYFD. The primary funding for TFC is through Medicaid.

## Data Quality Reviews

The State has committed to a comprehensive and iterative quality assurance process to ensure the accuracy and completeness of the data used for validation. That process will include:

- Efforts to monitor timely and accurate data entry, and correct errors as needed
- A ‘systematic review’ of all data to be used in annual reporting. Using the following steps:
  - Initial data quality checks of key raw data received, specifically from FACTS
  - Review of missing or incorrect data from Sandbox tables
  - Review of data matching from FACTS to other systems for cohort, staff, and providers
  - Programmatic and leadership review of all metrics

Implementation of the annual systematic review is planned to begin in Spring of 2022, for the 2021 Annual Report and data submission.

## Data System Improvements

CYFD has committed to implementing a number of changes to FACTS to facilitate validation of progress towards the Implementation Targets and Target Outcomes described in this Plan. To ensure the State has accurate and timely data to fully report on the metrics contained in this plan, CYFD and HSD staff will receive initial training, as well as periodic follow-up trainings and coaching, to ensure fidelity to all new reporting and process requirements. The State will use periodic monthly and quarterly reports, as well as case reviews, to identify areas where reporting requirements are not being met and will meet regularly with staff to address challenges and reinforce the importance of timely reporting and accurate data collection.

Changes are summarized below; further information on specific changes are included throughout the document (see the “*Data Improvement / Future Data Collection Plan*” section for applicable metrics).

**48-Hour Meetings for Children in Shelters.** The State is adding a “Shelter Placement/48-hour” option to FACTS for tracking this staffing. This option will capture the date of the staffing but does not capture the time of the staffing.

**Court Filing.** The child’s caseworker will record in STAR the date on which CAT screening results were submitted to the Court. Currently, court document filings are sent electronically to a secured email address specific to the court holding the child’s custody hearing. There is no centralized document submission portal.

**Individualized Planning Process meetings (IPP).** The FACTS system will be further enhanced to collect detailed information for each IPP meeting. This information will include the type of meeting, attendees, components, and referrals made for additional screening. The current design for this new pop-up window includes all data elements required to be reviewed as part of the IPPs per the settlement agreement.

**Notification of Child’s Legal Representative.** A staffing type was added to indicate when a child’s legal representative (Guardian Ad Litem or Youth Attorney) has been notified of an extraordinary circumstance determination for placement to an out-of-state group/RTC setting.

**Placement Flag for Congregate Settings.** Additionally, all placements in congregate settings will include three new flags: placement is medically necessary, placement is determined to be in the child’s best interest, placement is due to extraordinary circumstances.

**Placements: Medical Necessity** – an IPP team has determined (CYFD/HSD staff and external providers) that the needs of a child are best met in a clinical or medicalized setting, such as an RTC

**Placements: Best Interest Determination** – An IPP team, including a mental health professional, has determined that this congregate setting is in the best interest of the child.

**Placements: Extraordinary Circumstances** – the Secretary or Protective Services Director of CYFD has determined that the temporary placement of a child in a hotel, motel, office, out-of-state residential setting, or emergency shelter is necessary to protect the safety and security of the child.

## Planned System Transition

The State is planning to update its system of record (currently, FACTS) by CY2025. As of January 2022, the State has embarked on a process to identify a new system of record. The State and Co-Neutrals will review the metrics in this plan to determine if any changes are necessary once the new system is brought on board.

## Baseline Reporting

Limited baseline data are available for CY2019 because many of the commitments in the *Kevin S. Agreement* have required the State to adopt new processes or collect different data than the State tracked previously. Therefore, many of the performance metrics described in this Plan – which assess the implementation of those processes – cannot be calculated for CY2019, the baseline year specified.

Where possible, the State has identified secondary metrics that provide contextual information over a longer horizon than would otherwise be possible. The methodology for these secondary metrics are reflected below. The State and Co-Neutrals' Annual Reports will report performance for secondary metrics each year.

## Appendix A: Trauma-Responsive System of Care

**NOTE:** There are ongoing conversations among All Parties about how to best identify and measure trauma-responsiveness and trauma-responsive practice. While these conversations continue, the preliminary metrics below will be used to track CISC access to such services. Additional quantitative metrics may be developed as appropriate.

### Appendix A Data Improvement Plan

A substantial number of changes have been made in FACTS and STAR to better capture the State’s approach to Trauma-responsive care, including better tracking of screenings (CANS and CAT) and better tracking of referrals based on those screenings (both for additional assessments and trauma-responsive services).

#### Referrals in FACTS

Referrals will be captured in a supplemental pop-up window linked to staffing types in FACTS. Referral types will be standardized (see the “Data System Improvements” section above for further detail). Multiple selections may be recorded. The date that a referral was made will also be captured. Referrals will include both billable medical services, and billable and non-billable community-based services including traditional interventions for Native American children or other providers outside of the corporate medical system.

### Appendix A: Target Outcome 1

CYFD will ensure that every Child in State Custody will receive screenings using the CANS and CAT screening tools approved by the Co-Neutrals, and provide the results of the indicated screenings to HSD who will ensure that MCOs and/or their successors have capacity to provide indicated screenings.

#### Metric i: Qualitative review of practice used to identify and address child’s trauma-related needs

Of the cases reviewed, the share that met acceptable performance standards.

The State will develop qualitative processes to inform achievement of this performance standard, to be approved by the Co-Neutrals no later than April 30, 2022.

*Note: This qualitative metric will be used to validate multiple related commitments – ATO1.1, ATO1.a, ATO1.b, ATO1.c, ATO2.1, ATO2.2, ATO2.3, DIT7.1*

#### Metric ii: Every child in state custody will receive screenings using the CANS

For all episodes of custody longer than 45 days that occurred within or overlapped with the reporting year, the percent for which a screening was conducted using the CANS screening tool



### **Metric Analysis Plan**

Unit of Analysis	Episodes of custody longer than 45 days which occurred within or overlapped with the reporting year
Data Source	CANS: STAR; Episode/Cohort: FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of episodes of custody that included a CANS screening
Target Numerator	Count of episodes of custody in the denominator for which at least one CANS was completed in the reporting year
Target Denominator	Count of episodes of custody for all children in state custody that reached or surpassed their 45 <sup>th</sup> day during the reporting period.
Calculation Method	<p>Each CANS screening completed will identify the date on which it was completed and the child on whose behalf it was conducted.</p> <p>The target denominator will be the unique episodes of custody for a child in state custody. Episodes of custody are used because one child may be in and out of CYFD custody and a new CANS should be collected for each of these episodes. Only episodes longer than 45 days (the required timeline for collecting a CANS) will be counted; episodes of custody must reach 45 days of duration within the reporting year to be included.</p> <p>The target numerator will be the number of episodes of custody that had a completed CANS during that episode. If more than one CANS was completed during an episode of custody, only one will be counted.</p> <p>To calculate the “percent of episodes of custody that received a CANS screening”, the Numerator will be divided by the Denominator and multiplied by 100.</p>
Missing Values Duplicates and Other Data Issues	<p>If an EOC does not have a matched CANS, it will not be counted as having a completed CANS. Incomplete CANS will not count as completed CANS.</p> <p>If a CANS was completed after a child left state custody (i.e., outside the episode of custody), that CANS will not be included in the calculation.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CANS completion date (STAR)

### **Baseline Data**

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### **Data Improvement / Future Data Collection Plan**

The CANS will be collected in STAR for all children in state custody, beginning December 1, 2021.

### **Metric iii: Every child in state custody will receive screenings using the CAT**

For all episodes of custody longer than 10 days that occurred or overlapped with the reporting year, the percent for which a complete screen was conducted using the approved CAT screening tool by December 31 of the reporting year.

*Please note, Appendix A, Target Outcome 1.a specifies that the results of this screening must be reviewed and filed with the court prior to a child’s 10-day hearing; the timeliness component is addressed in the data plan for that metric.*

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody longer than 10 days
Data Source	CAT: STAR; Episode/Cohort: FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of episodes of custody that included a completed CAT screening
Target Numerator	Count of episodes of custody in the denominator for which there was at least one CAT was completed in the reporting year
Target Denominator	Count of episodes that reached or surpassed their 10th day during the reporting period
Calculation Method	<p>Each CAT screening completed will identify the date on which it was completed and the child on whose behalf it was conducted.</p> <p>The target denominator will be the unique episodes of custody for a child in state custody. Episodes of custody are used because one child may be in and out of CYFD custody. A new CAT should be collected for each of these episodes. Only episodes longer than 10 days (the required timeline for collecting a CAT) will be counted.</p> <p>The target numerator will be the number of episodes of custody that had a completed CAT during that episode. If more than one CAT was completed during an episode of custody, only one will be counted.</p> <p>To calculate the “percent of EOCS that received a CAT screening”, the Numerator will be divided by the Denominator and multiplied by 100.</p>
Missing Values	If an EOC does not have a matched CAT, it will not be counted as having a completed CAT. Incomplete CAT will not count as a completed CAT.
Duplicates and Other Data Issues	If a CAT was completed after a child left state custody (i.e., outside the episode of custody), that CAT will not be included in the calculation.
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CAT completion date (STAR)

### *Baseline Data*

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### *Data Improvement / Future Data Collection Plan*

The CANS and CAT will be collected in STAR for all children in state custody, beginning December 1, 2021.

### **Metric iv: Sharing CANS with MCOs**

For all episodes of custody for children in State custody for at least 45 days and for whom at least one CANS screening was completed and approved by CYFD during the reporting year, the percent for which screening results were provided to their MCO or other care coordinating provider or entity within 5 business days.

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody longer than 45 days
Data Source	CANS, MCO data share: STAR; Episode/Cohort: FACTS; MCO affiliation status: Medicaid feed
Date Range	January 1 to December 31 of the reporting year

Target Variable	% of episodes of custody that included a CANS for children receiving care through an MCO or other care coordinating entity, wherein the screening was provided to the child's MCO or other care coordinating entity within 5 business days
Target Numerator	Count of episodes of custody in the denominator in which a CANS for children receiving care through an MCO was provided to their MCO or other care coordinating entity within 5 business days
Target Denominator	Count of episodes of custody wherein a CANS was completed for children receiving care through an MCO or other care coordinating entity
Calculation Method	<p>The target denominator will be total number of episodes of custody for children receiving care through an MCO or other care coordinating entity.</p> <p>The target numerator will be the number of episodes of custody for children receiving care through an MCO or other care coordinating entity where the completed CANS was provided to the MCO or other care coordinating entity within 5 business days.</p> <p>CYFD is able to access CANS data hosted through STAR. CYFD will extract the CANS information for all individuals receiving care through an MCO and provide this to their MCO to distribute appropriately. The date that a CANS was shared with the MCO will be tracked in STAR.</p>
Missing Values Duplicates and Other Data Issues	<p>If a CANS was not completed, it will not be included in the count (denominator). If a CANS was not marked as sent to the MCO or other care coordinating entity in the tracking system, it will not be counted as provided to the MCO. If a CANS was shared outside of the reporting year in which it was administered, it will not be marked as shared.</p> <p>If multiple CANS were conducted for a single child, each will be counted separately (and tracked for submission separately).</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CANS completion date (STAR), Date shared with MCO (STAR), MCO Affiliation Status (Medicaid)

### **Baseline Data**

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### **Data Improvement / Future Data Collection Plan**

The CANS and CAT screenings will be collected in STAR for all children in state custody, beginning December 1, 2021. STAR will track the date of the transfer of CANS screenings to the MCOs.

### **Metric v: Sharing CAT with MCOs**

For all episodes of custody for children in State custody for at least 10 days and for whom at least one CAT screening was conducted during the reporting year, the percent provided to their MCO or other care coordinating provider or entity within 5 business days.

### **Metric Analysis Plan**

Unit of Analysis	Episodes of custody longer than 10 days
Data Source	CAT, MCO data share: STAR; Episode/Cohort: FACTS; MCO status: Medicaid feed
Date Range	January 1 to December 31 of the reporting year

Target Variable	Among children receiving care through an MCO or other care coordinating entity, the % of episodes of custody where a CAT was completed and provided to their MCO or other care coordinating entity
Target Numerator	Count of episodes of custody for children receiving care through an MCO or other care coordinating entity where a CAT was provided to their MCO or other care coordinating entity within 5 business days
Target Denominator	Count of episodes of custody where a CAT was completed for children receiving care through an MCO or other care coordinating entity
Calculation Method	The target denominator will be total number of episodes receiving care through an MCO or other care coordinating entity.  The target numerator will be the number of episodes receiving care through an MCO or other care coordinating entity where the completed CAT was provided to the MCO or other care coordinating entity within 5 business days.
Missing Values Duplicates and Other Data Issues	If a CAT was not completed, it will not be included in the count (denominator). If a CAT was not marked as send to HSD in the tracking system, it will not be counted as provided to HSD. If a CAT was shared outside of the reporting year, it will not be marked as shared. If multiple CATs were conducted for a single child, each will be counted separately (and tracked for HSD submission separately).
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CAT completion date (STAR), Date shared with MCO (STAR), MCO Affiliation Status (Medicaid)

### *Baseline Data*

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### *Data Improvement / Future Data Collection Plan*

The CAT will be collected in STAR for all children in state custody, beginning December 1, 2021. STAR will track the date of the transfer of CAT screenings to the MCOs.

## **Appendix A: Target Outcome 1.a**

Results of initial screening using the CAT will be filed with the court no less than 24 hours before child's 10-day hearing. If this deadline falls on a weekend or holiday, the screening results must be filed no less than one business day prior to the 10-day hearing.

### **Metric i: Timely filing of CAT with the courts**

For all episodes of custody longer than 10 days that occurred or overlapped with the reporting year, the percent for which CAT results were filed with the court no less than two business days prior to a child's 10-day hearings. If this deadline falls on a weekend or holiday, the screening results must be filed no less than one business day prior to the 10-day hearing.

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody filtered to those episodes of custody where the child was in custody for at least 10 days and had a 10-day hearing during the reporting year.
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Data Source	CAT, court sharing: STAR; Episode/Cohort: FACTS; Business days: State Calendar
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of EOCs where child has been in custody for at least 10 days and who has had a CAT screening filed not less than two business days prior to the child's 10-day hearing
Target Numerator	Count of episodes of custody for children who remained in state custody for 10 days or longer, where a CAT was completed and filed no less than two business days prior to the 10-day custody hearing.
Target Denominator	Count of episodes that reached or surpassed their 10 <sup>th</sup> day in care during the reporting period and where the child had a 10-day hearing
Calculation Method	<p>The target denominator will be the unique episodes of custody for a child in state custody. Episodes of custody are used because one child may be in and out of CYFD custody. A new CAT should be collected for each of these episodes. EOCs shorter than 10 days or that never had a 10-day hearing will be excluded.</p> <p>The target numerator will be the number of episodes of custody that had a completed CAT during that episode AND had the results of this screening filed not less than two business days prior to the 10-day hearing. If more than one CAT was completed and filed timely during an episode of custody, it will be counted only once.</p> <p>If this deadline falls on a weekend or holiday, the screening results must be filed no less than one business day prior to the 10-day hearing.</p> <p>As supporting data, the State will report the average time for a CAT to be filed with the courts for (a) all timely filings (not less than two business days) and (b) all late filings (more than two business days).</p>
Missing Values Duplicates and Other Data Issues	<p>If an EOC does not have a matched CAT, it will not be counted as having a court-submitted CAT. Incomplete CATs will not count as submitted CATs. If a CAT does not have a court submission date, it will not count as a submitted CAT.</p> <p>If a CAT was completed outside the child's episode of custody that CAT will not be included in the calculation.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), 10-day hearing date (FACTS), CAT completion date (STAR), CAT court submission date (STAR), # of Business days between CAT court submission date and 10-day hearing date (State Calendar of Holidays)

### **Baseline Data**

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### **Data Improvement / Future Data Collection Plan**

The CAT will be collected in STAR for all children in state custody, beginning December 1, 2021. STAR will track the date that the CAT is transferred to the courts.

### **Appendix A: Target Outcome 1.b**

CANS-Trauma Services Screening ("CANS") will be conducted within 45 days of removal from home; any child discharged from CYFD custody before screenings are conducted will be provided a referral for CANS-Trauma Services ("CANS") screening.

### Metric i: Timely CANS for all children within 45 days of home removal

For all episodes of custody for children who were removed from home and remained in State custody for at least 45 days during the reporting year, the percent for which an approved screen was conducted using the CANS within 45 calendar days of removal from home. The metric will exclude children who both did not receive this screening and who were discharged in less than 45 calendar days.

#### Metric Analysis Plan

Unit of Analysis	Episodes of custody for children who were removed from home and remained in State custody for at least 45 days during the reporting year
Data Source	CANS: STAR; Episode/Cohort: FACTS
Date Range	Episodes of custody with home removals that were opened January 1 to December 31 of the reporting year
Target Variable	% of episodes of custody that included a CANS screening within 45 days of removal from home
Target Numerator	Count of episodes in the denominator with a CANS completed within 45 days of removal from home
Target Denominator	Count of episodes of custody that started and reached their 45th day during the reporting year
Calculation Method	<p>The target denominator will be the unique episodes of custody for a child in state custody. Episodes of custody are used because one child may be in and out of CYFD custody and a new CANS should be collected for each of these episodes. Only episodes longer than 45 days (the required timeline for collecting a CANS) will be counted; episodes of custody must both begin and reach 45 days of duration within a reporting year to be included.</p> <p>The target numerator will be the number of episodes of custody that had a completed CANS within 45 days of removal during the episode. If more than one CANS was completed during an episode of custody, it will be counted only once.</p> <p>45 calendar days will be tracked starting from the beginning of the episode of custody.</p> <p>Each CANS screening completed will identify the date on which it was completed and the child on whose behalf it was conducted.</p> <p>As supporting data, the State will report the average time for a CANS to be administered after home removal for (a) all timely CANS (45 days or fewer) and (b) all late CANS (more than 45 days).</p>
Missing Values Duplicates and Other Data Issues	<p>If a CANS does not have a completion date, it will be counted as not completed timely; if a CANS is not complete, it will be counted as not completed timely. If an EOC does not have a home removal date during the reporting year, it will not be included in the episode count.</p> <p>If a CANS was completed multiple times, the earliest completed CANS will be considered. If a child/EOC cannot be matched in the CANS tracking system, they will be counted as not having a timely completed CANS.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CANS completion date (STAR)

#### Baseline Data

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### *Data Improvement / Future Data Collection Plan*

The CANS will be collected in STAR for all children in state custody, beginning December 1, 2021.

### **Metric ii: CANS referrals for discharged children**

For all episodes of custody for children who were removed during the reporting year and discharged within 45 days without a CANS screening conducted, the percent whose family received a referral for the CANS screening.

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody fewer than 45 days which began and ended during the reporting year, without a CANS screening conducted.
Data Source	CANS: STAR; Episode/Cohort: FACTS; Referrals: FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of EOC fewer than 45 days without a complete CANS screening, that received a CANS screening referral
Target Numerator	Count of EOCs for a child in state custody that entered and exited custody within 45 days during reporting year who did not undergo a CANS screening but did receive a referral for CANS screening upon discharge
Target Denominator	Count of episodes of custody for a child in state custody that entered and exited custody within 45 days during reporting year who did not receive a complete CANS screening
Calculation Method	<p>Each referral has the date it was completed and the child it is associated with. Referrals will be tracked for all staffing types, including IPP meetings, staffings prior to discharge from custody and other court-related staffings.</p> <p>The target denominator will be the unique episodes of custody for a child in state custody that entered and exited custody during the reporting year who did not receive a completed CANS screening. Episodes of custody are used because one child may be in and out of CYFD custody and a new CANS should be collected for each of these episodes.</p> <p>The target numerator will be the number of episodes of custody that had a referral for CANS screening at the time of discharge and did not complete a CANS screening while in CYFD custody.</p> <p>As supporting data, the State will also report the share of all episodes where the child either received a completed and approved CANS screen or a referral for a CANS screen at discharge.</p>
Missing Values, Duplicates and Other Data Issues	<p>If an EOC does not have a completed CANS and has not received a referral for the CANS at the time of discharge, it will not be counted as having a referral for the CANS. EOCs with incomplete CANS will not count as having a completed CANS, and thus will be counted in the denominator.</p> <p>EOC 45 days or longer will be excluded from this calculation.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Discharge without CANS screening flag (STAR), CANS referral date (FACTS)



### *Baseline Data*

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### *Data Improvement / Future Data Collection Plan*

FACTS will include an embedded survey link to track referrals for all services/assessments recommended for CISC. This survey will capture referrals to a community provider to complete a CANS for children who are discharged prior to completion of a CANS while in CYFD custody. It is anticipated that use of this survey to record referrals for CANS screenings will begin six weeks after approval of the CANS/CAT Program Instruction Guide (PIG).

## **Appendix A: Target Outcome 1.c**

Follow-up assessment indicated by the CANS or CAT screenings, and/or any other information available to CYFD or HSD, including assessment for intellectual and developmental disabilities and/or sexual exploitation, will be conducted immediately where possible and within 10 days of indication otherwise. Any child discharged from CYFD's legal custody before these assessments are conducted will be provided a referral.

### **Metric i: Timely follow-up assessments**

For all episodes where a child's initial CANS or CAT screenings indicated a need for follow-up assessment(s) (as determined by the staffing team), the percent for which all appropriate follow-up assessments were conducted within 10 days of the completion of the initial screening. The metric will exclude children discharged from care within 10 days of the initial screening who did not receive follow-up assessment(s) prior to discharge.

**Process note on Follow-up Assessments:** The Staffing/IPP Team will review the results of the CAT/CANS and any other relevant information to determine appropriate follow ups. The Team will track the referrals for these follow-ups in a supplemental pop-up window in FACTS. Assessment completion will be determined using Medicaid and STAR data, using service codes on the list of appropriate follow-up assessments from CYFD and HSD (which will be updated and submitted to the Co-Neutrals annually). Only assessments that match the referral made by the Staffing team will count.

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody with a least one referral for follow-up assessment
Inclusion Criteria	CANS follow-up: All CISC who received the CANS screening CAT follow-up: All CISC who received the CAT screening
Exclusion Criteria	CANS follow-up: CISC discharged from state custody within 10 days of CANS screening; Children without referral for follow-up assessment per the results of the CANS. CAT follow-up: Children discharged from state custody within 10 days of CAT screening; Children without referral for follow-up assessment per the results of the CAT.
Data Source	CANS/CAT screening scores and completion dates: STAR Referrals made for follow-up assessments, identified through Staffings: FACTS



	<p>Assessment services data (type and date): Medicaid Claims (Medicaid), STAR (non-Medicaid)</p> <p>Service codes for applicable assessments: CYFD/HSD annual update.</p>
Date Range	Episodes of custody indicated for follow-up assessments between January 1 and December 31 of the reporting year
Target Variables	% of episodes where child received all follow-up assessment (s) to which they were referred within 10 days of CANS completion; % of children who received all follow-up assessment (s) to which they were referred within 10 days of CAT completion and approval date.
Target Numerator	Count of episodes of custody for children who received all follow-up assessment (s) to which they were referred within 10 days of CANS or CAT.
Target Denominator	Count of episodes of custody for children who received referrals for additional follow-up assessment(s) based on CANS or CAT, excluding those children who were discharged from CYFD legal custody within 10 days of original CANS or CAT.
Calculation Method	<p>Each CANS or CAT screening completed will identify the date on which it was completed and the child on whose behalf it was conducted.</p> <p>The target denominator will be the unique episodes of custody for a child in state custody that are 10 days or longer, who based on a CANS or CAT were referred for follow-up assessment(s). Referrals will be tracked in an embedded survey in FACTS, which records all of the recommended follow-up assessment(s) determined to be appropriate based on review of the CANS or CAT.</p> <p>The target numerator will be the number of episodes of custody that had completed all follow-ups during that episode within 10 days of referral date. EOCs that ended sooner than 10 days after the referral date will not be counted.</p> <p>Episodes of custody are used because one child may be in and out of CYFD custody and a new CANS/CAT should be collected for each of these episodes.</p> <p>As supporting data, the State will report the average time for a follow-up assessment to be administered after a CAT/CANS indication for (a) all timely follow-ups (10 days or fewer) and (b) all late follow-ups (more than 10 days).</p> <p>The State will also report:</p> <p>(a) among children referred to follow-up assessments after review of their CAT, the number and percent who received at least one follow-up assessment within 10 days</p> <p>(b) among children referred to follow-up assessments after review of their CANS, the number and percent who received at least one follow-up assessment within 10 days</p>
Missing Values Duplicates and Other Data Issues	<p>If there is no indication of follow-up assessment rendered for a child, the State will consider this to mean that services were not rendered.</p> <p>If a child is discharged within 10 days of a referral, those referrals will be excluded from the numerator and denominator.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CANS completion date (STAR), CAT completion date (STAR); Follow-up Referral type (FACTS), Follow-up Referral date (FACTS), Follow-up assessment code (FACTS), Follow-up assessment date (Medicaid/STAR)

### Baseline Data

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### Secondary Metric

The State will provide, as a secondary metric, information on the assessments CISC's receive.

#### Secondary Metric Language

The percent of episodes of custody which included at least one assessment, as defined under "Follow-up Assessments" above.

#### Secondary Metric Analysis Plan

Unit of Analysis	Episodes of custody
Data Source	Assessments performed: Medicaid Claims (Medicaid billable); STAR Claims (non-Medicaid billable) Service codes for applicable assessments: CYFD/HSD annual update. Episode/Cohort: FACTS
Date Range	January 1 through December 31 of the reporting year
Target Variables	% of episodes where child received all follow-up assessment(s)
Target Numerator	Count of episodes of custody that included at least one assessment during the reporting year.
Target Denominator	Count of all episodes of custody during the reporting year that are 10 days or longer and reached the 10 <sup>th</sup> day during the reporting year.
Calculation Method	Only EOCs with at least 10 days in the reporting period will be included. Only assessments recorded during the reporting year will be counted.  $\text{Numerator} / \text{Denominator} * 100$
Missing Values Duplicates and Other Data Issues	If there is no indication of an assessment rendered for a child, the State will consider this to mean that services were not rendered.  If a child is served through non-public funds (private practice), they will not be captured in this dataset.  Beginning by 2022, STAR will capture Medicaid ID to ensure match; historic data will be matched on First Name, Last Name, DOB.
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Follow-up assessment code (Medicaid/STAR), Follow-up assessment date (Medicaid/STAR)

### Data Improvement / Future Data Collection Plan

Follow-up assessments are already tracked in Medicaid and STAR billing data, no change in process needed. FACTS will include an embedded survey link to track referrals for all services/assessments recommended for CISC. This survey will also collect information on components of each staffing, including attendees and topics covered.

### Metric ii: Follow-up assessment referrals for discharged children

For all episodes where a child's initial CANS or CAT screenings indicated a need for follow-up assessment(s), and where the child did not receive the indicated follow-up assessment(s) prior to

discharge, the percent whose family received referral(s) for the follow-up assessment(s) when the discharge took place.

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody that screened positive for follow-up assessments, with a discharge during the reporting year.
Inclusion Criteria	CANS follow-up: All children in state custody who received the CANS that indicated the need for follow-up assessment(s) CAT follow-up: All children in state custody who received the CAT that indicated the need for follow-up assessment(s)
Data Source	CANS/CAT screening scores and dates: STAR Referrals: FACTS
Date Range	Episodes of custody indicated for follow-up assessments and subsequently discharged during January 1 to December 31 during the reporting year.
Target Variable	% of EOC that ended during the reporting year that were indicated for follow-up assessments and did not get those assessments, who received a follow-up assessment referral
Target Numerator	Count of EOC that ended during the reporting year that were indicated for follow-up assessments and did not get those assessments, who received a follow-up assessment referral at the time of discharge.
Target Denominator	Count of EOC that ended during the reporting year where child was indicated for follow-up assessments but did not get those assessments.
Calculation Method	<p>Each referral identifies the date on which it was completed and the child with whom it is associated. Referrals will be tracked for all staffing types, including IPP meetings, staffings prior to discharge from custody and other court-related staffings.</p> <p>The target denominator will be the unique episodes of custody for a child in state custody who was indicated for (referred), but did not receive, a follow-up assessment, as tracked by the supplemental IPP window in FACTS, and who was discharged during the reporting year.</p> <p>Episodes of custody are used because one child may be in and out of CYFD custody and a new CANS and follow-up assessment status should be collected for each of these episodes.</p> <p>The target numerator will be the count of EOC that ended during the reporting year which were indicated for follow-up assessments during the reporting year and did not get those assessments while in state custody, but had a referral for follow-up assessment at the time of discharge, as tracked by the supplemental IPP documentation window in FACTS.</p>
Missing Values Duplicates and Other Data Issues	If an EOC does not have a completed CANS or CAT, it will not be counted as being indicated for follow-up assessments. If an EOC is indicated for follow-up assessments, and there is no record of a referral, it will be counted as having no referral.
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CANS completion date (STAR), Follow-up Referral type (FACTS), Follow-up Referral date (FACTS), Discharge Staffing Date (FACTS); Flag for referral provided to family (FACTS)

### *Baseline Data*

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline for this metric is zero.

### *Data Improvement / Future Data Collection Plan*

FACTS currently tracks referrals to service, including at the time of discharge, for all clients. The current drop-down menu does not include a specific option for a referral for CANS screening. The State is adding a supplemental IPP window which will collect all information relating to IPP components, attendees, and referrals through a survey interface, linked to the child's unique ID.

## **Appendix A: Target Outcome 2.1**

Every Child in State Custody will receive age-appropriate Trauma-responsive services, supports, and/or treatments to meet needs indicated by the CANS and functional trauma assessments, within 10 days of screening and/or assessment.

*Note: Progress towards this commitment will be assessed using the qualitative metric ATO1(i) above and the metrics below.*

## **Appendix A: Target Outcome 2.2**

HSD and CYFD will expand and offer community-based, evidence-based, well-supported and promising trauma-responsive services.

### **Validation strategy**

Each year, HSD and CYFD will be asked to provide the Co-Neutrals with information on steps taken during the period to expand and offer community-based, evidence-based, well-supported and promising trauma-responsive services to children in State custody. Co-Neutrals will validate this information through qualitative activities.

## **Metric i: New Mexican children's access to specific trauma-responsive services**

The sum number of children in cohort who received either High Fidelity Wraparound services, Mobile Crisis Response (MCR), DBT, MST, Trauma Informed-CBT, FFT, or EMDR during the reporting year.

*Note: Medicaid and STAR does not currently have service codes to denote DBT, TI-CBT, or EMDR.*

### **Metric Analysis Plan**

Unit of Analysis	Children in cohort
Data Source	Cohort: FACTS Services performed: Medicaid Claims (Medicaid billable); STAR Claims (non-Medicaid billable) ; HFW service performed (High Fidelity Wraparound reports) Service codes/modifiers for HFW, MCR, DBT, MST, TI-CBT, FFT, EMDR: CYFD/HSD annual update.
Date Range	January 1 through December 31 of the reporting year
Target Variable	Number of children in cohort who received HFW, MCR, DBT, MST, TI-CBT, FFT or EMDR in the reporting year.
Target Numerator	N/A

Target Denominator	N/A
Calculation Method	Medicaid and Non-Medicaid services for all CISC will be grouped by unique child ID. Any child with at least one billable session of HFW, MCR, DBT, MST, CBT, FFT or EMDR (modifier codes) will be counted.
Missing Values Duplicates and Other Data Issues	<p>If a child is served through non-public funds (private practice), they will not be captured in this dataset.</p> <p>If a child is indicated to have received relevant services in both STAR and Medicaid, they will only be counted once. Beginning by 2022, STAR will capture Medicaid ID to ensure match; historic data will be matched on First Name, Last Name, DOB.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Service Name/Code (Medicaid/STAR/HFW Reports), Modifier Code (Medicaid/STAR), Service Date (Medicaid/STAR/HFW Reports)

### Baseline Data

Medicaid and STAR do not have service codes to denote DBT, TI-CBT, or EMDR services. Therefore, a baseline metric cannot be calculated using the methodology described above.

### Secondary Metric

The State will provide, as a secondary metric, information on MST, FFT, MCR, and HFW, which has been historically tracked. Metric language and calculation details follow.

#### Secondary Metric Language

The sum number of children in cohort who received either High Fidelity Wraparound services, MST, MCR or FFT during the reporting year.

#### Secondary Metric Analysis Plan

Data Source	<p>Cohort: FACTS</p> <p>Services performed: Medicaid Claims (Medicaid billable); STAR Claims (non-Medicaid billable); HFW service performed (High Fidelity Wraparound reports)</p> <p>Service codes/modifiers for HFW, MCR, MST, FFT: CYFD/HSD annual update.</p>
Date Range	January 1 through December 31 of the reporting year
Target Variable	Number of children in cohort who received HFW, MCR, MST, or FFT.
Target Numerator	N/A
Target Denominator	N/A
Calculation Method	<p>Medicaid and Non-Medicaid services for all CISC will be grouped by unique child ID. Any child with at least one billable session of HFW, MCR, MST, or FFT (modifier codes) will be counted.</p> <p>Trauma-responsive services are tracked for MST, FFT, MCR and HFW as:</p> <ul style="list-style-type: none"> <li>• H2033 (MST) - Medicaid and STAR data files</li> <li>• 90846 with HK modifier (FFT) - Medicaid and STAR data files</li> <li>• 90847 with HK modifier (FFT) - Medicaid and STAR data files</li> <li>• H2011 U3 (MCR) - Medicaid and STAR data files</li> <li>• High Fidelity Wraparound - from manually created file</li> </ul> <p>These codes will be reviewed and updated annually, any changes to these codes will be noted in subsequent annual reports.</p>

Missing Values Duplicates and Other Data Issues	<p>If a child is served through non-public funds (private practice), they will not be captured in this dataset.</p> <p>If a child is indicated to have received relevant services in both STAR and Medicaid, they will only be counted once. Beginning by 2022, STAR will capture Medicaid ID to ensure match; historic data will be matched on First Name, Last Name, DOB.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Service Name/Code (Medicaid/STAR/HFW Reports), Modifier Code (Medicaid/STAR), Service Date (Medicaid/STAR/HFW Reports)

### *Data Improvement/Future Data Collection Plan*

Beginning in 2022, STAR will capture Medicaid ID to ensure match; historic data will be matched on First Name, Last Name, DOB. Moving forward, trauma responsive services will be tracked using modifiers in Medicaid and STAR; guidance on these modifiers is under development by HSD.

## **Appendix A: Target Outcome 2.3**

Indicated services will be available to all Children in State Custody for whom the services are medically necessary and will be available immediately where possible and within 10 days of the determination of medical necessity otherwise.

### **Metric i: Timely trauma-responsive services**

Of all children in State custody who received screenings or assessments that indicated a need for High Fidelity Wraparound services (HFW), Mobile Crisis Response (MCR), DBT, MST, Trauma-informed CBT, FFT, or EMDR during the reporting year, the percent that initiated or received all services for which they were indicated within 10 days of that screening or assessment.

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody
Data Source	<p>Cohort, Referrals: FACTS</p> <p>Services performed: Medicaid Claims (Medicaid billable); STAR Claims (non-Medicaid billable); HFW service performed (High Fidelity Wraparound reports)</p> <p>Service codes/modifiers for HFW, MCR, DBT, MST, TI-CBT, FFT, EMDR: CYFD/HSD annual update.</p>
Date Range	January 1 through December 31 of the reporting year
Target Variable	% of EOCs for children in State custody who were indicated for HFW, MCR, DBT, MST, Trauma-informed CBT, FFT, or EMDR service who received or initiated the appropriate service within 10 days of screening
Target Numerator	Number of EOCs for children in State custody who were indicated for HFW, MCR, DBT, MST, Trauma-informed CBT, FFT, or EMDR service and who received or initiated (including follow-up eligibility screening conducted by a licensed clinician) all appropriate services within 10 days of screening.
Target Denominator	Number of EOCs for children who were indicated for HFW, MCR, DBT, MST, Trauma-informed CBT, FFT, or EMDR service
Calculation Method	The denominator will include all children in the reporting year cohort who were referred/indicated in FACTS for follow-up services after review of their CANS score during an IPP meeting (i.e., indicated for trauma-responsive services). The denominator

	<p>will exclude children discharged within 10 days of the screening or assessment that indicated a need for trauma-related services.</p> <p>The numerator will be the count of all children in the denominator who received each of the trauma-responsive services for which they were indicated.</p> <p>Services will be counted in the numerator if: 1) it is one of HFW, MCR, DBT, MST, trauma-informed CBT, FFT, or EMDR; 2) is one of services indicated based on the trauma-screen (determined by the referral list in FACTS); and 3) was conducted within 10 days of the screening.</p> <p>For each EOC for a child indicated for trauma-responsive services, the date of the IPP evaluating the screen will be compared to the initiation date of the first trauma-response service.</p> <p>If that delta is 10 days or fewer, the child will be flagged as having received HFW, MCR, DBT, MST, Trauma-informed CBT, FFT, or EMDR service within 10 days of screening.</p> <p>As supporting data, the State will report the average time to for a service to be administered after it was indicated for (a) all timely services (10 days or less) and (b) all late services (10 days or more).</p>
Missing Values Duplicates and Other Data Issues	<p>If a child does not have a CANS/CAT score, they will not be included.</p> <p>If a child has a CANS/CAT score indicating a need for trauma-responsive services, but does not have any service data, they will be counted in the denominator.</p> <p>If a service has no dates, it will not be counted as a timely trauma-related service.</p>
Report Columns	<p>Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CANS/CAT completion date (STAR), Service Referral type (FACTS), Service Referral date (FACTS), Modifier Name/Code (Medicaid/STAR), Service Name/Code (Medicaid/STAR/HFW Reports), Service Date (Medicaid/STAR/HFW Reports)</p>

### **Baseline Data**

The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and Medicaid also did not break out these types of services previously, aside from MST. Thus, the baseline rate of indicated trauma-responsive services based on CANS or CAT results is zero.

### **Data Improvement / Future Data Collection Plan**

STAR will tabulate all children who received CANS screening and their scores. FACTS will collect information relating to Individualized Planning Process meetings (IPP), including referrals for services indicated through review of a CANS screening during an IPP. The different types of services will be tracked moving forward using modifier codes in Medicaid.

### **Appendix A: Target Outcome 3.a**

All CYFD employees, designated HSD employees, and employees of child-serving agencies that contract with CYFD and HSD to provide care to Children in State Custody and Resource Families will receive, and all Respondents will be offered, the training identified in the Trauma Services-Responsive Training and Coaching Plan.

## Process Details

### **Training identified in the Trauma Services-Responsive Training and Coaching Plan.**

Training modules vary by staff type and are specified in the ‘Trauma Training and Coaching Plan.’ Please refer to the ‘Trauma Training and Coaching Plan’ for details regarding eligibility and timeframes for each specific training. These trainings will be part of the on-boarding process for all new employees, and/or will be required as part of routine training for existing employees.

**Competency assessments and self-reporting.** The State will assess knowledge throughout the course of each training module through built-in multiple-choice assessments. Individuals will have multiple attempts to pass these assessments, to proceed and ultimately complete each module. For any training with a competency exam, “completing” a training will be contingent on passing the exam.

## Validation strategies

In addition to the quantitative metrics described below, the Co-Neutral team anticipates that additional qualitative strategies such as case file reviews, observations, interviews and/or surveys, may be necessary to determine if the curricula and strategies outlined in the Trauma Training and Coaching Plan are being implemented as described, and to assess the effect of the training.

### **Metric i: Trauma training for CYFD and HSD staff**

Of all CYFD and designated HSD staff required to receive training as defined in the Trauma Training and Coaching Plan who are employed on December 31 of the reporting year, the percent who have received all trauma trainings required for that reporting year within the time frames designated for each training. The percentages will be calculated and reported separately for CYFD and HSD.

#### *Metric Analysis Plan*

Unit of Analysis	Staff employed on December 31 of the reporting year required to receive training
Data Source	CYFD/HSD Training: Cornerstone/Blackboard Staff start/promotion date/title: SHARE
Date Range	December 31 of reporting year
Target Variable	Percent of staff who completed all required trainings, on time, during the reporting year.
Target Numerator	Number of staff who completed all trainings required for the reporting year within the designated time frames.
Target Denominator	Number of staff employed on December 31 of the reporting year required to receive training
Calculation Method	All CYFD and designated HSD employees will be registered in Cornerstone/Blackboard by HR on their arrival to HSD/CYFD.  Data from Cornerstone/Blackboard will include a list of staff, assigned training modules and deadlines, and their completed trainings and dates.  SHARE will provide a comprehensive list of all staff members and their positions.  Based on start date and position (SHARE), staff will have a list of trainings they are required to complete with specified deadlines for completion (e.g., 30 days from hire for



	<p>new employee orientation; within a year of completion for trainings due annually; see training details in training plan/definition above).</p> <p>A staff member will be marked as up-to-date if they have completed all of their required trainings by the specified deadline as of December 1 of each reporting year.</p> <p>As supporting data, the State will also report the share of employees that completed all their required trainings as of December 31 of the reporting year (including trainings completed behind schedule).</p>
Missing Values Duplicates and Other Data Issues	<p>If a staff member has no trainings or only a subset of required trainings as recorded in Cornerstone/Blackboard, they will be treated as not being up-to-date.</p> <p>Note, if a staff member did not complete a required training during the reporting year, that training will be considered required in the next reporting year.</p>
Report Columns	Staff Name and ID (Cornerstone/Blackboard), Staff Start/Promotion Date/Title (SHARE), Trainings Due Name (Cornerstone/Blackboard), Trainings Due Date (Cornerstone/Blackboard), Training Completed Date (Cornerstone/Blackboard)

### *Baseline Data*

The trauma-responsive trainings did not previously exist as a tool, and thus the baseline rate of trauma-responsive trainings for Staff cannot be calculated.

### *Data Improvement / Future Data Collection Plan*

CYFD and HSD will be using customizable learning management systems to administer training modules, as well as to assess gaps in knowledge at the individual or team-level. It is anticipated that the modules outlined in the ‘Trauma Training and Coaching Plan’ will be available through these online platforms by September 1, 2022. Human Resources assigns accounts for all new staff members to these platforms, as well as indicates for each staff member the full list of required trainings.

### **Metric ii: Trauma training for external staff and consultants**

Of all provider and contract staff required to receive training as defined in the ‘Trauma Training and Coaching Plan’ who are employed on December 31 of the reporting year, the percent who have received all trauma training required for that reporting year within the time frames designated for each training.

### *Metric Analysis Plan*

Unit of Analysis	Staff
Data Source	MCO staffing reports
Date Range	December 31 of the reporting year
Target Variable	Percent of staff who are up-to-date on all required training, on December 31 of the reporting year.
Target Numerator	Number of staff who are up-to-date on all required training, on December 31 of the reporting year.
Target Denominator	Number of staff who were required to take training during the reporting year.
Calculation Method	All contract and external partners will be required to submit data on a quarterly basis. These data will include the names, title/roles and start dates of all staff required to take

	<p>trauma-training, and the training completion data for all staff who are up-to-date on their trauma training. This list will be compared to the list of required trainings for all staff at each provider.</p> <p>A staff member will be marked as up-to-date if they have completed all of their required trainings as indicated in the ‘Trauma Training and Coaching Plan’ on December 31 of each reporting year. It is anticipated that these trainings will be available beginning September 1, 2022.</p>
Missing Values Duplicates and Other Data Issues	If a staff member has no trainings completed or only a subset of required trainings completed, they will be treated as not being up-to-date.
Report Columns	Staff name and ID (report), Staff start date (report), Staff title/role (report), State required trainings (calculated from staffing plan), Staff training completion dates (report)

### *Baseline Data*

The trauma-responsive trainings described above did not previously exist, and thus the baseline rate of trauma-responsive trainings for provider staff cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

HSD is working with MCO partners to identify best practices for reporting individual-level training compliance information. Currently, MCOs report on required trainings in aggregate for all staff.

### **Metric iii: Trauma training for resource families**

Of all Resource Families required to receive training as defined in the “Trauma Training and Coaching Plan” who are licensed on December 31 of the reporting year, the percent where all adults reflected on the license have received all trauma training required to maintain an active license for that reporting year within the time frames designated for each training.

### *Metric Analysis Plan*

Unit of Analysis	Adults in Resource Families (i.e. foster parents; individual, non-dyadic)
Data Source	Training: Auzmor Resource provider information: FACTS
Date Range	Reporting year
Target Variable	Percent of resource families where all listed adults are up-to-date on all required trauma training, on December 31 of the reporting year
Target Numerator	Number of resource families where all listed adults are up-to-date on all required trauma training, on December 31 of the reporting year
Target Denominator	Number of resource families who were eligible for trauma training during the reporting year. Providers must renew their license and training every 2 years.
Calculation Method	<p>The denominator will be the count of all resource families with an active foster care (non-relative or relative) license during the reporting year, as pulled from FACTS.</p> <p>The numerator will be the count of resource families where all adults listed on the license are up-to-date (meaning a training taken within two years for initiation of licensure, or renewal of licensure for the current licensing period) on all required trauma trainings as of</p>

	December 31 of the reporting year. Specifically, those with a role listed as “Parent 1”, “Parent 2”, “Other Relative” or “Other Non-Relative”.
Missing Values Duplicates and Other Data Issues	If a resource family has no trauma trainings or only a subset of required trauma trainings as recorded in Auzmor, they will be treated as not being up-to-date.
Report Columns	Person ID (FACTS), Provider ID (FACTS), licensing date (FACTS), trauma training completion date (Auzmor)

### *Baseline Data*

Though there was required training for Resource Families in 2019 it was not tracked reliably in FACTS or family files. Also, the specific trainings and training requirements reflected in the “Trauma Training and Coaching Plan” did not previously exist. Therefore, a baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

Going forward, the trainings of all Resource Families will be captured in Auzmor (an online training platform), allowing for accurate and reliable tracking of the trainings, dates, and test scores for Resource Families on all required trainings, including trauma-responsive training.

### **Metric iv: Trauma training for respondents**

Of all Respondent families during the reporting year, the percent who participated in any trauma training as defined in the “Trauma Training and Coaching Plan”.

### *Metric Analysis Plan*

Unit of Analysis	Respondent families
Data Source	Training: Auzmor (or other learning management system) Respondent information: FACTS
Date Range	Reporting years
Target Variable	Percent of respondent families who received any trauma-responsive training by December 31 of the reporting year.
Target Numerator	Number of respondent families who received any trauma-responsive training by December 31 of the reporting year.
Target Denominator	Number of respondent families during the reporting year.
Calculation Method	Respondent information is tracked in FACTS.  The denominator will be the count of all respondent families during the reporting year.  The numerator will be the count of those respondents who completed any trainings as of December 31 of the reporting year; for the purposes of this metric, a respondent family is counted if at least one adult in the household has participated in any trainings offered. Respondents do not need to complete the training to be counted in this metric.  Unique individuals within a respondent family are linked in FACTS by their Case ID.
Missing Values Duplicates and Other Data Issues	If a respondent is not marked as having participated in a training, they will not be counted in the numerator.
Report Columns	Case ID (FACTS), Respondent Name (FACTS), trauma training date (FACTS)

### *Baseline Data*

These trainings did not previously exist, and therefore a baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

Going forward, training for respondents will be tracked either through Auzmor or a similar learning management.

### **Metric v: Trauma coaching for CYFD staff**

Of all CYFD staff who were required to receive or requested coaching as defined in the Trauma Training and Coaching Plan, the percent who received required and requested coaching.

### *Metric Analysis Plan*

Unit of Analysis	CYFD staff employed during reporting year
Data Source	CYFD Coaching, including requests for coaching and tracking completion: Cornerstone Staff start/promotion date/title: SHARE
Date Range	Reporting year
Target Variable	Percent of staff who any received required or requested coaching during the reporting year.
Target Numerator	Number of staff who received any required or requested coaching during the reporting year.
Target Denominator	Number of staff who were required to receive or requested any coaching during the reporting year.
Calculation Method	All CYFD employees will be registered in Cornerstone by HR on their arrival to CYFD.  SHARE will provide a list of staff and their positions.  Staff will register for a coaching session with a selected coach in their region through Cornerstone. The date of any such registration will be recorded as the date that the request was made. The selected coach must indicate in Cornerstone when the coaching session has been completed.  As supporting data, the State will share summary information on the number of required and requested coaching sessions per direct service caseworkers in the reporting year (e.g., the number with 0 sessions, with 1-3 sessions, with 4-6 sessions etc.).
Missing Values Duplicates and Other Data Issues	If a staff member has no completed coaching sessions recorded in Cornerstone, they will be treated as not having received coaching within the reporting year.
Report Columns	Staff Name and ID (Cornerstone), Staff Start/Promotion Date/Title (SHARE), Coaching request (Cornerstone), Coaching Request Date (Cornerstone), Coaching Completed Date (Cornerstone)

### *Baseline Data*

Trauma-Responsive coaching was not previously tracked. Therefore, a baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

CYFD will be using Cornerstone to record coaching sessions. Staff will register for a coaching session with a selected coach in their region through Cornerstone. The date of any such

registration will be recorded as the date that the request was made. The selected coach must indicate in Cornerstone when the coaching session has been completed. Coaching will be available to staff following completion of the trauma training.

#### **Metric vi: Trauma coaching for designated HSD staff**

HSD is in process of developing its coaching structure and will submit proposed methodology to the Co-Neutrals reflecting the strategy to track coaching by July 1, 2022. HSD expects to use Blackboard for tracking coaching for eligible staff.

### **Appendix A: Target Outcome 3.b**

All CYFD employees, designated HSD employees, and employees of child-serving agencies that contract with CYFD and HSD to provide care to Children in State Custody will demonstrate through competency assessments and self-reporting that they have received adequate Trauma Services-responsive training.

#### **Metric i: Qualitative review of trauma training for caseworker staff**

Of caseworker staff sampled, the share for which the required trauma training was reflected in the caseworker's understanding of policy and practice per all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

#### **Metric ii: Trauma competency for State staff**

Of all staff at CYFD and designated staff at HSD who provide care to children and who are employed on December 31 of the reporting year, the percent that score satisfactorily on a competency assessment test.

#### **Metric Analysis Plan**

Unit of Analysis	Staff
Data Source	CYFD/HSD Training: Cornerstone/Blackboard Staff start/promotion date/title: SHARE
Date Range	December 31 of the reporting year
Target Variable	Percent of staff who passed all required training assessments, on December 31 of the reporting year.
Target Numerator	Number of staff who passed training assessments on December 31 of the reporting year.
Target Denominator	Number of staff who took trainings during reporting year.
Calculation Method	All CYFD and eligible HSD employees will be registered in Cornerstone/Blackboard.  Data from SHARE/Cornerstone/Blackboard will include a list of staff, titles, their assigned and completed trainings, and training scores (binary of passes/not passed).

	Denominator is all staff who completed a training; numerator is the number of staff who passed the training. If a staff member took multiple types of trainings, each one will be counted separately; if a staff member took the same training multiple times, only the most recent score will be counted.
Missing Values Duplicates and Other Data Issues	If a staff member took a training, but did not take the required assessment, they will be counted as “not passing”. In this case, this training module will be counted as incomplete. Staff who were not required to complete competency assessments by the reporting date deadline (i.e., recent hires) will be excluded.
Report Columns	Staff Name and ID (Cornerstone/Blackboard), Staff Title (Cornerstone/Blackboard), Staff Start/Promotion date (SHARE), Trainings Due Name (Cornerstone/Blackboard), Training Completed Date (Cornerstone/Blackboard), Training Pass (Cornerstone/Blackboard)

### *Baseline Data*

Because these trainings did not previously exist, a baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

CYFD and HSD will be using customizable learning management systems to administer training modules, as well as to assess gaps in knowledge at the individual or team-level. It is anticipated that the modules outlined in the ‘Trauma Training and Coaching Plan’ will be available through these online platforms by September 1, 2022. Human Resources assigns accounts for all new staff members to these platforms, as well as required trainings.

### **Validation strategies**

Each year, CYFD and HSD will be asked to provide the Co-Neutrals with information on steps to assess trauma-related competency for external staff and consultants, including self-reporting from staff. Co-Neutrals will validate this information through qualitative activities.

### **Metric iii: Trauma competency for external staff and consultants**

Of all provider and contract staff who provide care to children and are employed on December 31 of the reporting year, the percent that score satisfactorily on a competency assessment test.

### *Metric Analysis Plan*

Unit of Analysis	Provider and contract staff
Data Source	MCO staffing reports (including MCO-contracted providers); CYFD and HSD directly contracted provider list
Date Range	December 31 of the reporting year
Target Variable	Percent of staff who passed all required training assessments, on December 31 of the reporting year.
Target Numerator	Number of staff who passed training assessments, on December 31 of the reporting year.
Target Denominator	Number of staff who took training with assessments during reporting year.
Calculation Method	All contracted (directly by CYFD or HSD, or indirectly through MCO) and external partners (MCO) will be required to submit data on a quarterly basis. This data will include the names and start dates of all staff required to take trauma-training, and the training scores for all trainings taken by a staff member.

	Denominator is all staff who completed a training; numerator is the number of staff who passed the training. If a staff member took multiple types of trainings, each one will be counted separately; if a staff member took the same training multiple times, only the most recent score will be counted.
Missing Values Duplicates and Other Data Issues	If a staff member took a training but did not take the assessment or the outcome was not reported by the external partner, they will be counted as “not passing” and this training will be considered incomplete. If a staff member did not take a training (whether or not it was required) they will not be included in the staff count.
Report Columns	Staff name and ID (if possible; report), Staff title (report), Staff start date (report), State required trainings (calculated from staffing plan), Staff training completion dates (report), Training Pass (report)

### *Baseline Data*

Baseline data will not be available for this metric. The trauma-responsive trainings did not exist as a tool prior to December 1, 2021, and thus the rate of trauma-responsive trainings for provider staff cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

HSD is working with MCO partners to identify best practices for reporting individual-level training compliance information. Historically, MCOs have provided only aggregate reports on required trainings.

## **Appendix A: Target Outcome 4**

Subject to the approval of the Co-Neutrals, CYFD and HSD will develop and implement a process (the Individualized Planning Process) for convening an IPP team for making decisions and for delivering services and supports for each Child in State Custody.

### **Metric i: Timely IPP Staffings for all CISC in foster homes**

Of all required 90-day IPP staffings for children in foster home placements, the percentage which occurred timely.

### *Metric Analysis Plan*

Unit of Analysis	IPP staffings: All staffings due during the reporting year for children placed in foster homes, excluding children in non-ICWA preferred placements
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	Percent of 90-day IPP staffings for children in foster care (in-home placements) conducted on time
Target Numerator	Count of on-time 90-day IPP staffings for children placed in foster homes
Target Denominator	Count of 90-day IPP staffings due for children placed in foster homes
Calculation Method	Placements will be excluded from this metric if they began less than 90 days before the end of the reporting period. Each placement will have a record of all conducted IPP reviews, including report due date, and date of review.



	<p>Timeliness of each review will be recorded by 90-day intervals: the first date for a review will be the end of the first 90-day interval following placement to a foster home. Every 90 days following, another review will be due; this cadence will not be affected by temporary absences. Compliance will be determined based on whether the review occurred on or before the review due date.</p> <p>If a review is not done within the 90-day window, it will not count as a timely review.</p> <p>To calculate the Target Numerator, all IPP staffings conducted timely (i.e., all full 90-day windows that included at least one completed IPP staffing) will be counted. To calculate the Target Denominator, total reviews due (i.e., total 90-day windows in placement) will be counted.</p> <p>"Foster home" placement includes placement types 'Foster Family Home (Non-Relative)', 'Foster Family Home (Relative)', 'Pre-Adoptive Family', including staffings for children placed in out-of-state foster homes with relatives. ICWA-eligible children in foster home placements that have been identified as non-preferred will be excluded from both the numerator and denominator (these placements are covered below, see metric CTO4.2(ii)).</p> <p>To calculate the “percent of timely IPP staffings”, the Numerator will be divided by the Denominator and multiplied by 100.</p>
Missing Values	<p>Only those Native American children in placements marked as ICWA-preferred will be counted for this metric. Any foster placement for a child identified as Native American (see definition above) that is not marked as ICWA-preferred, will be counted as non-preferred. If a review is not listed within the 90-day window, it will be recorded as not occurring on-time. If the flag for completed review is missing a value, then it will be recorded as “missing review”.</p>
Duplicates and Other Data Issues	<p>If more than one staffing is completed during a single 90-day period, only the first staffing will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the meeting cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of meetings).</p> <p>If a child is temporarily absent for the full 90 day review window, that corresponding meeting will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p>
Report Columns	<p>Child ID (FACTS), Child is Native American (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Placement Non-ICWA Preferred (FACTS), Court Determined Placement is Non-ICWA Preferred (FACTS), Date Court Determined Non-ICWA Preferred Placement (FACTS), Review Date (FACTS), Review Due Date (FACTS)</p>

### *Baseline Data*

IPP Staffings for children in in-home placements did not previously exist, and therefore a baseline for this metric cannot be calculated using the methodology described above.



### *Data Improvement / Future Data Collection Plan*

The FACTS system will collect supplemental information for each type of IPP staffing, as well as components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric ii: Qualitative review of IPP meetings for children in foster home settings**

Of the IPP meetings reviewed for children in foster home settings, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Metric iii: Timely IPP Staffings for CISC who are missing or under runaway status**

Of all required 30-day IPP staffings for children in state custody who are missing or under runaway status, the percentage which occurred timely.

NOTE: As described in the IPP plan, these staffings are in addition to the required procedures for preventing, identifying and reporting sex and human trafficking and reporting runaways, as proscribed in law (PR 24; 8.10.8 NMAC).

### *Metric Analysis Plan*

Unit of Analysis	IPP staffing: All staffings due during the reporting year for children who are missing or have run away
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of 30-day IPP staffings for children who are missing or under runaway status which were conducted timely
Target Numerator	Count of on-time 30-day staffings for children who are missing or under runaway status
Target Denominator	Count of 30-day IPP staffings due for children who are missing or under runaway status
Calculation Method	<p>Placements will be excluded from this metric if they began less than 30 days before the end of the reporting period. Each placement will have a record of all conducted IPP reviews, including report due date, and date of review.</p> <p>Timeliness of each IPP review will be recorded by 30-day intervals from the end date of the prior placement (i.e., the beginning of the temporary absence). Every 30 days following, another review will be due. Compliance will be determined based on whether the review occurred on or before the review due date. If a review is not done within the 30-day window, it will not count as a timely review. (A staffing<sup>5</sup> must also be held within 5 business days of the end date of the prior placement.)</p> <p>To calculate the Target Numerator, all staffings conducted timely (i.e., all full 30-day windows that included at least one completed IPP staffing) will be counted. To calculate</p>

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<sup>5</sup> The 5 day staffing may reflect different participants than will be expected at 30 day IPPs for children who are missing or have runaway, as described in the IPP Plan.

	<p>the Target Denominator, total reviews due (i.e., total 30-day windows during which a child is missing or under runaway status) will be counted.</p> <p>Only children who are missing or under ‘Runaway’ status will be considered in the analytic sample for this metric. Children who are temporary absent for approved reasons will be covered by other timely IPP metrics.</p> <p>To calculate the “percent of timely IPP staffings”, the Numerator will be divided by the Denominator and multiplied by 100.</p>
Missing Values	If the flag for completed review is missing a value, then it will be recorded as “missing review”.
Duplicates and Other Data Issues	If more than one staffing is completed during a single 30-day period, only the first staffing will be counted in the numerator.
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), IPP Meeting Type (FACTS), Meeting Date (FACTS)

### *Baseline Data*

IPP Staffings for children who are missing or under runaway status did not previously exist, and therefore a baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

The FACTS system will collect supplemental information for each type of IPP staffing, as well as components of each staffing. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric iv: Qualitative review of IPP meetings for children who have runaway or are missing**

Of the IPP meetings reviewed for children who have runaway or are missing, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix A: Target Outcome 5**

CYFD and HSD will implement a Quality Assurance, Improvement, and Evaluation plan.

### **Validation strategies**

In addition to the quantitative metrics described below, the Co-Neutral team anticipates that additional qualitative strategies such as observation, case reviews, interviews and/or surveys, may be necessary to determine if the strategies and processes outlined in the Quality Assurance, Improvement and Evaluation Plan/Quality Management Plan are being implemented as described.

The State will also provide quarterly reports to the Co-Neutrals on the status of QAIEP implementation, including the quantitative metrics being utilized by the State to inform the Executive Leadership about the status of the QAIEP implementation and the quality of services and programs for children in state custody.

## Appendix B: Least Restrictive and Appropriate Placements

### Validation strategies

In addition to the quantitative metrics described below, the Co-Neutral team will analyze placement data to assess how non-preferred placements are being used as part of the placement continuum.

### Appendix B: Target Outcome 1.1

No child under 18 will be placed in any hotel, motel, out-of-state provider, office of a contractor, or state agency office unless in extraordinary circumstances necessary to protect the safety and security of the child as documented in the child's record and approved by the Secretary or the Protective Services Director of CYFD and with proper notice as described.

#### Metric i: Extraordinary circumstances for hotel, motel, office, or out-of-state residential placements

Percentage of children who had a placement in hotel/motel/office settings, or with out-of-state providers, that include required finding and approval of “extraordinary circumstances” and meet all notification requirements. For out-of-state RTC care settings, metric will include appropriate triage meetings.

#### Metric Analysis Plan

Unit of Analysis	Children in the cohort with hotel/motel placements, office placements, and out-of-state group/RTC placements
Data Source	FACTS
Date Range	January 1 through December 31 of reporting year
Target Variable	% of children who had any placement in hotel/motel/office settings, or with out-of-state providers, for whom required finding and approval of “extraordinary circumstances” and notification requirements were met for all placements in hotel/motel/office/OOS settings. For out-of-state RTC care settings, metric will include appropriate triage meetings.
Target Numerator	Count of children with hotel/motel placements, office placements, and out-of-state group/RTC placements that have gone through the appropriate approval and notification process for all hotel/motel, office, and/or out-of-state group/RTC placements in reporting year.
Target Denominator	Count of children with any hotel/motel placements, office placements, and/or out-of-state group/RTC placements
Calculation Method	All placements from the reporting year cohort data set will be included, regardless of duration. Placements will have a flag for marking if it is (a) an office stay, (b) a hotel/motel stay, and (c) out-of-state group/RTC placements  Office and hotel/motel placements will have flags to mark if the placement: (a) was approved before or on the first day of placement by PS Director/CYFD Cabinet Secretary (calculated by comparing approval date to placement start date); and (b) if notifications were sent out in a timely fashion (calculated by comparing notification date to placement start date, for each of Notification to Guardian ad Litem (for children under 14), Notification to Youth Attorney, Notification to CCA, Notification to

	<p>Courts). Timeliness for notification is defined as within 1 calendar day of placement start for GAL, Youth Attorney, and CCA; and 3 business days for the Court.</p> <p>Out-of-State RTC placements will have flags to mark if the placement: (a) was approved on or before the first day of placement by PS Director/CYFD Cabinet Secretary (calculated by comparing approval date to placement start date); (b) if the triage meeting date occurred before RTC approval (calculated by comparing triage meeting date to approval date); and (c) if notifications were sent out in a timely fashion (calculated by comparing notification date to placement start date, for each of Notification to Guardian ad Litem, Notification to Youth Attorney, Notification to CCA, Notification to Courts). Timeliness for notification is defined as before the child’s out-of-state placement start date. All relevant placement information is drawn from FACTS.</p> <p>To calculate the Target Denominator, any child with a placement flagged as office, hotel/motel, and out-of-state RTC will be counted. To calculate the Target Numerator, sum together: the distinct number of children who received all required approvals, notifications, and meetings for all of their extraordinary circumstance placements.</p> <p>Compliant office and hotel/motel placements are flagged as both “timely approval” AND “timely notification”. Compliant out-of-state RTC placements are flagged with “timely approval”, “timely notification”, and “timely triage meeting”.</p> <p>Numerator / Denominator * 100</p>
Missing Values	<p>When selecting the data, if a placement is not marked as one of hotel/motel/office/out-of-state RTC/group, it will be assumed to not be part of the placements of interest. Placements marked as Out of State, but with a missing Placement Type will not be included, due to the lack of tracking as an RTC/group home.</p> <p>If a placement is marked as one of those types, but is not marked as having met the appropriate requirements, it will be treated as an out-of-compliance placement. Data fields not applicable to a specific placement type (e.g., RTC approval date for in-state placements) will be marked as N/A.</p>
Duplicates and Other Data Issues	<p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.</p> <p>Any child who has an extraordinary circumstance placement that did not receive all required approvals, notifications, and meetings will be excluded from the numerator (even if other extraordinary circumstance placements did receive all necessary approvals, notifications, and meetings)</p>
Report Columns	<p>Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Office Stay Flag (FACTS), Hotel/Motel Stay Flag (FACTS), Whether Out of State RTC/group placement (FACTS), Extraordinary Circumstance/RTC Approval Date (FACTS), Title/Role of Extraordinary Circumstance/RTC Approver (FACTS), Notification Date to Guardian ad Litem/Youth Attorney (FACTS), Notification Date to CCA (FACTS), Notification Date to Courts (FACTS), Triage Meeting Date (FACTS: RTC Out-of-state only)*</p> <p>*note that all data fields will be collected for any placement qualifying as “extraordinary circumstances”; this field will be collected in addition for out-of-state RTC placements.</p>

### Baseline Data

The extraordinary circumstance approval procedure was not in place before December 1, 2020, thus the baseline for this metric is zero.

### Secondary Metric

The State will provide, as a secondary metric, the percentage of children with non-traditional placements. This will offer a sense of the extent to which State personnel have relied on non-traditional placements in the past.

### Secondary Metric Language

The percent of children with any office, hotel/motel, or out-of-state RTC/group placements in the cohort during reporting year.

### Secondary Metric Analysis Plan

Unit of Analysis	Children in the cohort
Data Source	FACTS
Date Range	January 1 through December 31 of reporting year
Target Variable	% of children with office, hotel/motel, out-of-state RTC/group placements in the cohort during reporting year:
Target Numerator	Count of children with any office, hotel/motel, and/or out-of-state RTC/group placements
Target Denominator	Count of children in the cohort for the reporting year
Calculation Method	<p>All placements from the reporting year cohort data set will be included, regardless of duration. Placements will have a flag for marking if it is (a) an office stay, (b) a hotel/motel stay, and (c) out-of-state group/RTC placements</p> <p>To calculate the Target Numerator, any child with a placement flagged as office, hotel/motel, and out-of-state RTC will be counted. To calculate the Target Denominator, sum together: the distinct number of CISC during the reporting year.</p> <p><math>\text{Numerator} / \text{Denominator} * 100</math></p>
Missing Values	<p>When selecting the data, if a placement is not marked as one of hotel/motel/office/out-of-state RTC/group, it will be assumed to not be part of the placements of interest.</p> <p>Placements marked as Out of State, but with a missing Placement Type will not be included, due to the lack of tracking as an RTC/group home.</p>
Duplicates and Other Data Issues	<p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Office Stay Flag (FACTS), Hotel/Motel Stay Flag (FACTS), Whether Out of State RTC/group placement (FACTS)

### *Data Improvement / Future Data Collection Plan*

As of May 2021, all placement information, including for office and hotel/motel stays, is collected in FACTS. Necessary approvals denoting extraordinary circumstance for out-of-state or hotel/motel placements are also documented as uploaded PDFs and include the signature and date of approval of either the Protective Services Director/Acting Director or CYFD Cabinet Secretary.

### **Metric ii: Qualitative review of extraordinary circumstance determination for placements to hotels, motels, or offices**

Of the hotel, motel, and office stays sampled, the share for which the placement determination reflected all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Metric iii: Qualitative review of extraordinary circumstance and medical necessity determinations for placements to out of state congregate settings**

Of the out-of-state group/RTC placements sampled, the share for which the placement determination reflected all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix B: Target Outcome 2.1**

HSD and CYFD will conduct a joint clinical review of any out-of-state placement, where the child's out-of-state placement is not the child's permanency plan, at least on a monthly basis.

### **Metric i: Joint clinical reviews for out of state placements**

Of all the joint clinical reviews required during the reporting year, the percent that were conducted timely.

### *Metric Analysis Plan*

Unit of Analysis	Clinical reviews: All clinical reviews for out-of-state placements, where the placement is not part of the child's permanency plan, that occurred or overlapped with reporting year
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of 30 day clinical reviews for out-of-state placements conducted on time
Target Numerator	Count of timely clinical reviews for out-of-state group/RTC placements that are not part of a child's permanency plan (i.e., sum total of clinical reviews that occurred since the start of placement)

Target Denominator	Count of total reviews due for out-of-state group/RTC placements not in the permanency plan (i.e., number of 30-day periods since the start of placement)
Calculation Method	<p>Placements will be included if marked as Out-of-State and group/RTC (FACTS). Children will be excluded from this metric if they have been placed OOS for less than 30 days at the time of report.</p> <p>Each out-of-state placement will have a record of all conducted clinical reviews (within the context of IPP staffing) including date of review.</p> <p>Timeliness of each review will be recorded by 30-day periods: The first date for a review will be 30 days following the placement start date; this cadence will not be affected by temporary absences. Every 30 days following, another review will be due. Compliance will be determined based on whether the review occurred on or before the 30-day meeting was due.</p> <p>If a review did not occur within the 30-day period, it will not count as a timely review.</p> <p>To calculate the Target Numerator, all clinical reviews conducted timely will be counted, calculated as the number of 30-day periods a child was in a placement that was not marked as part of the permanency plan, during which at least one complete JCR occurred. To calculate the Target Denominator, total clinical reviews due will be counted, calculated as the number of 30-day periods a child was in a placement that was not marked as part of the permanency plan.</p> <p>As supplemental information, the state will also provide the mean and median time between sequential JCR meetings for all children placed in OOS congregate care settings.</p>
Missing Values Duplicates and Other Data Issues	<p>If a review is cancelled, it will not be counted in the numerator.</p> <p>If more than one review is completed during a single 30-day period, only the first review will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the review cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of reviews).</p> <p>If a child is temporarily absent for the full 30 day review window, that corresponding review will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p>
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Whether Out-of-State (FACTS), Placement Type (FACTS), Placement in Permanency Plan, JCR Review Date (FACTS), IPP for Runaway or Missing Children Date (FACTS)

### *Baseline Data*

JCR staffing types did not previously exist, and therefore a baseline cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

The FACTS system will collect supplemental information for each type of IPP staffing, including 30-day OOS staffing with JCR. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.



## **Metric ii: Qualitative review of Joint Clinical Reviews for children in out of state placements**

Of the JCR meetings reviewed, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix B: Target Outcome 2.2**

A CYFD caseworker known to the child will conduct in-person visits every month.

## **Metric i: Known caseworker in-person visits for children placed out-of-state**

For all of the in-person visits to any child in an out-of-state placement that is not part of the child's permanency plan required during the reporting year, the percent that were conducted timely by a caseworker known to the child.

### ***Metric Analysis Plan***

Unit of Analysis	Visits: All CYFD caseworker in-person visits that occurred or overlapped with reporting year
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of in-person visits for out-of-state placement by a known caseworker, conducted on time
Target Numerator	Count of timely in-person visits for out-of-state group/RTC placements by a known case caseworker (total complete calendar months since the start of placement when an in-person visit took place)
Target Denominator	Count of total in-person visits due for out-of-state group/RTC placements (total complete calendar months since the start of placement)
Calculation Method	<p>Placements will be included if marked as Out-of-State and group/RTC (FACTS). Children will be excluded from this metric if they have been placed OOS for less than 30 days at the time of report.</p> <p>Each out-of-state group/RTC placement will have a record of all in-person visits by CYFD caseworkers known to the child including the date of the in-person visit.</p> <p>Timeliness of each in-person visit will be recorded by month: the first date for an in-person visit will be the end of the first full calendar month following an out-of-state placement; this cadence will not be affected by temporary absences.</p> <p>The final month for an in-person visit will be the end of the last full calendar month of the out-of-state placement. Compliance will be determined based on whether the in-person visit occurred during the month.</p> <p>As supplemental information, the state will also provide the mean and median time between visits for all children placed in OOS group/RTC settings.</p>

Missing Values Duplicates and Other Data Issues	<p>If more than one visit is completed during a single 30-day period, only the first visit will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the visit cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of visits).</p> <p>If a child is temporarily absent for the full 30 day window, that corresponding visit will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p> <p>If a child is in a long-term (more than 30 calendar days) hospital stay out-of-state, this metric will include them.</p>
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Whether Out-of-State (FACTS), Placement Type (FACTS), Placement in Permanency Plan, In-Person Visit Date (FACTS), Staff Known to Child (FACTS)

### Baseline Data

A complete baseline for this metric cannot be calculated using the methodology described above, as the key field (case worker *known* to child) was not tracked prior to 2021.

### Secondary Metric

Visitation data has been collected for years but CYFD has not historically tracked the specific worker who made visits or their relationship (if any) with the child. CYFD currently sends weekly reminders to caseworkers to complete this field. Thus, a secondary metric of the percentage of months in which a child was in out-of-state congregate or non-family placement and received in-person visits for each child can be reported.

### Secondary Metric Language

For all of the in-person visits to any child in an out-of-state placement that is not part of a child's permanency plan required during the reporting year, the percent that were conducted timely.

### Secondary Metric Analysis Plan

Unit of Analysis	Visits: All CYFD caseworker in-person visits that occurred or overlapped with reporting year
Data Source	FACTS
Target Variable	% of in-person visits for out-of-state placements, conducted on time
Target Numerator	Count of timely in-person visits for out-of-state placements (total complete calendar months since the start of placement when an in-person visit took place)
Target Denominator	Count of total in-person visits due for out-of-state placements (total complete calendar months since the start of placement)
Calculation Method	<p>Placements will be included if marked as Out-of-State and group/RTC (FACTS). Children will be excluded from this metric if they have been placed OOS for less than 30 days at the time of report.</p> <p>Each out-of-state placement will have a record of all in-person visits by CYFD caseworkers including the date of the in-person visit.</p>

	<p>Timeliness of each in-person visit will be recorded by month: the first date for an in-person visit will be the end of the first full calendar month following an out-of-state placement; this cadence will not be affected by temporary absences.</p> <p>The final month for an in-person visit will be the end of the last full calendar month of the out-of-state placement. Compliance will be determined based on whether the in-person visit occurred during the month.</p>
Missing Values Duplicates and Other Data Issues	<p>If more than one visit is completed during a single 30-day period, only the first visit will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the visit cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of visits).</p> <p>If a child is temporarily absent for the full 30 day window, that corresponding visit will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p> <p>If a child is in a long-term (more than 30 calendar days) hospital stay out-of-state, this metric will include them.</p>
Report Columns	<p>Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Whether Out-of-State (FACTS), Placement Type (FACTS), In-Person Visit Date (FACTS)</p>

#### *Data Improvement / Future Data Collection Plan*

The field currently used to capture the relationship of the visitor to the child has not historically contained sufficient information to calculate this metric. The State has updated this field as of May 31, 2021 in our data collection system to capture that a visit was conducted by a primary caseworker or other staff known to child.

#### **Metric ii: Validation of known worker indicator**

Of the visits sampled, the share where “primary worker/other worker known to child” indicator was validated after review of case information in FACTS.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Appendix B: Target Outcome 2.3**

Within the first 30 days of the placement, the out-of-state IPP team will develop a discharge plan that includes identification of in-state resources that need to be developed for the child to return to New Mexico. The CYFD caseworker will do so by working with HSD or its designee to secure services that could be funded by Medicaid. IPP meetings, which may take place during scheduled treatment team meetings for children in residential care, will be held every 30 days to support the child and identify steps necessary to promote discharge.

## Metric i: Out-of-State IPP Discharge plan development

Of all the discharge plans required for an Out-of-State placement not consistent with the child's permanency plan, the percent that were done timely (within 30 days of placement).

### Metric Analysis Plan

Unit of Analysis	Discharge plans: All discharge plans for out-of-state placements
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of discharge plans for out-of-state placements developed on time
Target Numerator	Count of timely discharge plans for out-of-state placements
Target Denominator	Count of total discharge plans due for out-of-state placements
Calculation Method	<p>Placements will be included if marked as Out-of-State and group/RTC (FACTS). Children will be excluded from this metric if they have been placed OOS for less than 30 days at the time of report.</p> <p>Each out-of-state placement will have a record of when the discharge plan was developed, as part of supplemental information collected for each IPP meeting.</p> <p>The discharge plan will be flagged as compliant if the discharge plan date is within 30 days of the out-of-state placement; this cadence will not be affected by temporary absences.</p> <p>To calculate the Target Numerator, all clinical reviews conducted timely will be counted. To calculate the Target Denominator, total of non-permanency out-of-state placements over 30 days will be counted.</p> <p>As supporting data, the State will report the average time to for a discharge plan to be created after it was indicated for (a) all timely plans (first 30 days) and (b) all late plans (more than 30 days).</p>
Missing Values Duplicates and Other Data Issues	<p>If no discharge plan exists, the placement will be counted as not compliant.</p> <p>If more than one plan is completed during a single 30-day period, only the first plan will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the planning cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of plans).</p> <p>Temporary absences will not affect this metric (i.e., discharge plans are expected to be reviewed as scheduled even if a child is temporarily absent on the date that the plan is due).</p>
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Whether Out-of-State (FACTS), Out-of-State Meeting Date (FACTS), Discharge Plan Created Flag (FACTS)

### Baseline Data

Staffing types to create and review discharge plans did not previously exist, and therefore a baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric ii: Qualitative review of discharge plans for children in out-of-state placements**

Of the out-of-state discharge plans reviewed, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Metric iii: Out-of-State IPP Discharge reviews**

Of all the discharge review IPP meetings required for an out-of-state placement not consistent with the child's permanency plan, the percent that were done timely (every 30 days of placement).

### *Metric Analysis Plan*

Unit of Analysis	Discharge reviews: All discharge plan reviews for out-of-state group/RTC placements not in permanency plan that occurred or overlapped with reporting year
Data Source	FACTS
Date Range	January 1 to December 31, reporting year
Target Variable	% of 30 day discharge plan reviews for non-permanency (i.e. all group/RTC) out-of-state placements conducted on time
Target Numerator	Count of timely discharge plan reviews for non-permanency (i.e. all group/RTC) out-of-state placements (total 30-day periods since the discharge plan creation was due when a discharge plan review took place)
Target Denominator	Count of total discharge plan reviews due for non-permanency (i.e. all group/RTC) out-of-state placements (total 30-day periods since the discharge plan creation was due)
Calculation Method	<p>Placements will be counted if out-of-state and in a group/RTC setting (FACTS). Children will be excluded from this metric if they have been placed OOS for less than 30 days at the time of report.</p> <p>Each out-of-state placement will have a record of all conducted discharge reviews (see IPP plan) including the date of review, tracked in FACTS.</p> <p>Timeliness of each review will be recorded by 30-day periods: The first date for a review will be 60 days following an out-of-state placement. Every 30 days following, another review will be due. The 60 days will be used to account for the discharge plan creation occurring in the first 30 days; this cadence will not be affected by temporary absences. Compliance will be determined based on whether the review occurred on or before to review due date.</p> <p>To calculate the Target Numerator, all discharge plan reviews conducted timely will be counted. To calculate the Target Denominator, total discharge plan reviews due will be counted.</p>

Missing Values	If no discharge plan exists for a placement, the placement will not be considered eligible to discharge review.
Duplicates and Other Data Issues	<p>If a review is cancelled, it will not be counted in the numerator.</p> <p>If more than one review is completed during a single 30-day period, only the first review will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the review cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of reviews).</p> <p>If a child is temporarily absent for the full 30 day window, that corresponding review will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p>
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Whether Out-of-State (FACTS), Out-of-State Meeting Date (FACTS), Discharge Plan Reviewed Flag (FACTS)

### **Baseline Data**

Discharge staffing types did not previously exist, and there a baseline for this metric cannot be calculated using the methodology described above.

### **Data Improvement / Future Data Collection Plan**

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric iv: Qualitative review of IPP meetings for children in out-of-state placements**

Of the out-of-state discharge planning meetings reviewed, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix B: Target Outcome 3.1**

For any child placed in a congregate care setting due to a medical necessity determination that the child requires residential treatment, the finding of a medical necessity will be clinically reviewed every 30 days, or more frequently as needed.

### **Metric i: Medical necessity review for congregate care**

Of all clinical reviews required for placements in congregate care settings due to medical necessity, the percent that occurred timely (every 30 days) and reviewed the medical necessity determination.

### *Metric Analysis Plan*

Unit of Analysis	Clinical reviews: For all children placed in congregate care settings due to medical necessity determinations that child requires residential treatment, number of reviews that occurred at least every 30 days
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of completed clinical reviews for any child placed in congregate care due to medical necessity conducted on time
Target Numerator	Count of timely clinical reviews for any child placed in congregate care setting due to a medical necessity determination (total 30-day periods since the start of placement in a congregate care setting when a clinical review took place)
Target Denominator	Count of total clinical reviews due for any child placed in congregate care setting due to a medical necessity determination (total 30-day periods since the start of placement in a congregate care setting)
Calculation Method	<p>Each child placed in congregate care due to medical necessity will have a record of all medical necessity reviews including the date of the review, using FACTS staffing. Medical necessity will be tracked as a flag at the placement level.</p> <p>Timeliness of each review will be recorded by 30-day periods: The first date for a review will be 30 days following the placement start date. Every 30 days following, another review will be due; this cadence will not be affected by temporary absences. Compliance will be determined based on whether the review occurred on or before to 30-day meeting was due.</p> <p>To calculate the Target Numerator, all medical necessity reviews conducted timely will be counted. To calculate the Target Denominator, total medical necessity reviews due will be counted.</p> <p><math>\text{Numerator} / \text{Denominator} * 100</math></p>
Missing Values Duplicates and Other Data Issues	<p>If a review is cancelled, it will not be counted in the numerator.</p> <p>If more than one review is completed during a single 30-day period, only the first review will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the review cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of reviews).</p> <p>If a child is temporarily absent for the full 30 day window, that corresponding review will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p>
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Placement Medical Necessity (FACTS), Clinical Review Meeting Date (FACTS)

### *Baseline Data*

These staffing types did not previously exist, and therefore a baseline metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric ii: Qualitative review of medical necessity determinations for placements to congregate settings**

Of the placements to congregate settings due to medical necessity sampled, the share for which the placement determination reflected all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix B: Target Outcome 3.2**

IPP meetings will be held every 30 days for any child placed in a congregate care setting due to a medical necessity determination to support the child and identify steps necessary to promote discharge.

### **Metric i: Discharge review for congregate care**

Of all IPP meetings required for placements in congregate care settings due to medical necessity, the percent that were timely (every 30 days) and reviewed steps necessary to promote discharge.

### *Metric Analysis Plan*

Unit of Analysis	IPP meetings: For all children placed in congregate care settings due to medical necessity determinations, number of IPP meetings reviewing the discharge plan that occurred every 30 days.
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of completed IPP meetings with discharge review for any child placed in a congregate care setting due to medical necessity conducted on time
Target Numerator	Count of timely and completed IPP meetings with discharge review for any child placed in congregate care setting due to a medical necessity determination (total 30-day periods since the start of placement in a congregate care setting when a IPP meeting took place)
Target Denominator	Count of total completed IPP meetings due for any child placed in congregate care setting due to a medical necessity determination (total 30-day periods since the start of placement in a congregate care setting)
Calculation Method	Each child placed in congregate care due to a medical necessity will have a record of all IPP meetings including the date of the meeting, and flag for a review (survey) of the discharge plan, in FACTS.



	<p>Timeliness of each IPP meeting will be recorded by 30-day periods: The first date for an IPP meeting will be 30 days following a congregate care placement due to medical necessity. Every 30 days following, another IPP meeting will be due; this cadence will not be affected by temporary absences.</p> <p>Numerator/Denominator * 100</p>
Missing Values Duplicates and Other Data Issues	<p>If a review is cancelled, it will not be counted in the numerator.</p> <p>If more than one review is completed during a single 30-day period, only the first review will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the review cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of reviews).</p> <p>If a child is temporarily absent for the full 30 day window, that corresponding review will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p>
Report Columns	<p>Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Placement Medical Necessity (FACTS), IPP Meeting Date (FACTS)</p>

### **Baseline Data**

These staffing types did not previously exist, nor were discharge plans typically created and reviewed; thus, a baseline metric cannot be calculated using the methodology described above.

### **Data Improvement / Future Data Collection Plan**

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric ii: Qualitative review of discharge planning for children in congregate placements due to medical necessity**

Of the IPP meetings which included discharge plan creation or reviews for children placed in congregate settings due to medical necessity, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix B: Target Outcome 4.1**

Any placement in a congregate care setting that is not supported by a determination of medical necessity, including placement in specialized group homes, must be supported by a

determination of the IPP team, including a mental health professional, that it is in the best interests of the child; the best interest determination will be reviewed by the IPP team, including a mental health professional, at least every 90 days, or more frequently as needed.

### **Metric i: Best interest determination for congregate care**

Of all the required IPP meetings for children in congregate care for reasons other than medical necessity during the reporting year, the percent that were held timely and reviewed the best interest determination.

#### *Metric Analysis Plan*

Unit of Analysis	Best Interest Determination 90-day IPPs
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of Best Interest Determination IPPs, those conducted on time (90 days)
Target Numerator	Count of timely best-interest determination reviews for any child placed in congregate care setting due to a best interest determination (total 90 day periods since the start of placement in a congregate care setting when a best interest determination review took place)
Target Denominator	Count of total best interest determination reviews due for any child placed in congregate care setting (total 90 day periods since the start of placement in a congregate care setting)
Calculation Method	<p>Each child placed in congregate care not due to a medical necessity will have a record of all complete IPP reviews including the date of the review and if the placement was determined to be in the best interest of the client.</p> <p>Timeliness of each best interest determination review will be recorded by 90 day periods: The first date for a review will be 90 days following the placement start date. Every 90 days following, another review will be due; this cadence will not be affected by temporary absences.</p> <p>To calculate the Target Numerator, all best interest determination reviews conducted timely will be counted. To calculate the Target Denominator, total best interest determination reviews due will be counted.</p>
Missing Values Duplicates and Other Data Issues	<p>If a best interest determination IPP is cancelled, it will not be counted in the numerator.</p> <p>If more than one staffing is completed during a single 90-day period, only the first staffing will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the staffing cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of staffings).</p> <p>If a child is temporarily absent for the full 90 day window, that corresponding staffing will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p>
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Placement Medical Necessity (FACTS), Placement Best Interest (FACTS), Best Interest Meeting Date (FACTS)

### *Baseline Data*

These staffing types did not previously exist, nor was best interest designation typically created and reviewed; thus, a baseline metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric ii: Qualitative review of best interest determinations for placements to congregate settings**

Of the placements to congregate settings due to best interests sampled, the share for which the placement determination reflected all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Metric iii: Qualitative review of IPP meetings for children in congregate placements due to best interest determination**

Of the IPP meetings reviewed for children in congregate placements due to best interest determination, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix B: Target Outcome 4.2**

If extraordinary circumstances require placement of a child in a shelter, CYFD will: conduct an Individualized Planning Team meeting within 48 hours to identify an appropriate placement to which to move the child; and any medically necessary service needed by the child; and will notify the child's legal representative of the result of the review.

### **Metric i: 48-hour meetings for children in shelter**

Of all required 48-hour meetings for children in a shelter, the percent that occurred timely.

### *Metric Analysis Plan*

Unit of Analysis	Staffing: 48-hour IPP for child placed in shelter
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year

Target Variable	% of placements to shelter with '48-hour IPP' meeting successfully completed within 2 calendar days of placement in a shelter
Target Numerator	Number of timely 48-hour IPP meetings for children placed in a shelter
Target Denominator	Number of placements to shelter
Calculation Method	<p>Each child placed in a shelter will have a record of all completed 48-hour IPP staffings including the date of the review, from FACTS.</p> <p>Timeliness of each 48-hour staffing will be recorded by day. Compliance will be determined based on whether the 48-day hour meeting occurred within two calendar days of the placement start.</p> <p>To calculate the Target Numerator, 48-Hour Meetings conducted timely will be counted. To calculate the Target Denominator, total 48-hour meetings due (total number of placements in a shelter) will be counted.</p> <p>As supporting data, the State will report the average number of days for a 48-hour meeting to be conducted after placement start (a) all timely meetings and (b) all late meetings.</p>
Missing Values Duplicates and Other Data Issues	<p>If the meeting is cancelled, it will not be counted in the numerator.</p> <p>If more than one staffing is completed during a single 48-hour period, only the first staffing will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the staffing cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of staffings).</p> <p>Temporary absences will not affect this metric (i.e., 48-hour staffings are expected to be occur as scheduled even if a child is temporarily absent on the date that the staffing is due).</p>
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), 48-Hour Meeting Date (FACTS), Service type (FACTS)

### **Baseline Data**

48-hour staffings did not previously exist; thus a baseline metric cannot be calculated using the methodology described above.

### **Data Improvement / Future Data Collection Plan**

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric ii: Qualitative review of extraordinary circumstance determinations for placements to emergency shelter**

Of the placements to emergency shelter sampled, the share for which the placement determination reflected all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Metric iii: Qualitative review of 48 hour IPP meetings for children with emergency shelter placements**

Of the 48-hour meetings reviewed for children placed in emergency shelter, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Metric iv: Legal notification of 48-hour meetings for children in shelter**

Of all required 48-hour meetings for children in a shelter, the number for which the child's legal representative was notified of the result of the review.

#### ***Metric Analysis Plan***

Unit of Analysis	Staffing: 48-hour IPP meetings for child placed in shelter
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of placements in a shelter which had a 48-hour IPP and the child's legal representative was notified of this IPP.
Target Numerator	Number of timely 48-hour IPP meetings for children placed in a shelter which indicate via checkbox that the child's legal representative was notified of the review.
Target Denominator	Number of placements in a shelter
Calculation Method	<p>Each child placed in a shelter will have a record of all completed 48-hour IPP staffings including the date of the review and a checkbox indicating if the meeting included the child's legal representative. If the child's legal representative was not present, a dummy 'staffing' will record the date on which they were notified of the review and findings.</p> <p>To calculate the Target Numerator, 48-Hour Meetings with a legal submission will be counted. To calculate the Target Denominator, total 48-hour meetings due (total number of placements in a shelter) will be counted.</p> <p>The State will report this metric with both 48-hour meetings completed timely, as well as all 48-hour meetings completed, even if they occurred beyond the specified timeframe.</p>
Missing Values Duplicates and Other Data Issues	<p>If more than one notification is provided during a single 48-hour period, only the first notification will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the notification cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of notifications).</p>

	Temporary absences will not affect this metric (i.e., 48-hour notifications are expected to be occur as scheduled even if a child is temporarily absent on the date that the notification is due).
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), 48-Hour Meeting Date (FACTS), Legal Representative Present for Staffing (FACTS), Notification Date to Legal Representative (FACTS, when applicable)

### **Baseline Data**

48-hour staffings did not previously exist; thus, a baseline metric cannot be calculated using the methodology described above.

### **Data Improvement / Future Data Collection Plan**

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

## **Appendix B: Target Outcome 5.1**

Every child in out-of-home care will be in a licensed foster home placement unless a current finding of medical necessity requires otherwise, or an Individualized Planning Process team determines that a non-clinical setting is in the child's best interest.

### **Metric i: CISC with any unapproved or suboptimal placements**

Of all children in state custody during a reporting year, the percent that had any placement which was neither a licensed foster home, nor a congregate care setting with an appropriate determination (medical necessity, best interest, or extraordinary circumstance).

### **Metric Analysis Plan**

Unit of Analysis	Child
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of children in state custody during a reporting year who had any placement which was neither a licensed foster home, nor a congregate care setting with an appropriate determination (medical necessity, best interest, or extraordinary circumstance).
Target Numerator	Count of CISC in a reporting year that had any placement which was neither a licensed foster home, nor a congregate care setting with an appropriate determination (medical necessity, best interest, or extraordinary circumstance).
Target Denominator	Count of total CISC a reporting year
Calculation Method	Each placement will include a Placement Type and a flag indicating if this placement was due to medical necessity or child's best interest or extraordinary circumstances, in order to determine the number of CISC in the numerator.  "Foster Care" placement includes types 'Foster Family Home (Non-Relative)', 'Foster Family Home (Relative)', 'Pre-Adoptive Family'.

	<p>"Foster Care License" includes these license types 'Foster Care', 'Specialized Foster Care', 'ICPC Foster Care/ Adoption', 'Relative Home', 'Child Placement Agency, Adoption', and all TFC providers.</p> <p>If the license is valid at the beginning of the child's stay, it is counted a licensed placement.</p> <p>Numerator / Denominator * 100</p>
Missing Values	If a congregate care placement is not flagged as medically necessary or in best interest or extraordinary circumstance, it will be counted in the numerator.
Duplicates and Other Data Issues	When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.
Report Columns	Child ID (FACTS), Placement Type (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Provider Licensed Flag (FACTS), Based on Medical Necessity (FACTS), In Child's Best Interest (FACTS); Extraordinary Circumstance (FACTS)

### Baseline Data

Placements were not historically tracked as medically necessary or as in the child's best interests or as due to extraordinary circumstances; thus, there a baseline metric cannot be calculated using the methodology described above.

### Secondary Metric

The State can provide as a secondary metric the share of children with placements in setting that were not licensed foster homes during the reporting year.

### Secondary Metric Language

Of all children in state custody during a reporting year, the percent that had any placement which was not a licensed foster home.

Unit of Analysis	Child
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of children in state custody during a reporting year who had any placement other than a licensed foster home.
Target Numerator	Count of CISC in a reporting year that had any placement other than in a licensed relative or non-relative foster home.
Target Denominator	Count of total CISC in a reporting year
Calculation Method	<p>Each placement will include a Placement Type in order to determine the number of CISC in the numerator.</p> <p>"Foster Care" placement includes types 'Foster Family Home (Non-Relative)', 'Foster Family Home (Relative)', 'Pre-Adoptive Family'.</p> <p>"Foster Care License" includes these license types 'Foster Care', 'Specialized Foster Care', 'ICPC Foster Care/ Adoption', 'Relative Home', 'Child Placement Agency, Adoption', and all TFC providers.</p>

	<p>If the license is valid at the beginning of the child's stay, it is counted a licensed placement. This includes approved provisional licenses (reflected as active licenses in the data).</p> <p>Numerator / Denominator * 100</p>
Missing Values	n.a.
Duplicates and Other Data Issues	When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.
Report Columns	Child ID (FACTS), Placement Type (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Provider Licensed Flag (FACTS)

### *Data Improvement / Future Data Collection Plan*

The FACTS system will collect supplemental information for each type of IPP staffing through an embedded survey that includes the components of each staffing, such as discharge plan creation or review. A pop-up window will collect information regarding the attendees, components, and referrals that results from this staffing.

### **Metric ii: Placements to licensed relative or non-relative foster homes**

Of all children that do not have a finding of medical necessity, determination that a non-clinical setting is in the child's best interest, or determination of extraordinary circumstance, the percent that are in licensed relative or non-relative foster homes.

### *Metric Analysis Plan*

Unit of Analysis	Placements: any placement that does not have a determination of medical necessity or best interest or extraordinary circumstance.
Data Source	FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of placements <i>not</i> determined to be medically necessary or in child's best interest or due to extraordinary circumstance that are in licensed foster care homes
Target Numerator	Count of placements <i>not</i> determined to be medically necessary or in child's best interest or due to extraordinary circumstance that are in licensed foster care homes
Target Denominator	Count of total out-of-home placements <i>not</i> determined to be medically necessary or in child's best interest or due to extraordinary circumstance
Calculation Method	<p>Each placement will include a Placement Type attribute and a flag indicating if this placement was due to medical necessity or child's best interest or extraordinary circumstance.</p> <p>"Foster Care" placement includes types 'Foster Family Home (Non-Relative)', 'Foster Family Home (Relative)', 'Pre-Adoptive Family'.</p> <p>"Foster Care License" includes these license types 'Foster Care', 'Specialized Foster Care', 'ICPC Foster Care/ Adoption', 'Relative Home', 'Child Placement Agency, Adoption', and all TFC providers.</p> <p>If the license is valid at the beginning of the child's stay, it is counted a licensed placement. This includes approved provisional licenses (reflected as active licenses in the data).</p>



	<p>The denominator will include all out-of-home placements that are not flagged for medical necessity or best interest or extraordinary circumstance.</p> <p>The numerator will be those placements in a licensed relative or non-relative foster care home.</p>
Missing Values	If a placement is not flagged as medically necessary, in best interests of the child, or due to extraordinary circumstance, it will be included in the denominator.
Duplicates and Other Data Issues	When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.
Report Columns	Child ID (FACTS), Placement Type (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Based on Medical Necessity (FACTS), In Child's Best Interest (FACTS), Based on Extraordinary Circumstance (FACTS), Provider Licensed Flag (FACTS)

### *Baseline Data*

Placements were not historically tracked as medically necessary, in the child's best interests or due to extraordinary circumstance; thus, a baseline metric cannot be calculated using the methodology described above.

## **Appendix B: Target Outcome 6.2**

CYFD to approve the target number of new culturally reflective foster homes specified in collaboration with the Co-Neutrals for the reporting period.

### **Validation strategy**

In addition to the metric below, each year CYFD will be asked to provide the Co-Neutrals with information on steps to recruit culturally reflective foster homes. Co-Neutrals will validate this information through qualitative activities.

### **Metric i: Culturally Reflective Foster Home Recruitment Target**

Percent of yearly target reached statewide for newly licensed foster homes by race/ethnicity

#### *Metric Analysis Plan*

Unit of Analysis	Licensed home (identified by unique provider ID)
Data Source	FACTS (provider data)
Date Range	July 1 to December 31 for reporting year 2021; point-in-time data pull on December 31
Target Variable	% of target number of newly licensed resource homes licensed statewide,
Target Numerator	# of newly licensed resource homes statewide
Target Denominator	Total target number of newly licensed resource homes as approved by the Co-Neutrals
Calculation Method	<p>A home will be considered 'newly licensed' on the date they are formally approved for an active license with CYFD, at any time during the reporting year, so long as they have not had an active license in the prior 365 calendar days. This includes approved provisional licenses.</p> <p>We will report the number of newly licensed resource homes and the percentage of the</p>

	<p>target reached statewide, and provide as supplemental information the number of families recruited within each region and by race/ethnicity.</p> <p>The reported race/ethnicity of any licensed parent in the home will be considered for each home (Hispanic Latino, Non-Hispanic (NH) White, NH Black, NH American Indian or Alaska Native, NH Multiracial, NH Other race). Homes with two licensed parents will be counted for up to two race/ethnicity categories. FACTS tracks parents' race/ethnicity, collected as part of the licensure process, as well as county.</p> <p>TFC homes are not included as part of this calculation.</p>
Missing Values	If Hispanic/Latino and/or Ethnicity information is missing, the individual will be considered Non-Hispanic. If Hispanic/Latino is indicated and race is missing, the individual will be considered Hispanic/Latino of any race. In any situation where race/ethnicity information is missing, CYFD will make active efforts to obtain this information from the licensed resource parent.
Duplicates and Other Data Issues	<p>Resource homes which are on hold (i.e., not accepting placements) will be considered inactive and not counted toward the total number of available providers when calculating annual targets.</p> <p>Resource homes which were formerly active and renew their license after a period of expiration will only be considered 'newly licensed' if their period of expiration was at least 365 calendar days.</p>
Report Columns	Provider ID (FACTS), Parent Race (FACTS), Parent Hispanic/Latino (FACTS), Parent Ethnicity (FACTS), Provider Region (FACTS), Date Licensed (FACTS)

### Baseline Data

Foster home recruitment targets were not established prior to 2021, thus the baseline for this metric is zero.

### Secondary Metric

The State can provide as a secondary metric the number of foster care resource homes newly licensed during the reporting year.

### Secondary Metric Language

The sum number of foster care resource homes which were newly licensed during the reporting period.

Unit of Analysis	Licensed home (identified by unique provider ID)
Data Source	FACTS (provider data)
Date Range	Point-in-time data pull on December 31 of the reporting year
Target Variable	# of newly licensed resource homes statewide
Calculation Method	<p>A home will be considered 'newly licensed' on the date they are formally approved for an active license with CYFD, at any time during the reporting year, so long as they have not had an active license in the prior 365 calendar days. This includes approved provisional licenses.</p> <p>TFC homes are not included as part of this calculation.</p>
Missing Values, Duplicates and Other Data Issues	Resource homes which are on hold (i.e., not accepting placements) will be considered inactive and not counted toward the total number of available providers when calculating annual targets.

	Resource homes which were formerly active and renew their license after a period of expiration will only be considered ‘newly licensed’ if their period of expiration was at least 365 calendar days.
Report Columns	Provider ID (FACTS), Date Licensed (FACTS)

### *Data Improvement / Future Data Collection Plan*

The State is issuing guidance to all direct-service staff on the timely and appropriate completion of all demographic fields for resource families, as well as children in custody.

For July 1, 2021 through December 31, 2021, the State has agreed to a recruitment target of 89 newly-licensed resource homes statewide, without disaggregated targets by region or race/ethnicity. New targets will be established each year.

## **Appendix B: Target Outcome 6.4**

HSD to approve the target number of new treatment foster care (TFC) placements specified in collaboration with the Co-Neutrals for the reporting period.

### **Validation strategy**

In addition to the metric below, each year CYFD and HSD will be asked to provide the Co-Neutrals with information on steps to increase TFC placements. Co-Neutrals will validate this information through qualitative activities.

### **Metric i: Treatment Foster Care Target**

Percent of yearly target reached for new licensed treatment foster care (TFC) placements statewide

Unit of Analysis	Placements
Data Source	FACTS
Date Range	July 1 to December 31 for reporting year 2021; January 1 to December 31 for subsequent reporting years
Target Variable	% of target reached for new statewide TFC placements with licensed providers (i.e., total percentage of new target placements for CISC in licensed TFC for a given reporting period)
Target Numerator	# of new TFC placements to licensed providers made between January 1 and December 31 of the reporting year
Target Denominator	Total target # of new TFC placements as approved by the Co-Neutrals.
Calculation Method	<p>New placements to licensed TFC providers will be counted if the child being placed with the provider is TFC-eligible, or being placed together with a TFC-eligible sibling (as identified using case IDs).</p> <p>A placement will be counted as “new” if the child has not been placed with the same resource provider within the previous 365 calendar days.</p> <p>If a child is not TFC-eligible nor placed with a TFC-eligible sibling in a licensed TFC home, they will not be counted for this metric.</p> <p>Numerator / Denominator * 100</p>

Missing Values	If provider type is missing or if provider type is not TFC for a given placement, the placement will not be included.
Duplicates and Other Data Issues	When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.  If a TFC placement is made for the same child to the same provider multiple times per calendar year, only the first placement will be counted.
Report Columns	TFC Family Number (FACTS), Treatment Foster Care Flag (FACTS), Child ID (FACTS), Placement Type (FACTS), Placement start date (FACTS), Sibling Flag (FACTS), TFC Sibling ID (FACTS)

### Baseline Data

TFC placement targets were not established prior to 2021, thus the baseline for this metric is zero.

For the reporting period of July 1, 2021 through December 31, 2021, the target number of new TFC placements is 132.

### Secondary Metric

The State can provide as a secondary metric the number of new TFC placements during the reporting year.

### Secondary Metric Language

The sum number of new treatment foster care placements which were made during the reporting period.

Unit of Analysis	Placements
Data Source	FACTS
Date Range	July 1 to December 31 for reporting year 2021; point-in-time data pull on December 31 for subsequent reporting years
Target Variable	# of new TFC placements to licensed providers made between January 1 and December 31 of the reporting year
Calculation Method	New placements to licensed TFC providers will be counted if the child being placed with the provider is TFC-eligible, or being placed together with a TFC-eligible sibling (as identified using case IDs).  A placement will be counted as “new” if the child has not been placed with the same resource provider within the previous 365 calendar days.  If a child is not TFC-eligible nor placed with a TFC-eligible sibling in a licensed TFC home, they will not be counted for this metric.
Missing Values	If provider type is missing or if provider type is not TFC for a given placement, said placement will not be included.
Duplicates and Other Data Issues	When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.

	If a TFC placement is made for the same child to the same provider multiple times per calendar year, only the first placement will be counted.
Report Columns	TFC Family Number (FACTS), Treatment Foster Care Flag (FACTS), Child ID (FACTS), Placement Type (FACTS), Placement start date (FACTS), Sibling Flag (FACTS), TFC Sibling ID (FACTS)

### *Data Improvement / Future Data Collection Plan*

The State is relaxing hiring requirements for TFC agencies to mitigate staffing difficulties which currently impede increasing the number of statewide placements with TFC providers. The State expects that these relaxed requirements will enable TFC agencies to more quickly fill caseload-carrying staff vacancies, and subsequently be able to staff a greater number of TFC beds.

## **Appendix B: Target Outcome 7.1**

At least 40% of children in out-of-home care will be placed with kin; CYFD will use Seneca Family Finding software to attempt to identify and locate family members for every Child in State Custody within 48 hours of entering State custody.

### **Metric i: Placements with Kin**

Percent of children in state custody (CISC) in out-of-home care on December 31<sup>st</sup> of the reporting year who are placed with kin, including fictive kin.

### *Metric Analysis Plan*

Unit of Analysis	Child (Point-in-time; i.e. any CISC with a placement on December 31 of the reporting year)
Inclusion Criteria	Any CISC that is in out-of-home care on December 31 of the reporting year.
Exclusion Criteria	Any child that has been in CYFD legal custody for less than 8 days (i.e., short stays)
Data Source	FACTS
Date Range	December 31 <sup>st</sup> of each reporting year
Target Variable	Percentage of children in CYFD legal custody in out-of-home placements who are placed with kin, including fictive kin.
Target Numerator	Number of children in CYFD legal custody in out-of-home placements who are placed with kin, including fictive kin.
Target Denominator	All CISC in out-of-home placements.
Calculation Method	<p>There is a placement type in FACTS which identifies a placement with relatives, including both kin and fictive kin. Any child with this placement type will be counted in the numerator.</p> <p>Numerator/Denominator * 100</p> <p>As supplemental information, the State will provide a count and percentage, using the same sampling parameters listed above, of CISC for whom the current placement is both a kinship placement and the first placement within the episode of custody.</p>
Missing Values	If placement type is not specified, it will not be included in the numerator.

Duplicates and Other Data Issues	N/A
Report Columns	Child ID (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS)

### *Baseline Data*

This information will be reported in full using the methodology described above, with 2019 performance as the baseline.

### *Data Improvement / Future Data Collection Plan*

N/A, baseline data complete.

## **Metric ii. Seneca Family Finder within 48 Hours of Legal Custody**

For all episodes of custody longer than 48 hours that began during the reporting year, the percent for which CYFD used Seneca Family Finder to identify kin within 48 hours of removal.

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody
Inclusion Criteria	Any episodes of custody that begin during the reporting year
Exclusion Criteria	Any episodes of custody for CISC that are 2 days or less
Data Source	FACTS (survey)
Date Range	January 1 through December 31 of the reporting year
Target Variable	% of EOC for CISC in the reporting year for whom CYFD used Seneca Family Finding software to identify kin within 2 days of first removal.
Target Numerator	Count of EOC lasting more than 2 days that began during the reporting year for which CYFD used Seneca Family Finding software to identify kin within 2 days.
Target Denominator	Count of episodes that began during reporting year longer than 48 hours
Calculation Method	Numerator/Denominator * 100
Missing Values	If there is no indication in FACTS of Seneca Family Finding software being used, we will consider this child in the denominator but not the numerator.
Duplicates and Other Data Issues	If there is indication of more than one search having been conducted within the timeframe for an EOC, only the first will be counted.
Reporting Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), 48-hour Meeting [review of Seneca] (FACTS)

### *Baseline Data*

Use of Seneca Family Finder has not been tracked systematically in FACTS so a baseline metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

Although investigators currently are able to use Seneca Family Finder to locate kin, it was not historically tracked in FACTS except occasionally in narrative notes. We will be adding a field to a brief pop-up survey for the 48-hour staffing used for all new placements which will collect information about the use of Seneca Family Finder, including if kin was located.

## Appendix B: Target Outcome 8.1

For children under 18 in out-of-home care, the rate of moves from a placement setting shall not exceed three moves per 1,000 days in care. The educational consequences of a change in placement must be considered in all placement change determinations and must be discussed at Individualized Planning Process meeting and any change in placement that impacts the child's education must be accompanied by a written plan to ensure continuity in the child's education.

### Metric i: Placement moves

Of all children in state custody during the reporting year, the rate of placement moves per 1,000 person-days in foster care within said reporting year

#### Metric Analysis Plan

Unit of Analysis	Placement moves per 1000 person-days in care
Inclusion Criteria	Person-days will only be counted within the reporting year; placement moves will only be counted within the reporting year.
Exclusion Criteria	Children will be excluded from placement counts and days in care upon turning 18, if applicable; Children in care for less than 8 days are excluded.
Data Source	FACTS
Date Range	January 1 to December 31 <sup>st</sup> of a reporting year
Target Variable	Rate of placement moves per 1,000 person-days in foster care within said reporting year
Target Numerator	Of the children in the denominator, the total number of placement moves during the reporting year.
Target Denominator	The total number of person-days CISC were in foster care as of the end of the reporting year.
Calculation Method	<p>Children in care for less than 8 days are excluded. Children who turn 18 during the reporting year are excluded from the calculation starting on the date of their 18<sup>th</sup> birthday.</p> <p>Moves to trial home visits and runaway episodes are not counted as placement moves. To align with federal methodology, only placements with an end date different than the start date will be counted.</p> <p><math>\text{Numerator} / \text{Denominator} * 1000</math></p>
Missing Values	The State does not expect any missing values
Duplicates and Other Data Issues	<p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.</p> <p>Children who enter care prior to the 12-month reporting period will be included in the analytic sample if their episode of custody is at least 8 days, however, only person-days and placement moves within the reporting year will be tabulated for these individuals.</p>
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS)

#### Baseline Data

This information will be reported in full using the methodology described above, with 2019 performance as the baseline.

### *Data Improvement / Future Data Collection Plan*

N/A, baseline data complete.

#### **Metric ii: Qualitative review of educational continuity considered at IPP reviews prior to placement changes**

Of the CISC cases including placement changes sampled, the share for which the placement change considered educational continuity for the child as articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

#### **Metric iii: Qualitative review of IPPs for children prior to placement moves**

Of the IPP meetings initiated prior to placement moves reviewed, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Appendix B: Target Outcome 9.1**

Of all children in care for 12-23 months at the start of a 12-month period, 40% will achieve permanency within 12 months of the start of that period.

#### **Metric i: Children achieving permanency**

Of all children in care on the first day of a 12-month period who had been in care (in that episode) between 12 and 23 months, the percentage that are discharged to permanency within 12 months of the first day.

#### *Metric Analysis Plan*

Unit of Analysis	Child
Inclusion Criteria	All children in out-of-home care for 12-23 months at the start of the reporting period.
Exclusion Criteria	Children who are in out-of-home care for less than 12 months or greater than 23 months at the start of a reporting year will be excluded.  Children who reenter foster care within the same reporting period are excluded.
Data Source	FACTS
Date Range	Reporting Year
Target Variable	% of children (in care for 12-23 months at the start of a reporting year) who achieve permanency within 12 months
Target Numerator	Number of children (in care for 12-23 months at the start of a reporting year) who achieve permanency within 12 months
Target Denominator	All children in care for 12-23 months at the start of a reporting year



Calculation Method	<p>The denominator will be identified as, on Jan 1 of the reporting year, the count of children who have been in out of home care for between 12 and 23 months, calculated as the Jan 1 date minus the episode start date.</p> <p>Permanency includes discharges from foster care to the reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption. Youth entering at age 17 who turn 18 while in care or discharge at age 18 are not counted as achieving permanency.</p> <p>In FACTS, this will include the following Custody End Reason 'Reunif With Parents Or Prim Caretakers' or 'Adoption Finalized' or 'Guardianship' or 'Living with Other Relatives' or 'Court Dismissed Case'</p> <p>The numerator will be identified as, on December 31 of the reporting year, the count of those children who have achieved permanency on or before December 31.</p> <p>Numerator / Denominator * 100</p>
Missing Values	The State does not expect any missing values
Duplicates and Other Data Issues	N/A
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Achieved Permanency (FACTS), Custody End Reason (FACTS)

### *Baseline Data*

This information will be reported in full using the methodology described above, with 2019 performance as the baseline.

## **Appendix B: Target Outcome 10.2**

CYFD will fully implement the CYFD Workforce Development Plan.

### **Validation strategies**

In addition to the quantitative metrics described below, the Co-Neutral team anticipates that additional qualitative strategies such as observation, interviews and/or surveys, may be necessary to determine if the curricula and strategies outlined in the CYFD Workforce Development Plan are being implemented as described, and to assess the effect of those strategies.

### **Metric i: Compliance with caseload standards**

Of all casework staff, the share who have primary caseloads consistent with the established caseload standards.

#### *Metric Analysis Plan*

Unit of Analysis	Case assignable caseworkers who have completed New Employee Training
Data Source	FACTS: Cohort, cohort legal status, and staff assigned to child SHARE: Staff names, staff roles Cornerstone: Date New Employee Training (NET) completed
Date Range	Points in time, each quarter, between January 1 and December 31 of the reporting year

Target Variable	% of primary casework staff with caseloads at or below the established caseload standard for their position and length of time in that position by quarter
Target Numerator	# of primary casework staff with caseloads at or below the established caseload standard for their position and length of time in that position.
Target Denominator	# of casework staff who have completed New Employee Training by the date analyzed
Calculation Method	<p>The Co-Neutral team will randomly select one day each quarter for analysis beginning in CY2023. For CY2022, the state will provide the specified data extract on March 31, June 31, September 31 and December 31.</p> <p>On these days, CYFD will extract from FACTS a list of all CISCs, assigned primary caseworker(s), and supervisor(s). Data will also reflect the caseworker's position, title and assigned county on the date of extraction and the date on which they completed New Employee Training (NET).</p> <p>For each point-in-time, the numerator will count all casework staff who are assigned as primary worker for no more than the number of CISC and/or cases indicated by the caseload standard, based on their position and the length of time since they completed NET.</p> <p>Calculations for each time point will be reported in the Annual Report, disaggregated by type of worker. As supplemental information, the State will also report the share of workers, by county, with primary caseloads more than 150% of the established standards, more than 200% of the established standards, and more than 250% of the established standards.</p> <p>Dates will not be randomly selected for CY2022 but will be randomly selected for CY2023 and forward.</p> <p>Caseload standards are included in the 'Definitions' section of this document.</p>
Missing Values	There should be no missing values.
Duplicates and Other Data Issues	Case types cannot be identified through FACTS. Therefore, this metric will assume that all cases carried by a caseworker correspond to their staff role, and caseload standards which correspond to a staff role will be used for determination of compliance.
Report Columns	Child ID (FACTS), Case type (FACTS), Name of primary worker (FACTS), Staff ID of primary worker (FACTS), Primary worker role (SHARE), Date primary worker completed NET (Cornerstone)

*NOTE: This metric may be adjusted as the CYFD Workforce Development Plan is implemented and as the Co-Neutral team learn more case assignment practice and tracking. For example, future iterations of this metric may take into account secondary assignments and/or supervisory responsibilities.*

### **Baseline Data**

The historical data files necessary to produce this metric, as described above, are available but not of reliable quality. Therefore no baseline is available.

### **Secondary Metric**

The State can provide as a secondary metric the average number of cases carried by casework staff, by county by quarter.

### Secondary Metric Language

In all counties, the average caseload per case-carrying worker by worker type, during a reporting period.

Unit of Analysis	Cases (stratified by type and county)
Data Source	FACTS: Cohort and case information
Date Range	January 1 to December 31 of the reporting year, reported for each quarter by county.
Target Variable	Average number of cases carried by casework staff by county, by worker type
Target Numerator	Total number of cases carried for a given county, evaluated at the end of each quarter
Target Denominator	Total number of full-time casework staff employed in a given county on a given date who have open cases
Calculation Method	<p>The total number of open cases will be tabulated for each county at the end of each quarter. This number will be divided by the number of casework staff who have open cases, respectively. This will yield the average number of cases for that county.</p> <p>Numerator divided by denominator</p> <p>E.g. Total # investigations / total # investigation case-carrying staff</p> <p>As supplemental information, the State will provide point-in-time case counts for supervisors as well, but supervisors will not be included as case-carrying staff in the primary calculation.</p>
Missing Values Duplicates and Other Data Issues	Supervisors will be excluded from the denominator when counting case-carrying staff.
Report Columns	Caseworker Counts by Type and County (FACTS), Active cases by type and county (FACTS)

### Metric ii: Children assigned to non-case-assignable staff

Of all children in out-of-home care, the number whose cases are assigned to any non-case-assignable casework staff, including supervisors, managers, case aids, administrators, or directors.

### Metric Analysis Plan

Unit of Analysis	Child
Data Source	FACTS: Cohort, and staff assigned to child SHARE: Staff names, staff roles, Cornerstone: Date New Employee Training (NET) completed
Date Range	Points in time, each quarter, between January 1 and December 31 of the reporting year
Target Variable	% of children who are assigned to non-casework staff (i.e., any staff that is not case-assignable caseworker staff, as defined above)
Target Numerator	Count of children in out-of-home care assigned to non-casework staff
Target Denominator	All children in out-of-home care
Calculation Method	The Co-Neutral team will randomly select one day each quarter for analysis beginning in CY2023. For CY2022, the state will provide the specified data extract on March 31, June 31, September 31 and December 31.

	<p>CYFD will produce for this day a list of all caseworkers and the number of foster care, adoption and other types of cases for which they are assigned as primary caseworker. The dataset will also record the caseworker's position and the date on which they completed New Employee Training (NET).</p> <p>For each point-in-time, the numerator will count all children for whom the primary worker assigned is not one of the following titles: Investigation Case Worker, Permanency Planning Worker, In-Home Services Provider, or Placement Worker</p> <p>Calculations for each time point will be reported in the Annual Report.</p>
Missing Values Duplicates and Other Data Issues	If a child does not have a primary caseworker assigned, they will be included in the numerator.
Report Columns	Child ID (FACTS), Name of primary worker (FACTS), Staff ID of primary worker (FACTS), Primary worker type (SHARE), Date primary worker completed NET (Cornerstone)

### *Baseline Data*

The historical data files necessary to produce this metric, as described above, are available but not of reliable quality. Therefore no baseline is available.

### *Data Improvement / Future Data Collection Plan*

N/A, existing data collection processes have been identified as of 2021 to collect this data.

### **Metric iii: Turnover rate for protective services workers**

In a given reporting year, the rate of voluntary separations among caseworker staff positions per 100 days worked.

### *Metric Analysis Plan*

Unit of Analysis	Staff
Inclusion Criteria	All protective services casework staff
Exclusion Criteria	None
Data Source	SHARE: Staff names, staff roles, hiring date, termination date, promotion date
Date Range	January 1 through December 31 of the reporting year
Target Variable	Rate of voluntary separations among caseworker staff positions per 100 days worked in a given reporting year
Target Numerator	Number of voluntary separations of casework staff in reporting year
Target Denominator	Total number of person-days of employment for all casework staff
Calculation Method	<p>Voluntary separations can be distinguished from involuntary separations through SHARE.</p> <p>The result will be expressed as a rate: # separations / 100 person-days worked</p>
Missing Values	We do not expect missing data, as the data source is used by Human Resources for payroll and administrative purposes.

Duplicates and Other Data Issues	<p>If an individual voluntarily separates and returns as a caseworker, they will be counted both times. If an individual takes a leave of absence, those days will still be summed to the denominator; extended leave of absence is a rare occurrence.</p> <p>If an individual retires within the reporting year, they will not be counted in the numerator.</p> <p>Person-days worked will include 5 days for each calendar week (i.e., Monday-Friday), with no exclusions for time off or holidays.</p>
Report Columns	Staff ID (FACTS/SHARE), Staff name (SHARE), Staff title (SHARE), Caseworker flag (SHARE)

### *Baseline Data*

This information will be reported in full using the methodology described above, with 2019 performance as the baseline.

### *Data Improvement / Future Data Collection Plan*

N/A, data is already being collected.

## Appendix C: Indian Child Welfare Act

**NOTE:** There are ongoing conversations among All Parties about how to best identify and define culturally relevant and responsive services, treatments, intervention and supports. While these conversations continue, the preliminary metrics below will be used to track support provided to CISC to access such services. Additional quantitative metrics may be developed as appropriate.

### Appendix C: Implementation Target 3.1

HSD and CYFD will pursue federal funding to maximum extent allowable through Medicaid and IV-E for traditional and culturally responsive treatments, interventions, and supports for Native children in custody.

#### Validation strategy

Each year, CYFD and HSD will be asked to provide the Co-Neutrals with information on steps taken during the period to pursue federal funding. Co-Neutrals will validate this information through qualitative activities.

### Appendix C: Implementation Target 6.1

CYFD will work with NM Tribes and Pueblos to help them better access IV-E funding to improve services for Native children, including additional funding for legal representation.

#### Validation strategy

Each year, CYFD and HSD will be asked to provide the Co-Neutrals with information on steps taken during the period to help each of New Mexico Tribes and Pueblos better access IV-E funding to improve services. Co-Neutrals will validate this information through qualitative activities.

### Appendix C: Target Outcome 1.1

Assessments using the tools for Native American Children (developed as per Appendix C Implementation Target 2) will be conducted within 30 days of CYFD filing a petition for custody of Native American child.

#### Metric i: Qualitative review of practice for screening and referrals to traditional and culturally-responsive services

Of the cases reviewed, the share that met acceptable performance.

The State will develop qualitative processes to inform achievement of this performance standard, to be approved by the Co-Neutrals no later than April 30, 2022.

*Note: This qualitative metric will be used to validate multiple related commitments – CTO1.1, CTO2.1, CTO2.2, CTO2.3, CTO3.1*

## **Metric ii: Assessments for Native American Children within 30 days**

For all episodes of custody for Native American children in the reporting year, the percent with cultural assessment questionnaires (CAQ) completed within 30 days of entering care.

### *Definitions/Operationalization*

**Assessment Tools to determine needs for Native American children.** The cultural assessment questionnaire will identify interest in, and potentially beneficial traditional practices for a child. A copy of the assessment itself will be uploaded to the child’s case file in FACTS at the time of the CAQ staffing.

*The State has informed the Co-Neutrals that implementation of the CAQ will begin six months after approval of the CAQ Program Instruction Guide (PIG); data collection will begin at that time.*

### *Metric Analysis Plan*

Unit of Analysis	Episodes of custody 30 days or longer for Native American CISC
Inclusion Criteria	Any EOC for Native American CISC which entered care during the reporting period and remained in care for at least 30 days.
Exclusion Criteria	Any EOC for Native American CISC who remain in CYFD custody for less than 30 days; Children who are deemed to be ineligible for ICWA through court review within 30 days of entering care; Children who entered care prior to January 1 of the reporting year.
Data Source	Cultural assessment questionnaire (‘CAQ’) date and Episode/Cohort: FACTS
Date Range	Episodes of custody that were opened January 1 to December 31, reporting year with at least 30 days in the reporting period.
Target Variable	% of EOCs for Native American children who receive the CAQ within 30 days of CYFD filing a petition for custody
Target Numerator	Number of EOCs for Native American children who receive CAQ within 30 days of entering care
Target Denominator	Total EOCs for Native American children in CYFD custody for 30 or more days during the reporting period
Calculation Method	<p>Each CAQ completed will have the date it was completed and the child for whom it was conducted.</p> <p>The target denominator will be the unique episodes of custody for Native American children in state custody. Episodes of custody are used because one child may be in and out of CYFD custody and a new CAQ should be collected for each of these episodes. Only episodes longer than 30 days (the required timeline for collecting a CAQ) will be counted.</p> <p>The target numerator will be the number of episodes of custody that had a completed CAQ during that episode. If more than one CAQ was completed during one episode of custody the assessment will only be counted once.</p> <p>30 calendar days will be tracked starting from the beginning of the episode.</p> <p>Numerator/Denominator * 100</p>

Missing Values	If a CAQ does not have a date or if the staffing occurs after the 30-day deadline, it will be counted as not completed timely. If an EOC does not have a start date during the reporting year and does not reach its 30 <sup>th</sup> day during the reporting year, it will not be included in the episode count.
Duplicates and Other Data Issues	If a CAQ was completed multiple times, the earliest complete CAQ will be considered.  If a child's ICWA-eligibility determination changes (From ICWA-eligible to non-ICWA-eligible or the reverse), the most recent determination during or before the reporting year will be used to determine if the child is included in this metric.
Report Columns	Child ID (FACTS), ICWA Eligibility (FACTS), Indian Tribe (i.e. "reason-to-know; FACTS), Child Race (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), CAQ staffing completion date (FACTS)

### *Baseline Data*

The assessment has been developed with Tribal stakeholders and may be refined as it is put into practice. A baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

It is anticipated that the Assessment Tool for Native American Children will be collected in FACTS for all Native American children in state custody, six months after the CAQ Program Instruction Guide (PIG) is complete.

## **Appendix C: Target Outcome 2.1**

CYFD and HSD will work with New Mexico Tribes and Pueblos, families and Native Children to identify, develop and expand access to culturally relevant services, treatments, interventions and supports.

### *Validation strategy*

In addition to the metric below, each year, CYFD and HSD will be asked to provide the Co-Neutrals with information on steps taken during the period to identify, develop and expand access to culturally relevant services, treatments, interventions and supports. Co-Neutrals will validate this information through qualitative activities.

### **Metric i: Native American CISC receiving Traditional Medicine Benefits**

Number of Native American children in CYFD custody receiving Traditional Medicine Benefits (TMB) during the reporting year.

### *Metric Analysis Plan*

Unit of Analysis	Native American children in the cohort in custody for at least 8 days in reporting period
Data Source	Cohort: FACTS MCO Reports: TMB date and recipient
Date Range	January 1 to December 31 of the reporting year
Target Variable	% of Native American children who received a traditional medicine benefit
Target Numerator	Number of Native American children who received at least one TMB during the previous reporting year
Target Denominator	Number of Native American children in the Cohort in custody for at least 8 days in reporting period



Calculation Method	<p>The list of children in the calculation will be all children who are marked as Native American in the cohort data set.</p> <p>Data will be pulled for all children from MCO reports (TMB) for the reporting year.</p> <p>Any Native American child who had at least one TMB within any episode of custody during the reporting year will be included in the numerator. Children who left custody in fewer than 8 days (short stays) will not be included in any count.</p> <p>The percentage for each reporting year will be calculated by dividing the number of Native American children with a TMB by the total number of Native American children in custody during the reporting year.</p>
Missing Values Duplicates and Other Data Issues	<p>Each child will be counted individually.</p> <p>If a child's ICWA-eligibility determination changes (From ICWA-eligible to non-ICWA-eligible or the reverse), the most recent determination during or before the reporting year will be used to determine if the child is included in this metric.</p>
Report Columns	Child ID (FACTS), ICWA Eligibility (FACTS), Indian Tribe (i.e. "reason-to-know; FACTS), Child Race (FACTS), TMB Disbursement Flag (MCO Report)

### *Baseline Data*

MCOs were not previously required to report the data used to calculate this metric; therefore no baseline is available. The first year for which data will be available for this metric will be 2021.

### *Data Improvement / Future Data Collection Plan*

The State added a 'Reason to know' flag in November 2021 to identify individuals who do not yet have an ICWA court determination but are suspected of being ICWA-eligible, even if they are not currently tribally affiliated or identify as Native American. The State will also be requesting reports of TMB disbursements to CISC from MCOs at least yearly, or more often.

## **Metric ii: Native American CISC receiving payment for participation in cultural activities**

Percentage of Native American children in CYFD custody receiving payments and/or reimbursements for cultural activities during the reporting year.

### *Metric Analysis Plan*

Unit of Analysis	Native American children in the cohort in custody for at least 8 days in reporting period
Data Source	<p>Child list: FACTS cohort</p> <p>Ethnicity/Tribal affiliation: FACTS</p> <p>Payments and reimbursements for cultural activities: FACTS</p>
Date Range	January 1 to December 31, reporting year
Target Variable	% of Native American children who received any payment or reimbursement for participation in cultural activities
Target Numerator	Number of Native American children who received at least one payment/reimbursement indicated for cultural activities during the previous reporting year
Target Denominator	Number of Native American children in the Cohort in custody for at least 8 days in reporting period
Calculation Method	The list of children in the calculation will be all children who are marked as Native American in the cohort data set.

	<p>Data will be pulled for all children FACTS for the reporting year.</p> <p>Any Native American child who had at least one payment or reimbursement for cultural activities within any episode of custody during the reporting year will be included in the numerator. Children who left custody in fewer than 8 days (short stays) will not be included in any count.</p> <p>The percentage for each reporting year will be calculated by dividing the number of Native American children with a state-issued payment or reimbursement for cultural activities, by the total number of Native children in custody during the reporting year.</p> <p>This metric will not count TMB payments as a payment or reimbursement for participation in a cultural activity, as this is tracked in metric C.TO.2.1(i)</p>
Missing Values Duplicates and Other Data Issues	<p>Each child will be counted individually. If a child has multiple payments or reimbursements for cultural activities in a reporting year, the child will only be counted once in the numerator.</p> <p>If a child's ICWA-eligibility determination changes (From ICWA-eligible to non-ICWA-eligible or the reverse), the most recent determination during or before the reporting year will be used to determine if the child is included in this metric.</p>
Report Columns	<p>Child ID (FACTS), ICWA Eligibility (FACTS), Indian Tribe (i.e. "reason-to-know; FACTS), Child Race (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Payment/Reimbursement for cultural activities flag (FACTS)</p>

### ***Baseline Data***

The field that will be used to track payments for cultural activities is under development and will be available in CY2022. As such, there is no data available for this metric for CY2019-CY2021.

### ***Data Improvement / Future Data Collection Plan***

The field which will be used to track payments for cultural activities is under development and will be available in CY2022.

## **Appendix C: Target Outcome 2.2**

Individualized Planning Process meetings for every Native American child will address the need for traditional or culturally responsive services, supports or interventions including non-medicalized interventions, to meet individualized needs as indicated by assessments. CYFD will work with families and Tribes or Tribal communities to connect Native American children to appropriate services in timely manner, as specified on pg. 10a of the agreement (Appendix C Target Outcomes 2 a-e).

*Please see CTO1.1(i), qualitative review of practice for screening and referrals to traditional and culturally responsive services, supports, or interventions.*

## **Appendix C: Target Outcome 3.1**

CYFD will develop and comply with a policy, as approved by the Co-Neutrals, to provide or ensure provision of direct assistance for traditional ceremonies.

## Validation strategy

In addition to the metric below, each year, CYFD and HSD will be asked to provide the Co-Neutrals with information on steps taken to provide or ensure provision of direct assistance for traditional ceremonies. Co-Neutrals will validate this information through qualitative activities.

## Appendix C: Target Outcome 4.1

CYFD is committed to having Native Children in ICWA-preferred placements. By December 1, 2020, when a Native Child is in a non-ICWA-preferred placement, the placement will be reviewed every 30 Days.

### Metric i: Time spent in non-ICWA preferred placements

Length of time Native American children spent in non-ICWA preferred placements.

#### Metric Analysis Plan

Unit of Analysis	All placements for Native American children in cohort during reporting year
Data Source	FACTS
Date Range	January 1 to December 31, reporting year
Target Variable	Length of time Native American children spent in non-ICWA preferred placements (categorically binned)
Target Numerator	Sum of length of placements (days) of Native American children spent non-ICWA preferred placements during the reporting year for each Native American child, categorically binned (below).
Target Denominator	n.a.
Calculation Method	<p>Included placements will note if the placement was non-ICWA preferred, based on Court determination (if available) or CYFD determination (based on federal guidelines) otherwise.</p> <p>If the court determines that a placement is non-ICWA preferred, the entire length of time that the child was in the placement will be considered for the purposes of this metric, regardless of CYFD determination.</p> <p>This data contains the start and end date of the placement, used to calculate length in days.</p> <p>To calculate the metric, the length of all placements (days) determined to be non-ICWA preferred for each child marked as ICWA-eligible or is believed to be ICWA-eligible prior to court determination will be included.</p> <p>Results will be discrete counts of individuals which are binned according to the length of time said individual spent in non-ICWA preferred placements during the reporting year. For instance, if an individual spent 10 days total in non-ICWA preferred placements during a reporting year, they would be tabulated in the 0-30 day category.</p> <p>Categories of total time spent in non-preferred placements will be:</p> <ul style="list-style-type: none"><li>0-30 days</li><li>31-90 days</li><li>91-120 days</li><li>121-150 days</li></ul>

	151-180 days 180+ days  As supplemental information, the State will provide the percentage of placements where a court determination of non-ICWA preferred placement was the same as the CYFD determination. The denominator will include all Native American Children who have received an ICWA placement court determination.
Missing Values	If a foster placement is not marked as ICWA preferred by CYFD or the ICWA Court, it will be counted as non-preferred.
Duplicates and Other Data Issues	Any placements with identical or highly overlapping dates will be treated as a single placement, with the earliest start date and latest end date. When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.  If a child's ICWA-eligibility determination changes (From ICWA-eligible to non-ICWA-eligible or the reverse), the most recent determination during or before the reporting year will be used to determine if the child is included in this metric.
Report Columns	Child ID (FACTS), ICWA Eligibility (FACTS), Indian Tribe (i.e. "reason-to-know; FACTS), Child Race (FACTS), Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Placement Non-ICWA Preferred (FACTS), Court Determined Placement is Non-ICWA Preferred (FACTS), Date Court Determined Non-ICWA Preferred Placement (FACTS)

### *Baseline Data*

The process of noting whether a placement was ICWA preferred did not occur previously. Thus, a baseline metric cannot be calculated using the methodology described above. Results of this metric will start being reported in the 2020 Annual Report.

### *Secondary Metric*

The State can provide as a secondary metric the length of time Native American children spent in non-ICWA preferred placements that started on or after December 1, 2020.

### *Secondary Metric Language*

Length of time Native American children spent in non-ICWA preferred placements that started on or after December 1, 2020.

### *Metric Analysis Plan*

Unit of Analysis	All placements that began after December 1, 2020 for Native American children in cohort during reporting year
Data Source	FACTS
Date Range	January 1 to December 31, reporting year
Target Variable	Length of time Native American children spent in non-ICWA preferred placements (categorically binned)
Target Numerator	Sum of length of placements (days) of Native American children spent non-ICWA preferred placements during the reporting year for each Native American child, categorically binned (below).

Target Denominator	n.a.
Calculation Method	<p>Included placements will note if the placement was non-ICWA preferred, based on Court determination (if available) or CYFD determination (based on federal guidelines) otherwise.</p> <p>If the court determines that a placement is non-ICWA preferred, the entire length of time that the child was in the placement will be considered for the purposes of this metric, regardless of CYFD determination.</p> <p>This data contains the start and end date of the placement, used to calculate length in days.</p> <p>To calculate the metric, the length of all placements (days) that started on or after December 1, 2020 and are determined to be non-ICWA preferred for each child marked as ICWA-eligible or is believed to be ICWA-eligible will be included.</p> <p>Results will be discrete counts of individuals which are binned according to the length of time said individual spent in non-ICWA preferred placements during the reporting year. For instance, if an individual spent 10 days total in non-ICWA preferred placements during a reporting year, they would be tabulated in the 0-30 day category.</p> <p>Categories of total time spent in non-preferred placements will be:  0-30 days  31-90 days  91-120 days  121-150 days  151-180 days  180+ days</p> <p>As supplemental information, the State will provide the percentage of placements where a court determination of non-ICWA preferred placement was the same as the CYFD determination. The denominator will include all Native American Children who have received an ICWA placement court determination.</p>
Missing Values	If a child is not noted as being Native American, they will not be included in the analysis (see definition of “Native American Children”). If a foster placement is not marked as ICWA preferred by CYFD or the ICWA Court, it will be counted as non-preferred.
Duplicates and Other Data Issues	<p>Any placements with identical or highly overlapping dates will be treated as a single placement, with the earliest start date and latest end date. When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement. Periods of time when a child is on a Trial Home Visit, under Protective Supervision, has run away, or is otherwise missing are not considered placements. All other recorded changes to the placement of a child will be treated as separate placements.</p> <p>If a child’s ICWA-eligibility determination changes (From ICWA-eligible to non-ICWA-eligible or the reverse), the most recent determination during or before the reporting year will be used to determine if the child is included in this metric.</p>
Report Columns	Child ID (FACTS), ICWA Eligibility (FACTS), Indian Tribe (i.e. “reason-to-know; FACTS), Child Race (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Placement Non-ICWA Preferred (FACTS), Court Determined Placement is Non-ICWA Preferred (FACTS), Date Court Determined Non-ICWA Preferred Placement (FACTS)

### *Data Improvement / Future Data Collection Plan*

The State has tracked ‘Reason to know’ since December of 2020 through county-level spreadsheets; this information will be collected in FACTS starting in 2021. This flag serves to identify individuals who do not yet have an ICWA court determination but are suspected of being ICWA eligible, even if they are not currently tribally affiliated or identify as Native American.

The State has the following fields for tracking ICWA eligibility and non-ICWA preferred placement on the court hearing record:

- Child ICWA Court Determination
- ICWA Court Determination Date
- Court Determination Placement is Non-ICWA Preferred

Because court determinations often occur months after a placement start, the State started determining the likely ICWA-preferred placement status based on detailed federal requirements starting in December 2020 using spreadsheets, which were used in the 2020 Annual Report. It is anticipated that starting in April 2022, the child’s CYFD assumed (according to federal guidelines) ICWA-preferred placement status will be entered by the caseworker, instead of being tracked through spreadsheets.

### **Metric ii: Timely 30-day reviews of non-ICWA preferred placements**

Percent of 30-day reviews for non-ICWA preferred placements conducted on time.

#### *Metric Analysis Plan*

Unit of Analysis	30-day non-ICWA preferred placement reviews: All reviews due during the reporting year.
Data Source	FACTS
Date Range	January 1 to December 31, reporting year
Target Variable	Percent of 30-day reviews for non-ICWA preferred placements conducted on time
Target Numerator	Count of on time 30-day reviews for non-ICWA preferred placements
Target Denominator	Count of total 30-day reviews due for non-ICWA preferred placements
Calculation Method	<p>All placements from the cohort data set will be included, filtered for Native American children. This data contains the start and end date of the placement. Placements will be excluded from this metric if they are shorter than 30 days at the time of report.</p> <p>Included placements will have a flag marking if each placement was non-ICWA preferred, based on CYFD determination (based on federal guidelines) rather than court hearing because these determinations can take months to occur.</p> <p>Each placement will have a record of all conducted Out of Preferred Placement (OOPP) reviews, including report due date, and date of review.</p> <p>Timeliness of each review will be recorded by 30-day intervals: the first date for a review will be the end of the first 30-day interval following a non-preferred placement; this cadence will not be affected by temporary absences. Every 30 days following, another</p>

	<p>review will be due. Compliance will be determined based on whether the review occurred on or before the review due date.</p> <p>If CYFD determines the placement is preferred, and then later the court determines that a placement is non-ICWA preferred, due dates for reviews will be based on the court date determining that the placement was non-ICWA preferred rather than the first day of placement.</p> <p>If a review is not done within the 30-day window, it will not count as a timely review.</p> <p>To calculate the Target Numerator, all OOPP reviews conducted timely (i.e., all full 30-day windows that included at least one completed OOPP review) will be counted. To calculate the Target Denominator, total reviews due (i.e., total 30-day windows in placement) will be counted. To calculate the “percent of timely OOPP reviews”, the Numerator will be divided by the Denominator and multiplied by 100.</p>
Missing Values	<p>If a child is not noted as being Native American, they will not be included in the analysis (see definition of “Native American Children”). If a foster placement is not marked as ICWA-preferred, it will be counted as non-preferred. If a review is not listed within the 30-day window, it will be recorded as not occurring on-time.</p>
Duplicates and Other Data Issues	<p>If a child was ICWA-eligible and is later determined to not be ICWA-eligible, the most recent determination during or before the reporting year will be used to determine if the child is included in this metric.</p> <p>If more than one review is completed during a single 30-day period, only the first review will be counted in the numerator.</p> <p>When a child returns to the same setting in which they were placed prior to a temporary absence or a trial home visit, it will be considered as a continuation of the prior placement and will not affect the review cadence (i.e., the initial placement date, not the date the child returned from temporary absence, will be used to determine the cadence of reviews).</p> <p>If a child is temporarily absent for the full 30 day review window, that corresponding review will be excluded when calculating the denominator (timely IPPs for children who are missing or have run away will be monitored through metric ATO4iii).</p>
Report Columns	<p>Child ID (FACTS), ICWA Eligibility (FACTS), Indian Tribe (i.e. “reason-to-know; FACTS), Child Race (FACTS), Placement Start Date (FACTS), Placement End Date (FACTS), Placement Type (FACTS), Placement Non-ICWA Preferred (FACTS), Court Determined Placement is Non-ICWA Preferred (FACTS), Date Court Determined Non-ICWA Preferred Placement (FACTS); OOPP IPP Staffing Date (FACTS), OOPP Due Date (calculated variable)</p>

### *Baseline Data*

The process of noting whether a placement was ICWA preferred and having 30-day reviews of non-ICWA preferred placements did not occur in 2019. Thus, a baseline metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

In addition to improved ways to track whether a child is Native American, the FACTS system now collects supplemental information for each type of IPP staffing, including 30-day OOPP staffing. A pop-up window collects information regarding the attendees, components, and

referrals that results from this staffing. See the Data Improvement Plan at the start of this document for a review on how all staffing types and placement details are captured.

### **Metric iii: Qualitative review of ICWA-preferred placements for Native children**

Of the placements for Native children sampled, the share for which the placement determination reflected all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

### **Metric iv: Qualitative review of IPP meetings for Native children in non-ICWA preferred placements**

Of the IPP meetings reviewed for Native children in non-ICWA preferred placements, the share that reflected all requirements articulated in the Agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## **Appendix C: Target Outcome 5.2**

CYFD will implement an ICWA training plan.

### **Validation strategies**

In addition to the quantitative metrics described below, the Co-Neutral team anticipates that additional qualitative strategies such as case reviews, observations, interviews and/or surveys, may be necessary to determine if the curricula and strategies outlined in the ICWA Training Plan are being implemented as described, and to assess the effect of the training.

### **Metric i: Staff ICWA training**

Of the staff required to complete ICWA training during a year ending December 31, the percent that completed all levels of training required for their position.

#### **Metric Analysis Plan**

Unit of Analysis	Staff person
Data Source	CYFD/HSD Training: Cornerstone/Blackboard Staff start/promotion state: SHARE
Date Range	December 31 of reporting year
Target Variable	% of eligible staff who completed ICWA training
Target Numerator	Number of staff required to complete ICWA training who completed ICWA training
Target Denominator	Staff required to complete ICWA training based on criteria identified through the ICWA training plan. Staff types will be indicated for specified ICWA training modules.



Calculation Method	<p>All CYFD and eligible HSD employees will be registered in Cornerstone/Blackboard. Staff and their required trainings will be defined within the training plan.</p> <p>Any staff not required to complete training by the end of the reporting year (e.g., recent employment start date; deadline for completing training has not passed) will be excluded from the calculation.</p> <p>Numerator/Denominator *100</p>
Missing Values	If there is no record of a completed training module, this training will be considered incomplete for the given staff person.
Duplicates and Other Data Issues	Individuals who are required to complete multiple novice-level ICWA training modules will not be counted in the numerator unless they completed all required modules. If there is no record that staff have achieved certification at the highest level required for their position, training will be considered incomplete for the given staff person.
Report Columns	Staff Name (Cornerstone/Blackboard), Staff Start/Promotion State (SHARE), Trainings Due Name (Cornerstone/Blackboard), Training Completed Date (Cornerstone/Blackboard)

### *Baseline Data*

These trainings have not previously been implemented and therefore a baseline for this metric cannot be calculated using the methodology described above.

### *Data Improvement / Future Data Collection Plan*

Eligible staff, required trainings and timeframes will be defined in the ICWA Training Plan.

### **Metric ii: Qualitative review of ICWA training for caseworker staff**

Of caseworker staff sampled, the share for which the required ICWA training was reflected in the caseworker's understanding of policy and practice per all requirements articulated in the agreement.

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than April 30, 2022.

## Appendix D: Behavioral Health Services

### Appendix D: Implementation Target 5.1

HSD will monitor implementation of a term in all contracts with its designees to require that care coordination is described consistent with Section 4.4 of Centennial Care 2.0 contracts.

#### Validation strategies

HSD will be asked to provide the Co-Neutrals with information on monitoring efforts to ensure that care coordination for CISCs is implemented consistent with Centennial Care 2.0 contracts and as described in the care coordination deliverable submitted to the Co-Neutrals, as revised. Co-Neutrals will validate this information through qualitative activities each year until the Performance Standard is met.

### Appendix D: Implementation Target 7.1

HSD will revise its Notice of Action and grievance protocols to require a Notice of Action be provided to the child's caregiver, legal representative, and legal custodian whenever a service recommended by an Individualized Planning Process meeting Team is reduced, modified, delayed, or denied, or if the service is not approved within 10 days.

#### Validation strategies

HSD will be asked to provide the Co-Neutrals with information on its work to revise Notice of Action and grievance protocols. Co-Neutrals will validate this information through qualitative activities and quantitative metrics (as appropriate) each year until the Performance Standard is met.

### Appendix D: Target Outcome 1.1

HSD will employ sufficient staff such that it has the internal capacity to effectively oversee, monitor, and manage the MCOs and to oversee and develop policy and procedures related to the Medicaid Act's Early and Periodic Screening Diagnostic and Treatment Services (EPSDT).

#### Validation strategies

Each year, HSD will be asked to provide the Co-Neutrals with information on steps taken during the period to ensure sufficient internal capacity to effectively oversee, monitor, and manage the MCOs and to oversee and develop policies and procedures related to EPSDT. Co-Neutrals will validate this information through qualitative activities including regular review of reports prepared by the State for CMS, review of periodic reports prepared for the State by MCOs, and interviews with HSD staff, MCOs and other interested parties.

### Appendix D: Target Outcome 2.1

HSD or its designees will provide incentives for providers to be trained in evidence-based, well-supported, and promising trauma-responsive services.

### Validation strategies

HSD will be asked to provide the Co-Neutrals with information on incentives for providers to be trained in evidence-based, well-supported, and promising trauma-responsive services. Co-Neutrals will validate this information through qualitative activities and/or quantitative metrics if appropriate.

### Appendix D: Target Outcome 3.1

High Fidelity Wraparound services, intensive case management, and intensive home-based services (including those listed on pg. 14a of the agreement) will be available to every Child in State Custody for whom they are medically necessary.

*Please see ATO2.1(i), ATO2.1(ii), ATO2.1(iii), ATO2.2(i) and ATO2.3(i)*

### Appendix D: Target Outcome 4.1

Every Child in State Custody will receive a comprehensive well-child checkup

### Validation strategies

In addition to the quantitative metric described below, the Co-Neutral team anticipates that additional qualitative strategies such as case reviews, observations, interviews and/or surveys, may be necessary to determine if the commitment is being implemented in full.

### Metric i: Well-child checkups for CISC within 30 Days of Entering Custody

Of all episodes of custody longer than 30 days that began during the reporting year, the percent that included a well-child checkup within 30 days of the child entering State custody, as recorded by casework staff or reflected in Medicaid billing data.

#### Metric Analysis Plan

Unit of Analysis	Episodes of custody longer than 30 days which occurred fully within the reporting year
Data Source	Well-child checkup service date: FACTS and Medicaid List of EPSDT billing codes: HSD annual update Episode/Cohort: FACTS
Date Range	January 1 to December 31 of the reporting year
Target Variable	% Of episodes of custody of children that included at least one well-child checkup within 30 days
Target Numerator	Count of episodes of custody for children in the denominator for which at least one well-child checkup was completed in the first 30 days of custody
Target Denominator	Count of episodes of custody for children in state custody, that reached or surpassed their 30 <sup>th</sup> day during the reporting period AND entered custody within the reporting year.
Calculation Method	Each well-child checkup completed will identify the date on which it was completed and the child on whose behalf it was conducted.

	<p>The target denominator will be the unique episodes of custody for children in state custody. Episodes of custody are used because one child may be in and out of CYFD custody and a well-child check should be completed for each of these episodes. Only episodes longer than 30 days (the required timeline for the well-child check) will be counted; episodes of custody must both begin and reach 30 days of duration within a reporting year to be included.</p> <p>The target numerator will be the number of episodes of custody for children that had a completed well-child checkup during that episode. Well-child checkup data will include information from FACTS and information from Medicaid. If a child is noted as having received a well-child checkup in either source during the 30-day time frame, they will be counted as having received a well-child checkup. If more than one well-child checkup was completed during an episode of custody, only the first will be counted.</p> <p>To calculate the percent of episodes of custody for children with a timely well-child checkup, the numerator will be divided by the denominator and multiplied by 100.</p>
Missing Values Duplicates and Other Data Issues	If a child has well-child checkup after 30 days from the date they enter custody, this will not be counted in the numerator.
Report Columns	Child ID (FACTS), Episode Start Date (FACTS), Episode End Date (FACTS), Date of well-child checkup (FACTS), Date of EPSDT (Medicaid)

To identify well-child checkups within Medicaid, a list of EPSDT billing codes will be updated by HSD annually. The current list of EPSDT codes (as of 5/31/2021) follows:

### **EPSDT Codes :**

<b>CPT Codes: Preventative Services</b>	<b>Description</b>	<b>Age</b>
<i>do not require use of a Z code</i>		
99381	New patient	Infant < 1 year
99382	New patient	ages 1-4
99383	New patient	ages 5-11
99384	New patient	ages 12-17
99385	New patient	ages 19-39
99391	Established patient	Infant < 1 year
99392	Established patient	ages 1-4
99393	Established patient	ages 5-11
99394	Established patient	ages 12-17
99395	Established patient	ages 19-39
99460	Initial hospital or birthing center for normal newborn infant	
99461	Initial care in other than a hospital or birthing center for normal newborn infant	

<b>CPT Codes: Evaluation and Management Codes</b>	<b>Description</b>
<i>must be used in conjunction with at least one of the following Z diagnosis codes: Z00.00-Z00.129, Z00.89, Z76.1-Z76-2</i>	

99202-99205	New patient
99213-99215	Established patient

#### *Baseline Data*

Baseline data for well-child checkups will be available beginning in 2019.

#### *Data Improvement / Future Data Collection Plan*

N/A, current data collection is sufficient