

# State of New Mexico

*Kevin S. Final Settlement Agreement*

2022 Annual Progress Report



AUGUST 1, 2022

**CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
Barbara J. Vigil, Cabinet Secretary

**NEW MEXICO HUMAN SERVICES DEPARTMENT**  
David R. Scrase, M.D. Cabinet Secretary



# State of New Mexico

## CHILDREN, YOUTH and FAMILIES DEPARTMENT

**MICHELLE LUJAN GRISHAM**  
GOVERNOR

**HOWIE MORALES**  
LIEUTENANT GOVERNOR



**BARBARA J. VIGIL**  
CABINET SECRETARY

**BETH GILLIA**  
DEPUTY CABINET SECRETARY

**LISA M. FITTING**  
DEPUTY CABINET SECRETARY

August 1, 2022

Pamela S. Hyde, Hyde & Associates – Policy and Practice Consulting, LLC  
Judith Meltzer, Center for the Study of Social Policy  
Kevin Ryan, Public Catalyst  
Tara Ford, As Representative for All Plaintiffs' Counsel

### **Re: Transmittal of 2022 Annual Progress Report, *Kevin S.* Final Settlement Agreement**

Dear Co-Neutrals and Plaintiffs' Counsel,

On behalf of New Mexico Children, Youth and Families Department and Human Services Department, we are pleased to submit the 2022 Annual Progress Report documenting our good faith efforts to achieve substantial and sustained progress toward our *Kevin S.* Final Settlement Agreement commitments. This is the State's second Annual Report and demonstrates the means by which we are embracing this opportunity to make genuine and lasting improvements to our child welfare system. We note that the Annual Report reflects CYFD and HSD's reporting and assessment and does not speak for the Plaintiffs or Co-Neutrals.

Included in the 2022 Annual Report are descriptions of, and supporting validated data for, good faith efforts and progress made in calendar year 2021. We are attaching a memorandum identifying and explaining necessary adjustments to analytical methodologies for several quantitative metrics. The Annual Report also describes ongoing efforts for system improvement and progress we have achieved since the Co-Neutrals November 15, 2021 Report to present—that is, our ongoing efforts and progress undertaken beyond the 2021 calendar year.

Perhaps the most significant development, and one that has resulted in real progress in the State meeting its commitments, was the Plaintiffs' exercise of the dispute resolution process in response to last year's Annual Report. The dispute resolution process engaged the Parties in productive discussions that created an appreciation of the work necessary for the State to meet its obligations pursuant to the Settlement Agreement.

It cannot go unrecognized that the *Kevin S.* structure and processes that have grown out of it exemplify community building. A successful child welfare system must embrace the perspectives of the community stakeholders, as well as the invaluable contributions they offer.

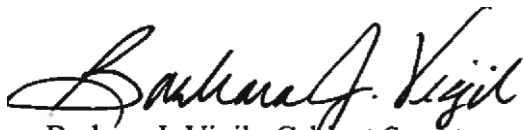
As we look forward, we acknowledge that the *Kevin S.* Final Settlement Agreement has compelled these agencies to extend outside of our internal confines to really listen and respond to the people we serve, as well as our community partners who can only strengthen us. We are changing the culture and principles of our child welfare system so that it is one that recognizes and seeks out the contributions and perspectives that can only be provided by children and families with lived experiences; resource families; sovereign Tribes, Nations, and Pueblos; child advocates; treatment providers; justice partners; law enforcement; and other community stakeholders. Our success as a child welfare system depends upon listening and effectively responding to them.

Fundamental lasting change takes significant time and resources. This endeavor has brought together two systems that previously worked independently of one another. CYFD and HSD have joined to form a strong partnership to work toward creating a sustainable and resilient trauma-responsive system to serve New Mexico's children and families. This work is grounded in, and would not be possible without, the enormous dedication, talent, and creativity of hundreds of staff at both CYFD and HSD- to whom we extend much gratitude.

We must also recognize the vital contributions sovereign Tribes, Pueblos, and Nations are making to this process. They are not parties in this matter nor subject to the commitments the State has made in the Settlement Agreement. Yet, they have been generously willing to share their insights and perspectives to help us understand how we can improve our delivery of services to children with tribal affiliations in ways that support connections to their cultures.

Although we seem to end all correspondence with a similar expression of gratitude, we do sincerely extend our thanks to Plaintiffs' Counsel for their vision of, and commitment to meaningful systemic change for the children and families of New Mexico who we serve, and for their collaboration, insights, and perseverance. We thank the *Kevin S.* Co-Neutrals for their guidance, expertise, wisdom, and creativity, and for helping us understand each other. We look forward to continuing our mission.

Respectfully,



Barbara J. Vigil, Cabinet Secretary  
Children, Youth and Families Department

and



David R. Scrase, Cabinet Secretary  
Human Services Department

cc: Angela Medrano, Deputy Cabinet Secretary, HSD  
Beth Gillia, Deputy Cabinet Secretary, CYFD  
Lisa Fitting, Deputy Cabinet Secretary, CYFD  
Emily Martin, Director for Protective Services, CYFD  
Bryce Pittenger, CEO Behavioral Health Collaborative, HSD  
Alisa Lauer, Deputy General Counsel, CYFD

*Transmittal of 2022 Annual Report*

*August 1, 2022*

*Page 3 o/3*

Paul Ritzma, General Counsel, HSD

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Rachel Paletta and Nico'Lee Biddle, CSSP, Co-Neutrals' Staff

Trent John, Bureau Chief, Family Support Services, Protective Services, CYFD

Sally Jameson, Project Manager HSD



# State of New Mexico

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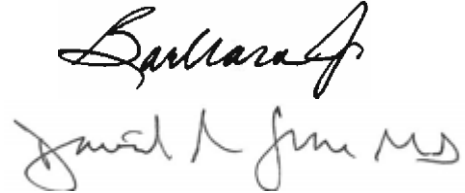
**LISA M. FITTING**  
DEPUTY CABINET SECRETARY

TO: Kevin S. Co-Neutrals and Plaintiffs' Counsel

FROM: David Scrase and Barbara Vigil

DATE: September 14, 2022

RE: Adjustments to Several Quantitative Metrics



The Co-Neutrals provided final approval of the Data Validation Plan on February 16, 2022. The State then submitted its raw data tables to the Co-Neutrals for validation on schedule on May 1, 2022. Shortly thereafter, the State and its data partners began meeting every other week or weekly with the Co-Neutrals' data team to identify methodological discrepancies and other data alignment issues regarding the Data Validation Plan (DVP) and its primary and secondary metrics. We met four times for these discussions prior to August 1, 2022.

The State submitted its 2022 Annual Progress Report on August 1, 2022, in accordance with the terms of the Final Settlement Agreement.

A rigorous effort to reconcile additional differences between the Parties has continued since the August 1, 2022 submission. Through those efforts, the State and its data partners were able to resolve additional important alignment issues that either had not been specified in the DVP or were subject to potential or actual differences in interpretation of the individual metric definitions. For example, definitional discrepancies were resolved by resubmitting tables to include or exclude certain placements. A total of four additional meetings were held since August 1, 2022, between the State, the State's data partners, and the Co-Neutrals' data team. The revised report includes updated calculations of 19 metrics.

Understanding that data quality improvement is a process that takes years, and not weeks, the State and the Co-Neutrals' data team reached consensus on the state of the current methodological metrics at this time. The metrics that are provided in this revised report reflect this alignment as of September 7, 2022.

Data quality improvement will continue to be an iterative process performed in collaboration with the Co-Neutrals data team and the State's data partners in order to ensure alignment on metric calculation methodologies and logic. We anticipate continued revisions to methodologies as data sets are compared and studied over the coming year. As any new consensus is reached going

*Adjustments to Analytical Methodologies for Several Quantitative Metrics**August 1, 2022**Page 2 of 2*

forward, clarification to DVP language will be revised and will be noted in future Annual Reports. Additionally, the State continues to work on improvements to its data collection to meet the requirements of all metrics in the DVP.

cc: Angela Medrano, Deputy Cabinet Secretary, HSD

Beth Gillia, Deputy Cabinet Secretary, CYFD

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Emily Martin, Director for Protective Services, CYFD

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Rachel Paletta and Nico'Lee Biddle, CSSP, Co-Neutrals' Staff

Trent John, Bureau Chief, Family Support Services, Protective Services, CYFD

Sally Jameson, Project Manager HSD

## History and Background

In March 2020, the State of New Mexico’s Children, Youth and Families Department (CYFD) and Human Services Department (HSD) reached an innovative settlement agreement in the lawsuit, *Kevin S., et al. v. Blalock*.<sup>1</sup> The lawsuit was filed in 2018, during the previous administration, on behalf of 14 foster youth and two advocacy organizations: Disability Rights New Mexico and Native American Disability Law Center. It alleged trauma-impacted children and youth in New Mexico foster care lacked safe, appropriate, and stable placements and behavioral health services to meet their needs in the state system.

Governor Michelle Lujan Grisham has made improving the lives of children, youth, and families a priority of her administration. Under her direction, Cabinet Secretaries of CYFD and HSD identified the needs for trauma-responsive, behavioral-health-focused reforms and for addressing the needs of Native American youth, specifically. The aims of the lawsuit and the strategic plans of the departments aligned and made the *Kevin S.* Settlement Agreement possible.

## The *Kevin S.* Final Settlement Agreement

The Final Settlement Agreement<sup>2</sup> sets forth a plan and process for CYFD and HSD to improve the current system of care so that it is trauma-responsive and compliant with Section 504 of the Rehabilitation Act; the Americans with Disabilities Act; the Fourteenth Amendment to the U.S. Constitution; the Medicaid Act’s Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) and Reasonable Promptness provisions (42 U.S.C. § 1396 et seq.); and the Indian Child Welfare Act (25 U.S.C. § 1915(a) & (b)).

The State of New Mexico is committed to fulfilling the goals of the *Kevin S.* Settlement Agreement and, specifically, to do the following:

<sup>1</sup> The case filed in the U.S. District Court for the District of New Mexico is now entitled *Kevin S., et al. v. Blalock, et al.*, No. 1:18-CV-00896.

<sup>2</sup> We have posted the Final Settlement Agreement, along with other documents and materials related to the Settlement Agreement, on the CYFD website, [cyfd.org](http://cyfd.org), in a dedicated webpage for “Kevin S. Settlement Documents.”



1. Develop and implement a system of care that utilizes collaborative decision-making to guide interagency efforts to coordinate delivery of care to children in state custody in a trauma-responsive manner.
2. Improve services and outcomes for families and youth.
3. Increase collaboration among child-serving agencies to reduce fragmentation of services and avoid duplication and waste.
4. Ensure sufficient human resources to meet the needs of children in state custody including trained caseworkers, foster parents, kin foster parents, and behavioral health providers.
5. Set up practices and procedures to enable the State to comply with the Indian Child Welfare Act, as well as the recently enacted Indian Family Protection Act (IFPA), to provide culturally appropriate and relevant care to children in state custody and their families.
6. Develop and implement trauma-responsive training and coaching for caseworkers, foster parents, kin foster parents, out-of-home providers, and parents.
7. Establish a consistent screening, assessment, and referral procedure statewide that will facilitate access to medically necessary services for all children in state custody.
8. Improve the delivery of intensive home- and community-based services to eligible children in state custody.
9. Minimize congregate care and maximize the potential of children in state custody to grow into healthy and independent adults.
10. Identify and measure quality management tools to report on, provide, and improve the quality of care provided to children in state custody and to provide transparency and accountability.
11. Provide due process to the proposed class.

The Final Settlement Agreement details the State's commitments, organized as four Appendices (A, B, C, D). These commitments are entirely consistent with CYFD's and HSD's strategic plans and priorities.

## **Appendix A - Trauma-Responsive System of Care**

CYFD and HSD will build and support a trauma-responsive system of care for all children in state custody. A trauma-responsive system of care is one that identifies, recognizes, and understands the effects of trauma and provides sufficient services and supports to ameliorate trauma, including secondary trauma. A trauma-responsive system of care must also support and serve other stakeholders, including families and people who work for or on behalf of children, youth, and families.

## **Appendix B - Least Restrictive and Appropriate Placement**

CYFD and HSD will strengthen a system for placing children in out-of-home care in stable, safe, appropriate, community-based placements in the least restrictive environment.





## Appendix C – Indian Child Welfare Act

CYFD and HSD will serve Native American families, strengthen relationships with each of the New Mexico pueblos and tribes, comply with the Indian Child Welfare Act (ICWA) in its letter and intent, and make every effort to ensure all Native American children and families receive appropriate support and services.

## Appendix D – Behavioral Health Services

CYFD and HSD will build a statewide, community-based mental health system that all children and families will be able to access, regardless of where they live. The system will include a diverse and full spectrum of community-based services, will decrease reliance on congregate care, keep families together in their community to the maximum extent possible, and greatly reduce reliance on out-of-state residential placements.

## Reporting Progress

Pursuant to the terms of the *Kevin S.* Settlement Agreement, by August 1, 2021, and every 12 months thereafter, the State will provide a written report of its progress to the Kevin S. Plaintiffs and Co-Neutrals. The period of assessment for each annual report shall be the previous calendar year.

The Co-Neutrals then review the Annual Report to validate the data and assess the State's performance. They provide their assessment in a report on November 15 of each year. Consequently, data included in the Annual Report has not yet been validated by the Co-Neutrals.

Recognizing the impact of the COVID-19 pandemic on the State of New Mexico, and on implementation of the *Kevin S.* Final Settlement Agreement (FSA), on August 4, 2020, the parties agreed to extend by 180 days the deadline for compliance with a significant number of commitments originally scheduled to be completed in 2020. Accordingly, the prior Annual Report described the State's progress through December 31, 2020, on the limited set of commitments that were not included in the extension and were due December 1, 2020.

A chart listing the commitments is attached. The FSA includes both Implementation Targets and Target Outcomes. “**Implementation Targets**” are process commitments that the State agreed to undertake as intermediary and necessary steps toward reaching the Target Outcomes. “**Target Outcomes**” are performance commitments that will be monitored continuously for a period of at least 24 months.

The FSA defines the standard by which the State's compliance with its commitments are assessed:

**Performance Standard** refers to the level of achievement Defendants must meet with respect to each Implementation Target and Target Outcome in order to fulfill the terms of the Agreement. Meeting the Performance Standard means making good faith efforts to achieve substantial and sustained progress toward achieving



the Implementation Target or Target Outcome shall be based on whether Defendants have made all reasonable efforts to achieve each Implementation Target or Target Outcome. This standard is not intended to assess Defendants' subjective intentions, plans, or promises.

In December 2020, the State began data collection and monitoring for two outcomes. We finalized a Data Validation Plan in February 2022. Reporting on the full set of metrics, as defined by the Data Validation Plan, has and will continue to involve ongoing improvements to both CYFD and HSD's data collection systems. Each year, the Annual Report will include new metrics that were not previously calculated due to limitations of data collections, as explained in the Data Validation Plan.

An overview of the data reporting is attached as an Exhibit ("[Overview of Quantitative Monitoring Outcomes](#)").

In response to the November 2021 Co-Neutrals' Report, Plaintiffs initiated an alternative dispute resolution process that ultimately resulted in the Parties reaching a global Memorandum of Understanding as to deliverables identified in Appendices B and C. See Exhibit - [Memorandum of Understanding](#). The dispute resolution process facilitated greater collaboration between the State and Plaintiffs.

This Annual Report represents the State's reporting on and assessment of its progress in achieving its commitments under the *Kevin S.* Settlement Agreement since the efforts memorialized in the 2021 Annual Report. After our Executive Summary, the 2022 Annual Report is organized by the Appendices outlined in the FSA, as well as the Implementation Targets and Target Outcomes associated with each Appendix. The relevant metrics, as described in the Data Validation Plan, follow each Appendix.

## Exhibit

[Intro. 1 - Memorandum of Understanding](#)

[Intro. 2 - Overview of Quantitative Monitoring Outcomes](#)



## Executive Summary

Over the past year, the State of New Mexico has made significant good faith efforts to achieve substantial and sustained progress toward achieving all Implementation Targets and Target Outcomes outlined in the *Kevin S.* Final Settlement Agreement (FSA). The New Mexico Children, Youth and Families Department and Human Services Department are fully committed to, and invested in achieving all commitments made in the *Kevin S.* Final Settlement Agreement. We view our obligations as an opportunity to *get it right* for all youths and children who come within our spheres of services, not just as a matter of resolving the litigation. The *Kevin S.* Final Settlement Agreement provides a structure that, under Governor Michelle Lujan Grisham, CYFD and HSD are striving to exceed.

To facilitate systemic change, HSD Cabinet Secretary David Scrase brings his expertise, years of experience, and skill in leading large organizations to operationalize systemic improvements. When Barbara J. Vigil joined CYFD as Cabinet Secretary in October of 2021, she made it her priority to make lasting systemic changes to improve outcomes for New Mexico's children, youth, and families. Together, CYFD and HSD have worked diligently to identify internal barriers and to implement solutions to resolve them.

To facilitate lasting, systemic change, Secretary Vigil is committed to a new internal culture and mindset throughout the agency—one that embraces making children's lives better from their first contact with CYFD. In other words, she wants children to be better off for having had contact with CYFD. While good faith changes have been implemented, Secretary Vigil and Secretary Scrase continue to make good faith efforts to not only fulfill the State's *Kevin S.* commitments, but to make meaningful, lasting change to improve the lives of the children and families they serve.

CYFD and HSD have met the FSA's good faith standard of performance—we are making ongoing good faith efforts to achieve substantial and sustained progress on all Implementation Targets and Target Outcomes. We have listened and responded to constructive suggestions, guidance, and criticism provided by the Plaintiffs and Co-Neutrals. We are consulting with tribal leaders to better understand the State's role in serving Indian children in the State's care, to learn how we can support each individual tribe and tribal family's wishes for children with tribal affiliations, and to offer support for children's connections to their tribal communities.

CYFD and HSD are also acknowledging and being transparent about areas in which we need to do more work. For example, in March 2022, the State and the Plaintiffs' Counsel engaged in a dispute resolution process specific to Appendices B and C. That process resulted in an agreement on improving our compliance with certain commitments, as well as to increase and improve communication between the State and Plaintiffs about implementation of our commitments. See attached Memorandum of Understanding. In addition, Secretary Vigil and CYFD leadership have had luncheon meetings with Plaintiffs' Counsel to facilitate an open and productive dialogue on our work pursuant to the *Kevin S.* Settlement.



Since our last reporting cycle, the State has organized our *Kevin S.* efforts and progress around the individual “Appendix Leads.” The Appendix Leads manage and monitor the various commitments under each deliverable. Overall, we are making strides in efficiently and effectively making good faith efforts toward our *Kevin S.* commitments.

## Appendix A - Trauma-Responsive System of Care

CYFD and HSD are making good faith efforts to achieve substantial and sustained progress to support a trauma-responsive system of care for all children in state custody—one that identifies, recognizes, and understands the effects of trauma and provides sufficient services and supports to ameliorate trauma, including secondary trauma. We are making strides in building this trauma-responsive system of care to support and serve other stakeholders, including families and people who work for or on behalf of children, youth, and families.

The State continues to make good faith progress with the deliverables specifically outlined in Appendix A. Of note, is the continued implementation of the Child and Adolescent Needs and Strengths Screening (CANS) tool and the Crisis Assessment Tool (CAT). As of July 15, 2022, there were 513 individuals trained and certified to use these tools. Ongoing CANS/CAT training is available to CYFD new and existing employees.

Significant progress has been made with the rollout of trauma-responsive training of all stakeholders. The trauma-responsive trainings will be modified as the needs of the State change.

The State continues to work on the details of the Quality Assurance, Improvement and Evaluation Plan as this is an iterative process as other components of the FSA are finalized. CYFD and HSD are committed to ensuring the development and implementation of a long-term quality assurance team that will outlast the requirements of the FSA.

## Appendix B - Least Restrictive and Appropriate Placement

CYFD and HSD are making good faith efforts to achieve substantial and sustained progress toward strengthening the system for placing children in the least restrictive settings—that is, in stable, safe, appropriate, family- and community-based placements. We are taking aggressive measures to reduce suboptimal placements—that is, placements in out-of-state residential treatment facilities and overnight stays in hotels, motels, or CYFD offices.

A significant component of enhancing greater capacity for in-state, familial setting placements begins with recruiting and retaining resource families and kinship caregivers. We have made, and continue to make, active efforts to increase initial and ongoing placements with kinship caregivers enhanced support services for all resource families. We are strengthening our grievance procedures for both clients and stakeholders, including resource families.





We have also built a strong foundation by changing how we conceptualize and operationalize Appendix B's "extraordinary circumstances" standard. From that foundation, we are facilitating individualized planning meetings and will fully implement the Individualized Planning Process in December 2022 (as will be delivered pursuant to Appendix A) to meet the requirements of extraordinary circumstances, medical necessity, and best interests under Appendix B.

To ensure that no suboptimal placement is made without meeting the extraordinary circumstances standard, we developed a system of checks and balances in which leadership reviews and approves front-line referrals and recommendations. Through that process, we are elevating the importance of placing children in appropriate settings in New Mexico. That includes prioritizing properly assessing children from the outset, and throughout their experience with CYFD, as well as providing appropriate and effective services.

We also have identified the need to develop behavioral health services alternatives within New Mexico for children who present with the most critical conditions. We acknowledge that during the 2022 Legislative Session, \$20 million was appropriated to HSD for children's behavioral health services. We recognize that to create a system of care that will respond to the needs of some of New Mexico's most vulnerable children and youth, greater investment is needed. In the ensuing years, the State will pursue expansion of behavioral health services for these children and youth.

Finally, we are developing a strategic workforce plan to attract and retain competent and committed personnel. We recognize that our workforce is our greatest asset in achieving all of our commitments.

## Appendix C – Indian Child Welfare Act

CYFD and HSD are making good faith efforts to achieve substantial and sustained progress to serve Native American children, youth, and families, strengthen relationships with each of the New Mexico Nations, Pueblos, and Tribes, comply with the Indian Child Welfare Act (ICWA) in its letter and intent, and make every effort to ensure all Native American children and families receive appropriate support and services.

Significantly, during the 2022 Legislative Session, the State worked with the Legislature and tribal representatives to pass important legislation required by the *Kevin S. Settlement* (Appendix C). House Bill 135, the Indian Family Protection Act (IFPA) strengthens and expands protections for Native American children and families in the child welfare system.

***“The State of New Mexico has set a great example with today’s signing of the Indian Family Protection Act and we pray that other states follow the same path.” – Navajo Nation President Jonathan Nez***



By consulting with the 23 sovereign Nations, Pueblos, and Tribes whose tribal lands are surrounded by the geographic bounds of New Mexico, the State has been able to fulfill multiple Appendix C commitments. CYFD has not only maintained one full-time employee responsible for developing and maximizing culturally responsive services for Native Children as required, but has also created an Office of Tribal Affairs (OTA), with the Director and three staff members who coordinate with our Office of General Counsel, Children's Rights, Protective Services and Behavioral Health staff, as well as the Human Services Department, so that all Native children in state custody are provided culturally responsive services. At Secretary Vigil's request, Governor Lujan-Grisham appointed the former Governor of Nambe Pueblo, Phillip Perez, to serve as CYFD's Special Projects Coordinator for tribal affairs. Additionally, CYFD has dedicated an Assistant General Counsel entirely to tribal matters.

We have also created and are maintaining a one-of-a-kind ICWA unit in the Second Judicial District. This unit has a dedicated ICWA Court Attorney and specially trained caseworkers and supervisors who meet at least weekly for ongoing, specialized training and case reviews. Perhaps most importantly, we are continuing to work diligently and in good faith to meet and consult with the sovereigns to try to improve how we, as well as the Plaintiffs, conceptualize our Appendix C commitments and other *Kevin S.* commitments that relate to the services we provide for Native children and families.

It is important to note these twenty-three sovereigns are not parties to nor subject to the *Kevin S.* Final Settlement Agreement. In that regard, CYFD and HSD are communicating and consulting with the Nations, Pueblos, and Tribes—as distinctly separate sovereigns—to learn how we can best support the ability of Native children in our care to maintain their connections with their tribal communities. We are working to place our services and commitments in perspective and refrain from infringing on these individual Nations', Pueblos', and Tribes' sovereignty.

## Appendix D – Behavioral Health Services

CYFD and HSD are making good faith efforts to achieve substantial and sustained progress to build a statewide, community-based mental health system that all children and families will be able to access—regardless of where they live. The system will include a diverse and full spectrum of community-based services, will decrease reliance on congregate care, keep families together in their community to the maximum extent possible, and greatly reduce reliance on out-of-state residential placements.

During the past year, the State worked diligently with a contractor, Myers & Stauffer, to assess the State's Behavioral Health Workforce for children. The State received the final report in June 2022 and will use the information obtained and the accompanying recommendations to move the behavioral health provider system forward.

The State has made significant investment in behavioral health since 2019. We are continuing that investment and commitment by developing a strategy for addressing payment issues on the front end, as



well as establishing a methodology, process, and schedule for conducting routine rate reviews as part of normal operations and fiscal planning for HSD.

The State continues to work on expanding the service array for children in State custody with the expansion of the High-Fidelity Wraparound Service and Evidenced Based Practice—including but not limited to Cognitive Behavioral Therapy and Dialectical Behavioral Therapy. The State is wrapping up the rate development for these services.

Care Coordination for children in State custody continues to be a focus for the State—including proposed improvements in the upcoming Medicaid 1115 waiver renewal. The State continues to collaborate with the Medicaid Managed Care Organizations (MCOs) and the BH providers to ensure children in state custody receive the services they need. The Joint Process will provide the State with a streamlined procedure for ensuring children in State custody and resource families access necessary medical and behavioral health coverage in a fluid manner.

## Kevin S.

While the title “*Kevin S.*” has become a shorthand title for this litigation, a settlement agreement, and annual reports like this one, the State wants to acknowledge it has not lost sight of the fact that Kevin and the other named Plaintiffs were, at the time the litigation commenced, children who came within our care. We look at the Settlement Agreement that bears their first names as an opportunity to make the lives of all children who come within our care better for having touched this system.



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<a href="#"><u>A6 - IT 2.1 - State Response to Co-Neutral's 6.6.22 Regarding State's 5.2.22 Submission</u></a>	
<a href="#"><u>A7 - TO 4.1 - IPP Participant Manual</u></a>	
<a href="#"><u>A8 - TO 4.1 - Parent Orientation Brochure</u></a>	
<a href="#"><u>B1 - IT 1.1 - Resource Parent Pre-Service Training Feedback Summary</u></a>	
<a href="#"><u>B2 - IT 1.1 - 2021.02.01 Data Driven Recruitment Analysis</u></a>	
<a href="#"><u>B3 - IT 1.1 - New Mexico Project Proposals</u></a>	
<a href="#"><u>B4 - IT 1.1 - IRTP Form</u></a>	
<a href="#"><u>B5 - IT 1.1 - New America Foundation and University of Chicago, February 2022 Report</u></a>	
<a href="#"><u>B6 - IT 1.1 - READINM FacilitatorGuide_MatRes_06082022</u></a>	
<a href="#"><u>B7- IT 1.1 - READINM ActivityGuide_MatRes_06082022</u></a>	
<a href="#"><u>B8 - IT 3.2 - Youth Bill of Rights_final_english.pdf</u></a>	
<a href="#"><u>B9 - TO 1.1 - Joint Clinical Review Audit Tool 2021</u></a>	
<a href="#"><u>B10 - TO 2.2 - Updated PIG 10-2021-#19 (Submitted 10/19/21)</u></a>	
<a href="#"><u>B11 - TO 2.1 - Interrelated TOs - PIG#01-2022-#3</u></a>	
<a href="#"><u>B12 - IT 3.2 - Bill of Rights and Grievance Process training for STAFF</u></a>	
<a href="#"><u>B13 - IT 3.2 - Youth Bill of Rights Checklist</u></a>	
<a href="#"><u>B14 - IT 3.2 - Child and Youth Bill of Rights One Pager</u></a>	
<a href="#"><u>B15 - IT 1.1 - Resource Parent Handbook</u></a>	
<a href="#"><u>C1 - IT 1.1 - House Bill 135, the Indian Family Protection Act</u></a>	
<a href="#"><u>C2 - IT 1.1 - ENIPC Resolution</u></a>	
<a href="#"><u>C3 - IT 1.1 - Letters of Support from 2021 and 2022 Legislative Session</u></a>	
<a href="#"><u>C4 - IT 1.1 - HB0135_Fiscal Impact Report</u></a>	
<a href="#"><u>C5 - IT 1.1 - Senate Bill 0278</u></a>	
<a href="#"><u>C6 - IT 1.1 - House Bill 0209</u></a>	
<a href="#"><u>C7 - IT 1.1 - SICWA Resolution 21.05.18</u></a>	
<a href="#"><u>C8 - IT 5.1 - Coalition to Stop Violence Against Native Women Survey and Report</u></a>	
<a href="#"><u>C9 - IT 6.1 - Title IV-E Tribal JPA Summary of Requirements</u></a>	
<a href="#"><u>C10 - IT 6.1 - Title IV-E Training Update 2022</u></a>	
<a href="#"><u>C11 - IT 6.1 - Amended Title IV-E Tribal JPA Template (March 2022)</u></a>	



[C12 - TO 4.1 - Kevin S. Quantitative Report \(CY19-20\)](#)

[C13 - TO 4.1 and TO 4.2 - ICWA Preferred Placement Review Report \(May 18, 2022\)](#)

[C14 - TO 4.2 - Foster and Adoptive Placement of American Indian/Alaskan Native Children Program Instruction Guide](#)

[C15 - TO 4.2 - ICWA Preferred Placement Review Instrument](#)

[C16 - TO 4.2 - ICWA Preferred Placement Reviewer Guide](#)

[C17 - TO 4.3 - Program Instruction Guideline 01-2022-#3 \(RE-ISSUE Kevin S. Related Deliverable: Congregate Care Settings\)](#)

[D1 - IT 1.1, D TO 1.1 - Behavioral Health Provider Capacity Needs Assessment for Children in State Custody \(CISC\), Myers and Stauffer, LC \(Myers and Stauffer\)](#)

[D2 - IT 2.1 - HFW Charter for Interagency Steering Committee](#)

[D3 - IT 2.1 - HFW Provider Application Process: Narrative](#)

[D4 - IT 2.1 - HFW Provider Application](#)

[D5 - IT 2.1 - HFW Process Flow](#)

[D6 - IT 3.1 - Provider Alert for SED Definition with Attachment 3.15.21](#)

[D7 - TO 4.1 - Program Instruction Guidelines \(PIG\)](#)

[D8 - TO 4.1 - CYFD Training curriculum](#)

[D9 - IT 5.1 MCO Letter of Direction \(LOD\) 69-1 Dated 02/28/2022 \(Issued 3/18/2022\)](#)

[D10 - IT 5.1 HSD Care Coordination Audits and Activities 2021 and 2022](#)

[D11 - IT 6.1 CISC Report Template](#)

[D12 - IT 6.1 Letter of Direction #67 - EOB Exception for BH Services and Providers](#)

[D13 - IT 8.1 - Key Protective Services Division Steps](#)



## Glossary of Acronyms

- ACF - Administration of Children and Families
- AGRC - Albuquerque Girls Reintegration Center
- AOC - Administrative Office of the Courts
- BCBSNM - Blue Cross Blue Shield NM
- BHS - Behavioral Health Services
- BHSD - Behavioral Health Services Division
- CANS - Child and Adolescent Needs and Strengths Screening
- CAQ - Cultural Assessment Questionnaire
- CASA - Court Appointed Special Advocates Volunteer
- CAT - Crisis Assessment Tool
- CBHC - Community Behavioral Health Clinician
- CCA - Children's Court Attorneys
- CCP - Comprehensive Care Plan
- CCSS - Comprehensive Community Support Services
- CFPSW - Family Peer Support Worker
- CFT - Child and Family Team
- CISC - Child in State Custody
- CMS - Centers for Medicare and Medicaid Services
- CN - Co-Neutrals
- CNA - Comprehensive Needs Assessment
- CPSW - Peer Support Worker
- CSI - Cultural Strengths Inquiry
- CSVANW - Coalition to Stop Violence Against Native Women
- CWG - Child Welfare Policy and Practice Group
- CWLA - Child Welfare League of America
- CY#### - Calendar Year (the year)
- CYFD - Children Youth and Families Department
- DBT - Dialectical Behavior Therapy
- DRNM - Disability Rights New Mexico
- DVP - Data Validation Plan
- EBP - Evidence-based Practices
- EMDR - Eye Movement Desensitization and Reprocessing
- ENIPC - Eight Northern Indian Pueblos Council
- ENMU - Eastern New Mexico University
- EPSDT - Early and Periodic Screening, Diagnosis and Treatment
- FACTS - Family Automated Client Tracking Systems
- FFSPA - Family First Prevention Services Act
- FFT - Functional Family Therapy
- FMAP - Federal Medical Assistance Percentage
- FPSS - Family Peer Support Services
- FSA or Agreement - Final Settlement Agreement
- FY## - Fiscal Year (the year)
- GAL - Guardian ad litem
- HB - House Bill
- HFW - High-Fidelity Wraparound
- HRA - Health Risk Assessment
- HSD - Human Service Department
- IAD - Indian Affairs Department
- ICC - Intensive Care Coordination
- ICPC - Interstate Compact on the Placement of Children
- ICWA - Indian Child Welfare Act





- IFPA - Indian Family Protection Act
- IHS - Indian Health Services
- IPP - Individualized Planning Process (previously IPM – Individualized Meeting Plan)
- IRP - Individualized Retention Plan
- IRTP - Individualized Recruitment and Training Plans
- IT - Implementation Target
- JCR - Joint Clinical Review
- JCRAT - Joint Clinical Review Audit Tool
- JJS - Juvenile Justice Services
- JPA - Joint Power Agreement
- JPO - Juvenile Probation Officer
- LOD - Letter of Direction
- LUVYA NM - Leaders Uniting Voices Youth Advocates of NM
- MAC - Medicaid Advisory Committee
- MAD - Medical Assistance Division
- MCO - Managed Care Organization
- MFD - Memorandum for Decision
- MMISR - Medicaid Management Information System Replacement
- MOU - Memorandum of Understanding
- MST - Multi-systemic Therapy
- NAMAB - Native American Member Advisory Board
- NADLC - Native American Disability Law Center
- NASC - Native American Sub-Committee
- NATAC - Native American Technical Advisory Committee
- NMCBBHP - New Mexico Credentialing Board for Behavioral Health Professionals
- NICWA - National Indian Child Welfare Association
- NM - New Mexico
- NM BHC - New Mexico Behavioral Health Collaborative
- NMAC - New Mexico Administrative Code
- NMCAL - New Mexico Crisis and Access Line
- NM DOH - New Mexico Department of Health
- NM HFW - New Mexico High Fidelity Wraparound
- NMHU - New Mexico Highlands University
- NM OPRE - New Mexico Office of Peer Recovery and Engagement
- NMSU - New Mexico State University
- NMSU COI - New Mexico State University Center of Innovation
- NMTBHPA - New Mexico Tribal Behavioral Health Providers Association
- NMTIC - New Mexico Tribal Indian Child Welfare Consortium
- OCR - Office Children's Rights
- OIG - Office of the Inspector General
- OOPP - Out-of-Preference Placements
- OOS - Out of State
- OTA - Office of Tribal Affairs
- PAR - Placement and Adoption Resource Bureau
- PCCM - Primary Care Case Management Programs
- PHP - Presbyterian Health Plan
- PIG - Program Instruction Guideline
- PPW - Permanency Planning Worker



- PSD or PS - Protective Services Division
- QAIEP - Quality Assurance, Improvement, and Evaluation Plan
- QM - Quality Management
- RAFT - Relative, Adoption, and Foster Training
- RFA - Request for Application
- RFP - Request for Proposals
- RTC - Residential Treatment Center
- SAMHSA - Substance Abuse and Mental Health Services Administration
- SI - Systems Integration
- SB - Senate Bill
- SED - Serious Emotional Disturbance
- SMI - Serious Mental Illness
- T4T - Train the Trainer
- TANF - Temporary Assistance for Needy Families
- TFC - Treatment Foster Care
- TF-CBT - Trauma Focused Cognitive Behavioral Therapy
- TO - Target Outcome
- TSJC - NM Tribal-State Judicial Consortium
- UNM - University of New Mexico
- UP - Unified Portal
- WDB - Workforce Development Bureau
- WNMU - Western New Mexico University
- WSCC - Western Sky Community Care
- YPSS - Youth Peer Support Services



## Appendix A

### Appendix A - Implementation and Target Outcome 1.1 - CAT/CANS

**CYFD, with input and collaboration from HSD, will establish Child and Adolescent Needs and Strengths (“CANS”) and functional trauma assessment criteria for access to intensive home-based services in consultation with clinical experts agreed upon by Defendants and Plaintiffs. The criteria will aim to help CYFD, stakeholders, and providers identify children and youth for whom intensive home-based services are medically necessary and will include but not be limited to consideration of Serious Emotional Disturbance (SED) criteria, CANS, and functional trauma assessment screening. CYFD and HSD will revise SED criteria to clarify that removal from home is not a requirement to access these services.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals assess the State has met the Performance Standard for the IT 1.1. (Approved by Co-Neutrals (CN’s) last reporting period)*

#### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith efforts to achieve substantial and sustained progress in this area. The Children, Youth and Families Department (CYFD) and Behavioral Health Services Department (BHSD) submitted the final New Mexico Children Adolescent Needs Strengths (CANS) and Crisis Assessment Tool (CAT) and supporting materials on December 1, 2020, and subsequently made adjustments to the tools, which were finalized in February 2021.

The Joint CYFD and BHSD CAT/CANS team continued to work with the Praed Foundation and Falling Colors to develop Decision Support Models to address the functional assessment, foster care levels, and evidence-based practices that guide services based on the child’s identified needs and strengths. The Praed Foundation completed development and testing of the Decision Support Models in August 2021. Fallings Colors then built the models into the CANS and CAT for delivery to the live portal in October 2021. After a two-month testing period, Falling Colors and Praed Foundation completed adjustments to the Decision Support Models by the end of December 2021.



The CANS team worked with Praed Foundation and the New Mexico State University Center of Innovation to schedule “Train the Trainers” to develop mixed training teams throughout CYFD.

- The first cohort produced 25 community-based and internal CYFD trainers in August 2021.
- A second trainer session, held in December 2021, produced an additional 25 trainers in the community and within CYFD.
- The CANS team met with the Praed Foundation on June 1, 2022, to schedule Train the Trainers during State Fiscal Year 2023 to train additional community-based (High Fidelity Wraparound providers) and CYFD trainers.
  - The proposed dates for the Train the Trainer is August 16-17, 2022.
- Additional training will be set up to incorporate Managed Care Organizations (MCO) identified staff so they have internal trainers to train care coordinators to understand and utilize the CANS and CAT.
  - Training is scheduled for August 23-24, 2022.

An initial [Program Instruction Guidance \(PIG\)](#) was administered to the Protective Services (PS) offices on December 1, 2021, to give direction to staff on time frames for completing the CAT and CANS, as well as instruction on who and how to share the CANS and CAT with the courts, MCO Care Coordinators, and providers working with the individual. The related PIG has undergone multiple reviews and is in the final stages of approval for redistribution and staff training.

As of July 15, 2022, there are 513 individuals trained and certified in CANS/CAT in CYFD. Twenty-seven (27) trainings have taken place since October 2021. Training continues to occur twice a month for new CANS/CAT certification and recertify users. All new PS employees receive the CANS/CAT training through the onboarding New Employee Training (NET).

## DVP Metric - Appendix A - Target Outcome 1.1

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 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.

### **Calculation Results**

*After discussions between the State, the State’s data partners, and the Co-Neutrals, it was concluded that the methodology, as written in the DVP, wouldn’t produce a meaningful metric.*



*This metric, and its methodology, will be reviewed by said stakeholders so that a more meaningful metric may be included in future reports.*

### **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.

#### ***Calculation Results***

*After discussions between the State, the State's data partners, and the Co-Neutrals, it was concluded that the methodology, as written in the DVP, wouldn't produce a meaningful metric. This metric, and its methodology, will be reviewed by said stakeholders so that a more meaningful metric may be included in future reports.*

### **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.

#### ***Calculation Results***

2021: 0% (0/85)

### **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.

#### ***Calculation Results***

2021: 0% (0/40)

## **Exhibits**

[A1 - TO 1.2 - PIG submitted to CN's 7-15-2022](#)



## Appendix A - Target Outcome 1.2 a-c - CAT/CANS

### Appendix A - Target Outcome 1.2

**Every child in state custody will receive screenings using the CANS-CAT and comprehensive CANS 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**

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith progress in this area. However, the source of data through a secure Survey Monkey link within the Family Automated Client Tracking Systems (FACTS) casefile has not yet been activated due to the CANS-CAT data collection still being coded in the system.. The estimated date of completion is September 30, 2022. Therefore our ability to document required screenings, time frames and metrics associated will be demonstrated shortly after that time. The data will allow for further evaluation of the implementation and help us determine any limitations regarding capacity, training and certification, and timely utilization of the CAT/CANS by CYFD staff.

### Appendix A - Target Outcome 1a

**Results of initial screening using the CANS-CAT will be filed with the court no less than 24hr/1 business day before the child's ten-day hearing.**

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The baseline for the CAT at this time is zero. Given that implementation began on December 1, 2021, Falling Colors is analyzing the December 2021 CAT data to ensure accuracy. Our team will work with Falling Colors, where the CAT/CANS portal resides, to get monthly dashboards to review and monitor progress.

### DVP Metric - Appendix A - Target Outcome 1a

Results of initial screening using the CAT will be filed with the court no less than 24 hours before a 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.

***Calculation Results***

2021: 2.7% (1/37)

**Appendix A - Target Outcome 1b**

**CANS Trauma Screening 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 screening.**

**CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 20**

The new CANS 0-20 was launched in December 2021 with a baseline report of zero. As data is collected through the DVP we will be able to track and trend any barriers to implementation. Given the metric of the 45-day criteria (December 2021 is 31 days), by definition, the threshold was not met for that month.

**DVP Metric - Appendix A - Target Outcome 1b**

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.

***Calculation Results***

2021: 1.79% (12/669)



### **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.

#### **Calculation Results**

The results of this metric could not be calculated for 2021 as the mechanism for reporting referral information is still being coded in the FACTS system.

### **Appendix A - Target Outcome 1c**

**CYFD will conduct any follow-up screening immediately where possible and within ten days of indication otherwise; any child discharged from CYFD custody before follow-up screenings are conducted will be provided a referral for them.**

### **CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022**

At this time there is no data available as it is dependent on the development and launch of the survey monkey that will be embedded in the CYFD FACTS casefile. This survey will allow the Child Protective Services workers to document what services are referred to and when they began.

### **DVP Metric - Appendix A - Target Outcome 1c**

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.

#### **Calculation Results**

The results of this metric could not be calculated for 2021 as the mechanism for reporting referral information is still being coded in the FACTS system.



***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.

***Calculation Results***

2019: 50.95% (431/846)

2020: 49.94% (422/845)

2021: 44.63% (328/735)

## Appendix A - Implementation Target 2.1 - Trauma Response Training Plan

**Trauma-Responsive Training and Coaching Plan.** CYFD and HSD will create a cross-departmental Trauma-Responsive Training and Coaching Plan that describes in writing a plan and process for providing mandatory, high-quality trauma-responsive training to all CYFD employees, Designated HSD Employees and employees of child-serving agencies that contract with CYFD or HSD to provide care to Children in State Custody. Training will address the impact of trauma including its neurodevelopmental effects, implementing and accessing trauma-responsive supports and services, and secondary trauma. Training will comply with professional standards and best practices in adult education, including by being case-based and interactive, and including an assessment component to measure effectiveness. Trauma-responsive training will consist of initial or pre-service training as well as consistent, ongoing in-service training, mentoring, coaching, and support. The Trauma-Responsive Training and Coaching Plan will also provide for mandatory trauma-responsive training for Resource Families and optional trauma-responsive training for Respondents. Training for Resource Families and Respondents will be accessible both online and in person, and CYFD will provide childcare during any in-person sessions if needed. Notice of training shall be provided to Resource Families and Respondents reasonably in advance of any scheduled training, and no less than 14 days in advance of any scheduled training. Notices will state that childcare will be provided and that requests for childcare must be received 48 hours prior to the training, or a lesser number of hours determined by CYFD and/or HSD. The written plan will include identification of the training program or materials to be used and the number of hours of



**training to be received by each category of trainee. The trauma-responsive training and coaching described in the plan must be sufficient to allow the Departments to meet their obligations under this Agreement. The Co-Neutrals must approve the Trauma-Responsive Training and Coaching Plan.**

## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has begun efforts toward this IT; a period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals report.*

## CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

The State continues to make good faith progress in this area. Through collaboration between the Children, Youth, and Families Department (CYFD) Behavioral Health Services (BHS) and Workforce Development Bureau (WDB), and the Behavioral Health Services Division (BHSD) and Medical Assistance Division (MAD) within the Human Services Department (HSD), the State has made significant progress in ensuring the availability of trauma-responsive training to all categories of stakeholders named in the Settlement. Significantly, we are in the final stages of the first round of training for trainers using the curriculum developed for the State by Dr. Bobbi Beale, Co-Director of the Begun Center for Violence Prevention, Research, and Education at Case Western Reserve University. All supervisory staff of BHSD are going through this training, in person at BHSD, on June 7, 2022. This training has achieved the conclusion of this phase. The State has made the curriculum developed by Dr. Beale available to the Co-Neutrals.

In addition, CYFD and HSD have created a Cross-Departmental Training Review Committee composed of representatives from CYFD-BHS, WDB and Office of Tribal Affairs (OTA), and HSD's BHSD Training Team. Members of the Committee provide expertise in best-practice trauma treatment for children and families involved with child welfare. They also understand supervision models and professional development that support culturally aligned trauma-responsive practices. The Committee is charged with ensuring that ongoing training in trauma-responsive approaches to providing care reflects the current state of the art and science in this field on an ongoing basis, rather than approaching this task as a 'one and done' task.

The Committee, working under the direction of Danielle Cossett, Director of CYFD-BHS, has met weekly since May 12, 2022. On May 23, 2022, they delivered a Memo to CYFD contractors outlining the requirement to deliver trauma-responsive training to their staff. The memo is attached as [Exhibit A IT 2.1 Trauma Training Notification Memo-05.23.2022](#)



These developments are reflected in the deliverable provided to the Co-Neutrals on April 15, 2022, which was a complete re-working of the deliverable previously provided ([Exhibit App A IT 2.1 Trauma Training FINAL](#)). This occurred after the departure from both CYFD and BHSD of the leadership associated with this deliverable and by a subsequent review of the project by the Directors of BHSD and CYFD-BHS, who were tasked with reworking earlier versions.

The BHSD Training Team was created in April 2022, under the direction of Deputy Director Renee Edwards; Nick Palmisano, the Provider Outreach Coordinator; and Mark Garnand, the Medication Assisted Treatment Coordinator. All of these members have extensive backgrounds in providing training and will be instrumental in continued provider trainings.

Much of 2021 was dedicated to Dr. Beale delivering a series of trauma-responsive “training the trainer” events to Medicaid MCOs, BHSD, and CYFD staff. Please see [Exhibit A TI 2.1 FY22 Training Workshops Schedule Beale](#)—which provides a summary of all the trainings, including the number of participants, delivered between May 2021 and June 2022.

## DVP Metric - 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.

### ***Calculation Results***

Medicaid and STAR does not currently have service codes to denote DBT, TI-CBT, or EMDR. This is a secondary metric for a commitment not due until 2022.



***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.

***Calculation Results***

2019: 175

2020: 196

2021: 144

## **Appendix A - Target Outcome 3a - Delivery of Trauma Responsive Training**

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 the training identified in the Trauma-Responsive Training and Coaching Plan, and all Respondents will be offered that training. As noted above, the State has already begun implementation of the training provided by Dr. Beale. BHSD will complete training of all supervisory staff in June 2022. Training of all new hires, and annual updates, as well as coaching for BHSD staff will be provided under the direction of the BHSD Training Team.

## **Appendix A - Target Outcome 3b - Competency and Reporting of Trauma Responsive Training**

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-responsive training.**

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

The State continues to make good faith progress in this area. On June 6, 2022, the state provided responses to the Co-Neutral's feedback regarding State's May 2, 2022 submission.

#### Next Steps:

Continue with implementation of Trauma-Responsive Training as approved.

#### Exhibits

[A2 - IT 2.1 - Trauma Training Notification Memo-05.23.2022](#)

[A3 - IT 2.1 - Trauma Training FINAL](#)

[A4 - IT 2.1 - Trauma Training FINAL - 05.02.22 - CN Comments 6.6.22](#)

[A5 - IT 2.1 - FY22 Training Workshops Schedule Beale](#)

[A6 - IT 2.1 - State Response to Co-Neutral's 6.6.22 Regarding State's 5.2.22 Submission](#)

## Appendix A - Target Outcome 4.1 - Individualized Planning Process (IPP)

Subject to approval by the Co-Neutrals, **CYFD and HSD will develop and implement a process (the Individualized Planning Meeting Plan) for convening an Individualized Planning Meeting team for making decisions and for delivering services and supports for each Child in State Custody. The Individualized Planning Meeting process shall be informed by Child and Family Teaming (CFT), collaborative decision-making, and High Fidelity Wraparound models, and shall prioritize the child's voice and choice. The process shall also be strengths-based, connected to natural supports, and respectful of the child's family and unique cultural heritage. The Co-Neutrals shall not withhold approval of the Individualized Planning Meeting Plan if it is reasonably calculated to achieve the Goals of this Agreement. The Individualized Planning Meeting Plan will be completed and approved by December 1, 2020,<sup>79</sup> and fully implemented by December 1, 2022. (App. A, TO 4.1) (June 1, 2021)**





## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has made substantial and sustained progress on the “Individualized Planning Meetings” plan. The State provided an initial draft of its plan to move toward Individualized Planning Meetings to the Co-Neutrals for review on March 31, 2021, and timely submitted its completed plan on June 2, 2021. The State is working in collaboration with Child Welfare Policy and Practice Group (CWG) and is on target for full implementation by December 2022, the FSA date for implementation.*

## CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

The State continues to make good faith progress in this area, and has continued the process of implementing the Individualized Planning Process (IPP) approach. The State has worked with the Child Welfare Group (CWG) to conduct focus groups, training of champions, provided a Train-the-Trainer training, trained and coached staff in the Southern part of the state to include Juvenile Justice, Behavioral Health and Protective Service Managers. Session information is below. The training process includes a three-day training and a minimum of two coaching sessions. Coaching sessions have started with staff, using the IPP approach for children in out-of- state placement.

### Focus Groups

A series of six focus groups were held with Protective Services Division (PSD) caseworkers and supervisors during December 2021. Their purpose was to elicit information on how family teaming has been used and experienced in PSD and what that implies for the implementation of the IPP approach. Caseworkers and supervisors were grouped separately for the sessions which were held virtually.

There were six sessions attended by a total of 36 supervisors and 54 caseworkers representing the five PSD regions. A thematic analysis of the discussions yielded common findings concerning strengths and challenges across regions.

It was also noted that participants overwhelmingly endorsed the use of a team facilitator who was not involved in working with the family. Many commented on the large number of professional participants who commonly attend team meetings as compared to the relatively few relatives or informal supports for families. Many staff also expressed the need and desire to develop better skills in family engagement. The development of enhanced engagement skills will be important in helping staff embrace the benefits of the new model.



## Practice Champions

CYFD selected 23 individuals to serve as “Practice Champions” who will ultimately assume responsibility for training, coaching, and supporting the implementation of IPP and sustaining the model within the agency. Two virtual sessions were held simultaneously during the period from November 16 through 18, 2021, to provide training for these staff.

## Training

To date there have been seven three-day training sessions for CYFD staff, with a total of 114 individuals participating. All sessions have been virtual and have included county office managers, supervisors, and lead workers in Regions 4 and 5.

On-site training began in Region 3 on May 24, 2022, while virtual trainings of caseworkers will continue in Regions 4 and 5.

List of Dates and attendees:

- February 2022: 8 sessions including 11 CYFD staff;
- March 2022: 10 sessions including 20 CYFD staff;
- April 2022: 37 sessions including 22 CYFD staff;
- May 20, 2022: 48 sessions including 93 CYFD staff;
- May 26, 2022: 17 CYFD staff;
- June 2022: 37 CYFD staff; and
- July 2022: 36 CYFD staff.

## Coaching

The CWG family teaming model, known in New Mexico as the IPP, requires that team facilitator candidates participate in a coaching process in which CWG consultants demonstrate the steps of the IPP with children, families, and their respective teams in active CYFD cases. Trainees then perform the steps themselves with observation and support from the CWG consultant. The process concludes when a written mutual assessment indicates that the trainee has performed competently in all required areas. The process may be completed in two cases but sometimes requires further repetition. Trainees are often able to observe the process in several cases in which they are involved even if not being coached as the facilitator.

As teaming preparation is designed, coaching begins shortly after the completion of training. It should be noted that, prior to May, coaching was done virtually. In May 2022, CWG consultants began working on-site in several counties, enabling a ramping up of the number of sessions and staff involved. While some virtual coaching will continue, it is anticipated that onsite support will become the norm in the months ahead. Total coaching sessions conducted include 103 through June of 2022 for 249 staff members. On July 13 we also conducted a private training session for Presbyterian at their request which included 622 attendees.



Individual sessions focus on case record review, preparation of the family and other team members for participation in the planning meeting, and facilitation of the meeting itself. They range from about one to as many as four hours in length depending upon the activity being coached and the number of individuals involved.

### Informational Meetings and Overview Presentations

Sessions have been held to acquaint CYFD staff at all levels and external stakeholders with the IPP Model and to allow opportunities for input into issues affecting implementation. Initially, these sessions were directed within CYFD. Sessions for stakeholders have been held more recently and are scheduled during the coming months. Meetings held to date include the following:

- Children’s Court Attorneys, paralegals – 7/6/21
- CYFD/PSD Regional Managers – 8/10/21
- Office of Tribal Affairs – 8/18/21
- PSD Region 4 County Office Managers – 8/31/21
- PSD regional and county leadership statewide – 9/16/21
- Tribal representatives – 9/20/21
- PSD Region 3 regional and county leaders – 11/10/21
- PSD Region 1 regional and county leaders – 11/12/21
- PSD caseworkers and supervisors assigned to children in facilities out of state – 11/22/21
- IPP implementation status meeting with PSD regions and counties – 1/10/22
- PSD deputies, regional directors, and county office managers – 1/20/22
- PSD Regions 4 and 5 directors and county office managers – 1/26/22
- Announcement of IPP launch in PSD Regions and 4 and 5 and related Juvenile Justice and Children’s Behavioral Health offices – 2/3/22
- Office of Tribal Affairs – 2/8/22
- Resource families, Lea County – 3/31/22
- IPP overview for judges, attorneys, and advocates, Regions 4 and 5 – 5/13/22
- IPP overview for judges, attorneys, and advocates, Regions 4 and 5 – 5/20/22
- Managed Care Organizations and HSD has the following training scheduled for the months of June, July, and August of 2022. June 1 at 3pm
  - June 14 at 3pm
  - July 12 at 3pm
  - July 20 at 3pm
  - August 9 at 3pm
  - August 23 at 3pm



On July 13 we also conducted a private Overview of IPP for Presbyterian at their request which included 622 attendees. An additional 220 MCO staff that were trained in June and July. Slides will be shared with MCOs for them to train their staff in the future.

## Steering Committee

The IPP steering meets monthly to monitor the implementation progress, share information, and assist in providing direction. The Steering committee includes HSD staff and CYFD Staff (Behavioral Health, Protective Services, and Juvenile Justice). A strategy meeting was held on June 3, 2022, with leadership from JJ, PS, and BH. The group identified Practice champions who will continue their coaching and training to provide coaching and training for the remaining regions in the state (1, 2, and 3) for JJ, PS, and BH staff.

## Meetings with the Child Welfare Policy and Practice Group (CWG)

CWG meets weekly with the co-leads: Annamarie Luna and Joy Weathers.

CWG began meeting weekly on May 5, 2022, with the PS Deputy Directors to discuss training and coaching for the PS staff.

## Calendar

The Implementation Calendar is summarized below and has been updated. CWG and the Steering Committee determined that a regional rollout of training for PS, JJ, and BHS staff is the most efficient manner to meet this deliverable.

Dates of activities	Activity
3/22/2021	Contract completed and work begins with CWG
06/01/2021	Review of policy and procedures and begin curriculum crosswalk
06/23/2021	Overview of IPP for teaming meetings to HSD and CYFD leadership
07/01/2021	Begin crosswalk with other models used in Protective Services (Structured Decision Making and Family Connections)
9/30/2021	Curriculum and crosswalk of models complete
11/1/2021	Training starts for Practice Champions- 24 identified staff (three-month process).
02/02/2022	Training and coaching of supervisors to become facilitators of the IPP meeting(s)
06/01/2022-11/01/2022	Training of casework staff, MCOs, Providers, Community and MCOs and HSD.



	<p>A phased in approach will begin in March of 2022. All JJ, PS and BH Supervisors and some caseworkers in Regions 4 and 5 will be trained on the IPP. Coaching will take place after training and congregate care placements will be the first cohort.</p> <p>Region 3 JJ, PS and BH Supervisors training will take place in June, July and August 2022.</p> <p>Regions 1 and 2 JJ, PS and BH Supervisors will take place in October and November 2022.</p> <p>Catch-up trainings will occur each month virtually.</p> <p>While training for JJ, Juvenile Probation Officer (JPO) and CBHC supervisors and some caseworkers is occurring all, Court Appointed Special Advocates Volunteer (CASAs), providers, Children's Court Attorneys (CCAs), legal community, and resource parents will receive a 90-minute training on participating in an IPP.</p> <p>All Staff not trained in facilitation will receive more extensive training focused on family engagement, communicating with families regarding the IPP approach, participation in the IPP meeting and partnering with the Supervisor.</p> <p>MCOs and HSD will be trained in the summer of 2022 with makeup training offered for other interested parties.</p>
12/01/2022	<p>The roll out of the IPP approach will be completed by Dec 1, 2022, and implementation will begin on all new cases as well as all:</p> <ul style="list-style-type: none"> <li>● Out of state placements</li> <li>● Shelter Care placements</li> <li>● Group Home, RTC, QRTP and Acute Settings (medical necessity)</li> <li>● Pregnant and Parenting Homes, Safe Homes for Victims of sex trafficking, Transitional Living Homes and Community Homes</li> <li>● Every 90 days for children in state's custody.</li> <li>● Change of Placements</li> </ul>

### Additional information

- The State plans to begin working on revising its procedures to include IPP and issue guidance in late November 2022.



- The State plans to revise procedures for Family-Centered Meetings, which are usually conducted within 48 hours of custody, to include IPP principles but not the full IPP approach. We plan to finish this by June 2023.
- The State plans to finalize the fidelity tool by December 2022. This tool will be used to provide a quality assurance review of IPPs by the Research Assessment and Data team.

## Areas of Concern: Contributing Factors and Activities to Resolve

The biggest challenge we face in the Implementation of the IPP (training and coaching) is the number of staff vacancies in Protective Services and Behavioral Health. PS staff are generally able to attend the three-day training. Two coaching sessions are then required for staff to facilitate meetings. Staff report time constraints to scheduling the coaching staffings. CWG has started coaching sessions in person, which has helped, as they are on-site and therefore leadership can more easily provide coverage. However, other responsibilities for the staff can feel like higher priorities. The Steering Committee discussed this issue on June 3, 2022, and will work to ensure supervisors provide coverage to allow staff time to participate. The Steering Committee also agreed the prioritization of coaching will be directed at addressing: 1) children placed out-of-state; 2) children placed in congregate care; and 3) use of the IPP approach during 90-day staffings.

## Exhibits

[A7 - TO 4.1 - IPP Participant Manual](#)

[A8 - TO 4.1 - Parent Orientation Brochure](#)

## Appendix A - Target Outcome 5.1 - Quality Assurance, Improvement, and Evaluation Plan (QAIEP)

**CYFD and HSD will create and implement a Quality Assurance, Improvement, and Evaluation Plan, including quality management tools and measures to be used for reporting on CYFD and HSD's capacity to meet the needs of Children in State Custody, including measures for reporting on providing and improving quality of care, collaborating across Departments, and for providing transparency and accountability.**

**The Plan will include: consistent definitions and terms across CYFD and HSD, data exchange and matching across CYFD and HSD, clarification of existing measures and indicators, self-assessments, metrics as indicators of system performance (including process**



indicators, client outcomes, and system impact), a continuous quality improvement process that provides information in real-time to decision-makers, and a process for responding to findings from the Plan. CYFD will develop a meaningful quality assurance process to ensure that training, policy, and procedure is being properly utilized and integrated into daily processes. The Co-Neutrals must approve the Quality Assurance, Improvement, and Evaluation Plan. CYFD and HSD will develop the Quality Assurance, Improvement, and Evaluation Plan by [May 31, 2021] and fully implement it by December 1, 2021.

## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has begun efforts toward this IT; a period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

## CYFD & HSD Actions Taken Between January 1, 2021, and July 15, 2022

The State continues to make good faith progress in this area. CYFD and HSD finalized our Quality Assurance, Improvement, and Evaluation Plan (QAIEP), which focuses on children in state custody (CISC). It was submitted to the Co-Neutrals for approval on May 13, 2022. The CN's responded on June 7, 2022, and a meeting to discuss the issues was held on July 15, 2022. Their feedback will be integrated into the revised deliverable and resubmitted on August 15, 2022. Our QAIEP requires coordination between the two departments and includes:

- A conceptual framework for quality improvement;
- The processes, tools, and measures that will assure high-quality accomplishments;
- Identification of areas and actions for ongoing improvement;
- A continuous quality improvement process that provides information in real-time to decision-makers and supports organizational cultures of learning and practice improvement; and
- A process for developing future recommendations.

The QAIEP Steering Committee developed, reviewed, and adjusted the QAIEP during the reporting period based on feedback from CYFD and HSD Executive Leadership, and Appendix and Team Leads. Revisions to the QAIEP include the following:

- Organization of the outcomes within three fundamental child welfare system outcome categories: Safety, Permanency, and Well-being;
- Restructure of the QAIEP into two distinct components:





- Part One: Quality Management Program (QM Program) sets out an organizational structure for cross-departmental quality assurance, improvement, and evaluation work.
- Part Two: Quality Framework sets forth the values and principles, expectations for practice as embodied in the New Mexico (NM) Practice Model, and desired outcomes for the system that are to be tracked across practice points;
- Finalization of and consistent reference of the term “NM Practice Model.” Because the term “Practice Model” was previously referenced in varying manners across multiple deliverables, CYFD and HSD finalized the NM Practice Model in September 2021, which is now used consistently across Department processes for CISC;
- Adjustments to the QAIEP Organizational Structure that are reflective of the data gathering and reporting structure of CYFD and HSD teams to ensure effective communication;
- Clarification of the Child and Family Service Review implementation plan, use of the On-Site Review Instrument (OSRI) tool which reviews Safety, Permanency and Well-being outcomes. Additional information was included to clarify the sample determination process;
- Clarification of the use of the Quality Service Review (QSR) tool beginning with implementation with High-Fidelity Wraparound (HFW) providers and expanding into other children’s behavioral health providers as capacity is established and sustained. Implementation of QSR includes the finalization of the QSR combined protocol between CYFD and HSD completed in November 2021.
- Revision of the Action Plan with updated dates, responsible parties, and action items.
- Completion of a crosswalk between the QAIEP Outcome Data Matrix and the Data Validation Plan (DVP) to ensure alignment of language of qualitative metrics.

## CYFD & HSD Actions Taken Between January 1, 2021, and July 15, 2022

The State continues to make good faith progress in this area.

- The QAIEP Steering Committee will re-submit the revised deliverable by August 15, 2022.



### The QAIEP Steering Committee's next steps include the following:

- Updating QAIEP Steering Committee membership with newly obtained positions within CYFD (these positions will be open for hire following the current hiring freeze ending July 29, 2022).
- Finalization of the Continuous Quality Improvement (CQI) Committee membership and processes for updating, completing, and overseeing the indicators and related metrics on the Outcome Data Matrix. The Outcome Data Matrix serves as the foundation for QAIEP implementation and is considered a “living document” that will continue to evolve as information is gathered and analyzed annually, in collaboration with the Data and DVP Team.
- Ongoing implementation of the QAIEP using a continuous learning and improvement process using the Plan-Do-Check- Act (PDCA) Model.

### Exhibits

None.



## Appendix B

### Appendix B - Implementation Target 1.1 - Improvement of Resource Home Recruitment & Retention

**CYFD and HSD will develop a plan to (1) increase recruitment and retention of culturally reflective, community-based placements, with a focus on maximizing family supports and serving rural areas and difficult-to-place populations and (2) ensure that children in out-of-home care remain in stable placement and educational settings to the maximum extent feasible and that any change in placement is made in the best interests of the child and consistent with achieving the child's permanency goals.**

#### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals received an updated draft of the Plan on September 1, 2021, which requires more specificity and further clarification to achieve the purposes described in the IT [The Co-Neutrals provided feedback to the State on the revised material on October 6, 2021.]. The State has begun efforts toward this IT; a period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

#### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

CYFD's greatest and most valuable resource for the safe placement of children and youth are familial settings within the communities that are familiar to them. The culture of children and youth is a vital aspect of appropriate and healthy placement. Creating a robust system of culturally and geographically diverse resource families who are highly trained and supported is critical to serving the best interests of children and youth in our care. We recognize that to do so, we must make consistently diligent efforts to retain those resource families and to proactively recruit others.

CYFD and HSD are continuing to make good faith efforts to actively increase recruitment and retention of culturally reflective, community-based placements. Our strategy focuses on recruiting families that can maintain cultural connections and that meet geographical needs for placement of children in urban, rural, and super-rural (sometimes referred to as "frontier") areas of New Mexico. These efforts will enable us to build a system that supports stability in



placements for children and youth in care. The plan emphasizes supporting the growth, success, and maintenance of resource families as means to retain them.

## Retention

### *Point-in-Time Surveys*

CYFD has developed and implemented Point-in-Time Surveys to collect data that began in March 2022, and will continue to be used in various recruitment and retention efforts, including for county-based recruitment teams, CYFD staff coaching, and program development. As the data and information is collected quarterly, this will assist CYFD and HSD ensure that we can gauge shifts in satisfaction and identify areas that need improvement.

The surveys are sent to resource families on a quarterly basis (March, June, September, December) by the Placement and Adoption Resource Bureau (PAR Bureau), via the BINTI system. The surveys are also provided by U.S. mail to families who do not have an email address. The PAR Bureau is currently tabulating the results of these surveys and will compare them with the June surveys to identify the first set of trends in families' responses. The data is being compiled and will be reported by August 15, 2022.

As noted above, the surveys were distributed electronically and by postal mail in March and June 2022 and will continue to be sent on an ongoing basis, to the following three groups:

- Applicants who are going through the licensing process
- Licensed Resource Homes
- Resource Families who have closed out their license

For each group, the data will focus on the following areas:

#### **Applicants who are going through the licensing process:**

- Type of licensed family (relative or non-relative);
- Tribal affiliation;
- Access to technology;
- Success in using the BINTI portal;
- Length of time towards licensure;
- Experience in using the online portal compared to the paper process of licensure;
- Length of time between submitting an inquiry and being contacted by CYFD staff;
- Level of explanation about the licensing process; and



- Whether topics of role of a resource parent, licensing process, training opportunities, special needs of children in foster care were discussed with applicant.

#### **Licensed resource homes:**

- Licensing process;
- Training process;
- Reason for being licensed;
- Placement concerns;
- Communication with CYFD;
- Role fulfillment;
- Placement disruption and support through process; and
- Well-being.

#### **Resource families who have closed out their license:**

- Length of time licensed;
- Motivation to be licensed;
- Reason for closing out license;
- Resource parent's confidence in being able to meet the role of resource parent;
- Level of support by CYFD to meet the needs of placements;
- Effectiveness of training plans and retention plans;
- Communication satisfaction with CYFD;
- Relationship with CYFD workers, supervisors, and managers; and
- Relationship with other partners, court appointed special advocates, guardian ad litem, community providers.

#### *Individualized Recruitment and Training Plans*

CYFD has developed and implemented Individualized Recruitment and Training Plans (IRTPs) for licensed resource families. These trainings focus the overall IRTP process and emphasize collaboration between CYFD and Resource Families. CYFD staff continues to improve these plans with input of new and existing resource families.

Trainings on IRTP for both CYFD staff and Resource Families began in December 2020 and have been held on a regular basis since then. To date, all placement staff and supervisors have been trained on the IRTP and that training is included in training for all new staff. In July 2022, the IRTP training is fully incorporated into the new pre-service training for new resource parents, READi NM. This allows for all families to better understand the supports in place, as well as



begin collaborating with placement workers and their natural networks to create a support system prior to placements of children in their home.

CYFD is evaluating the effectiveness of the IRTP process through multiple means, including:

- In 2021-22, PAR Bureau and Workforce Development have held five listening sessions with CYFD staff to troubleshoot issues and to identify successes. Those listening sessions were held remotely through Zoom. The consensus from the sessions is that the process is well-received by resource families and has helped staff obtain better understanding of resource families' needs. Listening sessions for resource families are scheduled for September 2022.
- The PAR Bureau has integrated the IRTP into the internal quality assurance audits to ensure that IRTPs are being performed and correctly completed. [Qualitative reviews began in February 2021 and are being held monthly statewide.
- We have formulated and implemented procedures to ensure that Placement Workers and Placement Supervisors are regularly evaluating each of their assigned families' IRTPs through supervision, annual reviews, and recertification of families. Staff are educated on these procedures as part of the trainings identified above.

### *Support and Sustain Teams*

A key strategy in the IRTP process is to identify a “support and sustain team” for each resource parent. These support and sustain teams are designed to ensure that resource parents receive the support they need to provide safe and successful placement for children in custody. Each team consists of two CYFD staff (identified workers, supervisors, or managers) whom resource parents contact for additional supports. The teams are integrated into the IRTP tool.

As of January 2022, every new resource family is assigned a support and sustain team. Teams are being assigned to resource families who were licensed prior to January 2022 as they go through relicensing.

### *Resource Parent Handbook*

CYFD has created a [Resource Parent Handbook](#) to provide easily accessible information to our resource families and kinship caregivers. The [Resource Parent Handbook](#) contains:

- Frequently asked questions;
- Support in navigation of our complex child welfare system;



- Community resources to support resource parents;
- Definitions and acronyms of commonly used Protective Services Division terms; and
- Guidance on how to handle common situations that may arise while caring for children in CYFD custody.

The Resource Parent Handbook has been available statewide on CYFD's website since March 4, 2022.<sup>1</sup> In addition, a link to the Handbook was emailed to licensed and prospective resource families. Workers continue to provide hard copies to families upon request.

PSD staff reviews the Resource Parent Handbook with resource families and answers any questions and provides additional guidance to the family as needed. We have integrated reviewing the Handbook with families as part of the IRTP process into our regular practice to ensure families have continued access to this resource, are familiar with any updated material, and always have an opportunity to discuss the materials and ask questions. By reviewing the Resource Parent Handbook with resource families and encouraging open communication with our resource family partners, we are building strong partnerships.

The Resource Parent Handbook is updated regularly by the PAR Bureau Chief to ensure current and potential resource families have up-to-date information. To enhance cultural accessibility for resource parents, the Handbook has been translated in Spanish and Diné versions. Those versions will be available on the CYFD website by September 1, 2022.

### *Resource Family Pre-Service Training*

CYFD developed READi NM, a pre-service training curriculum to prepare new resource families for their invaluable role within the child welfare system. READi NM is an acronym for Resource, Engagement, Adaptability, Diversity, Initiative, New Mexico.

The curriculum is broken down into 11 modules that total approximately 24 hours in length. The modules are offered both virtually and in-person. The modules are:

- Module 1 Who Are Our Children and Families?
- Module 2 Reunification as The Role of The Resource Parent
- Module 3 Foundational Beliefs and Values of Foster Care
- Module 4 Child and Youth Identity and Family Connections
- Module 5 Care from A Place of Wholeness
- Module 6 Navigating Services for Children and Youth
- Module 7 Resource Parent Resilience and Self-Care

<sup>1</sup>The Resource Parent Handbook is available at: [https://cyfd.org/docs/Resource\\_Parent\\_Guide\\_Final\\_3\\_3\\_22.pdf](https://cyfd.org/docs/Resource_Parent_Guide_Final_3_3_22.pdf)





- Module 8 Supporting Transitions
- Module 9 Providing Unconditional Care
- Module 10 Trauma Informed Support
- Module 11 Trauma Responsive Discipline

The curriculum was developed with feedback from key stakeholders. Feedback was gathered through an on-going Pre-Service Curriculum Work Group, with members representing Legal Affairs, Placement, Regional Resource Family Navigators, Child Placement Agency Specialists, Fostering Connections Specialists, Foster Connections Youth Advocates, and Indian Child Welfare Act Specialists. We also obtained informative feedback through surveys and small focus groups. Gathering feedback from a diverse pool of stakeholders enabled us to develop a responsive and supportive Pre-Service Training for New Mexico's future Resource Parents.

The READi NM curriculum has been implemented through Train the Trainer (T4T) sessions provided to CYFD staff during the following timeframes:

- 01/26/2022-01/28/2022;
- 02/09/2022-02/11/2022; and
- 06/14/2022-06/17/2022.

CYFD discontinued the Relative, Adoption, and Foster Training (RAFT) curriculum on July 1, 2022, and replaced it with the [READi NM curriculum](#).

## Recruitment

### *Media and Messaging Plan*

CYFD has consulted with and engaged The Garrity Group, a public relations firm, to develop a comprehensive marketing communications strategy to promote resource family recruitment and retention. The Garrity Group met with Department staff in June 2022, including front-line navigators and stakeholders, to enable it to understand and address the issues CYFD faces with respect to recruitment and retention. The Group has devised a multi-media marketing strategy for recruitment and retention of resource families.

The scope of the Garrity Group's first phase of work is to implement the multi-media recruitment strategy. This will include:

- Consultation for high-level and critical messaging strategy related to Kevin S
- Create a brand message to guide foster/resource parent recruitment



- Develop a statewide plan to engage the current foster community and to raise awareness about the new brand and opportunities residents have to be a part of the foster/resource community.
- Adapt the existing “READi NM” program to complement the new brand’s value proposition.
- Identify outreach tools (i.e. website, speakers bureau, newsletters, marketing tool kit) to be a resource to members of the foster/resource community and those who are interested in learning more about it.
- Scheduling, coordination and logistics for internal meetings and related strategy discussions.

### *Pilot with New America Foundation and University of Chicago*

CYFD has been in partnership with the New America Foundation and University of Chicago, since Spring 2021, to develop and implement data-driven tactics to proactively recruit families, minimize placement changes, and support children remaining in their communities in supported homes. In collaboration with these institutions, we are developing a basic model of essential characteristics of resource homes for children who do not have available kinship placements.

The Foundation and University collected and analyzed data and issued their report in February 2022. This report identifies factors associated with adverse placements for children and youth, including sibling separations, group homes, and out-of-county placements. The data and analysis also identify five counties in need of higher recruitment resources: Lea County, Eddy County, San Miguel County, Doña Ana County, and Bernalillo County. [The February 2022 report is attached as an exhibit.](#)

Based on the initial data analysis, the New America Foundation and University of Chicago have proposed partnering with CYFD on multiple projects), at no cost to New Mexico. We are considering the proposal of The New America Foundation and University of Chicago and will determine what aspects of it to adopt by the end of 2022.

### *County Based Recruitment and Retention Teams*

CYFD formed a workgroup to redevelop the County-based Recruitment and Retention Team’s implementation process. This workgroup has met biweekly, since May, 2022

The workgroup is comprised of:

- CYFD’s Foster Care Recruitment and Retention Coach;
- Fostering Connections Workers;
- Regional Navigators from each Region;



- Tribal Partners;
- Youth Partners;
- Placement Specialists;
- Placement Workers;
- Placement Supervisors; and
- Permanency Planning Workers.

The workgroup's mission includes:

- Developing a Uniform Process for County-Based Recruitment and Retention Teams that can be used statewide;
- Identifying gaps and areas of improvement in County-Based Recruitment Team process and how we can improve the process;
- Ensuring we are connected as a state and that staff receives support in this area, including quality assurance of the plans;
- Ensuring we are working with tribal partners and other members of the community to not only develop the process, but to ensure that key stakeholders are a part of the teams developed in each of the counties;
- Ensuring there are set timelines and measurable goals;
- Ensuring that the new process engages all staff and management in recruitment efforts.

The workgroup will provide recommendations to PS Leadership from their assessments. Following such, the workgroup will provide training, support and information to all staff. If any changes are needed to procedures, a PIG will be created, reviewed and released.

## Exhibits

[B1 - IT 1.1 - Resource Parent Pre-Service Training Feedback Summary](#)

[B2 - IT 1.1 - 2021.02.01 Data Driven Recruitment Analysis](#)

[B3 - IT 1.1 - New Mexico Project Proposals](#)

[B4 - IT 1.1 - IRTP Form](#)

[B5 - IT 1.1 - New America Foundation and University of Chicago, February 2022 Report](#)

[B6 - IT 1.1 - READINM FacilitatorGuide\\_MatRes\\_06082022](#)

[B7- IT 1.1 - READINM ActivityGuide\\_MatRes\\_06082022](#)

[B15 - IT 1.1 - Resource Parent Handbook](#)



## Appendix B - Implementation Target 3.1 - Resource Family & Respondent Warm Line

**CYFD and HSD will develop and promote a warm line for Resource Families and Respondents who need assistance meeting the behavioral needs of the children in their care. (App. B, IT 3.1)**  
**(Due June 1, 2021)**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has begun efforts toward this IT; a period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT, specifically with respect to promotion of the warmline. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

CYFD & HSD Actions Taken Between June 2021, and May 31, 2022

### Warmline and Public Awareness Campaign

CYFD and HSD continue to make good faith efforts to develop and promote a warm line for resource families and respondents who need assistance to provide for the behavioral needs of children in their care. To do so, CYFD has contracted with ProtoCall Services beginning in July of 2020 (also known as the New Mexico Crisis and Access Line) to provide peer-to-peer certified staff and to operate a resource line. This resource line is a public hotline that provides support and information to resource parents and the general public.

Services detailed in our contract's scope of work include monthly reporting regarding numbers and types of calls and reimbursement by CYFD, and requirements that ProtoCall Services develop and distribute marketing materials for public awareness so that people can take advantage of the hotline. See data below.

The contract expands the availability of a resource line from between 3:30 p.m. and 11:30 p.m., to from 7:00 a.m. to 11:30 p.m., seven days a week, 365 days a year. Staff responding to calls are certified peer support workers, family peer support workers, parent peer support workers, and Resource Parent peer support workers.

Staff qualifications for the resource line include:



- Certified Peer Support Worker:** An individual who is in recovery for two or more years and demonstrates an ability to support people who are in an emotional situation; familiarity with recovery principles with an openness and willingness to work from a position of lived experience; demonstrated experience in peer support, self-help, or experience working with individuals who have behavioral health concerns preferred. Certification requirements are found online at <http://www.nmcbbhp.org/>.
- Certified Family Peer Support Worker:** An individual who is a parent or primary caregiver who has lived experience of nurturing and raising a child or youth who has experienced emotional, behavioral, mental, or substance use challenges and diagnoses, who has experience navigating the child- or youth-serving systems and support services the child or youth needed to engage in, and who found ways to advocate for the child's or youth's needs met. Certification requirements are found online at <http://www.nmcbbhp.org/>.
- Licensed New Mexico Resource Foster Parent:** An individual who has been licensed by the State of New Mexico (currently or previously) and helped a child or youth who is engaged in the foster system of care because they cannot live in their homes or with their families during that time. Resource Foster Parents have provided a safe home and given the child or youth hope for the future by providing care, love, nurturance, guidance; have encouraged the child or youth to remain connected to their religion, culture and community; and have supported the child or youth with emotional, behavioral, mental, or substance use challenges and diagnoses the child may have experienced. The qualified individual has learned to navigate the child- and youth-serving systems and support services the child or youth needed to engage in and found ways to advocate for the child's or youth's needs. Certification requirements are found online at: <https://cyfd.org/behavioral-health/licensing-certification>.

New Mexico State University (NMSU) and CYFD provide training to support warmline workers. All of these staff are required to attend trainings upon hire and on an ongoing basis.

Staff training requirements for warmline workers are:

- Peer support call-taking staff, shift leads, supervisors, and support staff: Attend the Nurtured Heart Approach training.
- Peer support call-taking staff, shift leads, supervisors, and support staff, as appropriate: Participate in two hours of Resource Foster Parent Program training. New Mexico Crisis and Access Line (NMCAL) and NMSU created this training as a part of the Systems of Care grant with CYFD and BH.



- Crisis line call-taking staff, shift leads, supervisors, and support staff: Participate in two hours of Resource Foster Parent Program training.
- Peer support call-taking staff, shift leads, supervisors, and support staff: Participate in annual training to expand the knowledge on how to support Resource Families engaging on the Warmline.
- Supervisors of the peer support workers, as well as other supervisors who support peer support staff within NMCAL: Attend the recommended supervisor training provided by the Family Run Executive Director Leadership Association. The current Warmline supervisor and the New Mexico Program Manager completed this training in January 2021.
- Supervisors and Warmline call-takers: Attend the recommended trainings that align with supporting the scope of work, as required by the CYFD Protective Services Division program manager or designee.

ProtoCall, in collaboration with CYFD, developed a public awareness campaign to promote the warmline service to the community. The media plan uses Print, Digital, Outdoor, Television, and Radio components, including public awareness advertisements using:

- 23 New Mexico Newspapers across the state;
- Multiple radio outlets, including Total Traffic and Weather Network, iHeart Radio, Cumulus, Adams Radio Group, Bravo Mic Group, and Hutton Broadcasting;
- Outdoor digital posters in Las Cruces, Albuquerque, and Raton;
- Television spots on: ConnectedTV, Effective (Formerly Comcast), KOB-TV (NBC), KRQE-TV (CBS/FOX), KOAT-TV (ABC);
- Digital campaigns through Text Ads, Banner Ads on Facebook, and Digital Video Spots;
- And NMConnect app push notifications; and
- NMCAL Constant Contact email list.



A chart detailing access and use of the warmline is included below.

Warmline Family Peer Support Call	SFY22	YTD 2022	Q2 2022	May '22	April '22
Family Parent Peer Support Call	112	57	18	9	9

Outcome of Warmline Calls	SFY22	YTD 2022	Q2 2022	May '22	April '22
Caller reports feeling supported by the call	89.3%	89.2%	87.4%	89.8%	86.9%
Caller received referrals	3.5%	4.5%	5.2%	4.8%	4.9%
Caller was transferred to an NMCAL counselor	0.2%	0.1%	0.2%	0.2%	0.1%
Emergency call to Public Safety was made	0.0%	0.0%	0.0%	0.0%	0.0%
Other/None of the Above	6.9%	6.1%	7.3%	5.1%	8.1%

Warmline Text Message Data	SFY22	YTD 2022	Q2 2022	May '22	April '22
Total Conversations	2,209	933	390	214	176
Text Messages Exchanged in Conversations	51,656	22,845	8,754	4,449	4,305

## Exhibits

None.





## Appendix B - Implementation Target 3.2 - Youth Grievance Procedure

**CYFD will promote its internal Grievance Procedure for youth.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has begun efforts toward this IT; a period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT, specifically promotion of the procedure. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

CYFD & HSD Actions Taken Between December 1, 2021, and May 31, 2022

### New Mexico Foster Child and Youth Bill of Rights and Grievance Procedures

The State continues to make good faith efforts to promote its internal Grievance Procedures for youth. On March 19, 2021, PS staff received notification of the Program Instruction Guideline (PIG) and began reviewing the Bill of Rights and Grievance Process with youth when entering care and, at a minimum, every three months thereafter.

The PIG provides guidance to PS staff and each County Office to ensure the Bill of Rights Posters are up in public spaces, staff is reviewing the Bill of Rights and Grievance Process with youth in care at each stage of a case (i.e. - investigations, in-home, out-of-home, and fostering connections or 18+ young adults) and placements, and that acknowledgments for reviews are being signed by children, youth, and placements and placed in the PS hard files and documented in Family Automated Client Tracking Systems (FACTS).

A second PIG was issued on July 21, 2022. Along with the second PIG, a [one-page summary document](#) of the PIG was also provided (Exhibit); The one-pager provides simplified instructions to staff on how to communicate the Bill of Rights to children and youth along with other administrative requirements (attached). Also accompanying the second PIG was a simple checklist to additionally assist staff with the distribution of the [Youth Bill of Rights](#) (Exhibit).

The Office of Children's Rights (OCR) has been promoting the Youth Bill of Rights and Grievance Procedure through Youth Drop-In events, training of staff at a county office level, and social media outreach.



### *Drop-In Events*

In 2021, there were a total of 15 PS and Youth Zoom Drop-in events to promote the New Mexico Foster Youth Bill of Rights and internal grievance procedures. The Drop-in events were hosted by the CYFD Fostering Connections Bureau and presented by two Fostering Connections Youth Advocates. Notice of Drop-in events were sent to all CYFD staff as part of CYFD's Academy of Professional Development and Training program. CYFD staff were encouraged to forward a flier ([see Exhibits](#)) to all youth and all resource parents who had youth placed with them. All CYFD involved youth were encouraged to attend. The Drop-in events were geared specifically towards youth and questions were encouraged. The purpose of the trainings was to provide a basic understanding of the Youth Bill of Rights and the Youth Grievance process, and to develop next steps for engaging children.

#### 2021 Youth Drop-in Dates:

1. Friday, February 26th
2. Saturday, March 20th
3. Wednesday, April 21st
4. Friday, May 28th
5. Wednesday, June 16th
6. Saturday, July 24th
7. Friday, August 27th
8. Wednesday, September 22nd
9. Saturday, October 23rd
10. Wednesday, November 17th
11. Friday, December 17th

In 2021, there were 4 PS staff training Drop-in events held on the following dates:

1. Friday, March 19th
2. Friday, June 25th
3. Friday, September 24th
4. Friday, December 17th

### *Trainings to Strengthen Grievance Process*

In early 2022, the trainings were revised to include additional details and learning objectives including: documentation requirements (to ensure they are being documented in FACTS), who can file a grievance (and be subject to a grievance), and physical posting requirements (in all PSD public spaces and placements such as resource family homes).



As of July 15, 2022, there have been 22 mandatory staff trainings presented to CYFD regional offices, including all Children Court Attorneys, the CYFD Office of Tribal Affairs, and CYFD Behavioral Health Services. A training was also provided to Treatment Foster Care Agencies on April 27. A refresher training was provided on June 2 to Fostering Connections staff and new staff regarding the Youth Bill of Rights. OCR presented virtually through Cornerstone as a Mandatory Staff Training on June 7 and June 9. Nearly 500 employees have been trained on the Youth Bill of Rights and Grievance Process. There are three more scheduled training sessions for five county offices in July 2022, two in-person and one virtual.

The trainings for employees will continue to be offered one time per month through Cornerstone through the end of 2022 to ensure staff who have not attended, will have the opportunity. OCR is also working on releasing a virtual video recording training that PS employees will be required to complete as a part of the New Employee training series. This training is now a part of the required training curriculum for new staff.

OCR will continue outreach to each county office to ensure all staff have been trained and are implementing the procedures as outlined. These outreach efforts include statewide in-person and virtual trainings offered for all field offices as well as training available for COM meetings. All CYFD employees can also request training directly from OCR.

#### **Attendance – 2022 County Office, CCA, and Tribal Affairs Trainings:**

June 6, 2022	McKinley County	15
April 21, 2022	Bernalillo County Office 1	22
May 12, 2022	Bernalillo County Office 2	17
May 26, 2022	Bernalillo County Office 3	21
April 26, 2022	Bernalillo County Office 4	27
April 26, 2022	Bernalillo County Office 5	22
May 18, 2022	Grant/Catron County	8
May 23, 2022	Chavez County	17
May 27, 2022	Lea County	17
June 1, 2022	Santa Fe and Rio Arriba/Los Alamos Counties	26
June 6, 2022	McKinley County	15
June 8, 2022	Valencia County	26
June 10, 2022	Curry/Roosevelt County	28
June 14, 2022	Dona Ana County	29
June 24, 2022	San Juan County	19
June 28, 2022	Cibola County	6
July 11, 2022	Colfax/Union County	9



July 12, 2022	Luna/Hidalgo County	5
June 2, 2022	Fostering Connections (Self-Training)	8

### **Attendance - 2022 Stakeholder Training:**

April 27, 2022	Treatment Foster Care Wednesday	45
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### *Youth Engagement and Youth Outreach*

On June 3 and June 10, 2022, OCR promoted the [Bill of Rights and Grievance Process](#) at the in-person and virtual Foster Power Summit for Leaders Uniting Voices Youth Advocates of NM (LUVYA NM). Additionally, OCR is using social media platforms (such as Twitter and TikTok) to educate youth about their rights and the grievance process. OCR is promoting the Bill of Rights and Grievance process to community partners who work directly with children and youth and has a training scheduled for July 20, 2022 with NM Advocacy. OCR is partnering with Fostering Connections and the Youth Advocate Liaisons on promotion of the Bill of Rights and Grievance Process to youth directly. In the coming months OCR will promote directly to youth through in-person presentations in resource homes (i.e. – Treatment Foster Care facilities, shelters, etc.) and/or community events (i.e. – pop ups in the park, pizza nights, etc).

The Bill of Rights has also been printed into posters (English, Spanish, Navajo (Diné) and provided to every county office. Posters are available to any person requesting. Staff have been instructed to post copies of posters in accessible locations at every county office. Staff are required to post them in prominent view in common areas, like lobbies, conference rooms, and visitation rooms. The posters can also be translated into other languages upon request. OCR has also created magnets with OCR contact information and has provided them to PS workers to distribute when reviewing the Bill of Rights.

### *Lessons Learned*

In effort to increase the understanding of the Youth Bill of Rights among youth and young adults, the Fostering Connections' Youth Advocate Liaisons scheduled and hosted monthly virtual drop-in trainings. These trainings were held in the evenings, on weekends, and eventually switched to in-person events/1:1 engagement when unsuccessful in gathering significant numbers of youth on a virtual platform (less than a dozen youth in total over the course of 6 months). The first in-person event was held in October 2021 in Albuquerque at Montgomery Park in hopes that a community-based location with food and interactive activities would be more attractive to young people. Despite efforts to get the word out, turnout was zero. Through the end of the fiscal year, the Youth Advocate Liaisons switched courses again, participating in site visits with our seven Transitional Living for Young Adult community-based



providers throughout the state to connect directly with young people where they reside. They also met individually and in groups with youth experiencing an AGRC or office stay to ensure they knew and understood their rights and knew the process for filing a grievance if needed.

We believe one of the reasons for low turn-out was the simultaneous role out of the Bill of Rights and Grievance trainings for both young people and adult supporters (including CYFD staff, resource caregivers, etc.). The virtual trainings and in-person events for youth/young adults inherently rely on supportive adults ensuring access to these activities, yet we were asking for this support when they, too, were just learning about these new official processes. Our greatest success in getting the word out and ensuring that youth/young adults know about and understand their rights, and how to file a grievance, is through their relationships and connection to supportive adults who partner with and empower them to feel comfortable, confident, and able to file a grievance when needed.

Relationships move at the speed of trust. Young people impacted by trauma, in particular, need to trust you before they are willing to reach out and ask for help or show up for new things. Young people also learn and engage more regularly when it occurs through word-of-mouth from their peers who have had a similar experience. As we re-build LUVYA in the aftermath of the pandemic, this youth advocacy group will be an incredible asset in ensuring more and more young people understand how to file a grievance when needed. Until then, we strongly believe that understanding comes individually, one youth at a time, as their Fostering Connections Specialist, Permanency Planning Worker, CASA Advocate, Youth Attorney, or other supportive adult continuously exposes them to the Bill of Rights and explains the grievance process. Through these relationships young people will gain the confidence needed to speak up and speak out if they feel their rights have been or are being violated.

#### Future Initiatives:

- OCR presenting the Bill of Rights and grievance process at PS meetings to include statewide manager meetings, regional and county all staff meetings;
- Sending out a regular reminder emails to staff including the Program Instruction Guidelines, the Bill of Rights, one pagers and checklists to support staff; and
- OCR working collaboratively with Fostering Connection Youth Advocates at future community events

#### *Grievance Contacts*

There have been thirty grievances filed since the enactment of the grievance policy. Of the grievances filed, one was assigned to a 3-person panel and resolved formally with an outcome that was a positive change for the grievant and their situation. Twenty-seven were investigated by the Office of Children's Rights and a resolution was agreed upon that was satisfactory to all



twenty-seven individuals involved. There are two outstanding and open grievances that are being worked on collaboratively by OCR, JJS, the Special Education State Ombudsman, and Constituent Affairs.

Examples of received grievances include:

- Request for a new Permanency planning worker;
- New clothing or other items needed after being in a shelter or on run and items missing;
- Need for assistance with a home study in another state;
- Need for assistance with SSI back pay owed to them after aging out of CYFD custody;
- Assistance getting out of an RTC facility and back to their home state into a placement;
- Assistance with medical appointment;
- Assistance with DDW applications;
- Assistance getting to a funeral of family member while in CYFD custody;
- Assistance with education due to pending criminal charges; and
- Assistance with placements and family reunification treatment goals.

### *Tracking Grievances*

Lynk Software has supported CYFD with constituent complaints since May 2022, and OCR now uses the company's complaint management system—"Everest 7." OCR has identified the need to improve tracking of grievances and complaints. To address that issue, we hosted a series of meetings with Lynk Software and have worked with the company to develop a customized compliance tracking system.

On May 1, 2022, OCR transferred complaint information into Everest 7. The customized compliance tracking system enables OCR to track complaints and responsive actions. Lynk Software developed for OCR assigns numbers to each call. Within the tracking system, OCR enters the origin of the complaint, steps taken by OCR to resolve the concerns, resolution outcomes, and follow-up on recommendations for change.

### *Exhibits*

[B8 - IT 3.2 - Youth Bill of Rights final english.pdf](#)

[B12 - IT 3.2 - Bill of Rights and Grievance Process training for STAFF](#)

[B13 - IT 3.2 - Youth Bill of Rights Checklist](#)

[B14 - IT 3.2 - Child and Youth Bill of Rights One Pager](#)



## Appendix B - Target Outcome 1.1 - Out-of-State Placements

**By December 1, 2020, no child under 18 will be placed in any hotel, motel, out-of-state provider, office of a contractor, or state agency 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. In any such extraordinary circumstance, CYFD shall provide notice to the child's Guardian ad Litem and Youth Attorney immediately where possible, and not more than 24 hours after the placement of the child. Notification to the dependency court to which the child's case is assigned must occur within 3 business days. When a child is placed with an out-of-state provider, notice to the child's Guardian ad Litem, Youth Attorney, and the dependency court to which the child's case is assigned will be given prior to the move, pursuant to the statute.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*After review of the information provided, the Co-Neutrals assessed that neither (0%) of the two applicable December 2020 out-of-state placements of children met the extraordinary circumstances standard of being necessary to protect the safety and security of the child. As referenced above, the State's 2020 annual report identified that one of the children's placements did meet the extraordinary circumstances standard, and all required processes were followed. Based on the Co-Neutrals' review of the information provided by the State, the Co-Neutrals do not concur and assess the State has not met the Performance Standard for this TO.*

*The Co-Neutrals emphasize that the data included in this report only reflect performance through December 31, 2020, thus, do not provide a current assessment of conditions on the ground. The parties agreed, "By December 1, 2021, 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 Meeting team determines that a non-clinical setting is in the child's best interest." The State has agreed to eliminate utilization of inappropriate placements by December 1, 2021, and the Co-Neutrals understand and expect this to include placements in the Receiving Center. Based on the Co-Neutrals understanding of the operations of the Receiving Center, the Co-Neutrals view this as an inappropriate placement for children.*

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

CYFD and HSD have made and continue to make good faith efforts to not only ensure that it reports accurate and comprehensive data pursuant to Appendix B, Target Outcome 1.1, but, more importantly, to limit all non-traditional placements of children in state custody in fact. The State





will provide data, herein, and explain its progress in meeting the required criteria of “extraordinary circumstances” for the placement of children in non-traditional placements.

## Extraordinary Circumstances

Formulating a global definition and operationalizing the term “extraordinary circumstances” has been a necessary and foundational step for the State to satisfy its commitments under Appendix B, Target Outcome 1.1. The State views “extraordinary circumstances” as providing an appropriate limitation and proper parameters on non-traditional placements of children in state custody. With that said, the State notes that the Parties have not reached consensus as to parameters for “extraordinary circumstances” or how to operationalize the term.

The term “extraordinary circumstances” is used in the Final Settlement Agreement (FSA) as follows: *“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.”* The FSA does not define the critical term, “extraordinary circumstances.”

The decision to place a child in state custody (or “CISC”) in any of those non-traditional temporary placements is significant and requires serious consideration. When deciding whether to use a non-traditional placement, the State must consider at least two things: first, whether the child’s circumstances (behaviors, diagnoses, developmental needs, etc.) are extraordinary, that is, whether they are unusual, remarkable, or complex; and second, whether the placement is necessary for the limited purpose of protecting the child’s safety and security. In applying the safety and security of the child, the State considers the following factors with respect to the placement: When considering safety and security, we must in good faith find that the placement:

- Supports the child’s well-being (including development, mental health, behavioral health, physical health, and connections to culture and family);
- Keeps the child free from harm, whether from self or others, including physical or psychological harm; and
- Keeps the child free from other imminent harm (e.g., homelessness, criminal or juvenile justice consequences of the child’s behavior, trafficking) if left in a placement that does not meet his or her needs.

The State is incorporating the “extraordinary circumstances” criteria as important limiting parameters throughout our processes. When applying these considerations, however, the State views out-of-state placements and placements in an office/hotel/motel differently, as these are



different types of placements. Although there is overlap in preventative measures and in procedures, we separately discuss extraordinary circumstances applicable to office/motel/hotel placements and specific and out-of-state placements (sometimes referred to as OOS).

CYFD and HSD are meeting with the Plaintiffs and Co-Neutrals on August 4, 2022, to discuss the definition of “extraordinary circumstances.” This discussion is ongoing.

## **Actions to Preempt Extraordinary Circumstances**

### *Ensuring Timely, Least-Restrictive, Community-Based Placements and Supports*

#### **Prompt Assessments**

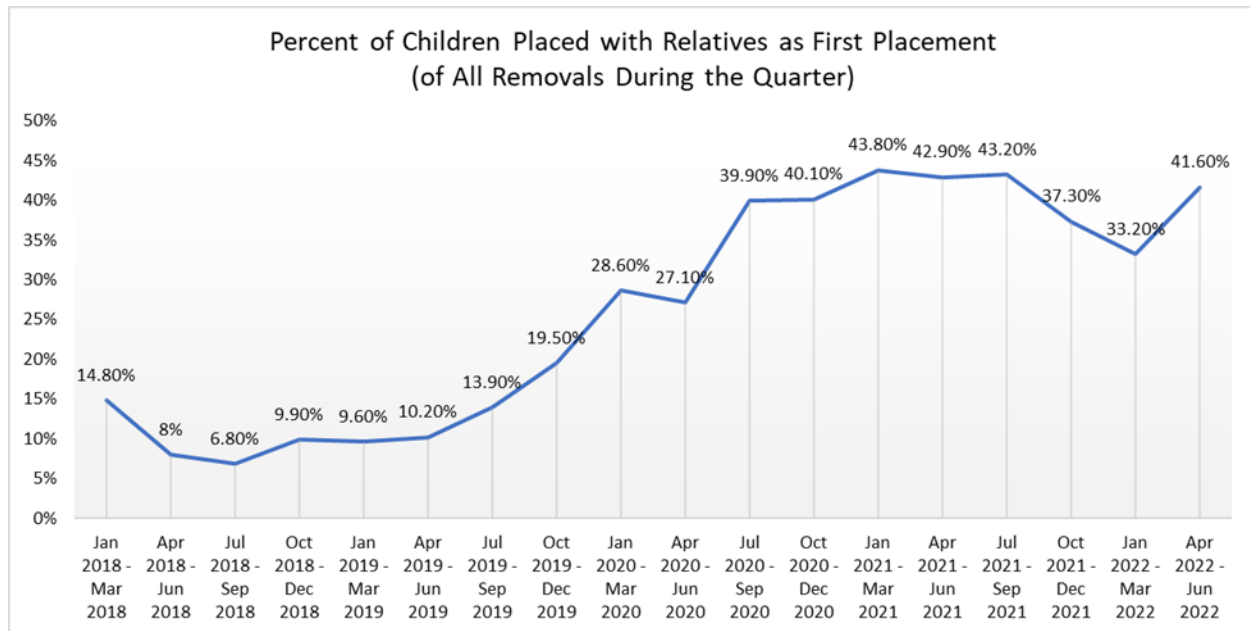
From the first day a child enters custody, we make efforts to ensure access to the least restrictive community-based placements and supports. First, a CAT Screening is completed within 48 hours of entry and a CANS screening is conducted within 30 days of entry. The screening process is vital to begin identifying and addressing the trauma the child has experienced, and will continue to experience, simply by coming within the child welfare system. The screening tools inform the workers, the court, and our behavioral health partners on how to best support the child and caregivers in a trauma responsive way. This in turn supports overall placement stability and decreases the risk of entry into congregate care settings by immediately connecting the CISC and caregivers with trauma responsive services and supports. Please refer to the DVP for data on the CAT/CANS assessments.

#### **Identifying and Recruiting Resource Parents, Including Kinship Care**

To meet its commitment under Appendix B, Target Outcome 1.1, the State recognizes how critical it is to identify, recruit, and retain relative and non-relative resource parents. We have increased relative placements for CISC, and improved locating relative placements upon initial entry into care. The State’s recruitment and retention plan is explained in the section of this



report      addressing      Appendix      B,      IT      1.1.



As shown in the graph above, over the last 3 years, CYFD has greatly improved its efforts and ability to place children with relatives as their first placement upon removal. In the last quarter of CY2021 and first quarter of CY2022 there was a slight decline, the prior five quarters. CYFD is currently looking closely at this decrease to determine if it is due to practice issues or is attributable to case circumstances. We know that over the last couple of years, our rate of removal overall has decreased significantly due to an increased use of other options, such as voluntary interventions such as In-Home Services and “maintain at home” cases. Those cases that do result in removal are often more complex and severe. In these circumstances, we are more likely to see intergenerational maltreatment and other issues such as substance use or mental health concerns that affect not just the child’s primary caregivers but the extended family. This phenomenon makes it more difficult to locate safe, willing relatives to meet children’s needs.

Our progress has been achieved through several practice changes intended to ensure we make appropriate and vigorous efforts to identify relatives early in the case and make ongoing efforts throughout the period of custody. When a child enters custody, we take immediate action to locate relatives. We begin the process with genograms, discussions with parents and other relatives, and, critically, by asking the youth the basic question: “if you can’t be with your parents, where would you want to live?”

CYFD also contracts with the Seneca Family of Agencies, which provides a database search for potential relative connections. Seneca conducts a search of public records and provides a report that includes addresses and listed phone numbers of possible relatives, associates, and neighbors,



as well as a social network search on potential relatives. A caseworker may perform searches multiple times. We also use other tools like the “Been Verified” search engine, and various social media vehicles. The State is interested in expanding its options beyond Seneca Family of Agencies to better access kinship care opportunities.

Only after concerted efforts to locate a suitable relative have failed may we resort to placement in a non-relative home. To provide oversight and a check on non-relative placements, every County Office Manager must approve all placements of children in non-relative homes. Placements in non-relative homes are continually reviewed by the County Office Manager to ensure ongoing efforts to identify relatives. We continue to review and analyze the data and practices through case reviews that did not meet this target, to better understand and address recent trends.

### *Development of Support for Resource Parents*

CYFD and HSD recognize that it is critical to provide resource parents with the tools necessary to ensure the safety and security of the CISC in their care. In that regard, CYFD has developed a policy and procedure requiring the development of an individual retention and training plan (IRTP) for each licensed resource family (including relatives and fictive kin). IRTPs are jointly created by the resource family and the placement worker to ensure the resource family receives ongoing training, support, and collaboration with Protective Services, the Managed Care Organization (MCO), and community-based partners to address the resource family’s needs. Training includes topics like Resiliency, System Navigation, Access to Resources, Role Fulfillment, Support Systems, Cultural Considerations, and Method of Communication. Resource parent training supports their ability to understand and appreciate how placement of a child outside his or her home is inherently traumatizing, and how that trauma, if unaddressed, adversely impacts child development and behavior. IRTPs also clearly articulate the individualized supports that are identified by the family, youth, and CYFD to support their specific needs to enhance success for the family unit.

CYFD is also partnering with Treatment Foster Care (TFC) agencies like The Bair Foundation, to provide Formal Kinship Certification services for “Child Specific Foster Homes.” The goal of these certifications is to provide Case Management/Therapeutic Services for children in formal kinship placements and to prevent disruptions and placement moves, which compound the trauma inherent to non-relative placement.

### *Improved Review Processes and System Compliance*

CYFD continues to develop the organizational structure related to implementation, training, support and oversight within the Protective Services (PS) Division. We have created a position



that serves as a liaison between PS field staff, leadership, HSD, and Behavioral Health Services (BHS) to provide accountability for CYFD's work in this area. We will continue to build internal capacity needed for efforts to implement every FSA target outcome.

One example of how the liason, also known as the Implementation Bureau Chief, helps facilitate target outcomes is, where a FACTS record indicates that documentation has not been entered, the Bureau Chief contacts the Permanency Planning Worker (PPW) and supervisor to ensure that the record is updated and that the necessary steps for the required Individualized Planning Process (IPP) /teaming were taken. He immediately flags placements that may have been entered incorrectly as an out-of-state placement or that may not have followed policy requirements under the FSA for approval for the placement. Continuous review and assessment are key to ensuring fidelity to the process. Technical assistance and training are provided immediately to staff in response to inconsistent practices and data entry. This system helps ensure that necessary discharge planning is occurring on a timely basis and that CISC do not remain in out-of-state placements longer than necessary to meet their needs and mitigate the extraordinary circumstances.

In addition, the State's Quality Assurance, Improvement, and Evaluation Plan (QAIEP) includes a continuous qualitative review of all extraordinary circumstance determinations for placement. This process will evaluate these determinations using both quantitative and qualitative methods.

#### *Oversight of Extraordinary Circumstances Placement Decisions*

A robust process has been established for the review and approval of all out-of-state placements that helps ensure that the important criteria of "extraordinary circumstances" is met. A Memorandum for Decision (MFD) for congregate care placements must be submitted and approved by both Cabinet Secretaries and the Protective Services Director. An MFD for office/hotel/motel stays must be submitted and approved by the Protective Services Director. The MFD template has undergone several revisions based on lessons learned and is subject to a continual quality improvement process.

The MFD process is designed to ensure that each and every proposed placement based on extraordinary circumstances is necessary for the safety and security of the child and is not being pursued solely because there is no appropriate placement in New Mexico.



**Data Collection:** The State is collecting data on use of extraordinary placements, as identified by the Co-Neutrals.

The Co-Neutrals' November 15, 2021 Report requested:

*Current information on use of extraordinary placements, including: a. Numbers of children by county; b. Non-duplicated length of stay for each child for every placement; c. Numbers of children with more than one stay in such a placement; d. Discharge placement for each child; e. Number of staff and qualifications of staff for each extraordinary placement; f. Discharge planning protocols; g. Services provided to children in each extraordinary placement; h. HSD/MCO involvement in placement decisions and options; and i. Numbers of children protected under ICWA in any extraordinary placements and tribal notification.*

A summary<sup>2</sup> of all extraordinary circumstances placements (both in-state and out-of-state) is provided below. Please note that the total number (89) includes those children with duplicate extraordinary circumstances placements and, therefore, is higher than the actual number of children.

Placements Requiring Determination of Extraordinary Circumstances Dec. 1, 2021-Feb. 28, 2022*						
County of Origin	AGRC	Hotel/Motel	Office	OOS Congregate	Shelter	Total
Bernalillo	12	3	12	2	11	40
Chaves	2		3	3	3	11
Dona Ana			7		5	12
Grant	2		4	2	3	11
Lea			4		1	5
McKinley					4	4
Rio Arriba			1		1	2
San Juan					3	3
Valencia				1		1
<b>Total</b>	<b>16</b>	<b>3</b>	<b>31</b>	<b>8</b>	<b>31</b>	<b>89</b>

\*Count of individual placements made during the 3-month period; some children may have experienced multiple Extraordinary Circumstances Placements

CYFD recognizes the importance of not only reducing the length of time that CISC are in sub-optimal placements but also of achieving next placements that are in less restrictive family

<sup>2</sup> All motel/hotel stays since December of 2020 were for COVID positive CICS quarantined in COVID emergency shelters.



settings whenever possible. The following table uses five three-month cohorts of exits from sub-optimal placements and reflects the percentage of CISC moved to a family-based setting as their next placement. For example, in the three-month cohort of December 2021-February 2022, 61.5% of CISC exiting an OOS Congregate placement went on to a family-based setting as their next placement.

% of Exits from Sub-Optimal Placements that End in Subsequent Family-Based Placement			
	Office, Hotel/Motel, RC, & AGRC	In-State Congregate	OOS Congregate
Dec. 2020-Feb. 2021	45.0%	34.3%	42.9%
Mar. 2021-May 2021	46.4%	36.2%	37.5%
Jun. 2021-Aug. 2021	24.5%	50.7%	88.9%
Sep. 2021-Nov. 2021	28.6%	42.6%	53.8%
Dec. 2021-Feb. 2022	35.0%	56.2%	61.5%

The following chart shows the underlying data for the whole population and breaks down subsequent placements after each exit. Rows in blue are subcategories of in-state and out-of-state congregare care.

Moves from Suboptimal Placements, December 2020 through February 2022												
N	Moving From:	Moving To:										
		AGRC	CYFD Office/RC	In-State Congregate	Non-Relative FH	OOS Congregate	Pre-Adoptive Home	Relative FH	Relative FH, OOS	Runaway	Supervised Independent Living	Trial Home Visit
169	CYFD Office/RC	7	3	97	46			4		10		2
24	AGRC			8	7	1		5		2	1	
943	In-State Congregate	9	71	348	279	23	3	98	8	74	6	24
431	In-State > 14 days	3	25	148	140	18	1	35	4	37	3	17
64	OOS Congregate		2	16	24	9		9		1	1	2
49	OOS > 14 days		2	14	18	9		3		1	1	1

## Actions to Reduce Office/Hotel/Motel Placements

Placement in an office, hotel, or motel setting is most frequently used and necessary when a missing or runaway child is found, or when a child unexpectedly disrupts from a resource family home. When these situations occur, CYFD must assess and meet the child's immediate safety needs. CYFD must ensure that the child is not homeless and without the care and supervision necessary to meet the child's basic needs, including safety and security.

CISC often present as runaways with no notice. Staff immediately begin working on placement, engaging with relatives, resource homes, shelters, and youth programs. However, families are often not equipped in that moment to take the youth; relative and non-relative resource families alike may need time for adjustments in the home; CYFD may need time to provide specific





training and supports to the relatives and resource families; and shelters and programs may deny a CISC based on past behavior. These barriers can often be overcome, but not immediately and, particularly, not in the middle of the night. Even when a home is identified, the youth needs time to process the situation and agree to the placement. Often, youth refuse to go to the home. Attempting to rush a youth into accepting a placement can lead the youth to run again or to disrupt from the placement.

When no other options exist, a child or youth's immediate safety often becomes the primary consideration. CYFD is responsible for finding where a CISC can spend the night for their own safety and security. Offices, hotels, motels, and shelters provide a place for the child or young person to be in a place where they are not in imminent danger. An office or other temporary, suboptimal placement prevents the CISC from exposure to the elements, drugs, criminal behavior, unsanitary environments, and becoming a victim of trafficking or assault. Such sub-optimal placements mandate that CYFD take active measures to meet the extraordinary circumstances criteria. CYFD makes daily, ongoing efforts to place the CISC in an appropriate and stable setting that can meet their developmental and behavioral needs.

#### *December 2020 through November 2021*

This Commitment went into effect on December 1, 2020. CYFD revised Permanency Planning Procedure 10 through Program Instruction Guideline 12-2020-#8, issued on January 14, 2021, to provide guidance on extraordinary circumstances related to placements of a child in a non-traditional placement, also known as hotel, motel, or office stays. As will similarly be discussed in reference to out-of-state placements, the MFD process for placement approval was created and subsequently reviewed and revised several times based on feedback obtained from the field.

On November 30, 2021, after concerns that youth were being housed for lengthy periods at the Receiving Center—a facility intended only for very short, temporary stays—CYFD leadership decided that it must be closed. CYFD managed the closure by:

- Temporarily reassigning a PS Field Deputy Director to oversee the creation of a new process for daily staffing and a re-set of expectations regarding extraordinary circumstances;
- Identifying approximately 60 youth, ranging in age from 14 to 17 years, who had six or more placements during the preceding six months—many of these youth had been through the Receiving Center during this period—and creating and implementing a specialized staffing framework to emphasize quality relationships and use of tools and techniques that are youth-centered, collaborative, trauma-responsive, developmentally appropriate, and identity-affirming in the eight life domains; Fostering Connections Bureau supervisors or Clinical Behavioral Health Consultant (CBHC) Supervisors shepherd these staffings with CBHCs, Fostering Connections Workers, Permanency



Planning Workers (PPWs), supervisors, managers, and support networks identified by youths;

- Successfully negotiating two new contracts with service providers in Albuquerque and in Doña Ana County to create assessment and specialized crisis stabilization homes for youth with high behavioral health needs;
- Identifying underused resources within CYFD to support the immediate needs of the youth while contract negotiations and youth staffings were taking place; and
- Restructuring the Albuquerque Girls Reintegration Center (AGRC)<sup>3</sup> as a temporary licensed multi-service group home from December 1, 2021, through January 14, 2022.

#### *December 2021 Through May 2022*

During this period, additional changes were made to reflect the extraordinary circumstances standard, including the revision and reissuance of PIG #12-2021-#22 on January 1, 2022. The revised PIG (initially released on December 1, 2021) improved guidance on placements; improved the extraordinary circumstances parameters for placement in an office/hotel/motel or shelter; and enhanced documentation requirements. This update also included the new deliverables for IPP/Teaming meetings starting in December 2021, which improved the required daily staffing, structuring it to emphasize prevention of placement disruptions, identify long term placement, support services, and treatment, and youth voice.

#### *Accomplishments at a Glance*

Office/Hotel/Motel Placement Deliverables & Action Steps		
Action	Responsible Party	Relevant Dates
Training of staff, supervisors, and managers on extraordinary circumstances procedures, including new notice procedures for Office/Motel/Hotel Stays.	PS Director	Completed November 2020
Development and implementation of MFD process for Office/Hotel/Motel placement review and approval.	PS Director	December 1, 2020 Deadline Achieved

<sup>3</sup> Use of this site was discontinued due to concerns it was not appropriate. CYFD leadership agreed.



Partnered with Dept. of Health on use of Covid Quarantine Medical Shelters in Hotel/Motels (these are the only hotel/motel stays for CISC since December 2020).	PS Director, PS Deputy Director, Dept. of Health, EPMO Director	December 2020
Develop and deliver PIG for Office/Hotel/Motel (a.k.a. Non-Traditional) placements to include extraordinary circumstances procedures.	PS Director, PS Federal Reporting Bureau Chief	Deadline December 1, 2020 Issued January 14, 2021
Tracking and documentation of use of the Receiving Center within the category of Office Stays.	PS Director, PS Deputy Director	January 2021
Implement Daily Staffing Requirement for Office/Hotel/Motel Stays.	Receiving Center Manager, County Office Managers	January 2021
Training of staff, supervisors, and managers on updated extraordinary circumstances procedures.	PS Director	May 2021
Implement Relative Treatment Foster Care Program which provides training and licensing for relatives of CISC needing a higher level of placement.	PAR Bureau Chief	July 2021
Identified a cohort of youth with 6 or more placements in the prior 6 months and targeted those youth for staffings that identified additional support and options and focused on the youth's voice. Documentation samples are included in the referenced exhibits.	PS Director, FC Bureau Chief, CBHC Deputy Director	October 2021
Entered contract negotiations for community-based, short-term assessment and crisis stabilization homes in Albuquerque and Las Cruces.	PS Director	November 2021
Training of staff, supervisors, and managers on updated extraordinary circumstances procedures.	PS Director	Nov./Dec. 2021



Implement the inclusion of shelter care in the group of placements that must meet extraordinary circumstances.	PS Director, PS Federal Reporting Bureau Chief	December 1, 2021 Deadline Achieved
Re-Issuance of PIG to correct language around extraordinary circumstances to include shelter care.	PS Director, PS Federal Reporting Bureau Chief	December 1, 2021
Closure of the Receiving Center & Re-Purposing AGRC (licensed facility) for use on a temporary basis.	PS Director	December 1, 2021
Modified daily staffing requirement to reflect Receiving Center closure.	AGRC Temporary Manager, PAR Bureau Chief	December 2021
Update MFD template and process to incorporate lessons learned, including requiring PS Director approval and COM approval for all shelter stays.	Cabinet Secretary, PS Director	December 2021 Ongoing
Modified daily staffing requirement to emphasize collaboration and preventative measures to improve placement stability. Related data is provided in the referenced exhibit.	PS Field Deputy Director, Fostering Connections Bureau Chief, CBHC Supervisor	December 2021
Modified approach and discontinued the use of AGRC for purposes of temporary stays and moved to field office stays.	PS Director, PS Field Deputy Director	January 14, 2022
Directive to field offices to provide appropriate rooms for office stays (beds, linens, food choices, entertainment, etc.).	PS Director	January 2022
Create a daily report on all Office/Hotel/Motel placements, including daily staffing documentation, for review and assessment by PS leadership and Cabinet Secretary. Report has been adjusted based on lessons learned as to the most useful information for managers to provide oversight.	PS Director PS Data Manager	Started January 20, 2022 Ongoing Daily



Re-Issuance of PIG for congregate care settings.	PS Director PS Federal Reporting Bureau Chief	January 21, 2022bureau chief
Creating organizational structure, including an Implementation Bureau Chief position dedicated to protective services.	PS Director	February 21, 2022
Training of staff, supervisors, and managers on documentation and procedures for extraordinary circumstances placements.	PS Director, Director of Workforce Development	March 2022 Ongoing Quarterly

### *Lessons Learned*

Through our experience in the initial year of implementation, CYFD and HSD have learned invaluable lessons and responded accordingly. Improving numbers for placements in office, hotel, and motel settings demonstrate system improvement to this challenging metric, as shown in the DVP, and that our responses are tailored and meaningful.

For example, we have strengthened our data collection and assessment process. In doing so, we identified two office stays for children whose placement did not receive the requisite approval. We immediately responded by providing additional training to CYFD personnel in these counties, which do not experience high rates of office stays. We concluded that counties that rarely encounter youth who presents extraordinary circumstances need additional support and training to ensure that these cases are properly reported and addressed. The failure to obtain approval prior to placement was also addressed through the Employee Relations Bureau.

CYFD also enhanced oversight by requiring that all proposed placements in office/hotel/motel settings be reviewed and approved by the Director of Protective Services. After the initial assessment of this change and obtaining feedback, we revised the process to require and make clear that the determination of “extraordinary circumstances” must be based upon the *safety and security of the child*. This revised process requires the employee proposing the placement to describe—with particularity and specificity—what the child’s safety and security needs are and what efforts were made to secure a home placement or other appropriate placement.

In addition, CYFD has created a daily report to track youth placed in an office/hotel/motel, reasons for office stay, and level of recommended care. The PS Director submits this daily report to the Cabinet Secretary daily. The daily report flags the Placement and Adoption Resources (PAR) Bureau Chief, the PAR Bureau is responsible for leading the required staffing with TFC agencies that must occur before any youth is placed in an office/hotel/motel.. The report is also



accessible to CYFD Field Deputies to monitor this important aspect of their work. The report, and the oversight process that accompanies it, are designed not only as monitoring mechanisms, but to encourage the pursuit of creative and appropriate placement options as well.

All CYFD county offices must designate certain rooms for CICS to provide them with a comfortable and private environment for overnight stays. These rooms are furnished like a youth's bedroom, with beds, linens, entertainment, clothing, and access to bathrooms with showers and are not merely offices. In addition, all offices have plans in place to provide food, snacks, and drinks for the youth.

### *CYFD & HSD Next Actions*

<b>Office/Hotel/Motel Placement – Next Steps</b>		
<b>Action</b>	<b>Responsible Party</b>	<b>Target Date</b>
Provide Documentation Training for Staff, Supervisors, Children's Court Attorneys, & Managers.	Office of Performance & Accountability	Ongoing Quarterly
Training and support for daily staffing requirement.	Workforce Development Bureau Chief, Field Deputy Directors	Ongoing Quarterly
Expand high fidelity wrap-around, comprehensive community support services (CCSS), and other community-based behavioral health services.	BH Director	Ongoing
Recruit and improve retention of resource families, particularly for youth and high-needs children.	PAR Bureau Chief	Ongoing
Strengthen Quality Assurance feedback loop between leadership and management to assess documentation and data practices to ensure timely, accurate, consistent, and complete documentation.	PS Director	Ongoing
Continue to partner with DOH for emergency COVID medical shelters in accordance with changing standards of care.	EPMO Director	Ongoing
Utilize the recently established community-based assessment & stabilization contracted placements in Doña Ana and Bernalillo Counties.	PS Director	July 30, 2022
Hold specialized team staffings for any youth in an office/hotel/motel placement over 4 consecutive days or any 4 day period over the two prior weeks.	PAR Bureau Chief, BH Director	June 1, 2022



Update permanency planning procedures (PR24 on preventing, reporting, and identifying human trafficking and reporting runaways) to include components of IPP process for partnering with the CICS's wider network and require proactive and ongoing placement efforts while a CISC is on runaway status.	Federal Reporting Bureau Chief	June 2022
Develop priorities and action plan for the special appropriation of \$20 million dollars to expand or create new community-based behavioral health services and in-state placement array.	HSD & CYFD Leadership	July 30, 2022
Develop action plan for \$7.75 million in capital outlay targeted for therapeutic group homes, youth intermediate care facilities, and sub-acute programs.	HSD, CYFD, & GSD Leadership	July 1, 2022
Create Enhanced Foster Care Program (Oklahoma Model).	PAR Bureau Chief	December 31, 2022
Implement Phase II of Extended Foster Care to include training and engagement-skills development for permanency staff working with older youth (16-17) using the Fostering Connections Practice Model.	Fostering Connections Deputy Director	December 31, 2022

## Actions to Reduce Out-of-State Placements

Out-of-state placement is necessary for CISC who present extraordinary circumstances, often with unique combinations of behaviors and needs (developmental, behavioral, mental health, trauma, substance use, physical health, aggression) that cannot be addressed safely and securely in a non-congregate care placement (even with full wrap-around services and supports) and when no in-state congregate care options exist to meet the specific, unique needs of that CISC. For these CISC, appropriate placements necessary to meet their needs are limited, not only in New Mexico, but also across the country.

When not in an appropriate placement that can address their unique needs, these CISC are neither safe nor secure. Under those circumstances, youth place themselves, and often others, in imminent danger due to their physical or sexual aggression, suicide attempts, other self-harm, physical assault, or being on the run or homeless. CISC exhibiting these dangerous behaviors are at increased risk of self-harm, criminal behavior (leading to detention), being trafficked, and being assaulted. As with office, hotel, and motel stays, we are taking active measures to preclude placing youths in out-of-state facilities unless the situation presents extraordinary circumstances.

### *Development of Assessment Tools*

CYFD staff assess the safety of CISC by using an array of information gathered from stakeholders, natural networks surrounding these children, and from children and youth's own observations that are acquired through tools like CANs/CATs and level of care assessments. If a child or youth's circumstances demonstrate extraordinary behavioral and mental health needs





that require a highly specialized level of care and such services are not available in New Mexico, an out-of-state facility is considered. However, before placing a CISC in an out-of-state residential treatment center (RTC) can be considered, efforts must have been made to identify community-based services and supports that address the child's needs in a non-congregate setting, *and* there must be a documented determination that the child would not be safe and secure in any placement in New Mexico.

In addition, a triage meeting must occur before placing a CISC in any out-of-state placement. This meeting can occur in person or by videoconference only. Approval will not be granted by the CYFD Cabinet Secretary or the PSD Director for an out-of-state placement unless a Triage Team Meeting has occurred. The Triage Team must reach a consensus regarding approval to place a child in an out-of-state RTC.

The Triage Team must engage in a rigorous process with the goal of keeping the child in a preferred in-state placement. Triage meetings involve multiple team members working together to achieve the goals and are directed by established criteria. CYFD is improving this process through its re-issued Program Instruction Guideline (PIG) #12-2021-#22 on January 1, 2022. This PIG was initially released on December 1, 2021, but needed updated guidance on placements in licensed group homes, RTCs, Acute Psychiatric hospitals, and community homes. The revised PIG has clarified and operationalized the meaning of extraordinary circumstances for placement in both office/hotel/motel or shelter placements and for out-of-state placements, enhanced the process and documentation requirements, and required any extraordinary circumstances placement to be approved by the PSD director or CYFD Cabinet Secretary. In December 2021, CYFD added the new deliverables to its procedures, including the Individualized Planning Process (IPP) and team meetings, medical necessity determinations, and guidance on final decision-making by the Protective Services and Behavioral Health directors when a consensus of team members cannot be reached.

This Memorandum For Decision (MFD) process ensures that out-of-state placements meet extraordinary circumstances, are required by medical necessity, or there is a best interest determination. This approach safeguards against out-of-state placements taking place solely on a generic lack of in-state placement options.

#### *Memoranda For Decisions Require Cabinet Secretaries' Approval*

The State has a multi-level approach to ensuring that every out-of-state congregate care placement provides for the child's safety and security. First, following the Triage Team meeting, and the weekly reports for out-of-state congregate care placements, the Interstate Compact on the Placement of Children (ICPC) office will not authorize the transmittal of the ICPC placement to the receiving state *unless and until* the MFD has been approved by the Cabinet Secretaries and



PS Director. This secondary “gatekeeping” process ensures that CISC are not placed out-of-state without leadership’s approval.

The MFD must include:

- The justification for the conclusion that an out-of-state placement is needed to meet the best interest of the child, including how it meets the extraordinary circumstances that pose a threat to safety and security and/or medical necessity,
- An explanation of why the RTC out-of-state placement most appropriately meets the safety and security needs of the child/youth,
- Evidence from the Triage Team on the licensing status of the receiving facility—that is, whether the program is in good standing,
- A list of all congregate/RTC/TFC/acute care level placements for the specific youth during the entirety of CYFD custody, including discharge plan recommendations or reasons for discharge/placement and a summary of the placement that immediately followed any previous discharge,
- A list of all placements for the youth/child during the preceding 12 months, including dates, discharge plan/recommendations, and reasons for discharge/placement change requests,
- A list of all efforts to secure appropriate in-state placement in a less restrictive setting, such as foster care or TFC, including dates and reasons for denial,
- Crisis Assessment Tool (CAT) or Child and Adolescent Needs and Strengths (CANS) assessment information,
- Identification of any medical conditions,
- The date of the CISC’s last assessment and the current diagnosis of the CISC,
- Recommendations resulting from the Out-of-State Triage Team Meeting, and
- Identification of other CISC currently placed at the facility.

The ICPC Office and CBHC staff are required to contact the proposed receiving state's licensing authorities and protective services office to confirm whether there have been any corrective



actions or concerns regarding licensure or use of a proposed facility. Results of their inquiries must be included in the MFD.

To improve placement decisions and better match programs with the needs of specific CISC, CYFD has also formed a team to:

- Conduct ongoing inspections and evaluations of out-of-state facilities;
- Assist in pre-selection;
- Acquire information about the content and quality of programs;
- Assess how programs can meet specific needs of our CISC;
- Build a portfolio on the quality of out-of-state facilities and programs; and
- Monitor facilities for licensing complaints and violations so that CYFD can swiftly and appropriately respond to ensure the safety of CISC.

To date, this team has visited the following ten (10) facilities:

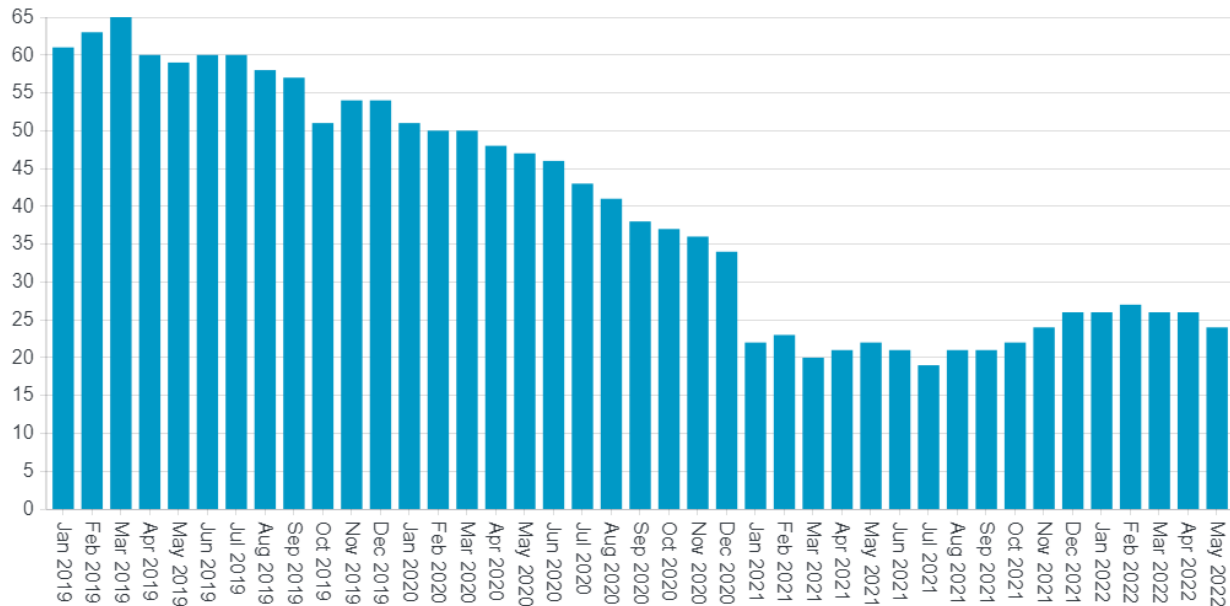
- Deveraux, Orlando, FL
- Texas Hill Country School, San Marcos, TX
- Nexus Hospital, Houston, TX
- San Marcos Residential Treatment Facility, San Marcos, TX
- Provo Canyon Residential Treatment Facility, Springville, UT
- Copper Hills Residential Treatment Facility, West Jordan, UT
- Youth Health Associates, Stepping Stones, Clearfield, UT
- Youth Health Associates, Lakeside Residential Treatment Center, Clearfield, UT
- Youth Health Associates, Cedar City Residential Treatment Center, Cedar City, UT
- Youth Health Associates, Manti Residential Treatment Center, Manti, UT

#### *Collecting data on use of Out-of-State Congregate Care Placements*

In response to the Co-Neutrals' November 2021 request, the State is collecting data on all out-of-state congregate care placements. Data collected using rolling, 6-month cohorts of children placed in Out-of-state (OOS) congregate care between December 2020 and February 2022, the median length of stay in days has been decreased by forty-five percent—from 154 days to 85 days. The trend indicates an overall decrease in the number of time children are spending in OOS congregate care. Beginning the discharge planning process within 30 days of placement is having a significant, positive effect to reduce the length of stay in congregate care.



In addition to this historical data perspective, as of May 31, 2022, there were twenty-three CISC in an out-of-state RTC placement. For context, there were 1,784 CISC as of May 31, 2022. The chart below shows the significant efforts and decrease of CISC in an out of state placement from January 2019 through May 2022.



## Other Good Faith Efforts and Deliverables Timelines

### *Creation of, and Training on Standards and Guidelines*

CYFD is creating new standards and guidelines for all caseworker visits conducted in out-of-state congregate care facilities. During a site visit, it is critical for the caseworker with whom the child is most familiar to spend quality time with the CISC, and must also:

- Communicate with staff who are with the child at different times of the day;
- Assess the daily schedule, food, sleeping, bathing, and privacy arrangements; and
- Assess clinical and educational services the child is receiving.

Standards, guidance, and training for these site visits will be completed by September 1, 2022, and will be incorporated into CYFD procedures.



As previously discussed, CYFD has created teams, as well as procedures for those teams, to provide additional oversight of out-of-state congregate care facilities. These teams conduct site visits to every out-of-state RTC by July 1, 2022. Through this process CYFD is developing an “approved” list of facilities out of state that have been assessed both through regular in-person site visits and through regular contact with the receiving state’s licensing and certification authority. This list is not static. The team assesses facilities on an ongoing basis.

This process was created out of a pilot in February 2022, with a team of Child Placement Agency specialists who conducted a site visit to San Marcos Treatment Center in Texas which was successful in their assessment of the programs, staff, policies and procedures and facilities to ensure that New Mexico CISC are receiving the most appropriate care possible.

#### *December 2020 through November 2021*

This commitment went into effect on December 1, 2020. CYFD revised its Permanency Planning Procedure (PR 10) by issuing Program Instruction Guideline 12-2020-#8 on January 14, 2021, to provide guidance on extraordinary circumstances related to placements of a child in out-of-state residential treatment centers.

During this period, the procedures and their application were novel. CYFD required all placements in an out-of-state RTC to be approved through a Memorandum for Decision (MFD). MFDs required review and were either approved or not approved prior to placements being made. In addition, the New Mexico ICPC Office would not submit the ICPC request to the proposed receiving state for placement without the approved MFD. Trainings were provided to staff, supervisors, and managers statewide in November 2020, May 2021, and November 2021.

When the initial data validation baseline report was provided by the Co-Neutrals in November 2021, CYFD was able to identify barriers and trends that presented additional opportunities to reflect the targeted outcome language, training needs, and other practice and procedural shifts. As a result, we were able to incorporate additional practices, starting in December 2021, to ensure that extraordinary circumstances measures are satisfied prior to any out-of-state placement.

#### *December 2021 through May 2022*

During this period, additional changes were made to reflect enhanced standards for extraordinary circumstances, including the re-issuance of PIG 12-2021-#22 on January 21, 2022. The re-issued PIG, initially released on December 1, 2021, further modified guidance on out-of-state placements in congregate care settings, including improving the extraordinary circumstances parameters for placement, as well as enhancing documentation requirements, and by requiring approval by the CYFD Cabinet Secretary. In addition, CYFD has committed to including review by the HSD Cabinet Secretary as a process requirement. This update also reflects commitments



that became effective in December 2021 and that enhance the ongoing review of CISC in out-of-state RTC through the IPP/Teaming Meetings process.

### *Accomplishments at a Glance*

Out of State Congregate Care Placement Deliverables & Action Steps		
Action	Responsible Party	Relevant Dates
Training of staff, supervisors, and managers on extraordinary circumstances procedures.	PS Director	November 2020
Development and implementation of MFD process for OOS placement review and approval.	PS Director	December 1, 2020 Deadline Achieved
Develop and deliver PIG for congregate care settings to include extraordinary circumstances procedures.	PS Director, PS Federal Reporting Bureau Chief	Deadline December 1, 2020 Issued January 14, 2021 Deadline Achieved
Training of staff, supervisors, and managers on updated extraordinary circumstances procedures.	PS Director	May 2021
Issuance of Letter of Direction to MCOs for participation in OOS IPP Meetings.	HSD Medicaid Division	May 1, 2021 Deadline Achieved (Revised 10-29-21)
Training of staff, supervisors, and managers on updated extraordinary circumstances procedures.	PS Director	Nov./Dec. 2021
Re-Issuance of PIG for congregate care settings to correct language around extraordinary circumstances and include new deliverables (see below).	PS Director, PS Federal Reporting Bureau Chief	December 2, 2021
Implement Individualized Planning Process (IPP) & Teaming Meetings using the JCRAT Tool.	PS Director, PS Federal Reporting Bureau Chief	December 1, 2021



Implement staffing every 30 days for any CISC placed in OOS based on medical necessity.	PS Director, PS Federal Reporting Bureau Chief	December 1, 2021 Deadline Achieved
Implement the inclusion of shelter care in the group of placements that must meet extraordinary circumstances.	PS Director, PS Federal Reporting Bureau Chief	December 1, 2021 Deadline Achieved
Update MFD template and process to incorporate lessons learned; including requiring CYFD Secretary approval and HSD Secretary review.	Cabinet Secretary, PS Director	December 2021 Ongoing
Interstate Compact for the Placement of Children (ICPC) office and CBHCs were made responsible for contacting receiving state licensing authorities and child protective services agencies to identify any Corrective Actions or concerns regarding the license and the status of current use of the facility by the receiving state's own child protective services agency. This information is included in the MFD and must be completed prior to approval of any Out of State placement.	PS Director, ICPC Administrator, CBDC Deputy Director	January 2022
Re-Issuance of PIG for congregate care settings.	PS Director, PS Federal Reporting Bureau Chief	January 21, 2022
Create weekly report on all OOS placements, including IPP meeting documentation, for review and assessment by PS leadership and Cabinet Secretary. Report has been adjusted based on lessons learned as to the most useful information for managers to provide oversight.	PS Director, PS Implementation Bureau Chief, PS Data Manager	January 31, 2022 Ongoing Weekly
Hiring an Implementation Bureau Chief dedicated to protective services.	PS Director	February 21, 2022
Training of staff, supervisors, and managers on all congregate care procedures.	PS Director; Director of Workforce Development	March 2022 Ongoing Quarterly





Require and train Field Deputy Directors and Regional Managers to review OOS placements on a weekly basis and follow up with mandatory IPP Teaming Meetings, joint JCRAT Meetings, and Discharge Planning.	Implementation Bureau Chief, PS Field Deputy Directors, Regional Managers	May 2022
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### *Lessons Learned*

As with office, hotel, and motel stays, we learned through experiences in the initial year of implementation. The MFD process has been continually reviewed and improved. For example, the MFD is now required to include the intervention/treatment that is provided at the proposed OOS RTC that meets the specific needs of the CISC. We will be issuing a new MFD template in August 2022 to better ensure that not only the extraordinary circumstances standard is met, but that the unique needs, as well as strengths, of each child or youth as a whole are at the center of the request and are reflected in the MFD.

Detailed reports are also created and submitted weekly to the Cabinet Secretary and PS leadership to include out-of-state congregate care placements, in-state congregate care placements, and ICWA/Congregate placements. These reports include tracking of the Joint Clinical Review Assessment Team (JCRAT) assessments and documentation of IPP/Teaming meetings, as well as discharge planning.

Monthly in-person child visits are required by CYFD's permanency planning policy (PR10). In May of 2021, CYFD modified this requirement to ensure that the monthly in-person visits be conducted by a worker known to the child. [Exhibit PIG 1-2022-#3. T.O. 2.2](#) provides more details regarding our visit outcomes.

### *CYFD & HSD Next Actions*

Out of State Congregate Care Placement – Next Steps		
Action	Responsible Party	Target Date
Documentation Training for Staff, Supervisors, & Managers.	Office of Performance & Accountability	Ongoing Quarterly
Recruitment and retention of resource families, particularly for youth and high needs children.	PAR Bureau Chief	Ongoing



Strengthen Quality Assurance loop between leadership and management to assess documentation and data practices to ensure timely, accurate, consistent, and complete documentation.	PS Director	Ongoing
Explore structures for worker visits to facilities to maximize worker presence throughout the month for facilities that have more than one CISC. For example, if a facility has 4 CISC there should be a worker child visit every week of the month.	PS Leadership	August 2022
Create expanded standards for case worker visits specific to CISC in OOS congregate care placements. For example, each “visit” will include more than one contact at different times of day and will require discussions with different caregivers and facility staff.	Implementation Bureau Chief	Implementation and Training Rollout August 2022
Training on new worker visit structure and expanded standards	Implementation Bureau Chief, Workforce Development Bureau Chief	July 2022
Implementation of new worker visit structure and expanded standards and issuance of updated PIG 12-2021-#22.	Implementation Bureau Chief, Federal Reporting Bureau Chief, PS Leadership, PS Field Staff	July 2022
Create a cross divisional team, and develop policies and procedures, to provide additional oversight of CISC in OOS congregate care facilities.	Implementation Bureau Chief, LCA Deputy Director	July 2022
Develop priorities and action plan for the special appropriation of \$20 million dollars to expand or create new community based behavioral health services and in state placement array.	HSD & CYFD Leadership	August 1, 2022
Develop action plan for \$7.75 million in capital outlay targeted for therapeutic group homes, youth intermediate care facilities, and sub-acute programs.	HSD, CYFD, & GSD Leadership	August 1, 2022
Rollout training and fully implement the IPP process.	Workforce Development Bureau Chief, PS Field Deputy Directors	July 5, 2022 through December 1, 2022



### *Continuous Monitoring of Practice and Outcomes and Expansion of Behavioral Health Services*

CYFD has provided some examples of data that will be used on an ongoing basis to track short-term, intermediate-term, and longer-term outcomes related to suboptimal placements. This data will help us better understand the impact that new processes and practices have on reducing the frequency and length of in-state and out-of-state congregate care, office, shelter, and community hotel/motel placements. We are encouraged by some of the early trends seen in the data but recognize the importance of vigilant tracking of these outcomes over time to ensure consistency of practice and continued improvement.

We will not just wait for annual numbers to be produced in accordance with the FSA, but rather, will use a continuous feedback loop of data outcomes to field management and leadership to ensure we immediately correct course if there are concerning trends or a lack of progress on a given outcome. Cabinet Secretary Vigil, with support from Cabinet Secretary Srase, will conduct monthly meetings to review data on IPP meetings, out-of-state placements, and all suboptimal placements to closely monitor practices and results.

CYFD is working in collaboration with the Behavioral Health Services Division/Human Services Department (BHSD/HSD) to explore ways to expand behavioral health services for children and families in New Mexico, including those in CYFD's custody and care. CYFD's goal is to support the expansion of a sustainable continuum of behavioral health care services that are easily accessible, trauma-responsive, and culturally reflective of the family served. When fully developed, the service array will support the full and healthy development of youth and their families, encouraging them to thrive. A robust continuum of care will keep children in the least restrictive, in-state level of care needed to address their developmental, mental health, and trauma-related behavioral health needs. A public-private integrated children's behavioral health system would focus on expansion of community-based services, strengthen residential interventions and trauma-responsive services, and incorporate family-engagement models including family and youth peer programming. The overall goal is to promote children and youth living in their community with natural supports.

In the 2022 Legislative Session, CYFD received \$7.75 million in Capital Outlay funding to support the development of Therapeutic Group Homes, Youth Intermediate Care Facilities (ICF) and Subacute Residential Treatment Center (RTC). In addition, HSD received \$20 million to support children's behavioral health system of care and program development. Both appropriations require cross-department and external collaboration, including the Department of Health (DOH), providers, and other stakeholders. Planning meetings began in March 2022 and will continue through August 2022.

In addition, CYFD-Behavioral Health Services (BHS) continues to support the development and expansion of New Mexico's behavioral health services for children and families in New Mexico, including those in CYFD's custody and care. BHS is actively collaborating with community behavioral health providers, New Mexico Behavioral Health Collaborative member agencies,



and key stakeholders to expand the array of community-based behavioral health services to increase the number of children and youth who are placed in community-based settings. Key initiatives include the expansion of CYFD's High-Fidelity Wraparound, Multisystemic Therapy, Functional Family Therapy, and Family Peer Support Services programs that are intended to help children, youth, and their families remain in their community and/or successfully transition to the community from an out-of-home placement.

To further support the trauma-responsive care of children and youth in CYFD custody, CYFD is actively addressing the development and implementation of Respite Services, Mobile Response and Stabilization Services, and Youth Peer Support Services. Also, community behavioral health clinicians provide clinical consultation to youth teams to support and promote trauma-responsive care in community-based settings. Strategic planning and implementation will continue for the above noted services over the next year.

## DVP Metric - 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.

Note that results for both the primary metric and secondary metric differ in this report compared to the 2019/2020 report submission due to a methodological adjustment to better align with the DVP definition of placement by excluding acute hospitalizations. This decision was reached after discussion between the State, its data partners, and the Co-Neutrals. Acute hospitalizations include those placements of children under 6 and/or that last fewer than 30 days.

### **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.

#### ***Calculation Results***

2020: 50.00% (1/2)

2021: 22.33% (22/102)

#### ***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 nontraditional 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.

***Calculation Results***

2019: 2.14% (83/3,881)

2020: 1.88% (63/3,344)

2021: 3.49% (102/2,949)

Please note that for Metric BTO1.1i-secondary, the State and CN team agreed to use only extraordinary circumstances approvals that were captured in FACTS.

***Exhibits***

[B9 - TO 1.1 - Joint Clinical Review Audit Tool 2021](#)

**Appendix B - Target Outcome 2.2 - Monthly In-Person Visits**

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

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The guidance and DVP metric for this TO were not completed by the required due date of June 1, 2021. The Co-Neutrals have not evaluated implementation, and make no Performance Standard determination on the State's performance. The Co-Neutrals will assess implementation of this TO in a future Co-Neutrals' report.*

**CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022*****Program Instruction Guideline***

A Program Instruction Guideline was issued to PS staff on October 19, 2021, by then Acting Director (now Director) Emily Martin. All PS staff received the PIG and have been working to ensure children are receiving quality monthly visits with someone they know and with whom they have a relationship.

The guidance issued states:



The PSD Worker or Supervisor must visit the child monthly to assess the child/youth's safety and wellbeing and ensure the child/youth's needs are being met. When that is impossible, the PSD Worker's Supervisor may approve the monthly worker-child visit be conducted by a worker who has a relationship to the child/youth to assess the child/youth's safety and wellbeing and ensure the child/youth's needs are being met.

The historical practice of sending one staff person to visit multiple children in a facility—who was not necessarily connected to all of the children—has been terminated.<sup>4</sup>

Following issuance of the PIG, CYFD monitored the practice through meetings with managers and supervisors in order to emphasize its importance, including documenting visits. A qualitative review of this deliverable will be conducted in August to determine who is visiting, to review any barriers to having visits conducted by the primary worker, and to confirm the supervisor is being utilized as the first alternate, and that another staff member with an existing relationship is utilized as the final option.

## DVP Metric - 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.

#### ***Calculation Results***

2021: 96.14% (224/233)

#### ***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.

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<sup>4</sup> That practice was originally made due to budgetary constraints and the practice was changed prior to the Final Settlement Agreement.



### ***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.

### ***Calculation Results***

2019: 88.87% (551/620)

2020: 99.00% (397/401)

2021: 98.28% (229/233)

### ***Exhibits***

[B10 - TO 2.2 - Updated PIG 10-2021-#19 \(Submitted 10/19/21\)](#)

## **Appendix B - Interrelated Target Outcomes 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.1, 5.2 (Introduction)**

Target Outcomes 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.1, and 5.2 each have their own definition but are all very interconnected—relating to how caseworkers and the teams of professionals supporting a CISC approach, review, and plan for extraordinary, medical necessity and best interest placements in congregate care settings. Each of these Targeted Outcomes are included in Procedure PR10-10.6 (*Out of home placements*) through the Program Instruction Guideline (PIG) 01-2022-#3- (*Congregate Care Settings*), which was issued on January 21, 2022. This was a re-issuance of the prior PIG 12-2021-#22 that was initially released on December 1, 2020. The updated version incorporates all of these Target Outcomes. Although these Target Outcomes reference the Individual Planning Process (IPP), the action items (which are part of Appendix A) relate to full implementation of the IPP process and do not take effect until December 1, 2022. Team meetings are being held and are documented and tracked.

In the following sections, we highlight each of these interrelated targeted outcomes, and then discuss CYFD and HSD's good faith efforts, accomplishments, and next steps.





## Appendix B - Target Outcome 2.1 - Joint Clinical Review of Out-of-State Placements

**By December 1, 2020, 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.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The guidance and processes for this TO were not completed by the required due date of June 1, 2021. The Co-Neutrals have not evaluated implementation, and make no Performance Standard determination on the State's performance. The Co-Neutrals will assess implementation of this TO in a future Co-Neutrals' report.*

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

The JCR process is outlined in revisions made to Procedure PR10- *Out of home placements* and issued on January 21, 2022 through [Program Instruction Guideline \(PIG\) 01-2022-#3- Congregate Care Settings](#), which was a re-issuance of the prior PIG 12-2021-#22. This PIG contained the following details to provide guidance and understanding of the process regarding individualized planning process meetings, teaming meetings and joint clinical review audit tool:

Individualized Planning Process (IPP) Meetings/Teaming Meetings and Joint Clinical Review Audit Tool: IPP meetings occur when a child has been placed in congregate care setting either due to medical necessity or it has been determined that placement in a congregate care setting is in the best interest of the child or youth. These meetings are documented using the Joint Clinical Review Audit Tool (JCRAT) to improve communication, planning, and support amongst members of the team. The IPP Meeting and the JCRAT identifies steps necessary to promote discharge and ensures the team reviews available community-based mental health services and supports that have already been provided or could be provided. The PPW is responsible for coordinating IPP Meetings. The PPW must invite the following to IPP/Teaming Meetings:



1. the child or youth;
2. the child or youth's PPW or primary assigned worker;
3. the PPW or primary assigned worker supervisor;
4. a Community Behavioral Health Clinician (CBHC);
5. the child or youth's Managed Care Organization Care Coordinator or other Care Coordinator representative (if MCO exempt/Fee for Service or private insurance); and
6. the child or youth's GAL or Youth Attorney.

The PPW may also include the following individuals to the IPP/Teaming Meeting (if applicable):

1. the child or youth's parent or other family members;
2. the Case Manager at the RTC Agency or Group Home;
3. the child or youth's Tribe/Pueblo Representative (when child/youth is an Indian child/youth);
4. a representative from the Office of Tribal Affairs, (when child/youth is an Indian child/youth); and
5. the Mental Health Professional or therapist assigned to the youth.

The completed Joint Clinical Review Audit Tool is uploaded into FACTS under the administrative icon using the appropriate drop down for the type of meeting. This tool can be found on the CYFD intranet under "forms." [12-01-2021; 01-21-2022]

A Letter of Direction (LOD) was issued to the Centennial Care 2.0 Managed Care Organizations (MCO) by HSD on October 29, 2021 that went into effect on November 1, 2021. The LOD outlines and describes specific types of IPPs at certain points in a case or decision-making process, as well as the JCR.

### *Lessons Learned*

Efforts were underway to implement this T.O. within 30 days of placement beginning in December 2021 when T.O. 1.1 regarding extraordinary circumstances expanded. Although a PIG was issued and trainings were provided to all staff, supervisors, and managers, change in the practice of adding additional meetings, and constant and ongoing feedback was needed to pursue achievement of the outcome in its fullest capacity and gain an agency-wide understanding of prioritization. Anecdotally, CYFD is conducting the JCR, it is a requirement of MFD for approval for an out-of-state placement before the youth is determined to require the immediate treatment. A CISC will not be approved for an out of state RTC without this JCR or Out of State Triage meeting occurring. However, this is not being captured in FACTS records accurately to be able to be reported as being completed and attended. Beginning in May 2022, weekly reports are created and provided to CYFD leadership to ensure that this meeting is both completed and



documented timely. In addition, weekly reports have allowed the State to identify areas in need of training, technical assistance, and support immediately, rather than quarterly or annually.

An ad hoc report, created in May 2022, provides PS leadership, county offices, and workers a weekly view of IPP meetings, due dates, the days since the last staffing, the type of IPP meeting that needs to take place, and if the JCR/Best Interest Determination has been documented in FACTS. Please note that this data report is not from the validated DVP and should be used as only as a reference of the weekly generated reports that are created to provide oversight and support.

Ongoing support and training will be provided to managers, supervisors, and staff to ensure that documentation in FACTS is a priority so that their work is credited. Again, as stated earlier, the process is new and we anticipate that there will be significant increases in the data being collected to reflect the JCR's that are happening, and being captured manually in the MFDs, for an out of state congregate care placement.

## Exhibits

[B11 - TO 2.1 - Interrelated TOs - PIG#01-2022-#3](#)

# Appendix B - Target Outcome 2.3 - IPP for Out-of-State Placements

## Out of State Individualized Planning Process (IPP) Meeting and Development of Discharge Plans

**Within the first 30 days of an Out of State Placement not consistent with the child's permanency plan, the out-of-state Individualized Planning Meeting (IPM) team will develop a discharge plan which includes identification of in-state resource that need to be developed for the child to return to NM (including those funded by Medicaid); IPM teams will meet every 30 days to support such children and identify steps necessary to promote discharge.**

## Co-Neutral November 15th Report:

The guidance and processes for this TO were not completed by the required due date of June 1, 2021. The Co-Neutrals have not evaluated implementation, and make no Performance Standard determination on the State's performance. The Co-Neutrals will assess the State's efforts



toward this TO in a future Co-Neutrals' report.

### Status of Commitment as of September 1, 2021:

This TO is interrelated to Appendix A, TO 4.1 which requires CYFD and HSD to develop and implement an Individualized Planning Process (IPP) for convening team meetings to make decisions for delivering supports and services to children in foster care. The State contracted during this period with the Child Welfare Policy and Practice Group to develop, train, and provide technical assistance to the State on its IPP which is scheduled to be fully implemented in December 2022.

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

A monthly joint clinical review is conducted for every CISC in an out-of-state congregate care placement. Discharge planning is a component of the monthly staffing. Each month, as part of the joint clinical review, determinations are made as to whether the out-of-state placement is medically necessary or otherwise in the child's best interests, and whether there are in-state options that will satisfy the child's best interests.

Efforts were underway to implement this TO within 30 days of placement beginning in December 2021 when TO 1.1 regarding extraordinary circumstances expanded. A PIG was issued and trainings were provided to all staff, supervisors, and managers. Changes in practice, including adding additional meetings, and seeking constant and ongoing feedback, were needed. CYFD also worked to ensure staff gain an understanding of the purpose and priority of holding and documenting these meetings. More training and technical assistance is needed to ensure that caseworkers and supervisors are capturing in FACTS that this meeting was completed, including who attended.

Beginning in May 2022, weekly reports are created and provided to CYFD leadership to ensure that this is completed and documented timely. In addition, these weekly reports provide for immediate identification of needs and barriers and provision of training, technical assistance, and support, rather than waiting for quarterly or annually feedback.

As described in TO 2.1, an ad hoc report is provided and reviewed regularly by CYFD leadership and county offices to provide oversight and support to ensure the IPP meetings are occurring within the required time frame for out of state and in state congregate care. Please note that this data report is not from the validated DVP and should be used as only as a reference of the weekly generated reports that are created to provide oversight and support.

The State's work with the Child Welfare Policy and Practice Group to develop, train, and provide technical assistance to the State on its IPP is fully described within Appendix A. The IPP is fully



developed and training on the IPP model has begun and will be fully implemented by December 2022.

### Exhibits

None.

## Appendix B - Target Outcome 3.1 - Clinical Review of Congregate Care Placements

### Congregate Care due to medical necessity determination review every 30 days

**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.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*TO 3.1 was not assessed in the Co-Neutral November 15, 2021 Report to the Department. This TO began December 1, 2021.*

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

Every medical necessity determination that a child requires residential treatment is reviewed and evaluated monthly as a part of the joint case review and discharge planning, as described in the above reports on Target Outcomes 2.1 and 2.3.

### Exhibits

None.



## Appendix B - Target Outcome 3.2 - IPP for Congregate Care Placements

**Individualized Planning Meetings will be held every 30 days for any child placed in a congregate care setting due to medical necessity.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*TO 3.2 was not assessed in the Co-Neutral November 15, 2021 Report to the Department. This TO began December 1, 2021.*

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

As described in detail in the above reports on Target Outcomes 2.1 and 2.3, Individual Planning Meetings are held monthly 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, including identifying community-based services and potential placement opportunities, identifying who is responsible for particular steps, and reporting on the progress made.

### Exhibits

None.



## Appendix B - Target Outcome 4.1 - IPM for Medical Necessity of Congregate Care Placements

**Individualized Planning Meeting for all congregate care placements that are not supported by a determination of medical necessity to determine best interest. 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 IPM 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 IPM team, including a mental health professional, at least every 90 Days, or more frequently as needed.**

### Co-Neutral November 15<sup>th</sup> Report: Status of Commitment as of September 1, 2021

*TO 4.1 was not assessed in the Co-Neutral November 15, 2021 Report to the Department. This TO began on December 1, 2021.*

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

As described in detail in the above reports on Target Outcomes 2.1 and 2.3, Individual Planning Meetings are held before any child can be placed in a congregate care setting that is not based on medical necessity, to determine whether the placement is in the child's best interests. These determinations are made by the IPM team that includes a mental health professional. The placements are reviewed every ninety days to determine whether they are supported and to identify steps necessary to promote discharge, including identifying community-based services and potential placement opportunities, identifying who is responsible for particular steps, and reporting on the progress made.

### Exhibits

None.





## Appendix B - Target Outcome 4.2 - IPM for Shelter Stays

Individualized Planning Meeting for extraordinary circumstances requiring a shelter stay.

**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 serviced needed by the child, and notify the child's legal representative of the result of the review.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*TO 4.2 was not assessed in the Co-Neutral November 15, 2021 Report to the Department. This TO began on December 1, 2021.*

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

Before a child can be placed in a shelter, a county office manager must make a determination whether it meets extraordinary circumstances. Within 48 hours of such placement, and as described in detail in the above reports on Target Outcomes 2.1 and 2.3, Individual Planning Meetings are held to identify more appropriate placement and steps necessary to move the child, including community-based services. The child's youth attorney or guardian ad litem must also be notified and are included in the IPP meeting. The placements are reviewed every ninety days to determine whether they are supported and to identify steps necessary to promote discharge, including identifying community-based services and potential placement opportunities, identifying who is responsible for particular steps, and reporting on the progress made.

### DVP Metric - 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.



### ***Calculation Results***

2021: 0.58% (2/340)

Supplemental Information: (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)

2021a: 2 days for timely meetings

2021b: N/A for late meetings - There were no late meetings in 2021 and thus we are unable to calculate an average number of days for late meetings.

### **Exhibits**

None.

## **Appendix B - Target Outcome 5.1 - Out-of-Home Placements**

Every child will be in a foster home unless medical necessity or best interest determination

**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 Meeting team determines that a non-clinical setting is in the child's best interest.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*TO 5.1 was not assessed in the Co-Neutral November 15, 2021 Report to the Department. This TO began on December 1, 2021.*

### **CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022**

Placement in an appropriate foster home is the presumptively preferred placement. That is, efforts are made to place every child in CYFD custody in an appropriate family placement or licensed foster home. Only those children who fall within extraordinary circumstances or medical necessity are placed in sub-optimal placements (i.e., out-of-state congregate care, shelters, office/hotel/motel stays) pursuant to the processes previously detailed.



## DVP Metric - 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).

#### ***Calculation Results***

The State is not reporting on this metric for 2021 due to issues in the underlying data used to calculate this metric. The data collection for best interest, medical necessity, and extraordinary circumstances determinations is mandatory at the time of placement, and data collection began before all field staff were thoroughly trained in the process of making these determinations.

#### ***Secondary Metric***

The State can provide as a secondary metric the share of children with placements in settings 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.

*Note: The results of this metric have changed as compared to the previous 2019/2020 report submission due to a methodological adjustment to exclude acute hospitalizations for children under 6 and less than 30 days – a decision reached after discussions between the State, its data partners, and the Co-Neutrals.*

#### ***Calculation Results***

2019: 11.98% (465/3,881)

2020: 11.12% (372/3,344)

2021: 13.6% (401/2,949)

### **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.

#### ***Calculation Results***

*The State is not reporting on this metric for 2021 due to issues in the underlying data used to calculate this metric. The data collection for best interest, medical necessity, and extraordinary circumstances*



*determinations is mandatory at the time of placement, and data collection began before all field staff were thoroughly trained in the process of making these determinations.*

## Exhibits

None.

## Appendix B - Target Outcome 5.2 - 30-day Review of RTC or Q RTP Placements

Finding of medical necessity for congregate care placement will be reviewed and will take into consideration whether community-based mental health services and support have been or could be provided.

**The finding of medical necessity for a more restrictive setting (residential treatment or Q RTP) will be reviewed every 30 Days or more frequently as needed and will take into consideration whether community-based mental health services and supports have been or could be provided.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*TO 5.2 was not assessed in the Co-Neutral November 15, 2021 Report to the Department. This TO began on December 1, 2021.*

## CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

All placements of children in congregate care settings (whether in-state or out-of-state) are reviewed as described in greater detail above. These reviews include assessments of current and needed community-based services to support the child's individual needs. Finding of medical necessity for congregate care placement is reviewed every 30 days or more frequently as needed. These efforts are documented in the process and the outcomes are documented in the DVP.

## Exhibits

None.



## DVP Metrics - Appendix B - Target Outcome 6.2

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

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

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

#### ***Calculation Results***

Due to ongoing consultation between the State, the State's data partners, and the Co-Neutrals data team, this result will not be submitted this year due to discrepancies in how new homes are defined and counted.

#### ***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.

#### ***Calculation Results***

2019: 190

2020: 133

2021: 127

#### ***Explanation of Adjustments***

The results for this metric were calculated by the Co-Neutrals data team. The State examined both the Co-Neutrals methodology as well as the underlying data and compared both with those from the State's data partners and agreed that the Co-Neutrals data team's methodology was more aligned with the DVP. The State will work with its data partners to resolve any methodological discrepancies going forward.



## DVP Metrics - 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.

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

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

Please note this metric includes only data from July through December of the reporting period, as outlined in the DVP.

### ***Calculation Results***

Results were not calculated for 2021 due to ongoing validation of the underlying data and revised metric calculation methodology.

### ***Explanation of Adjustments***

Differences in results in this report from previous reports are due to several logic adjustments in calculating this metric. In March of 2022, the State and Co-Neutrals had agreed on logic to merge sequential placements with the same person ID, provider name, and placement setting. As part of this decision, it was also decided to apply this same logic to treatment foster care (TFC) placements. Through the process of validating the 2021 results, it was determined that this logic results in the loss of critical TFC placement data needed to calculate metric BTO6.4.

### ***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.

### ***Calculation Results***

Results were not calculated for 2021 due to ongoing validation of the underlying data and revised metric calculation methodology.



### ***Explanation of Adjustments***

Differences in results in this report from previous reports are due to several logic adjustments in calculating this metric. In March of 2022, the State and Co-Neutrals had agreed on logic to merge sequential placements with the same person ID, provider name, and placement setting. As part of this decision, it was also decided to apply this same logic to treatment foster care (TFC) placements. Through the process of validating the 2021 results, it was determined that this logic results in the loss of critical TFC placement data needed to calculate metric BTO6.4.

## **DVP Metrics - 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 31st of the reporting year who are placed with kin, including fictive kin.

#### ***Calculation Results***

2019: 31.11% (605/1,945)

2020: 36.19% (659/1,821)

2021: 43.52% (698/1,604)

#### ***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.

2019: 8.69% (169/1945)

2020: 14.22% (259/1821)

2021: 17.64% (283/1604)





### ***Explanation of Adjustments***

Differences in results in this report from previous reports are due to several logic adjustments in calculating this metric. The results in this report reflect decisions to exclude episodes of custody with a length of less than 8 days. Additionally, logic was adjusted to more accurately capture fictive kin placements.

## **DVP Metrics - 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.

As a note, the DVP mentions the following exclusion: “Children will be excluded from placement counts and days in care upon turning 18.”

### ***Calculation Results***

Results were not calculated for 2021 due to ongoing validation of the underlying data and revised metric calculation methodology.

### ***Explanation of Adjustments***

Differences in results in this report from previous reports are due to several logic adjustments in calculating this metric. The results in this report reflect decisions to exclude acute hospitalizations as well as adjustments to utilize custody end date over discharge date in the matching logic.



## DVP Metrics - 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.

#### *Calculation Results*

2019: 37.32% (231/619)

2020: 42.53% (222/522)

2021: 40.64% (178/438)

## Appendix B - Targeted Outcome 10.1 and 10.2 - Creation & Implementation of CYFD Workforce Development Plan

CYFD will create a CYFD Workforce Development Plan that will ensure CYFD's workforce has adequate qualifications, expertise, skills, and numbers of personnel. The CYFD Workforce Development Plan will describe in writing the expected nature, scope, capacity, and structure of the workforce necessary to meet the obligations described in this Agreement. The plan will include a specific hiring plan that identifies, by county, the number of staff, credentials, and training required to meet the objectives identified in the CYFD Workforce Development Plan and outlines strategies to recruit and retain staff. The Plan will require that all caseworkers and supervisors have sufficient educational credentials and/or directly relevant experience. It will require that CYFD have a sufficient number of caseworkers to ensure that no caseworker will carry a caseload of greater than the current professional standard identified by the Child Welfare League of America (CWLA). It will also include sufficient numbers of staff trained and able to implement ICWA guidelines using culturally responsive practices. The Plan will describe specific strategies to attract and retain diverse, high-quality staff with appropriate qualifications



**and skills. Co- Neutrals must approve the CYFD Workforce Development Plan. CYFD will develop the Workforce**

**Development Plan by December 1, 2020 and fully implement it by December 1, 2021.**

## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*This Plan was due for the Co-Neutrals' approval on June 1, 2021. CYFD submitted a revised version of the Plan to the Co-Neutrals on September 1, 2021.<sup>141</sup> That version is in part unclear and remains unresponsive to requests for certain information from the Co-Neutrals. The draft includes guidance on graduated caseloads "not yet approved" by the agency's leadership. The Co-Neutrals assess the State has not met the Performance Standard for this TO.*

## CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

The first draft of the Workforce Development Plan, submitted in September of 2021, did not include an agreed-upon empirical caseload standard. Since that time, the State and Co-Neutrals had ongoing discussions and eventually agreed to this caseload standard, which informed discussions of staffing needs in the revised draft of the Plan. This draft will be submitted to the Co-Neutrals by August 15, 2022.

In revising the Workforce Development Plan, the State endeavored to determine agency staffing needs more robustly by county and position, as well as incorporate a comprehensive staff survey in informing retention needs and strategies. Some of the data gathered in the staff survey did shift emphases of the plan, including training, development of leadership, and the critical role of support staff. The state consulted with national partners as well as the current body of research and evaluation of other state strategies to develop its two to three year plan, and has begun partnering with other agencies such as the Higher Education Department to recruit diverse, committed staff.

## DVP Metric - Appendix B - Target Outcome 10.2

CYFD will fully implement the CYFD Workforce Development Plan.

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

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



***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.

***Note: This metric is calculated by the State***

***Calculation Results***

Average Investigations Caseloads				
County	Mar-21	Jun-21	Sep-21	Dec-21
Bernalillo	14.1	13.7	21.6	20.6
Chaves	12.7	13.5	13.0	16.3
Cibola	10.7	7.7	7.0	5.0
Colfax	10.0	4.7	9.5	14.0
Curry	12.2	11.8	15.3	5.8
Dona Ana	12.1	11.3	16.4	11.5
Eddy	12.0	15.0	12.0	12.8
Grant	15.7	8.5	15.0	13.0
Lea	11.4	9.7	14.4	15.8
Lincoln/Otero	18.7	14.2	28.5	20.0
Luna	10.3	10.7	14.7	10.3
McKinley	12.3	18.5	14.0	8.3



<b>Quay</b>	<b>2.7</b>	<b>3.3</b>	<b>4.5</b>	<b>6.0</b>
<b>Rio Arriba</b>	<b>23.3</b>	<b>17.5</b>	<b>18.7</b>	<b>23.0</b>
<b>Roosevelt</b>	<b>8.0</b>	<b>6.5</b>	<b>11.0</b>	<b>7.5</b>
<b>San Juan</b>	<b>20.6</b>	<b>11.3</b>	<b>17.0</b>	<b>16.4</b>
<b>San Miguel</b>	<b>10.0</b>	<b>8.3</b>	<b>13.8</b>	<b>21.0</b>
<b>Sandoval</b>	<b>15.0</b>	<b>12.7</b>	<b>19.0</b>	<b>25.1</b>
<b>Santa Fe</b>	<b>14.4</b>	<b>13.1</b>	<b>13.7</b>	<b>13.7</b>
<b>Sierra/Socorro</b>	<b>7.8</b>	<b>6.5</b>	<b>21.0</b>	<b>8.3</b>
<b>Taos</b>	<b>9.3</b>	<b>14.3</b>	<b>16.3</b>	<b>22.5</b>
<b>Torrance</b>	<b>11.5</b>	<b>8.0</b>	<b>6.0</b>	<b>21.0</b>
<b>Valencia</b>	<b>19.2</b>	<b>14.2</b>	<b>19.4</b>	<b>17.3</b>

#### Average PPW Caseloads

<b>County</b>	<b>Mar-21</b>	<b>Jun-21</b>	<b>Sep-21</b>	<b>Dec-21</b>
<b>Bernalillo</b>	<b>11.2</b>	<b>11.4</b>	<b>10.5</b>	<b>11.8</b>
<b>Chaves</b>	<b>16.7</b>	<b>17.5</b>	<b>17.2</b>	<b>16.7</b>
<b>Cibola</b>	<b>15.0</b>	<b>15.0</b>	<b>16.3</b>	<b>25.5</b>
<b>Colfax</b>	<b>8.0</b>	<b>14.0</b>	<b>n/a</b>	<b>5.0</b>
<b>Curry</b>	<b>10.3</b>	<b>8.6</b>	<b>10.2</b>	<b>17.8</b>
<b>Dona Ana</b>	<b>14.4</b>	<b>14.6</b>	<b>14.5</b>	<b>13.0</b>
<b>Eddy</b>	<b>17.3</b>	<b>24.4</b>	<b>57.0</b>	<b>50.0</b>
<b>Grant</b>	<b>13.5</b>	<b>7.7</b>	<b>7.0</b>	<b>10.5</b>
<b>Lea</b>	<b>16.6</b>	<b>19.0</b>	<b>17.8</b>	<b>26.5</b>



<b>Lincoln/Otero</b>	<b>12.2</b>	<b>17.8</b>	<b>23.6</b>	<b>18.5</b>
<b>Luna</b>	<b>6.5</b>	<b>8.5</b>	<b>9.5</b>	<b>16.0</b>
<b>McKinley</b>	<b>4.7</b>	<b>4.0</b>	<b>4.7</b>	<b>5.0</b>
<b>Quay</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Rio Arriba</b>	<b>13.8</b>	<b>13.3</b>	<b>17.0</b>	<b>21.5</b>
<b>Roosevelt</b>	<b>13.0</b>	<b>15.0</b>	<b>11.0</b>	<b>11.0</b>
<b>San Juan</b>	<b>12.0</b>	<b>12.1</b>	<b>16.5</b>	<b>13.7</b>
<b>San Miguel</b>	<b>18.0</b>	<b>22.8</b>	<b>24.8</b>	<b>18.4</b>
<b>Sandoval</b>	<b>9.5</b>	<b>6.5</b>	<b>5.4</b>	<b>5.8</b>
<b>Santa Fe</b>	<b>25.3</b>	<b>19.3</b>	<b>17.3</b>	<b>26.5</b>
<b>Sierra/Socorro</b>	<b>10.0</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Taos</b>	<b>23.5</b>	<b>27.5</b>	<b>17.7</b>	<b>21.0</b>
<b>Torrance</b>	<b>9.0</b>	<b>7.3</b>	<b>8.0</b>	<b>24.0</b>
<b>Valencia</b>	<b>8.3</b>	<b>9.9</b>	<b>7.8</b>	<b>9.3</b>

#### Average Placement Caseloads

<b>County</b>	<b>Mar-21</b>	<b>Jun-21</b>	<b>Sep-21</b>	<b>Dec-21</b>
<b>Bernalillo</b>	<b>15.7</b>	<b>15.2</b>	<b>19.0</b>	<b>19.8</b>
<b>Chaves</b>	<b>14.3</b>	<b>14.0</b>	<b>13.3</b>	<b>20.0</b>
<b>Cibola</b>	<b>n/a</b>	<b>n/a</b>	<b>21.0</b>	<b>22.0</b>
<b>Colfax</b>	<b>14.0</b>	<b>13.0</b>	<b>12.0</b>	<b>12.0</b>
<b>Curry</b>	<b>7.3</b>	<b>10.5</b>	<b>11.0</b>	<b>7.7</b>



<b>Dona Ana</b>	<b>15.1</b>	<b>14.3</b>	<b>15.3</b>	<b>18.8</b>
<b>Eddy</b>	<b>20.0</b>	<b>15.0</b>	<b>13.0</b>	<b>12.0</b>
<b>Grant</b>	<b>11.5</b>	<b>13.0</b>	<b>10.0</b>	<b>10.0</b>
<b>Lea</b>	<b>15.7</b>	<b>11.5</b>	<b>11.3</b>	<b>11.0</b>
<b>Lincoln</b>	<b>9.0</b>	<b>n/a</b>	<b>n/a</b>	<b>11.0</b>
<b>Luna</b>	<b>9.0</b>	<b>10.0</b>	<b>13.0</b>	<b>13.0</b>
<b>McKinley</b>	<b>11.0</b>	<b>11.5</b>	<b>9.0</b>	<b>9.5</b>
<b>Otero</b>	<b>14.5</b>	<b>15.5</b>	<b>16.0</b>	<b>17.0</b>
<b>Quay</b>	<b>11.0</b>	<b>11.0</b>	<b>11.0</b>	<b>12.0</b>
<b>Rio Arriba</b>	<b>15.0</b>	<b>13.5</b>	<b>15.0</b>	<b>13.0</b>
<b>Roosevelt</b>	<b>5.0</b>	<b>7.0</b>	<b>8.0</b>	<b>n/a</b>
<b>San Juan</b>	<b>18.3</b>	<b>17.7</b>	<b>26.5</b>	<b>27.0</b>
<b>San Miguel</b>	<b>15.5</b>	<b>16.5</b>	<b>16.5</b>	<b>11.5</b>
<b>Sandoval</b>	<b>20.3</b>	<b>13.5</b>	<b>18.0</b>	<b>18.3</b>
<b>Santa Fe</b>	<b>30.0</b>	<b>56.0</b>	<b>17.3</b>	<b>17.0</b>
<b>Sierra/Socorro</b>	<b>19.0</b>	<b>18.0</b>	<b>16.0</b>	<b>15.0</b>
<b>Taos</b>	<b>14.0</b>	<b>24.0</b>	<b>28.0</b>	<b>n/a</b>
<b>Torrance</b>	<b>9.0</b>	<b>10.0</b>	<b>12.0</b>	<b>13.0</b>
<b>Valencia</b>	<b>11.8</b>	<b>11.8</b>	<b>13.0</b>	<b>11.2</b>

#### Average I-HS Caseloads

<b>County</b>	<b>Mar-21</b>	<b>Jun-21</b>	<b>Sep-21</b>	<b>Dec-21</b>
<b>Bernalillo</b>	<b>4.8</b>	<b>3.7</b>	<b>2.5</b>	<b>3.1</b>





<b>Chaves</b>	<b>6.0</b>	<b>3.0</b>	<b>4.0</b>	<b>n/a</b>
<b>Cibola</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Colfax</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Curry</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Dona Ana</b>	<b>2.9</b>	<b>4.9</b>	<b>3.0</b>	<b>3.7</b>
<b>Eddy</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Grant</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Lea</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Lincoln</b>	<b>2.0</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Luna</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>McKinley</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Otero</b>	<b>4.0</b>	<b>4.0</b>	<b>0.0</b>	<b>2.0</b>
<b>Quay</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Rio Arriba</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Roosevelt</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>San Juan</b>	<b>3.0</b>	<b>3.0</b>	<b>n/a</b>	<b>n/a</b>
<b>San Miguel</b>	<b>3.0</b>	<b>1.0</b>	<b>0.5</b>	<b>0.0</b>
<b>Sandoval</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Santa Fe</b>	<b>7.0</b>	<b>3.5</b>	<b>3.0</b>	<b>1.0</b>
<b>Sierra</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Socorro</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Taos</b>	<b>5.0</b>	<b>4.5</b>	<b>3.5</b>	<b>3.0</b>
<b>Torrance</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Valencia</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>



**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.

*Note: There are differences in the results of this metric from the previous annual report due to a methodological adjustment, as the previously submitted 2019/2020 report scoped this metric to only include staff members that had an active caseload, and now it includes all staff members that worked during the reporting year.*

**Calculation Results**

2019: 0.10 per 100 days (88/86,884)

2020: 0.09 per 100 days (88/94,437)

2021: 0.12 per 100 days (116/94,356)

**Exhibits**

None.



## Appendix C

### Appendix C - Implementation Target 1.1 - State ICWA Law

**CYFD and HSD will work with the Administrative Office of the Courts (AOC) and with New Mexico Tribes and Pueblos to draft a State ICWA law that mirrors and expands upon the federal version. The drafting committee will include representatives of New Mexico Tribes and Pueblos, representatives of Native Children, Native parents, and other caregivers involved in the child welfare system, experts on the federal ICWA, and providers of culturally relevant services and supports. The drafting committee will have discretion to determine the content of the law and will consider definitions of “active efforts,” “qualified expert witness,” including qualifications for determining a “qualified expert witness,” and development of a pool of potential expert witnesses. HSD and CYFD will identify and arrange for an appropriate facilitator such as the New Mexico Department of Indian Affairs to convene the drafting committee to assist in drafting the law. CYFD and HSD will actively promote passage of the law, including by making a positive recommendation of the bill to the Governor’s Office with appropriate justification.**

#### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*While the State made efforts toward this IT, it did not follow the specific process requirements, which in the Co-Neutrals’ assessment, may have contributed to the inability to move forward with a vote on a New Mexico Indian Child Welfare Act (ICWA) law in the last legislative session. The Co-Neutrals have determined a period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT, by working with the Tribes, Pueblos, and other designated parties, in a manner consistent with the FSA for the upcoming legislative session in January 2022.*

#### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

Since 2015, when discussions initially began about creating a state Indian Child Welfare Act, the State has been a contributing partner and supporter of the efforts led by the Nations, Pueblos and Tribes to draft such an Act. During the 2021 legislative session, the State worked actively to support passage of the draft Act, which was introduced in both the House (HB 209, sponsored by Representative Georgene Louis) and the Senate (SB 278, sponsored by Senator Benny Shendo), by participating in discussions and drafting workgroups and providing expert witness testimony during the legislative committee hearings. The 2021 bill passed the House Health and Human Services and House State Government, Elections and Indian Affairs committees, and the House floor. In the Senate, the bill passed the Senate Indian, Rural and Cultural Affairs Committee; it



(like one hundred or more other bills) was not heard in the Senate Judiciary Committee before the 2021 session ended.

Following the end of the 2021 legislative session, at the request of the bill's sponsor, Representative Georgene Louis, the State continued to actively participate in a workgroup convened by Representative Louis that redrafted and refined the state ICWA bill so that it would expand the protections of the Federal ICWA at the state level. The drafting workgroup included representatives from the New Mexico Nations, Pueblos and Tribes, Bold Futures (which State Representative Louis selected to facilitate the entire drafting and legislative process), the Coalition to Stop Violence Against Native Women, and representatives of NM CYFD. The drafting workgroup included Native American members who had professional direct experience with the state's child welfare system. The proposed bill was reviewed with representatives from New Mexico Tribes, Nations and Pueblos who provided feedback, input and positions on the proposed state ICWA. In the end, every provision of what is now called the Indian Family Protection Act (IFPA) was informed by the actual experiences of Native American families and tribes.

In addition, the State worked with the Children's Court Improvement Commission and the Administrative Office of the Courts before the 2022 legislative session to identify and then address their concerns about the draft bill with the bill sponsors. The CYFD Secretary and the Secretary Trujillo of the Indian Affairs Department (IAD) wrote to each tribal leader in the state before the legislative session to express their support for IFPA and to encourage tribal support. CYFD Secretary Vigil presented about IFPA at the IAD Tribal Leader Policy Briefing on January 13, 2022, and met separately with Navajo Nation President Nez and Secretary Trujillo about the bill.

During the 2022 legislative session, IFPA was introduced by Representative Georgene Louis, Senator Daniel Ivy Soto and Representative Micaela Cadena. The State worked closely with the bill sponsors, Bold Futures, the Coalition to Stop Violence Against Native Women, and tribal leaders and their representatives before and during the legislative session to identify witnesses, to testify on behalf of the bill in all committee hearings, and to serve as experts when the House and Senate chambers considered the bill. In addition, support was received via a resolution from the Eight Northern Pueblos Council, Inc. Additionally, at the request of Senator Shannon Pinto, Chairwoman of the Senate Indian, Rural, and Cultural Affairs Committee, CYFD Secretary Vigil, Deputy Secretary Gillia, and Office of Tribal Affairs Director Sarracino presented an overview of the bill to Committee members before the bill was referred to that Committee for consideration. The State actively supported IFPA by writing a thorough and supportive Fiscal Impact Report and by recommending to the Governor that she sign the bill. During the 2022 legislative session, the Indian Family Protection was heard in the House Health and Human Services Committee, the House State Government, Elections and Indian Affairs Committee, the Senate Indian, Rural and Cultural Affairs Committee, and the Senate Judiciary Committee. IFPA



successfully passed both chambers and was signed into law on March 3, 2022 by Governor Michelle Lujan Grisham.

### Exhibits

[C1 - IT 1.1 - House Bill 135, the Indian Family Protection Act](#)

[C2 - IT 1.1 - ENIPC Resolution](#)

[C3 - IT 1.1 - Letters of Support from 2021 and 2022 Legislative Session](#)

[C4 - IT 1.1 - HB0135 Fiscal Impact Report](#)

[C5 - IT 1.1 - Senate Bill 0278](#)

[C6 - IT 1.1 - House Bill 0209](#)

[C7 - IT 1.1 - SICWA Resolution 21.05.18](#)

## Appendix C - Implementation Target 2.1 - Process & Procedure Development to Promote Traditional Intervention & Services Using an Assessment Tool

**With the input of New Mexico's Tribes and Pueblos, CYFD and HSD will develop processes and procedures to promote traditional interventions as first-line interventions and services, using an assessment tool for Native Children in State Custody, modifications of existing assessment tools, or other means recommended by Native experts. The form of the assessment tool or other means shall be approved by the Co-Neutrals, but the Co-Neutrals shall not withhold approval of the assessment tool if it is reasonably calculated to achieve the Goals of this Agreement.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*This deliverable was due on June 1, 2021, and based on the information provided by the State, the Co-Neutrals assessed that the State has not met the Performance Standard for this IT. The Co-Neutrals have been unable to fully assess completion of this IT, nor to provide approval of the required assessment tool in isolation of the accompanying processes and procedures, which as of September 1, 2021, had not been provided by the State.*



## CYFD & HSD Actions Taken Between January 1, 2021 and June 30, 2022

This Commitment requires the development of “processes and procedures,” including an assessment tool, which initially took the form of a proposed Cultural Assessment Questionnaire, now called the Cultural Strengths Inquiry (CSI), and a related, proposed new Program Instruction Guide (PIG) for use of the CSI.<sup>5</sup> Only after using the PIG and CSI and having an opportunity to evaluate their efficacy and clarity, will the State be able to adopt more formal internal procedures and promulgate the “policy,” otherwise known as a “rule” in New Mexico or a “regulation,” as required by Target Outcome 2.3.

A first draft of the CSI was developed in collaboration with, and approved by, social workers/ICWA workers from all 23 Nations, Pueblos, and Tribes in New Mexico in May 2021. The participating workers are experts in addressing cultural needs and sensitivity and are the tribal representatives and tribal designees representing the New Mexico Tribes, Pueblos, and Nations in the New Mexico Tribal Indian Child Welfare Consortium (NMTIC). NMTIC works collaboratively to improve and strengthen Native American child welfare practices in the state of New Mexico.

When reviewed with the same group in January and February 2022 (to address how frequently the instrument would be used), the tribal workers were concerned that the proposed CSI asks questions whose answers would require disclosure of information about sensitive topics unnecessary to increasing access to cultural interventions and traditional services. With their assistance and ultimate approval, the CSI was redrafted with the tribal workers to include more appropriate, less intrusive questions that would still enable CYFD to assist Native American children and their families in obtaining access to cultural interventions and traditional services. They also strongly recommended that this tool be utilized in the presence of family and tribal representation. The State has included both family and tribal representation as necessary CSI participants during administration of the CSI in the proposed PIG. The second draft of the CSI was submitted to the Co-Neutrals on February 28, 2022; because this Implementation Target (IT) was subject to the Dispute Resolution process the Co-Neutrals have not yet responded to this recent submission.

At the same time the State submitted the second draft of the CSI, the State also submitted the third draft of the proposed PIG and a cover memo describing modifications made to both documents. This third draft of the PIG fully responded to the feedback provided by the

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<sup>5</sup> As a result of feedback from the tribes, the State (with agreement and support of the State, Plaintiffs and Co-Neutrals) has renamed the CAQ the Cultural Strengths Inquiry (CSI). Given continuing concerns about the CSI by the tribes (to be discussed below), it is not yet clear whether this will remain the name going forward. For purposes of this Report, we will refer to this assessment tool as the CSI.



Co-Neutrals in their November 1, 2021 report. On March 7th, 2022 the Co-Neutrals requested a copy of the State's Incidental Payment Matrix, which was amended to include two new service types: Native American Cultural Activities (ICWA) and Medical/Therapeutic - Native American Traditional Healing Services (ICWA). CYFD provided the payment matrix to the Co-Neutrals on March 12, 2022.

In March 2022, CYFD further revised the CSI, but has not submitted this draft to the Co-Neutrals for two reasons: first, this IT was subject to the Dispute Resolution process, and second, tribal leaders have since expressed concerns about the CSI to CYFD. Any further modifications to the assessment tool or process to respond to these concerns will necessitate changes to the PIG.

In the Memorandum of Understanding (MOU) agreed to by the State and the Plaintiffs during Dispute Resolution, the State agreed to clarify in the proposed PIG that the child may request cultural interventions and traditional services and ceremonies, that requests for cultural interventions and traditional services and ceremonies may be made at any time and are not limited to the formal administration of the Cultural Strengths Inquiry, and that "between cultural strengths inquiries, CYFD will foster consistent contact and communication with the Native American child, parents, and Nations/Tribes/Pueblos about the availability of state assistance when a Native American child, parents, or Nations/Tribes/Pueblos request to have the child participate in cultural interventions and traditional services and ceremonies." These clarifications have been included in a revised draft of the proposed PIG, but have not yet been submitted to the Co-Neutrals for the second reason noted above. Until the assessment tool (or other means) is finalized, it is premature to resubmit the proposed PIG.

Also during dispute resolution, the State agreed to confer with tribal partners about:

- Whether attorneys or others requested by a child or parent/caregiver can be present during the administration of the the Cultural Strengths Inquiry;
- How the State can support the maintenance and development of connections between a Native American child in state custody and his or her Nation/Pueblo/Tribe when that connection is desired and guidance and assistance is needed; and
- How to engage Native American children and families who have previously been involved in the state child welfare system to seek input on their experiences and how CYFD may improve our services.

The State began discussing the question of whether attorneys and others could be present during the administration of the CSI, during two tribal listening sessions held in April, and during a weekly policy meeting with tribal social and ICWA workers. The overwhelming consensus was that attorneys should not be included in the CSI process. Significant concerns were also expressed about including others, due to the sensitive nature of what might be discussed.





In addition to concerns about who will be present during the CSI discussion, the State continues to hear concerns from the Nations, Pueblos and Tribes regarding the use of an assessment tool, the type of training CYFD staff will receive, and the potential for misuse and exploitation by other parties involved in Indian child welfare cases (i.e., guardians ad litem and youth attorneys, resource parents, and resource parents attorneys). Tribes, Nations and Pueblos have expressed concern about the potential misuse of information gathered in the CSI, specifically to argue in court for deviations from the placement preferences based on information received if the child's family and tribe are not actively pursuing or practicing traditional and cultural interventions and services, and therefore concluding that the Indian child is not connected to the tribe and community culturally. The potential for use of cultural participation and the extent of cultural participation by an outsider to determine what is considered adequate cultural connection and involvement is especially concerning to the Tribes, Nations and Pueblos.

In addition, tribal representatives continue to voice concerns about how the use of an assessment tool is viewed as an attempt to criticize, scrutinize and westernize their sacred cultural and traditional practices. At the State-Tribal Leaders Summit held on June 1 and 2, 2022, Tribal leaders expressed significant concerns about the use of an assessment tool generally, including the inappropriateness of discussing any traditional practices with the State and any others who might be involved; concern that the State does not understand that the culture of each Pueblo, Nation, or Tribe is unique, and that the term “culturally responsive” reinforces this idea. As a result of these concerns, CYFD has begun holding meetings with the leaders of each Nation, Pueblo, and Tribe in New Mexico. For example, CYFD Secretary Vigil and Special Projects Coordinator for Tribal Affairs Perez, met with the Governors of two Pueblos, several Pueblo Councilmen and officials, and the chair of the All Pueblo Council of Governors in late June 2022. Secretary Vigil, Special Projects Coordinator Perez, and Office of Tribal Affairs (OTA) Director Sarracino met with another Pueblo Governor and his staff in early July 2022 to address concerns raised during the State-Tribal Leaders Summit, and those his staff have brought to his attention on this matter. Additional meetings with tribal leaders are scheduled to further discuss these issues.

The State's ongoing efforts to respond meaningfully and respectfully to concerns raised by the Nations, Pueblos, and Tribes about methods of supporting Native American children's connections to their cultures and communities are good faith efforts to achieve substantial and sustained progress toward achieving this Implementation Target.



## Training on the CSI and PIG

In addition to revising the CSI and PIG, CYFD has created training (Course #5 for ICWA Novice certification, as proposed in the Workforce Development Bureau Training Plan) needed to implement the CSI as quickly as possible after Co-Neutral approval. (Of course, if the CSI process and/or PIG are modified, the training will also require modification.) This training will be delivered in collaboration with tribal representatives. Training will begin quickly after Co-Neutral approval and will be delivered regionally in three ways (to maximize participation): virtually, in-person, and video recording. The training will be provided for Permanency Planning Workers, Supervisors, County Office Managers, Regional Managers, and OTA staff. In addition, training for new employees will be modified to incorporate policies and procedures set forth in the CIS and PIG, and ultimately the rule that is promulgated.

After training, employees will complete a summative evaluation to ensure their readiness to use the CIS effectively and that they have an accurate understanding of the financial (insurance coverage, payment, and reimbursement) process. Only upon successful completion of the training and evaluation will workers will receive the CIS and PIG.

Employee completion of the training and successful passage of the evaluation will be documented in Cornerstone (CYFD's Learning Management System).

## HSD Response

The State understands the importance of meeting with tribal communities, providers and families to obtain feedback about culturally relevant services. CYFD and HSD have engaged in joint collaborative and stakeholder meetings since 2021. The NMTIC monthly meeting with tribal social and ICWA Workers was the initial meeting where both agencies joined efforts to address concerns and questions by the social workers in areas of Medicaid enrollment, beneficiary benefits, network adequacy and accessing services. Additional follow up discussions to address provider network accessibility occurred with ICWA staff from Nambe and Santa Clara Pueblos.

In 2021 and 2022, both HSD and CYFD continued to meet weekly to discuss further collaborations. CYFD and HSD recognize the critical importance of assuring privacy and protecting information when promoting traditional interventions as first-line interventions and services. CYFD and HSD completed a joint meeting with the Pueblo of San Felipe Behavioral Health Services (SFBHS) to discuss the availability of culturally responsive services provided by SFBHS. CYFD and HSD discussed opportunities to further collaborate on services and address additional support through reimbursement for Medicaid-covered benefits. HSD has followed up and is working with the SFBHS to provide technical assistance related to Medicaid enrollment and reimbursement for clinical services. HSD and CYFD also conducted a collaborative training on Medicaid enrollment for children in custody or foster care on June 16th, 2022.



To provide comprehensive outreach and education to its tribal partners, HSD currently engages with the Centennial Care managed care organizations (MCOs), Indian Health Services (IHS), Tribal 638 facilities, Urban Clinics, and tribal communities to expand the delivery of services and benefits. These efforts include in-person outreach and education, and include opportunities to interact and connect with providers and Medicaid members. HSD also works with its fiscal agent, Conduent, to conduct additional training, education, and provider enrollment opportunities. Through these sessions, tribal programs and other interested providers are introduced to the process of becoming a New Mexico Medicaid provider and are given technical assistance to help facilitate enrollment.

HSD will continue to engage in a concerted stakeholder effort to identify service needs and potential ways to expand access to services, including traditional healing services, through Medicaid. HSD meets with Native American behavioral health providers monthly through the New Mexico Tribal Behavioral Health Providers Association (NMTBHPA). In this forum, HSD helps support providers with billing technical assistance, increasing education, expanding services and increasing knowledge of how to access and use state resources and grant funding opportunities. The first meeting of the association took place in March 2021 and the participants represented a variety of behavioral health providers from rural to urban areas. In this forum, participating providers give guidance to HSD on program design and approaches to meet the unique needs of their communities. As this association is in its infancy, the primary focus has been to create a forum for behavioral health providers to seek guidance on Medicaid billing, provide feedback on current policy, make suggestions for program improvement, and discuss the possibility of reimbursement for traditional and cultural services. Providers and tribal stakeholders have expressed in these collaborative meetings the importance of not requesting or discussing the details of traditional ceremonial or traditional practices openly. It is the agencies' intention to continue to honor and respect those protected ceremonies exploring additional opportunities for support through Medicaid.

The NMTBHPA has shared grant and training opportunities for workforce expansion, provided guidance and technical assistance for billing for behavioral health services, assisted in collecting data through surveys to assist with deliverables, participated in a review of the HSD billing and policy manual, and participated in a number of HSD listening sessions. The association has also been able to provide feedback and guidance on how the state should address traditional healing.

The HSD Behavioral Health Services Division (BHSD) will be expanding the Native American Services Program by announcing a Request for Applications in FY23 to increase the number of tribal providers in FY24. The funding will be doubled with a funding pool of \$500,000. This funding will support tribes that are interested in the grant to cover culturally relevant services not covered by Medicaid. The grant is also open to tribal providers working with youth who are interested in providing suicide prevention and postvention services.



HSD will continue to collaborate with the Native American Technical Advisory Committee (NATAC) to identify additional opportunities to support culturally relevant services needed in tribal communities and to identify gaps in services for children in state custody. This long-standing advisory committee focuses on community-based services for Native American adults and children, and functions as a forum for tribal providers and leaders to address issues of common concern and to gather feedback on programmatic changes, benefit design, and improving access to benefits and services to Native Americans. NATAC committee members provide recommendations and feedback on program design and needed improvements to Medicaid services. Finally, the Medicaid Advisory Committee (MAC) and the Native American Sub-Committee (NASC) are held quarterly and representatives from HSD engage with providers. HSD will use these existing channels to identify gaps in access to traditional and culturally responsive treatments, interventions, and supports. HSD will work to incorporate feedback and proposed programmatic changes that come out of these engagements.

Furthermore, HSD continues to work with over 75 New Mexico Medicaid enrolled providers specifically identified as Indian Health Services, Tribal 638, or Urban Health Clinics. Additionally, the Five Sandoval Indian Pueblos, in partnership with the Human Services Department Behavioral Health Division and the Behavioral Health Collaborative, receive funding to provide clinical treatment services, such as individual counseling, family counseling, group counseling, and community-based treatment of historical trauma, to the Native American population in Bernalillo, Santa Fe, and Sandoval counties. Through monthly meetings, HSD has continued to support Indian healthcare providers with technical assistance, billing enhancement and reimbursement opportunities, and program design. An example of this is HSD has piloted a workgroup to address reimbursement opportunities for a Public Health Nursing program that includes at-home visitation to tribal children and families to ensure prenatal, postnatal and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and additional health services were obtained. This workgroup is on-going but it is one example of how HSD is working with tribes to enhance collaboration and support to tribal healthcare programs.

Finally, to further expand access to traditional and culturally responsive treatment, HSD is committed to continuing to explore options, including Medicaid 1115 Waiver opportunities, and to pursuing federal Medicaid funding to maximize access to traditional and culturally responsive treatments, interventions, and supports for Native American children in custody. HSD has begun work with tribal leadership and tribal ICWA staff to address the needs of culturally relevant services; to include traditional healing reimbursement in the 1115 waiver amendment. On April 26th, 2022, HSD hosted a tribal listening season. The listening session consisted of 13 of the 23 tribes located in the state. HSD asked for feedback from tribal leadership in regards to traditional healing, identifying an MCO for children in state custody and lastly, working with tribes to correctly identify services for support for children in state custody and currently identifying a term that is comprehensive of traditional and culturally relevant services should CMS approve the 1115 waiver to include reimbursement for traditional services.



## Exhibits

None.

## Appendix C - Implementation Target 3.1 - Pursuit of Medicaid & Title IV-E Funding for Traditional & Culturally Responsive Treatments, Interventions & Supports

**HSD and CYFD will pursue federal funding to the maximum extent allowable through Medicaid and IV-E funding for traditional and culturally responsive treatments, interventions, and supports, including non-medicalized interventions, for Native Children in State Custody.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State provided material relevant to this IT on June 1, 2021; the Co-Neutrals provided specific feedback and posed questions to the State on June 28, 2021, and did not receive a response or an updated draft of this commitment as of September 1, 2021. Based on the information that has been provided by the State, the Co-Neutrals assessed the State has not met the Performance Standard for this IT.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State submitted revisions to this IT on September 30, 2021; the Co-Neutrals provided feedback on November 1, 2021. The State made additional revisions in December 2021, but has not yet submitted these revisions.

HSD and CYFD have continued to meet with stakeholders, partners, and tribal entities to discuss ways to expand federal funding for and to promote traditional inventions at the direction of the tribal entities. These engagements are as follows:

- September 3, 2021: CYFD met with the MCOs to provide an overview of the Settlement Agreement and the work to expand access and services to CISC.



- September 17, 2021: CYFD presented to the Native American Behavioral Health Provider Association on the Settlement Agreement and discussed how to best work with providers in rural areas to provide services for Native American CISC.
- September 24, 2021: CYFD and HSD engaged in a meeting and discussion with the Arizona Tribal Liaison about Arizona's work with Native American tribes in expanding accessibility and reimbursement for traditional healing services offered by Indian Health Care providers.
- October 1, 2021: CYFD presented a Settlement Agreement update to the Medicaid Native American Technical Advisory Committee (NATAC).
- Tribal leaders and/or dignitaries provided commentary on expanding and utilizing tribal health facilities for these first-line interventions and expanding accessing to these services for Native American CISC.
- CYFD and HSD provided an update to NATAC on March 21, 2022, regarding Appendix C deliverables and continued collaboration with tribes for first-line interventions.

CYFD conducted Title IV-E educational training via zoom and in person to the following 17 New Mexico Tribes, Nations and Pueblos: Jicarilla Apache Tribe, Mescalero Apache Tribe, Ramah Navajo, and the Pueblos of Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Picuris, Pojoaque, San Felipe, San Ildefonso, Santa Ana, Santa Clara, Taos, and Zuni.

Additionally, CYFD and HSD meet weekly to address concerns and gaps to streamline services and provide direct assistance for traditional ceremonies, billing, Medicaid, Title IV-E, etc. These meetings are ongoing and include department representatives from the departments' federal reporting bureaus, Medicaid, offices of General Counsel, Policy, Training, and tribal liaisons.

## HSD Response

Since 2020, HSD and the Medicaid Assistance Division (MAD) have explored options with our tribal stakeholders as to how best to reimburse and optimize federal funding for traditionally and culturally responsive services. Initial discussions included discussions with Indian Health Services (IHS) and Tribal 638 providers through monthly IHS Area Office meetings, the Native American Technical Advisory Committee, the Tribal Behavioral Health Association and individual tribal program meetings. At the current time, the Center for Medicaid and Medicare Services (CMS) does not approve a traditional healing reimbursement to any providers. The providers are aware of the inability to bill for traditional healing and have requested that





HSD/MAD pursue this option. HSD/MAD expressed to stakeholders that Arizona has submitted their 1115 Waiver renewal to CMS for review and advised CMS has not given a decision to Arizona regarding traditional healing reimbursement to date. However, HSD/MAD is committed to exploring options that will enhance services to the Native American population.

Our stakeholders understand how viable our partnership is with tribal health care facilities and programs. HSD and IHS/Tribal 638's continue to develop 100% Federal Medical Assistance Percentages (FMAP) for services received through IHS/Tribal 638 facilities. While the reimbursements are provided to the facilities at an OMB rate, HSD continues to collaborate with tribes on optimizing other reimbursement opportunities that may or may not be Medicaid covered. Such opportunity is exemplified through various programs as follows:

The Five Sandoval Indian Pueblos, in partnership with the Human Services Department-Behavioral Health Division/Behavioral Health Collaborative, receives funding to provide clinical treatment services such as Individual Counseling, Family Counseling, Group Counseling, Community Based Treatment of Historical Trauma to the Native American population in Bernalillo, Santa Fe and Sandoval counties.

The Kewa Pueblo Health Corporation is a provider of the CareLink NM Program. Culturally competent behavioral health services are provided to American Indian/Native American patients (children and adults) who meet eligibility requirements of the CareLink NM Provider Policy Manual. Comprehensive Care Management, Care Coordination, Prevention and health promotion services, Comprehensive Transitional Care, Individual and family support services are provided to individuals residing in communities served by the Santo Domingo Health Center.

In addition to these large facilities providing support for services in tribal communities, there are state funded grants awarded to six tribal programs or facilities that provide behavioral health services to Native Americans in both tribal communities and facilities located near tribal communities. These state grants have been an existing support for funding for traditional or culturally appropriate services based on traditional or customary services that are not currently reimbursable by Medicaid and are a continued use of traditional healing practices for behavioral health services. Such programs include intensive outpatient holistic services in;

- Family and Individual counseling
- Group counseling
- Community Based Treatment of Historical Trauma (CBTHC)
- Outreach Liaising and Support
- Sweat Lodge (s)
- Talking Circles
- Relational Circle





- Traditional Education and Mentoring Sessions
- Relapse Prevention Group Therapy
- Anger Management Group Therapy
- Alcohol Education Group
- Healthy Lifestyles Group
- Art Therapy
- 12-Step Towa Language Program
- Equine Therapy and Experiential Services

HSD/MAD will continue to work with our Managed Care Organizations by drawing federal match to fund coverage of Native American children who receive Medicaid coverage through a Managed Care Organization. ). The three MCOs, Blue Cross Blue Shield of NM, Presbyterian Health Plan and Western Sky Community Care, are responsible for the comprehensive delivery of behavioral health, physical health and long-term care covered services for each member. While the three MCOs each offer Native American traditional medicine as value added services, these benefits are not currently reimbursable by Medicaid. The Native American traditional medicine covers the provider's services for traditional and spiritual healing that may assist in a Medicaid member's health. Maximum benefits range from \$250.00 to \$300.00 per year. The MCOs also assess members to evaluate their medical, behavioral, and long-term care needs. Care coordination provides members with a point of contact to assist them in numerous ways including helping members find a provider, medication assistance, or referral to specialty care. Care coordination monitors provider visits, prescriptions, and other health care benefits to ensure appropriate coordination of and access to Medicaid benefits and services. Care Coordinators meet face to face with members and with tribal programs to incorporate traditional and culturally responsive treatments if needed.

HSD is committed to continuing to explore options including 1115 waiver opportunities, and to pursuing federal Medicaid funding to maximize access to traditional and culturally responsive treatments, interventions, and supports for Native children in custody. Since April 2022, HSD/MAD has engaged tribal leaders and designees in a tribal listening session to obtain feedback. The following is a list of planned listening sessions that outline HSD/MAD's efforts to work diligently with tribes on what is acceptable in pursuing funding for traditional and culturally responsive treatment and services.

April 26, 2022 Tribal Listening Session – Tribal listening session held only for Tribal leaders or designees.

May 12th, 2022 Navajo Nation Social Services – HSD and CYFD staff held a private listening session with Navajo Nation ICWA leadership and staff to discuss the 1115 Waiver and to obtain feedback regarding the inclusion of traditional healing and the creation of a single MCO for children in state custody.



May 13, 2022 Zuni and Laguna Pueblo Social Services – HSD and CYFD held a private meeting session with both tribes to discuss the 1115 Waiver and to obtain feedback regarding the inclusion of traditional healing and the creation of a single MCO for children in state custody.

HSD will continue to work with tribes for the duration of the 1115 Waiver and will host a formal tribal consultation with draft recommendations as to our proposal to CMS on our efforts to optimize federal funding for traditional and cultural responsive services. The final draft will have feedback and a proposal based on how tribes feel appropriate in guiding the state in pursuing such funding.

### **Maximizing IV-E Funding:**

As part of Appendix C IT 2.1, CYFD has developed a new service type in FACTS, “Native American Cultural Activities - (ICWA),” which will allow CYFD to claim Title IV-E reimbursement for cultural activities and traditional services for Native American children in state custody (CISC). This service type will take effect after approval of the Cultural Strengths Inquiry (CSI) (or other approach determined after input from tribal leaders, see discussion of IT 2.1 above) and related PIG, modification of the Memorandum for Decision and payment matrix, and staff training.

CYFD is working with Social Change Partners on a five-year IV-E Prevention Plan to maximize IV-E reimbursements for prevention activities, including activities that can be considered active efforts for preventing removal of Native American children. Beginning in December 2021 and ending on March 11, 2022, CYFD held a series of information sessions with stakeholders about the IV-E funding for prevention services. All Nations, Pueblos, and Tribes were invited.

In the first draft of this Prevention Plan, we focus on building a prevention services continuum using primary, secondary, and tertiary prevention efforts to avoid children and youth coming into foster care and to prevent child maltreatment. We have Community Based Prevention, Intervention, and Reunification contracts in all counties of the State that are largely funded by CBCAP (Community Based Child Abuse Prevention) and PSSF (Promoting Safe and Stable Families, Title IV-B Subpart II). We use our CARA program and Family Outreach (differential response) to help support secondary prevention efforts. We will use the Family Connections model for In-Home Services to support families with high needs and families that are difficult to engage as a tertiary prevention effort to keep children from coming into foster care. Although the Family Connections model is not in the IV-E clearinghouse, we are investigating whether IV-E Prevention Implementation funds can be used to expand this program statewide and to external service providers. We plan to have a IV-E Prevention Plan drafted by September 30, 2022, for submission to the federal Children’s Bureau.



CYFD also holds bi-weekly IV-E Prevention Plan meetings to focus on early childhood prevention services. These meetings include five representatives from the Early Childhood Education and Care Department (ECECD) and have recently focused on rolling-out the State's Thriving Families Plan, which focuses on prevention services for children prenatal to 3 years old. Under this plan, New Mexico will implement Child First, an evidence-based program that will be IV-E reimbursable because it is included in the IV-E clearinghouse. The State is also considering Healthy Families America as an option, but a final decision has not yet been made about this evidence-based program.

In March 2022, CYFD began discussing possible amendments to the Family First Prevention Services Act (FFPSA) with Senator Ben Ray Lujan's staff, suggesting that the Act be amended to allow IV-E funding for tribal traditional activities and cultural interventions as prevention services without being designated supported, well-supported, or promising practices. The Office of the Secretary will continue to meet with Senator Lujan's staff on a quarterly basis about this request and will get tribal leaders' input on whether to pursue this pathway.

CYFD has also begun discussions with Dr. Tassy Parker at the University of New Mexico's Center for Native American Health about indigenous program evaluation methods that may be offered to Nations, Pueblos, and Tribes that may be interested in having their behavioral health and wellness programs evaluated for inclusion in the Title IV-E Prevention Services Clearinghouse.

Since June, CYFD has also sought assistance from our Chief Financial Director, Wade Carlson, Casey Family Programs, Child Focus, and the Raikes Foundation to further explore how other states may be pursuing exceptions from the IV-E Clearinghouse requirements or indigenous evaluation methods as ways to draw down IV-E funding for traditional services and interventions.

Please note that IV-E funding is also being maximized using Joint Powers Agreements (JPA) with the tribes for foster care, guardianship, and adoption (including tribal customary adoption) payments for children in tribal custody; pass-through administrative costs for staff salaries, benefits for tribal social workers, and funding for legal representation of youth involved in the child welfare system in tribal courts; training costs for tribes' staff and resource parents; and access to the university stipend program for students graduating from a social work program that has a Title IV-E program agreement with CYFD. Because JPAs are part of Appendix C IT 6.1, they will be discussed more fully later in this report.

## Exhibits

None.



## Appendix C - Implementation Target 5.1 - Native Resource Family Recruitment and Retention Plan

**CYFD will develop a plan to increase recruitment and retention of Native Resource Families. The plan will include identifying relatives of Native Children, as required by ICWA or the New Mexico Tribe or Pueblo's preferred placement priorities, as well as identifying other potential Native Resource Families. The plan will include identification of additional supports needed for Native Resource Families, including supports and services that are culturally responsive and are not the same as those provided to non-Native parents, as well as providing assistance for families to navigate Resource Family licensing requirements. One methodology for identifying additional needed supports will be surveying former Native Resource Families to determine why they have stopped serving as a Resource Family and surveying potential Native Resource Families that did not complete the process to determine why they chose not to become a Resource Family.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State submitted a draft Plan on June 1, 2021, and the Co-Neutrals provided feedback on June 28, 2021. As of September 1, 2021, the Co-Neutrals had not received a response to their feedback, nor updated material for this commitment. Based on the information provided by the State, the Co Neutrals assessed the State has not met the Performance Standard for this IT.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State submitted a revised draft Plan on September 30, 2021, but agrees this IT is not yet completed, as we were waiting for results from the Native American Resource Family surveys and focus groups to inform our approach before submitting revisions.

Although we have not yet submitted revisions, we believe the State has met the FSA standard of good faith, as it has continued to make substantial and sustained progress on this Implementation Target by:

- Researching and uncovering existing impediments to identifying relative placements for Native American children, identifying Native American Resource Parents, and to verifying tribal affiliation for those who are identified;
- Holding joint meetings of the Appendix B and C Resource Parent Recruitment and Retention Teams to better align our efforts and embed the efforts to recruit and retain Native American Resource Parents in the larger effort;



- Holding one all-day meeting and weekly 90-minute meetings with tribal partners to conduct a thorough (line-by-line) review of CYFD’s resource parent licensing standards to eliminate barriers to licensing unique to Native American resource families;
- Contracting with the Coalition to Stop Violence Against Native Women (the Coalition), which began surveying tribal leaders, tribal social workers, former Native American Resource Parents, and Native Americans who began but did not complete the licensing process, on February 28th. The Coalition then conducted face-to-face interviews and submitted a report to CYFD on its findings in late May;
- Contracting with the Southwest Family Guidance Center to provide parenting support to relative caregivers, including Native American Resource Parents; and
- Contracting with DNA People’s Legal Services to provide legal assistance to Native American kinship caregivers in obtaining guardianship or custody orders.

Now that the State’s App B IT 1.1 Retention and Recruitment Plan for Resource Families has been approved by the Co-Neutrals, and we have the results of the Coalition’s interviews and focus groups, the State will finalize its plan for recruiting and retaining Native American Resource Families and submit to the Co-Neutrals for approval.

## Exhibits

[C8 - IT 5.1 - Coalition to Stop Violence Against Native Women Survey and Report](#)

## Appendix C - Implementation Target 6.1 - Tribal Access to Title IV-E Funding

**CYFD will work with New Mexico Tribes and Pueblos to engage in dialogue, develop agreements, and take any other steps necessary to help New Mexico Tribes and Pueblos better access IV-E funding to improve services for Native Children, including additional funding for legal representation for New Mexico Tribes and Pueblos and Respondents.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has begun efforts toward this IT; a period for further observation is necessary to*



*allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co Neutrals will delay their determination regarding the Performance Standard until a future Co Neutrals' report.*

## CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

As previously reported, there are two methods for tribes to access Title IV-E funding. One way is for federally recognized tribes to have a Title IV-E plan approved by the federal government. Currently, Navajo Nation is the only tribe in New Mexico with an approved Title IV-E plan in place. For many smaller Tribes, Nations and Pueblos the administrative burden to start and run a program and to defend the use of funds in federal audits may be too burdensome.

The Joint Powers Agreements (JPAs) between the State and the Nations, Pueblos, and Tribes provide a less burdensome alternative for those smaller tribal governments. JPAs can be used to pass-through Title IV-E funding for placement subsidies, administrative costs, and training costs. A JPA would cover foster care maintenance, adoptions assistance, and guardianship assistance payments for children in tribal custody. The pass-through assistance payments would be administered by CYFD for those Tribes, Pueblos and Nations interested in receiving payment assistance and who are not currently receiving Title IV-E foster care maintenance, guardianship assistance and adoption assistance for Title IV-E eligible children and youth, directly from the federal government.

Donalyn Sarracino, Director of the Office of Tribal Affairs, leads CYFD'S efforts to maintain and update existing JPAs and to promote and engage tribal leaders in the possible creation of new JPAs. In addition, CYFD's Title IV-E Federal Reporting Unit has designated one Eligibility Determination Specialist, Justin Hunter, to serve as the liaison for the tribes requiring Title IV-E reimbursement for foster care maintenance, guardianship assistance and adoption assistance on behalf of tribal children and youth placed with families who have been licensed by the Tribes, Nations and Pueblos.

Since September 2020, the State has reserved a full day every week to meet with Tribes, Nations and Pueblos as requested. At these meetings, the State provides an overview training of Title IV-E, Title IV-E eligibility requirements and any technical assistance requested by the Tribes, Nations and Pueblos. The overview training and technical assistance provided by the State focus on the benefits of the pass-through funding, how to overcome barriers and/or challenges the Nation, Pueblo or tribe may experience in securing Title IV-E pass-through funding, and the required documentation. (See PowerPoint and JPA template, which was revised in January of 2021).





Before beginning these weekly meetings, CYFD began holding weekly internal meetings to develop, discuss the process and update its existing JPA template for pass-through of Title IV-E payments to Tribes, Pueblos and Nations. This effort included extensive review and incorporation of tribal specific language into the JPA template and other relevant forms. During this process, collaborative discussions occurred with experts from within CYFD on Native American child welfare, Title IV-E, Native American law, Indian Child Welfare Act policy, federal reporting, and service implementation. Extensive legal research of Title IV-E of the Social Security Act was conducted to become familiar with the requirements of Title IV-E and pass-through information for agreements with Tribes, Nations and Pueblos.

During the above scheduled meetings with the Tribes, Nations and Pueblos, CYFD conducts informational training, via Zoom, on Title IV-E eligibility and the requirements for JPAs using a slide show. The Power Point presentation covered federal, state, and tribal collaboration; eligibility requirements; and legal requirements. Participants have included tribal social services, tribal Indian Child Welfare Act specialists, tribal judges, tribal program administrators, and tribal leadership (council members, lieutenant governors, and governors). The participants were able to ask questions and participate in dialogue regarding Title IV-E and their unique circumstances and concerns.

To date, CYFD has met with 18 Pueblos, Tribes, and Nations, including Taos Pueblo, Santa Ana Pueblo, San Ildefonso Pueblo, Isleta Pueblo, Pojoaque Pueblo, Nambe Pueblo, Laguna Pueblo, Pueblo de Cochiti, San Felipe Pueblo, Jemez Pueblo, Zuni Pueblo, Jicarilla Apache, Mescalero Apache Tribe, Acoma Pueblo, Zia Pueblo, Santa Clara Pueblo, Picuris Pueblo, and Ramah Navajo. Ramah Navajo has expressed an interest in entering into a JPA with CYFD, apart from the larger Navajo Nation.

Because JPAs are government-to-government agreements, it is the sovereign right of the Nations, Pueblos, Tribes to decide whether to enter into such an agreement with the State. The State can only offer the opportunity and support to enter into a JPA, and has met with many of the above-mentioned Nations, Pueblo, and Tribes on several occasions (2 - 4 times before a tribe has entered into the JPA).

Currently, ten New Mexico Tribes, Nations and Pueblos have existing Title IV-E JPAs in place, but they date back to 1997 and do not address Title IV-E funds for foster care maintenance payments.

In September 2021, the Pueblo of Zuni entered into a Title IV-E foster care maintenance, guardianship assistance and adoption assistance agreement with the State, following one (1) meeting. In May 2022, the Pueblo of Laguna entered into a Title IV-E agreement with the State, following four (4) meetings with the State.





In the ongoing dialogue with Nations, Pueblos, and Tribes in the last year, CYFD has learned why Title IV-E funding is not being leveraged by the Tribes, Nations and Pueblos of New Mexico more often. One of the biggest reasons is that New Mexico Nations, Pueblos, and Tribes do not take children into custody as often as the state does. These Tribes, Nations and Pueblos actively pursue other avenues to keep children safe—using family, extended family, traditional and cultural practices and their tribal communities as support. Additionally, some Nations, Pueblos, and Tribes do not have the infrastructure or funding to operate and support a formal foster care program. Also, Tribal leadership in New Mexico changes every one to two years, either by election or appointment. This change in leadership also contributes to tribal child welfare program staff and program changes, which can disrupt processes like Title IV-E collaboration with the State. The closure of many New Mexico Tribe, Nation and Pueblo during the COVID 19 pandemic and existing travel restrictions for the safety and well being of tribal members, family and communities contributed to delay in communication, collaboration, training, education and scheduling of Title IV-E meetings with the State.

Regardless, CYFD is focused on ensuring that tribes know how to leverage IV-E funding for eligible activities and have every opportunity to enter formal JPAs and seek reimbursement. The relationship and collaboration between the tribes and the State was not seen as a priority during previous administrations. CYFD has come a long way under current leadership to repair and start rebuilding the trust.

With the 2022 passage of the Indian Family Protection Act (IFPA) the State is actively working to update the JPA template to include provisions contained within the new law. These JPA amendments will allow for placement subsidies to be passed through for tribal children who are not eligible for Title IV-E. The State has not been able to host mini-summits, due to time constraints and limited staff resources within the Office of Tribal Affairs, but will consider reviving them as the State hires more OTA staff.

## Exhibits

[C9 - IT 6.1 - Title IV-E Tribal JPA Summary of Requirements](#)

[C10 - IT 6.1 - Title IV-E Training Update 2022](#)

[C11 - IT 6.1 - Amended Title IV-E Tribal JPA Template \(March 2022\)](#)



## Appendix C - Implementation Target 7.1 - Collection & Analysis of Data

**CYFD and HSD will collect and analyze data sufficient to understand the characteristics and needs of Native Children in State Custody and the capabilities of the State to meet those needs. The data to be collected will include (1) data about Native Children in State Custody, including tribal membership status, confirmation and correction of birth certificates, removal rates, and placements (including whether children are placed with relative, non-relative Native, or non-relative non-Native Resource Families, Treatment Foster Care, congregate care, residential placement, or other out of home placement); (2) data on the demographics and characteristics of placements available to Native children (including Resource Families); and (3) data on the demographics, characteristics and services provided by treatment providers available to Native Children in State Custody.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State submitted draft material relevant to this IT on June 1, 2021, and the Co-Neutrals provided feedback on June 28, 2021. As of September 1, 2021, the Co-Neutrals had not received a response to their feedback, nor updated material for this commitment. Based on the information provided by the State, the Co-Neutrals assess the State has not met the Performance Standard for this IT.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

#### CYFD Response

CYFD has added a “reason to know” flag in FACTS, which enables us to accurately capture the data required by this commitment. This flag indicates a caseworker has reason to know a child may be an Indian child, regardless of racial or tribal self-identification.

We are establishing a data oversight committee and we are assessing best-practices protocols and principles that respect tribal data sovereignty. In addition, in our ongoing meetings with tribal leaders (described above in discussion of IT 2.1), we are requesting that they designate a representative to serve on a data oversight committee.

CYFD and HSD have begun collecting the data required by this commitment. In November, we compiled preliminary demographic and case data and identified gaps in various data points, including tribal affiliation and reason for entry into care. Future efforts will require improving



data collection and quality. We incorporated a robust training module in New Employee Training in April 2021 on the importance of accurate and complete documentation. We will provide refresher training for existing staff on the importance of accurate data on an ongoing basis.

To meet the third requirement of this commitment (as well as Appendix D commitments 1.1), we engaged Myers & Stauffer to conduct 2 surveys: one to be distributed to children currently or formerly in state custody to assess their experiences with behavioral health services, and the second survey to assess NM Behavioral Health Provider Capacity and Needs of Children in State Custody. The second survey was sent to 22,000 behavioral health providers, primary care providers, and Indian Health Services providers. We received a final report on the results of these surveys in June 2022.

The State is now analyzing the results of these surveys, and integrating the survey information with our own data, to determine the characteristics and needs of Native American children in state custody and our ability to meet those needs. We expect to have a final analysis by September 1, 2022.

Please note that although we also conducted a brief survey of 4,000 behavioral health providers in the state to understand the current behavioral health workforce and its capacity to provide prompt community-based mental and behavioral health services across the State, and particularly in rural areas for Native American children in state custody, we have been unable to access the results of this survey. As noted in our Dispute Resolution submission, the survey designer left state employment after becoming seriously ill, but before the survey closed. Unfortunately, we were unable to access the survey results in his Survey Monkey account.)

## HSD Response

HSD/MAD collaborates with CYFD to correctly identify Native American children in state custody. An HSD-CYFD workgroup meets weekly to identify unique characteristics used in the Aspen system to identify race, tribal affiliation, physical residency, and coverage of services. The team worked together to further identify provider accessibility and network for children and state custody and place of services for medical, dental and ophthalmology services. HSD/CYFD worked to ensure access to over 80 identified Indian Health Service and Tribal 638 providers.

## Exhibits

None.



## Appendix C - Target Outcome 1.1 - Assessments for Promoting Traditional Interventions Shall be Conducted Within 30 Days of Filing A Petition for Custody

**By December 1, 2021, assessments using the tool developed for Native Children in State Custody or other process developed per Implementation Target 2 above will be conducted within 30 Days of CYFD filing a petition for custody of a Native Child in State Custody.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The material provided by the State to assess progress on this TO was insufficient. The Co-Neutrals provided specific feedback and questions to the State on this TO in late June 2021, and as of September 1, 2021, the State had not yet responded nor provided an updated draft of this commitment. Despite the State's commitment to expand culturally responsive services, based on the information provided by the State, the Co-Neutrals assess the State has not met the Performance Standard for this TO.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

As noted in the discussion of Implementation Target 2.1 above, the Cultural Strengths Inquiry (CSI, previously referred to as the CAQ) was the tool we intended to use to identify traditional interventions. The proposed internal procedure for the initial administration of the CSI on native children in state custody within thirty (30) days of filing a petition for custody is in the proposed PIG, which will accompany the CSI or other process or processes we finalize with each tribe.. Due to several concerns raised by New Mexico Tribes, Nations and Pueblos, regarding the proposed administration of the CSI and the CSI process, we are now getting input and feedback in individual meetings between Secretary Vigil and the leadership of each Tribe, Nation and Pueblo. (See Appendix C IT 2.1)

Multiple modifications have been made to the proposed CSI and PIG to enable CYFD to support Native American CISC connect with their cultures without asking inappropriate or intrusive questions about tribal beliefs or practices.

The fourth draft of the proposed PIG has not been submitted to the Co-Neutrals because App. C IT 2.1 was in Dispute Resolution and because of the recent concerns raised by the Tribes, Nations and Pueblos. (See Appendix C IT 2.1 of this report). Pursuant to the MOU between CYFD and the Plaintiffs which was a result of Dispute Resolution, the latest draft of the



proposed PIG allows requests for traditional interventions and services to be made at any time (not just within 30 days of when a petition for custody is filed or every six months thereafter), and do not need to be made during a CSI. (See Appendix C IT 2.1 of this report)

Due to potential changes to the CSI and the proposed PIG as a result of the tribal leaders' meetings, it is premature to submit the latest drafts of the CSI and PIG. Both the PIG and the CSI are still pending approval by the Co-Neutrals. Implementation of the CSI assessment tool and process will not begin until both these documents have been modified to meet the needs of each Tribe, Nation, and Pueblo, and then finalized by CYFD and approved by the Co-Neutrals.

## Exhibits

None.

## Appendix C - Target Outcome 2.1 - Identification of Culturally Responsive Services & The Development & Expansion of Access to Traditional & Culturally Responsive Treatments, Interventions & Supports

**CYFD will work with New Mexico Tribes and Pueblos, families, and Native Children to identify culturally responsive services. HSD will develop and expand access to traditional and culturally responsive treatments, interventions, and supports. CYFD will develop and arrange for traditional and culturally competent interventions, which may include interventions that are not medicalized and/or have not been evaluated as evidence-based, well-supported, or promising. CYFD and HSD will expand culturally relevant services that can be used as an active effort to keep families intact and to avoid taking children into custody. (Due 6/1/2021)**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The material provided by the State to assess progress on this TO was insufficient. The Co-Neutrals provided specific feedback and questions to the State on this TO in late June 2021, and as of September 1, 2021, the State had not yet responded nor provided an updated draft of this commitment. Despite the State's commitment to expand culturally responsive services, based on the information provided by the State, the Co-Neutrals assess the State has not met the Performance Standard for this TO.*



## CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

On September 30, 2021, the State submitted to the Co-Neutrals a revised description of its activities and plans for implementing TO 2.1. Since engaging with the Plaintiffs in the Dispute Resolution process from March through June 2022, the State has worked to clarify the multiple tasks required by this commitment.

### I. Understanding of the Commitment

We now understand that this commitment requires four different, though related, activities:

1. CYFD working with New Mexico Tribes and Pueblos, families, and Native Children *to identify* existing culturally responsive services;
2. HSD *developing and expanding access to* traditional and culturally responsive treatments, interventions, and supports;
3. CYFD *developing and arranging for* traditional and culturally competent interventions, which may include interventions that are not medicalized and/or have not been evaluated as evidence-based, well-supported, or promising; and
4. CYFD and HSD *expanding* culturally relevant services that can be used as an active effort to keep families intact and to avoid taking children into custody.

As with other aspects of the FSA, there is some overlap between this commitment and others, in part because of similar terminology used in the different provisions. During the Dispute Resolution process, the State and Plaintiffs agreed to working descriptions of key terms used in this and other ITs and TOs in the Final Settlement Agreement, including Traditional Interventions, Culturally Responsive Treatments and Services, and Culturally Responsive Treatments, Services, Interventions and Supports. We now agree that:

- “traditional interventions” for purposes of IT 2.1 and TO 2.1 are “traditional practice[s] accepted by the Native American child, family, and/or Nation, Pueblo, or Tribe;”
- “culturally responsive treatments and services” for purposes of this TO are “identified by the Native American child, family, and/or Nation, Pueblo, or Tribe” and include “community-based services and programs that are provided in the tribal community, such as home visiting, treatment foster care, wraparound services, that incorporate tribal values;” and
- “culturally responsive treatments, services, interventions, and supports” for purposes of IT 3.1 and TOs 2.1 and 2.3, are “identified by the Native American child, family, and/or Nation, Pueblo, or Tribe” and include “culturally responsive services that are related to child welfare that are provided in the Native American child’s community, including in



urban settings, such as culturally responsive substance abuse treatment, domestic violence counseling, individual counseling, wrap around, home visiting, treatment foster care.

- These culturally responsive treatments, services, interventions and supports are not necessarily grounded in the tradition of a specific Nation, Tribe or Pueblo and should be discussed with the child's Nation, Pueblo or Tribe; and
- Include broader wellness and recreational activities that incorporate cultural values or social gatherings, in areas such as the arts, music, and sports or other physical activities.

Currently, a Native American CISC's need for and access to any of these interventions or services is identified during Out of Preferred Placement (OOPP) meetings (even though those meetings are not intended for that purpose, they provide an opportunity to discuss the Native American child's and family's need for services). Until recently, we believed these would be identified in the Cultural Strengths Inquiry process. However, feedback from tribal leaders concerned about the CSI have caused the State to pause and initiate a series of individual conversations with each tribal leader in New Mexico to ask how each Nation, Pueblo, or Tribe would like CYFD to support Native American CISC's connections to their tribe, tribal traditions and cultures, and community. Secretary Vigil has met with two Pueblo Governors and the Chairman of the All Pueblo Council of Governors (who was invited by a Pueblo Governor to the meeting) so far. Additional meetings are already scheduled and others are yet to be scheduled. We are beginning with those tribal leaders whose children are currently in our custody and those who have been most concerned about the CSI process.

The teaming approach used in the OOPPs and envisioned for the CSI allows CYFD to ensure that a Native American child can participate in these interventions by arranging and paying for their transportation and materials needed to participate, coordinating the child's supervision during the intervention, and collaborating with family and tribe to secure the appropriate intervention. The payment and reimbursement process, and the emphasis on timely provision of these services, are embedded in the proposed PIG which will accompany the CSI (or other process) and will be embedded in future procedure and policy (NMAC rule).

Similarly, HSD develops and expands access to traditional and culturally responsive treatments in ways also covered by IT 3.1, namely by (1) encouraging enrollment of Native American children in MCOs, which provide a traditional medicine benefit and care coordination, (2) by seeking an 1115 Medicaid waiver for reimbursement when requested by a tribe for traditional healing services and provided by Indian Health Service, a tribe, or an Urban Indian Health Program facility, and (3) by issuing an RFP to fund additional providers of culturally responsive treatments.





The last requirement in this commitment, expanding culturally relevant services that can be used as an active effort, coupled with the focus on developing services throughout this commitment, is unique to this commitment and requires a unique response not addressed by other commitments. Expanding culturally relevant services that can be used as an active effort implies a more conventional notion of services – or programs. To this end, this requirement requires the State to support tribes as they create or expand programmatic interventions that meet their unique cultural needs, such as therapeutic day care programs held in the tribe’s language and/or based on the tribe’s cultural beliefs and approaches to parenting, culturally specific parenting education or substance use recovery programs, and the like. The State cannot direct the creation of these programs and must respect each tribe’s sovereignty, readiness and willingness to develop its own programs. The State is committed to fostering opportunities and providing financial and other support (such as identifying and providing information about other tribally based programs and indigenous evaluation methods) to tribes that would like to create or expand these services. As such, the State should be evaluated on its efforts to support tribes, but not on whether such services are indeed developed.

## **II. Ongoing efforts to implement this Commitment**

The State has engaged in continuing conversations with the Nations, Pueblos, and Tribes about culturally relevant services, and as discussed above, about the Cultural Assessment Questionnaire (CAQ)/Cultural Strengths Inquiry (CSI) and PIG that aim to increase access to cultural interventions and traditional services.

CYFD and HSD participate in many different workgroups and meet with different stakeholders to discuss ways to expand access to culturally relevant and traditional services. One workgroup, including Beth Gillia, Sara Meadows, Milissa Soto, Serra Dittel-Payne, Shelly Begay, Donalyn Sarracino, Cindy Aragon, Eli Fresquez, Isabel Guerrero, Cynthia Chavers, Grace Nailor, and Brianna Fank, meets weekly to work on the CAQ and PIG. Another workgroup with the same members meets weekly to discuss HSD and CYFD collaboration efforts. The HSD Quality Bureau meets bi-weekly with CYFD to eliminate barriers and increase access to services for CISC. These meetings have included Margaret Bost, Katherine Leyba, Douglas Heath, Shelly Begay, Eric Gallegos, Milissa Soto, Donalyn Sarracino, Cindy Aragon, and Trisstine Maroney, and have addressed information sharing, joint training and collaboration, communication issues, and challenges to accessing services.

Since March 2021, HSD has held monthly meetings with Native American Behavioral Health providers who participate in the New Mexico Tribal Behavioral Health Association. During these meetings, HSD provides technical assistance, discusses potential opportunities for expanding programs and services in tribal areas, and identifies providers who are not identified as tribal and Indian Health Service providers.





On September 23, 2021, Cindy Aragon and Shelly Begay presented to the Native American Technical Advisory Committee about this Target Outcome.

Access to culturally relevant services and interventions is an intentional and regular topic of discussion with the Tribes involved in the Out of Preferred Placement meetings (OOPPs). We have discussed culturally relevant services in OOPPs with Acoma, Isleta, Jicarilla Apache, Laguna, Nambé, Kewa, Taos, Zuni, Ysleta del Sur, the Navajo Nation, the Potawatomi Tribe, the Seminole Nation, the Kaw Nation, the Chickasaw Nation, the Tohono O'odham Nation, and the Choctaw Nation. If family or tribal representatives share information about cultural interventions or traditional services, staff help to support the child's participation. The tribal representative indicates if and how it will help the child and family put these services in place. Significantly, there have been no requests for CYFD assistance in this process.

On September 24, 2021, Cindy Aragon and Shelly Begay met with Holly Figueroa from Arizona Medicaid to discuss Arizona's process for extending Medicaid coverage to cultural interventions.

Shelly Begay, Carla Bachechi, and Cindy Aragon met with Judy Meltzer, Rachel Paletta, Bette Fleishman, Therese Yanan, and Hoskie Benally to discuss strategies to meet Appendix C requirements on October 13, 2021.

HSD has announced the expansion of the Native American Services Program. A Request for Application (RFA) will be released in FY 2023 to increase the number of providers offering culturally relevant and traditional services to both children and families. Using state general funds, providers will be reimbursed for traditional or cultural services not currently funded through Medicaid.

The State's surveys, discussed above under IT 7.1 and below as part of Appendix D, were designed to identify providers who offer traditional and culturally responsive services, including those that are outside of a tribal community, and to understand the current behavioral health workforce and its capacity to provide community-based mental and behavioral health services that are accessible in rural areas. We are currently reviewing the survey results so that we can address the challenges and capitalize on opportunities to build the State's behavioral health network.

## HSD Response

HSD will develop and expand access to traditional and culturally responsive treatments, interventions, and supports.

HSD and CYFD understand the importance of meeting with tribal communities and with families to obtain feedback about culturally relevant services. HSD hosted five public customer listening sessions for 2021 to engage with consumers receiving state assistance. Among the five



sessions, HSD hosted one Native American customer listening session. The focus and intent of these listening sessions is to ensure we capture feedback from the Native American population on current services offered, areas of improvement and/or how best HSD can service our beneficiaries, communities, and providers.

The listening session held on July 19<sup>th</sup>, 2021 consisted of tribal advocates, tribal program staff, and Native American consumers. There were 55 individuals in attendance who expressed the unique needs of translation, communication, in-person assistance for application of services, and additional education of resources that include accessing telehealth and behavioral health services. HSD has discussed the areas of improvement based on the feedback and will be working with key tribal stakeholders to plan in person community resource events to provide outreach, education and resources for services available by HSD. The Native American listening session will continue into 2022. HSD will continue to work with various tribal agencies to coordinate on-site services such as assistance to enroll in benefits, education and outreach, and to aid in answering questions of the general public and tribal programs.

HSD tribal liaison staff continue to engage with families through the Centennial Care MCO's and their regularly scheduled quarterly Native American Member Advisory Board (NAMAB) meetings. Since 2021, the MCO's have hosted a total of 15 meetings with Native American members. The MCO's extend the invitation to their board meetings to include tribal leadership and tribal programs. The purpose of the Advisory Board meetings are to provide an overview of Centennial Care benefits available to members in areas of behavioral health, long-term care, and physical health. These meetings educate members on how to access the MCO's provider network, requesting for care coordination, utilizing non-emergency transportation, requesting for value-added services, and how to reach tribal liaison staff within each MCO.

In addition to the NAMAB meetings, the State liaisons host a quarterly meeting with regular updates on Medicaid initiatives in tribal communities, Kevin S updates that include topics on the importance of expanding services to Native children in custody, assisting families and individuals in applying for the MCO traditional healing benefits, and providing education and outreach in tribal communities on Centennial Care. CYFD has presented to the MCO tribal liaison teams twice in 2021 and will continue to collaborate with HSD to assist with answering questions from the Tribal Affairs teams and to continue to create opportunities to expand upon services available to children in state custody.



CYFD and HSD has engaged in attending joint collaborative and stakeholder meetings. The first joint session took place on July 19, 2021, with the New Mexico Tribal Indian Child Welfare Consortium (NMTIC) monthly meeting with ICWA Social Workers. The consortium discussed challenges in accessing medicaid providers for vision and dental. HSD Liaison provided information on coverages available and discussed network adequacy coverages within and outside Indian healthcare providers. Additional follow up discussions to address provider network accessibility occurred with the Pueblos of Nambe and Santa Clara ICWA staff.

On December 14th CYFD and HSD met with Eight Northern Indian Pueblos Council (ENIPC) and Butterfly Healing Center to discuss expansion of behavioral health services to Native children on Medicaid and to include services to children in state custody. The meetings are on-going and are in a technical guidance phase as ENIPC is discussing internally how to best meet the needs of tribal communities and children in need of services.

On June 10th CYFD and HSD completed a joint meeting with San Felipe Behavioral Health Services to discuss availability of culturally responsive services available by San Felipe. Both agencies discussed opportunities to further collaborate on services and address additional support in areas of reimbursement for Medicaid benefits provided. HSD has followed up and is working with the Pueblo of San Felipe to provide technical assistance for Medicaid enrollment and reimbursement for clinical services. HSD conducted a meeting with San Felipe Behavioral Health. HSD and will be presenting to NMTIC in June. The consortium has scheduled HSD to do a presentation on the Medicaid enrollment for children in custody, foster care or worship. This collaborative training with CYFD is scheduled for June 16th.

To provide comprehensive outreach and education to our tribal partners, HSD currently engages with the managed care organizations (MCOs), Indian Health Services, Tribal 638 facilities, Urban Clinics, and tribal communities to expand the delivery of services and benefits. These efforts include in-person outreach and education for opportunities to interact and connect with providers and Medicaid members. HSD works with the fiscal agent, Conduent, to conduct training, education, and provider enrollment opportunities. Through these sessions, tribal programs and other interested providers are introduced to the enrollment process to become a New Mexico Medicaid provider and are provided technical assistance to help facilitate enrollment. There will be a continued effort to ensure a united effort to address gaps of services.

To expand access to traditional and culturally responsive treatments, interventions, and supports HSD will continue to engage in a concerted stakeholder effort to identify service needs and ways to expand access. HSD meets with Native American behavioral health providers monthly through the New Mexico Tribal Behavioral Health Providers Association (NMTBHPA). In this forum, HSD helps support providers with billing technical assistance, increasing education, expanding IT services and increasing knowledge of how to access and use state resources and grant funding opportunities. The first meeting of the association took place in March 2021 and the participants represented a variety of behavioral health providers from rural to urban areas.



Participating providers give guidance to HSD on program design and approaches to meet the unique needs of their communities. As this association is in its infancy, the primary focus has been to create a forum for behavioral health providers to seek guidance on Medicaid billing, provide feedback on current policy, make suggestions for program improvement, discuss reimbursement for traditional and cultural services, and any other topics identified by the group. Since meeting in July, providers gave feedback on desires to have federal reimbursement for traditional healing services and expansion of the current Native American Services program for continued reimbursement of traditional and culturally relevant services that would complement Western evidence-based practices. The feedback received from the group is offered to BHSD for consideration for program expansion. Feedback received from the association for additional support to expand the Native American Services program is recognized and BHSD understands the importance of culturally responsive treatment and services.

The New Mexico Tribal Behavioral Health Association would like to report the following accomplishments since the association started in March 2021:

The association has shared a grant and training opportunities for workforce expansion, reimbursement enhancements, provided New Mexico Social Worker Association to use meeting platform to gain interest from tribes that may be interested in obtaining a social worker internship in 2021-2022, provide guidance and technical assistance for billing for BH services, assisted in collecting data through surveys, participated in a review of amendments with the HSD billing and policy manual changes that affect tribal communities and have participated in a number of HSD listening session and has been the voice for tribal behavioral health needs. Finally, the group has been able to provide feedback and guidance on how the state should address the traditional healing reimbursement model and is in support of the state pursuing 1115 Waiver to include reimbursement to providers for such services.

BHSD will be expanding the Native American Services Program by announcing a Request for Application in FY23 to increase the number of tribal providers in FY24. The funding will be doubled with a funding pool at \$500,000. The funding will support tribes who are interested in the grant to cover culturally relevant services not covered by Medicaid. The grant is also open to tribal providers working with youth and are interested in providing prevention and postvention to suicide.

HSD will continue to use the Native American Technical Advisory Committee (NATAC) to identify additional opportunities to support culturally relevant services needed in tribal communities. This advisory committee focuses on community-based services for Native American adults and children. NATAC is a forum for tribal providers and tribal leaders or appointees to address issues of common concern and to gather feedback on programmatic changes, benefit design, and improving access to benefits and services to Native Americans. NATAC committee members provide feedback on program design and successes and needed improvements to services. Action items identified at these meetings are updated and discussed at



the following meeting. Finally, the Medicaid Advisory Committee (MAC) and the Native American Sub-Committee (NASC) are held quarterly and representatives from HSD engage with providers. HSD will use these existing channels to identify gaps in access to traditional and culturally responsive treatments, interventions, and supports. HSD will work to incorporate feedback and proposed programmatic changes that come out of these engagements.

BHSD will be expanding the Native American Services Program by announcing a Request for Application in FY23 to increase the number of tribal providers in FY24. The funding will be doubled with a funding pool at \$500,000. The funding will support tribes who are interested in the grant to cover culturally relevant services not covered by Medicaid. The grant is also open to tribal providers working with youth and are interested in providing prevention and postvention to suicide.

HSD will continue to use the Native American Technical Advisory Committee (NATAC) to identify additional opportunities to support culturally relevant services needed in tribal communities and to identify gaps of services for children in state custody. This advisory committee focuses on community-based services for Native American adults and children. NATAC is a forum for tribal providers and tribal leaders or appointees to address issues of common concern and to gather feedback on programmatic changes, benefit design, and improving access to benefits and services to Native Americans. NATAC committee members provide feedback on program design and successes and needed improvements to services. Action items identified at these meetings are updated and discussed at the following meeting. Finally, the Medicaid Advisory Committee (MAC) and the Native American Sub-Committee (NASC) are held quarterly and representatives from HSD engage with providers. HSD will use these existing channels to identify gaps in access to traditional and culturally responsive treatments, interventions, and supports. HSD will work to incorporate feedback and proposed programmatic changes that come out of these engagements.

Furthermore, HSD continues to work with over 75 New Mexico Medicaid enrolled providers specifically identified as Indian Health Services, Tribal 638, or Urban Health Clinics. Additionally, the Five Sandoval Indian Pueblos, in partnership with the Human Services Department Behavioral Health Division and the Behavioral Health Collaborative, receive funding to provide clinical treatment services, such as individual counseling, family counseling, group counseling, and community-based treatment of historical trauma, to the Native American population in Bernalillo, Santa Fe, and Sandoval counties. Through monthly meetings, HSD has continued to support Indian healthcare providers with technical assistance, billing enhancement and reimbursement opportunities, and program design. An example of this is HSD has piloted a workgroup to address reimbursement opportunities for a Public Health Nursing program that includes at-home visitation to tribal children and families to ensure prenatal, postnatal and EPSDT and additional health services were obtained. This workgroup is on-going but it is one example of how HSD is working with tribes to enhance collaboration and support to tribal healthcare programs.





Finally, to further expand access to traditional and culturally responsive treatment, HSD is committed to continuing to explore options, including Medicaid 1115 Waiver opportunities, and to pursuing federal Medicaid funding to maximize access to traditional and culturally responsive treatments, interventions, and supports for Native American children in custody. HSD has begun work with tribal leadership and ICWA staff to address the needs of culturally relevant services; to include traditional healing reimbursement in the 1115 waiver amendment. On April 26th, HSD hosted a tribal listening season. The listening session consisted of 13 of the 23 tribes located in the state. HSD asked for feedback from tribal leadership in regards to traditional healing, identifying an MCO for children in state custody and lastly, working with tribes to correctly identify services for support for children in state custody and currently identifying a term that is comprehensive of traditional and culturally relevant services should CMS approve the 1115 waiver to include reimbursement for traditional services.

Following the initial Tribal listening session, HSD/MAD obtained minimal feedback on how HSD/MAD should pursue traditional healing as a reimbursable benefit to the tribes. HSD/MAD continued efforts in meeting with tribes that represent the current children in state custody. Two additional meetings were held in May with tribal social workers to provide an overview of the 1115 Waiver and the proposal to create a single MCO for children in state custody and preference of a traditional healing stipend to support cultural, traditional and holistic activities for children in state custody. The feedback obtained by one tribe during this session included the following recommendation:

- The chosen MCO to oversee children in state custody benefits should be a provider that can demonstrate knowledge and expertise about Native American culture, customs, and beliefs.
- Native American children should continue to have the option to remain in Fee for Service or enroll in an MCO.
- The MCO and State shall continue outreach efforts for education and health and wellness information to rural areas. There shall be a waiver period of vital information for Medicaid enrollment for Native American children. Tribal and court documentation and verification shall suffice for verification upon enrollment to ensure continuity of services while in tribal or state custody.
- The preferred terminology for traditional healing services is to name the benefit “Native Traditional Healing Benefit.” The benefit will provide cultural holistic healing health care (physical, mental, emotional, and spiritual) to improve health outcomes through alternative healing methods by allowing native traditional medicine use in coordination with Western medicine.
- The traditional healing proposed annual budget should be at \$500.00 per beneficiary.
- The Centennial Care Managed Care Organizations should continue to provide their traditional healing benefit as a Value Added Service, this should include direct pay to a healer or individual that could be used to purchase suppliers or food for their ceremony.



## DVP Metric - 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.

*Note: The below numbers differ from the previously submitted 2019/2020 report due to a methodological adjustment that prioritized court determination of both ICWA eligibility and placement status.*

### Metric i:

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

### Calculation Results

*Note: Because the State and its data partners could not validate the accuracy of the data for when value-added services were provided, this metric is unable to be calculated in a manner that would meet the standards to which this report is being held.*

### Exhibits

None.

## Appendix C - Target Outcomes 2.3 and 3.1 - Efforts to Ensure Native Children in State Custody Receive Traditional or Culturally Responsive Services, Supports or Interventions

### Target Outcome 2.3

**CYFD will make every effort to ensure that services are provided as quickly as possible with consideration of the traditions and culture of the Native child's Tribe or Pueblo, as well as child and family preferences. CYFD will develop policies to ensure that native children in state custody receive traditional or culturally responsive services, supports, or interventions, including interventions which are non-medicalized and/or have not been evaluated as evidence based, well-supported, or promising, including collecting data on implementation of the protocols. The Co-Neutrals will approve the policies and evaluate the Department's compliance with the policy. The Co-Neutrals shall not withhold approval of the policy if it is reasonably calculated to achieve the goals of this Agreement. (Due 6/1/2021)**





## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The FSA language for this TO requires development of policies, and that such policies are approved by the Co-Neutrals. As of September 1, 2021, the Co-Neutrals had not received a draft policy from the State to assess or consider for approval. Based on the information provided by the State, the Co-Neutrals assess the State has not met the Performance Standard for this TO. Furthermore, the TO requires that once the policy is developed and approved, the Co-Neutrals will evaluate compliance with the policy as outlined in the final DVP.*

### Target Outcome 3.1

**By December 1, 2020, CYFD will develop a policy to provide or ensure provision of direct assistance for traditional ceremonies, including arranging for all preparation and providing payment if needed, if Native Children want to participate. The policy will 1) provide for Native Children in State Custody to be presented with information about traditional ceremonies with sufficient time to decide whether they want to participate, 2) affirmatively encourage participation, and 3) facilitate all necessary preparation activities. The Co-Neutrals will approve the policy and evaluate the Department's compliance with the policy. The Co-Neutrals shall not withhold approval of the policy if it is reasonably calculated to achieve the Goals of this Agreement.**

## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The information provided by CYFD for this TO was the same response as provided for App. C, TO 2.3 above. CYFD has not provided the Co-Neutrals with a draft policy to assess for compliance with this Performance Standard, or for consideration of approval. Based on the information provided by the State, the Co-Neutrals assess the State has not met the Performance Standard for this TO.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State submitted combined revisions to these commitments, on September 30, 2021 and February 28, 2022.

The State has responded and will continue to respond to these commitments together because they are best and most efficiently implemented with one set of solutions that jointly addresses traditional services; traditional and culturally responsive treatments, interventions, and supports, including non-medicalized interventions and those that have not been evaluated as evidence



based, well-supported or promising; and traditional ceremonies: that is, through the CAQ/CSI or other process developed with tribal leaders, the related PIG, and ultimately an internal procedure and a statewide policy promulgated in the New Mexico Administrative Code (NMAC).

As noted throughout this report, we have made significant progress on the development, approval, implementation, and finalization of the CAQ/CSI, related PIG, MFD, and new service types in FACTS, which are precursors for promulgation of an internal procedure and statewide policy (rule) in the New Mexico Administrative Code (NMAC). However, we are currently engaged in one-on-one meetings with tribal leaders about the best approach or approaches to providing access to traditional services; traditional and culturally responsive treatments, interventions, and supports, and traditional ceremonies. These conversations may result in more than one approach, which will be reflected in one or more instruments, as determined by each tribal leader.

To ensure the effectiveness of the future internal procedure and statewide policy, CYFD proposes to promulgate the procedure and policy (rule) 12 months after approval and implementation of the PIG so we can evaluate and amend the process as needed before completing the more cumbersome rulemaking process.

Since January 2021, HSD and CYFD have continued to meet with stakeholders, partners, and tribal entities to discuss ways to expand, promote, support and sustain funding priorities that would honor each tribal community and or provider in offering traditional or cultural interventions to Native children in state custody.

HSD has met quarterly with tribal leaders and/or designees on topics of mutual concern. The intent of these meetings is to capture feedback on current Medicaid benefits and delivery of services. On October 1st, 2021, CYFD presented a Settlement Agreement update to the Medicaid Native American Technical Advisory Committee (NATAC). Tribal leaders and/or dignitaries provided commentary on expanding and utilizing tribal health facilities for these first-line interventions and expanding access to services for Native American CISC. Tribal representatives were informed CYFD Tribal Affairs would be regular attendees and added to the agenda for updates of the collaboration between HSD and CYFD. CYFD provided an update at the 2nd quarter NATAC meeting to provide an overview of actions taken in creating a cultural services inquiry to identify a request for cultural and traditional services for children in state custody, and to address important areas of training for CYFD when servicing resource families, children in state custody and community and tribal programs.

At the third quarter State-MCO tribal liaison meeting on September 30th, 2021, CYFD met with the MCOs' Tribal Affairs teams to provide an overview of the Settlement Agreement and the work to expand access and services to CISC. The MCO's were able to provide feedback and discussion on outreach and education in tribal communities for Native American members



enrolled in Centennial Care. At each quarterly meeting, the MCO Tribal Affairs teams provide outreach and education updates provided in tribal communities in support of accessing centennial care benefits such as the Value Added Services which includes the traditional healing stipend offered to members currently in an amount up to \$300.00 annually.

HSD is currently developing the application for the 1115 Medicaid Waiver renewal for contract year beginning 2024. HSD and CYFD coordinated the first tribal listening session on April 26th to provide an overview of Medicaid focused areas. HSD introduced a proposal to reimburse traditional healing services for Medicaid enrolled members, including Native CISC, to introduce a proposal to enroll all CISC into a single MCO and to ask for suggestions on properly naming the traditional healing benefit.

HSD and CYFD held additional listening sessions with the tribes that represented the current Native American CISC. These meetings were held on May 12th and May 13th with a particular focus to review the 1115 Waiver proposal presented on April 26th. HSD is taking precaution and time to collaborate and obtain feedback from tribes as these proposals are very sensitive to our Native American population.

Following the initial Tribal listening session, HSD/MAD obtained minimal feedback on how HSD/MAD should pursue traditional healing as a reimbursable benefit to the tribes. HSD/MAD continued efforts in meeting with tribes that represent the current children in state custody. Two additional meetings were held in May with tribal social workers to provide an overview of the 1115 Waiver and the proposal to create a single MCO for children in state custody and preference of a traditional healing stipend to support cultural, traditional and holistic activities for children in state custody. The feedback obtained by one tribe during this session included the following recommendation:

- The chosen MCO to oversee children in state custody benefits should be a provider that can demonstrate knowledge and expertise about Native American culture, customs, and beliefs
- Native American children should continue to have the option to remain in FFS or enroll in an MCO
- The MCO and State shall continue outreach efforts for education and health and well information to rural areas. There shall be a waiver period of vital information for Medicaid enrollment for Native American children. Tribal and court documentation and verification shall suffice for verification upon enrollment to ensure continuity of services while in tribal or state custody.
- The preferred terminology for traditional healing services is to name the benefit “Native Traditional Healing Benefit.” The benefit will provide cultured holistic healing health care (physical, mental, emotional, and spiritual) to improve health outcomes through



alternative healing methods by allowing native traditional medicine use in coordination with Western medicine.

- The traditional healing proposed annual budget should be at \$500.00 per beneficiary.
- The Centennial Care Managed Care Organizations should continue to provide their traditional healing benefit as a Value Added Services, this should include direct pay to a healer or individual that could be used to purchase supplies or food for their ceremony.

HSD/CYFD will host three additional listening sessions with tribal leadership to continue to gain feedback and guidance on how best to proceed on proposing an annual budget for traditional healing and creating a single MCO for children in state custody. These meeting dates and times are scheduled for mid July and active efforts are underway to secure tribal leadership attendance.

In addition to pursuing the 1115 waiver renewal, HSD is also developing the MCO Request for Proposals (RFP) that will result in contractual awards with the MCOs that will provide coverage in coordination with the department beginning in January 2024. In the development of the RFP HSD is proposing that all CISC be enrolled in a single MCO. This proposal would ensure CISC have access to Care Coordination and Value-Added Services offered through MCOs including the traditional healing/medicine benefit.

### Exhibits

None.

## Appendix C - Target Outcome 4.1 - Out of Preferred Placement Preference Review

**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.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has developed protocols for the required 30-day review process of Native children placed in out-of-preference placements. The Co-Neutrals approved the protocols in January 2021 but have not yet evaluated implementation, and make no Performance Standard determination on the State's compliance with the protocols. The Co-Neutrals will assess implementation of this TO in a future Co-Neutrals' report.*



## CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

After adopting a PIG on the Foster and Adoptive Placement of American Indian/Alaskan Native Children, which established procedures for the 30-day Out of Preferred Placement (OOPP) staffing, CYFD's Office of Tribal Affairs began implementing the OOPP staffing in the same month, March 2021. Since then, OTA has reviewed approximately 120 cases each month in an OOPP staffing, with the goal of moving all Native American children into ICWA preferred placements. A quality assurance review of the first 10 months of the OOPP process, which will be described more fully in the discussion of Target Outcome 4.2, found that only 38% (64/167) of all OOPP staffings sampled were convened timely (64/167). Unfortunately, the report on this review did not provide any information about how late the staffings were nor about whether timeliness improved as staff became more familiar with the process.

Due to data collection limitations in the FACTS system at the time of placement, "out of preferred placement" uses, as a proxy, any placements of American Indian/Alaskan Native youth that are not with a relative or fictive kin. This proxy definition is used for all metrics herein as well as the sampling methodology for the OOPP quality assurance reviews.<sup>6</sup>

During this period, CYFD established baseline data from 2020 (before the OOPP staffings began) for the length of time Native American children spent in non-ICWA preferred placements:

<b>0-30 Days</b>	<b>31-90 Days</b>	<b>91-120 Days</b>	<b>121-150 Days</b>	<b>151-180 Days</b>	<b>180+ Days</b>
94	31	9	13	14	100

We also established data for part of 2019 and all of 2020 for the "percentage of placements where a court determination of non-ICWA preferred placement was the same as the CYFD determination." For the second half of 2019, the court and CYFD agreed in 47.83% (11/23) of cases; in 2020, the court and CYFD agreed in 49.15% (58/118) of cases; and in 2021, the court and CYFD agreed in 64.58% (186/288) of cases. Interestingly, in 2019, CYFD and the court agreed 100% (14/14) of the time that a placement was not preferred and in 2020, CYFD and the court agreed 97.44% (76/78) of the time that a placement was not preferred. Although the court and CYFD agreed far less often about preferred placements, the data show a significant

<sup>6</sup> Because of these data limitations and the use of a proxy that includes only relative or fictive-kin placements to be an ICWA preferred placement, the data herein will likely be an undercount of actual ICWA-compliant placements.



improvement from 2019 to 2020: CYFD and the court agreed that a child was in a preferred placement 31.58% (6/19) of the time in 2019, and 43.16% of the time in 2020.

Going forward, we will continue tracking the length of time children spend in non-ICWA preferred placements, the percentage of OOPP staffings that are conducted on time, and the congruence between determination of preferred placements by the court and CYFD.

## DVP Metric - 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.

*Note: The below numbers (4.1i and 4.1ii) differ from the previously submitted 2019/2020 report due to a methodological adjustment that prioritized court determination of both ICWA eligibility and placement status.*

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

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

#### Calculation Results

2020:

0-30 Days	31-90 Days	91-120 Days	121-150 Days	151-180 Days	180+ Days
95	30	8	14	15	89

2021:

0-30 Days	31-90 Days	91-120 Days	121-150 Days	151-180 Days	180+ Days
50	22	8	16	16	93

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).

2019: 47.83% (11/23)

2020: 49.15% (58/118)

2021: 64.58% (186/288)



**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.

**Calculation Results**

2020:

0-30 Days	31-90 Days	91-120 Days	121-150 Days	151-180 Days	180+ Days
11	2	0	0	0	0

2021:

0-30 Days	31-90 Days	91-120 Days	121-150 Days	151-180 Days	180+ Days
55	24	11	8	18	53

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

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

**Calculation Results**

2019: 0% (0/2,036)

2020: 0% (0/1,800)

2021: 10.34% (156/1,509)

**Exhibits**

[C12 - TO 4.1 - Kevin S. Quantitative Report \(CY19-20\)](#)

[C13 - TO 4.1 and TO 4.2 - ICWA Preferred Placement Review Report \(May 18, 2022\)](#)





## Appendix C - Target Outcome 4.2 - Protocols Governing the Out of Preferred Placement Review Process

**CYFD will establish protocols governing the 30-Day review process to include families, tribal representatives, legal representatives, and Resource Families. The protocols will require that the aim of the placement review will be to determine what actions, services and supports will enable the child to be moved to an ICWA approved placement. If State ICWA legislation is passed and is more protective than the federal ICWA, a placement may meet this standard by being preferred by or consistent with the State ICWA legislation. The Co-Neutrals shall approve the protocols, but the Co-Neutrals shall not withhold approval of the protocols if they are reasonably calculated to achieve the Goals of this Agreement. The Co-Neutrals will evaluate compliance with the protocols. CYFD will work with New Mexico Tribes and Pueblos to identify any tribal placement preferences that deviate from ICWA.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has developed protocols for the required 30-day Review process of Native children placed in OOPP to enhance accountability for ICWA placement preferences. The protocols allow for participation by a Native child's Tribe, Pueblo, or Nation and extended family in OOPP meetings. The Co-Neutrals approved the protocols in January 2021, but have not yet evaluated implementation, and make no Performance Standard determination on the State's implementation of the procedures, as the procedures have not yet been finalized beyond issuance of a Guidance Memorandum and PIG, dated March 24, 2021. The Co-Neutrals will assess implementation of this TO in a future Co-Neutrals' report.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

Since the last annual report, CYFD has implemented the OOPP staffings in accordance with the procedures required by the PIG issued in March 2021 and approved by the Co-Neutrals.

In early 2022, the State worked with Rachel Paletta on the development of an ICWA Preferred Placement Review Tool (Review Tool), ICWA Preferred Placement Reviewer Worksheet, and an ICWA Preferred Placement Reviewer Guide. These documents were approved by the Co-Neutrals and then used by a quality assurance team led by Karla Young, and including 4



highly experienced former CYFD staff,<sup>7</sup> to review a sample of 74 Native American children in custody during the period under review, April 1st through December 31st, 2021. The 74 children reviewed included placements of Native American CISC during the period under review other than respite placements, temporary absences from foster care (such as runaway episodes and acute hospitalizations), and trial home visits, and who experienced at least one placement that was not with a relative or fictive kin during the period under review. The review began in April 2022 and concluded with a dashboard of the State's review data and a Final Report on this Review, which was submitted to the Co-Neutrals on May 18, 2022.

In April 2022, Protective Services Director Emily Martin and Deputy Secretary Beth Gillia held a listening session with the Northwest Region's Protective Services staff, another listening session with Office of Tribal Affairs (OTA) staff, and two listening sessions with tribal representatives who had participated in OOPP staffings.

OTA staff and tribal partners identified benefits to practice from the OOPPs, as well as challenges. For example:

- OTA's practice of scheduling and staffing OOPPs on the same day and at the same time each month for each county office has allowed tribal representatives to participate on a regular basis;
- There is open discussion of ways to move the child into an ICWA preferred placement and increased accountability with next steps established with clear timeframes;
- Better transition planning occurs when a child moves into a relative-placement or back to their home, including identification of resources to help support a changed placement;
- The OOPP staffing has created a platform for tribal representatives, and other parties, to be heard and have their concerns addressed; and
- Staff in some counties have sought additional guidance from OTA and rely on OTA for additional support in their Indian Child Welfare Act (ICWA) cases.

Some challenges were also identified, including:

- Not all parties get timely notice or are invited to participate in the staffing;
- Staff in some counties are consistently unprepared and unable to accurately report what has been accomplished between staffings;
- Although next steps are identified, there are significant delays in completing these tasks and limited oversight between OOPP staffings to ensure completion;
- OTA is not always made aware of new ICWA cases and/or informed when a child is in an out-of-preferred-placement; and

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<sup>7</sup> This team included Rebecca Liggett (Retired Chief Children's Court Attorney), Nora Romo (Retired CYFD QA Manager, Joseph A. Reviewer, and adjunct reviewer for CFSR), Lettie Martinez (Retired CYFD QA Specialist and adjunct reviewer for CFSR), and Marti Madrid (Retired CYFD QA Specialist and adjunct reviewer for CFSR).



- Documentation from the OOPP staffing is not consistently entered into the same place in FACTS or into FACTS at all.

As part of the OOPP quality review process, 74 cases involving Native American children were considered. Of these, 19 were determined to be in an ICWA-preferred placement during the review period. The results of the quality review were based on the remaining 55 children, who were in out-of-preferred placements. The majority of cases reviewed came from the two counties with the highest ICWA case loads: 29% of the reviewed cases were from Bernalillo County and 25% were from San Juan County. During the period under review, the review found:

- no documentation existed that OTA was informed of the out-of-preferred placement in any of the cases reviewed;
- only 38% of the cases were convened timely;
- none of the OOPP staffings included an invitation and participation of all required participants AND documented discussion of all the issues required by the PIG.

Despite these findings, reviewers identified a number of strengths of the OOPP staffing process. For example:

- tribal representatives were included in many of the meetings, including out-of-state participants;
- in most cases, the required CYFD workers were present;
- OTA consistently convenes monthly OOPPs in all county offices and provides facilitation and note-taking during the process;
- the staffings resulted in actionable next steps related to identifying relatives or another preferred placement, and these steps were documented; and
- discussion of strategies to support the placement, once a relative was identified or there was a transition home planned, were documented.

The review also identified areas in need of improvement:

- Overall documentation of staffing was not consistently clear and comprehensive (for example, documentation did not consistently address notice to OTA, names of invitees, or whether topics required by PIG 03-2021-#7 were discussed); and
- Staffing notes sometimes referred to case documentation in FACTS, rather than indicating the content of a meaningful discussion which may have taken place during the staffing.

Based on the findings of the review, OTA has updated the original staffing form and will begin using the revised form on July 1, 2022, to better capture the actual discussions taking place during the OOPP staffing. The revised form will also better capture who was invited to participate in the OOPP, when and how they were invited, and reasons invited participants were



not able to attend the staffing. In addition, a revised PIG is being considered to allow for flexibility related to:

- the topics and issues discussed;
- instances where the worker or supervisor may not be available to participate, and coverage is needed (including from upper Protective Services management);
- increasing involvement of Protective Services leadership in the OOPP staffing process to ensure accountability; and
- the use of other case planning activities (i.e., Family Centered Meetings, 90-day staffing, legal conferences) to better focus the OOPP staffing on placement issues and to limit the duplicative nature of the topics discussed.

Finally, we are considering adding some accountability measures in the revised PIG, including (1) a supervisor check-in with the Protective Services worker two weeks after each OOPP to discuss progress on next steps and to ensure that notice of the next OOPP has been provided to all required invitees, (2) requiring a brief written synopsis of progress on next steps to be distributed to all invitees by the PS Worker five days before each OOPP, and (3) co-facilitation of the OOPPs by the PS worker and an OTA staff person.

## Exhibits

[C13 - TO 4.1 and TO 4.2 - ICWA Preferred Placement Review Final Report \(May 18, 2022\)](#)

[C14 - TO 4.2 - Foster and Adoptive Placement of American Indian/Alaskan Native Children Program Instruction Guide](#)

[C15 - TO 4.2 - ICWA Preferred Placement Review Instrument](#)

[C16 - TO 4.2 - ICWA Preferred Placement Reviewer Guide](#)

## Appendix C - Target Outcome 4.3 - CYFD Accountability Procedures for ICWA Placement Preferences

**CYFD will work with New Mexico Tribes and Pueblos to identify any tribal placement preferences that deviate from ICWA. CYFD will create procedures that enhance accountability for ICWA placement preferences, including allowing the child's tribe or pueblo and extended family members to participate in ICWA-preferred placement reviews, Individualized Planning Meetings and case decision making meetings.**



## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The State has developed protocols for the required 30-day Review process of Native children placed in OOPP to enhance accountability for ICWA placement preferences. The protocols allow for participation by a Native child's Tribe, Pueblo, or Nation and extended family in OOPP meetings. The Co-Neutrals approved the protocols in January 2021, but have not yet evaluated implementation, and make no Performance Standard determination on the State's implementation of the procedures, as the procedures have not yet been finalized beyond issuance of a Guidance Memorandum and PIG, dated March 24, 2021. The Co-Neutrals will assess implementation of this TO in a future Co-Neutrals' report.*

## CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

At the time of writing this report, the OOPP staffings have been used for 15 months. During this time, the State has completed a quality assurance review and held multiple listening sessions to assess whether the the staffings are being conducted effectively and in conformity with the [Foster and Adoptive Placement of American Indian/Alaskan Native Children Program Instruction Guide \(PIG\)](#) and whether any changes need to be made to the process before adopting more formal procedures and rules. As noted above, the quality assurance review has revealed some challenges with implementation that may be addressed in a revised PIG and future procedure. See the discussion of TO 4.2 for a list of accountability measures that will be addressed in a revised PIG.

In addition to accountability measures in the OOPP staffings, this TO requires CYFD to create procedures for allowing the child's Nation, Pueblo, or Tribe and extended family members to attend other Individualized Planning Meetings and case decision-making meetings. To this end, CYFD re-issued a PIG on January 21, 2022 related to Congregate Care Settings. This re-issue clarifies that the Permanency Planning Worker is allowed to invite "the child or youth's parents or other family members, . . . the child or youth's Tribe/Pueblo Representative, . . . [and] a representative from the Office of Tribal Affairs" to the Individualized Planning Process/Teaming Meeting required "when a child has been placed in congregate care setting either due to medical necessity or it has been determined that placement in a congregate care setting is in the best interest of the child or youth." See Sections 10.1 and 10.4 for the new provisions. (Note also, that the same individuals were already required in Out of State Joint Clinical Review Meetings by Section 11.4.)

## Exhibits

[C17 - TO 4.3 - Program Instruction Guideline 01-2022-#3 \(RE-ISSUE Kevin S. Related Deliverable: Congregate Care Settings\)](#)



## Appendix C - Target Outcome 5.1 - ICWA Training Plan Development & Implementation

**CYFD will develop an ICWA training plan by December 1, 2020, and implement it by December 1, 2021. ICWA trainings will be developed collaboratively with the CYFD's Academy for Training and Professional Development Team, Protective Services Tribal Liaison, CYFD Tribal Liaison, Tribal Advisors, and culturally responsive experts. The ICWA training will include specific information on the history of ICWA, historic relations between Native American people and state and national government, and the history of culturally insensitive social work practices. It will also include skills development in working with Native families and communities, historical trauma, engagement, cultural humility and culturally responsive intervention techniques for Native American parents and youth and community engagement with New Mexico Tribes and Pueblos, as well as best practices for ICWA. The training will include information on New Mexico Tribes and Pueblos, sovereignty, and jurisdictional issues. The Co-Neutrals shall approve the ICWA training plan, but the Co-Neutrals shall not withhold approval of the training plan if it is reasonably calculated to achieve the Goals of this Agreement.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*This TO was not completed by the required due date of December 1, 2020. The State has made consistent efforts to improve the development of the Plan, and to address remaining questions that need to be answered before the Plan can receive the Co-Neutrals' approval. Given that the Plan is not finalized or approved, additional time is needed for the Co-Neutrals to assess whether the State has met the Performance Standard for development of the Plan. The Co-Neutrals will assess implementation of the Plan in future reports.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

CYFD's Workforce Development Bureau (WDB) is responsible for creating, delivering, and evaluating the effectiveness of the Indian Child Welfare Act (ICWA) Training Plan. To create the ICWA Training Plan, WDB worked with tribal social and ICWA workers, CYFD's Office of Tribal Affairs, the National Indian Child Welfare Association (NICWA), and a committee of culturally responsive experts from the community, including retired Children's Court Judge John J. Romero, ICWA expert Evelyn Blanchard, Crescentia Tso (ICWA Unit Supervisor, Navajo Indian Child Welfare Act Program), Jacqueline Yalch (Director of Social Services at the Pueblo of Isleta), and 2 Native American individuals with lived experience of the NM child welfare system.





WDB also contracted with the National Indian Child Welfare Association (NICWA) for consultation and training. NICWA provided training called *Navigating Bias and Common Challenges in Providing ICWA Training*, as well as resource materials to be used in building and implementing the ICWA training curriculum described below.

The ICWA Training Plan is premised on an understanding that being effective in one's role requires continual learning. Based on this philosophy, a comprehensive, tier-based training and coaching plan has been developed to increase understanding, adherence, and implementation of the Indian Child Welfare Act. The program provides three learning levels that align with participants' specific job roles in implementing ICWA-related activities.

To date, all newly hired CYFD employees complete a three-hour online training pertaining to history of ICWA, historic relations between Native American people and state and national government, and the history of culturally insensitive social work practices. The three-tiered suite of training will be implemented and evaluated over the next calendar year and a half. The training and coaching plan will be fully operational by June 30, 2023. This process includes continual input and review by Tribal Liaisons, CYFD Tribal Liaisons, Tribal Advisors, culturally responsive experts and CYFD workers and leaders. These teams have been assembled and are actively contributing to the building and evaluating curriculum.

## The Proposed Training Plan

The Training Plan described below will be submitted to the Co-Neutrals for approval.

## Delivery Methodology

All learning events will be delivered using multiple modalities to best meet our learners' learning preferences. This includes blended learning such as in-person, hybrid classrooms, virtual sessions, and e-learning modules. WDB Staff will facilitate sessions in partnership with Nation, Tribal and Pueblo members.

## Tier One: Novice ICWA Certificate—22.0 hours

All Protective Services Division employees are mandated to complete the Novice ICWA Certificate within one year of their hire date. This includes Children Court Attorneys (CCAs), ICWA Unit and Office of Tribal Affairs (OTA) staff. The Novice ICWA Certificate meets the Settlement Agreement Requirements outlined in CTO5.





The Novice IWCA Certificate includes four Courses. Courses one and two are facilitated as part of CYFD's New Employee Training (NET). However, the courses' designs are such that non-new hires or those wanting or needing a refresher can attend. Course three is an E-learning course that is mandated for all employees. The courses are as follows:

1. Cultural Humility in Social Services (8 hours).
2. Populations of New Mexico (3 hours).
3. Indian Child Welfare Act Overview (e-learning) (3 hours).
4. ICWA In-Depth Training – Applying Best Practices (8 hours).

### **Course #1: Cultural Humility in Social Services**

This eight-hour course is offered during New Employee Training. It provides a foundation for developing a greater understanding of the participant's role as it relates to ICWA and the work of CYFD.

The following are the course's learning objectives. At the end of the course, learners will be able to:

- Define Oppression, Power and Privilege
- Recognize How Oppression Appears Normal in Society
- Understand Marginalization and Systems
- Develop Own Cultural Humility Practice in Child Welfare
- Reflect on the History of Oppressive Practices in Child Welfare
- Develop Critical Self-Reflection Skills as a Cultural Humility Practice

### **Course #2: Populations of New Mexico**

This three-hour course includes specific to Native American populations. The following learning objectives relate to the course's focus on New Mexico's Native American populations. At the end of the course, learners will be able to:

- Demonstrate knowledge of Native American Pueblos, Nations, and Tribes.
- Explain Sovereignty (Government to Government Relations).
- Describe the history of culturally insensitive practices in New Mexico and the history of culturally insensitive practices with Native Americans in child welfare.

### **Course #3: Indian Child Welfare Act Overview (e-learning)**

This three-hour course is an overview of the Indian Child Welfare Act, historical considerations, cultural considerations, and practice implications for child welfare workers. It is a three-part interactive e-learning. The purpose of this training is for workers to understand, effectively assess, and adhere to the ICWA. The e-learning has been reviewed by culture-responsive experts,



including David Simmons of the National Indian Child Welfare Association (NICWA). At the end of the course, learners will be able to:

- Recognize the historical relationship between Native American children and child welfare policy leading to the creation of ICWA.
- Recognize the impact of bias and perception in practice.
- Effectively assess for ICWA eligibility.
- Notify tribes and pueblos according to ICWA guidelines.
- Collaborate with relevant individuals and Tribal, Pueblo and Nation representatives.
- Recognize the importance of relatives as it applies to ICWA and placement preferences.

#### **Course #4: ICWA In-Depth Training – Applying Best Practices**

This eight-hour training has been developed in partnership with Nation, Tribal and Pueblo representatives as members of the Curriculum Workgroup. A different assembly of Nation, Tribal and Pueblo members are acting as a review committee and as a panel of “lived-experience” experts. CYFD leaders, including Deputy Secretary Beth Gilia, Office of Tribal Affairs Director Donalyn Sarracino, Acting Placement Bureau Chief Anthony Beltran, Assistant General Counsel Cynthia Aragon, Office of Children’s Rights Director Eli Fresquez, Protective Services Director Emily Martin, Workforce Development Bureau Chief Susan Garcia and APDT Manager Kathy Luker have met weekly throughout 2022 to review training plans, content and stakeholder feedback.

CYFD partnered with the National Indian Child Welfare Association (NICWA) to gather insight from Nation, Tribal and Pueblo communities as to the resources needed to best meet learning and community needs. Content topics and volunteers selected to serve on the Curriculum Workgroup and Review Committee were solicited during March 2022’s New Mexico Tribal ICWA Consortium (NMTIC) meeting. During this meeting, CYFD’s NICWA consultant, David Simmons, facilitated a conversation to help CYFD better understand the needs of the communities. CYFD is committed to involving Nation, Tribal and Pueblo members in developing and delivering this training. The course content reflects the collaborations mentioned above. The delivery of the content involves a WDB trainer partnered with a Nation, Tribal or Pueblo member(s) from the specific region that the training is being facilitated. The Office of Tribal Affairs (OTA) and WDB provide monthly updates and opportunities for feedback to the NMTIC group.

This course expands on the previous courses’ content as it relates to the application of state and federal ICWA laws and requirements, and the needs of our Nation, Tribal and Pueblo communities.



The following Learning Objectives have been approved by all the aforementioned community members, leaders and experts.

At the end of this course, learners will be able to:

- Recognize and overcome biases that may impede implementing ICWA.
- Implement all ICWA requirements in a manner that respects individual and cultural activities.
- Understand the importance of Cultural Connections.
- Identify Government-to-Government relations.
- Know key components when working with Tribal Governments.
- Foster successful Tribal-State Relationships.
- Identify Best Practices for effective Community Engagement

### Tier Two: Advanced ICWA Certificate (12.0 hours)

Tier Two focuses on supervising ICWA cases and strengthening community engagement. New CYFD Field Supervisors and Managing Attorneys are required to complete the Advanced ICWA Certificate within eighteen months of taking their position. Those staff moving into a supervisory role are required to complete it within six months of being promoted. Completion of Tier One is a required prerequisite to Tier Two.

Employees who are not mandated to complete this certificate can elect to complete it or select specific courses from the certificate.

Tier Two consists of the following courses:

- Supervising Indian Child Welfare Act Cases (3 hours)
- Community Cultural Wealth (3 hours)
- Importance of Cultural Connections (2 hours)
- Implications of Historical Trauma (2 hours)
- Government to Government Relations—Proficient (2 hours)

### Tier Three: ICWA Leadership Certificate (26.0 hours)

Tier Three is designed to develop a leader's ability to effectively manage staff working with ICWA in the field. This tier provides a deep understanding of ICWA and the communities it applies to. This tier is required for all County Office Managers, Regional Office Managers, and Field Deputy Directors. New to CYFD leaders have twenty-four months to complete, while leaders being promoted from within will have eighteen months to complete. Tier One and Tier Two are prerequisites for Tier Three.



Supervisors and employees who have completed the above portions of training may complete the ICWA Leadership Certificate.

Tier Three courses include:

- Accountability and ICWA: Assuring cultural responsiveness (4 hours).
- Accountability and ICWA: Assuring ICWA compliance (4 hours).
- Collaborative Decision Making (3 hours).
- Value-based Leadership (8 hours).
- Creating an environment of Cultural Humility (3 hours).
- Community Engagement (4 hours).

## Children's Court Attorneys

Children's Court Attorneys (CCAs) are required to complete the:

- Tier One: Novice ICWA Certificate.
- CCA Training conducted by the Managing Attorney.
- IFPA In-Depth Training

## Resource Parent Training READINM

Pre-Service Foster/Resource Parent Training Indian Child Welfare Module (four hours) is offered regularly within County Offices. As of July 1, 2022, READi NM replaces RAFT training. Objectives include:

- Understanding the history of Culturally Insensitive Practices toward Native Americans.
- Recognizing the historical relationship between Native American children and child welfare policy leading to ICWA.
- Identifying Historical Trauma.
- Recognizing the benefits of Cultural Connections.
- Being able to express why Culture as Bonding is important to a resource parent.
- Learn about Cultural Compacts.
- Plan Child Focused Transitions.

## Coaching Plan

All Regional Coaches will complete each Tier over 24 months. This ensures their knowledge and skill sets are advanced enough to guide staff in a way that fosters fidelity to ICWA. Coaches will work with all new hires to ensure that they can apply concepts and skills. In addition, they are also available to current staff and leaders. Each region has a detailed Regional Coaching Plan.



Regional Coaching plans include any identified ICWA-related training or targeted coaching needs identified through the evaluation of the course assessments. Individual learners will also use their assessment scores to identify growth areas to work on with their Regional Coach. The Regional Based Coaching Unit provides multiple opportunities for employees to build fidelity including knowledge, skills and abilities of ICWA. Activities include individual and group coaching, manual/guide creation, unit meetings or training, and community liaison meetings.

The WDB Coaching Unit has added a new position, ICWA Trainer Coach. This role, added in June of 2022, works closely with workers to understand and implement ICWA. They provide training as well as day-to-day coaching. Like the Regional Coaches, activities include individual coaching, group coaching, manual/guide creation, unit meetings or training, and community liaison meetings.

The Regional Coaching Unit has a full-time Resource Parent Coach, added in November 2021, alongside the other discussed coaching roles. This person coaches both Placement Workers and Resource Parents to ensure fidelity to ICWA practices. They work closely with the ICWA Trainer Coach to know available resources and culturally responsive approaches to assist workers and Resources Parents.

### Training Plan Summary Table

Training Modules	Audience	Training Hours	Completion Start Date	Learner Required By	Description
<b>Tier One: Novice ICWA Certificate</b>  <i>The Novice ICWA Certificate meets the Settlement Agreement Requirements outlined in CTO5</i>	All Protective Services Division employees, Children Court Attorneys (CCAs), ICWA Unit Office of Tribal Affairs (OTA) staff	22	September 30, 2022	1 year	The Novice IWCA Certificate includes four courses. 1. Cultural Humility in Social Services 2. Populations of New Mexico 3. Indian Child Welfare Act Overview 4. ICWA In-Depth Training – Applying Best Practices



<p>Tier Two: Advanced ICWA Certificate</p> <p><i>Completion of Tier One is a required prerequisite to Tier Two.</i></p>	<p>New CYFD Supervisors and Managing Attorneys</p>	12	December 31, 2022	<p>18 m-new to CYFD</p> <p>6 m- promoted</p>	<p>Tier Two focuses on supervising ICWA cases and strengthening community engagement. Courses include:</p> <ol style="list-style-type: none"> <li>1. Supervising Indian Child Welfare Act Cases</li> <li>2. Community Cultural Wealth</li> <li>3. Importance of Cultural Connections</li> <li>4. Implications of Historical Trauma</li> <li>5. Government to Government Relations</li> </ol>
<p>Tier Three: ICWA Leadership Certificate</p> <p><i>Tier One and Tier Two are prerequisites for Tier Three.</i></p>	<p>County Office Managers, Regional Office Managers, and Field Deputy Directors.</p> <p><i>Supervisors and employees who have completed the above</i></p>	26	June 30, 2023	<p>24 m-new to CYFD</p> <p>18 m- promoted</p>	<p>Designed to develop a leader's ability to effectively manage staff working with ICWA in the field. This tier provides a deep understanding of ICWA and the communities it applies to. Courses include:</p> <ol style="list-style-type: none"> <li>1. Accountability and ICWA: Assuring cultural responsiveness</li> <li>2. Accountability and ICWA: Assuring ICWA compliance</li> </ol>



	<i>portions of training may complete the ICWA Leadership Certificate.</i>				<ul style="list-style-type: none"> <li>3. Collaborative Decision Making</li> <li>4. Value-based Leadership (8 hours).</li> <li>5. Creating an environment of Cultural Humility</li> <li>6. Community Engagement</li> </ul>
Children's Court Attorneys					<ul style="list-style-type: none"> <li>1. Tier One: Novice ICWA Certificate.</li> <li>2. CCA Training conducted by the Managing Attorney.</li> <li>3. ICWA In-Depth Training provided by Special Master Begay.</li> </ul>





Resource Parent Training READi NM	Pre-Service Resource Parent	4	July 1, 2022	Prior to being licensed	Objectives include: <ul style="list-style-type: none"> <li>· Understanding the history of Culturally Insensitive Practices toward Native Americans.</li> <li>· Recognizing the historical relationship between Native American children and child welfare policy leading to ICWA.</li> <li>· Identifying Historical Trauma.</li> <li>· Recognizing the benefits of Cultural Connections.</li> <li>· Being able to express why Culture as Bonding is important to a resource parent.</li> <li>· Learn about Cultural Compacts.</li> <li>· Plan Child Focused Transitions.</li> </ul>
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## Exhibits

None.



## Appendix C - Target Outcome 5.2 - ICWA Training Plan Implementation Evaluation

**The Co-Neutrals will evaluate implementation of the training plan.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*This TO was not completed by the required due date of December 1, 2020. The State has made consistent efforts to improve the development of the Plan, and to address remaining questions that need to be answered before the Plan can receive the Co-Neutrals' approval. Given that the Plan is not finalized or approved, additional time is needed for the Co-Neutrals to assess whether the State has met the Performance Standard for development of the Plan. The Co-Neutrals will assess implementation of the Plan in future reports.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

CYFD's Workforce Development Bureau has developed a multi-part strategy for evaluating implementation and effectiveness of its ICWA trainings. This strategy includes summative evaluations, formative evaluations, and ongoing tracking. However, since the Training Plan has not gone into effect, no evaluations have been conducted yet.

#### Summative Evaluation

Each Tier of the ICWA Training has one Tier-Specific summative evaluation tool for each course. Before each class, participants complete the self-administered tool. The tool determines their pre-course level of content understanding and application. The same assessment is completed at the end of each course.

Using the same tool for each course shows participants' growth and needed focus areas throughout the certification process. The assessment results track the effectiveness of content, instruction, and participant learning and act as a catalyst for coaching conversations with the participant's supervisor or coach.

#### Formative Evaluation

Each quarter, a review of assessment data will be conducted. The findings will be used to improve instructional methods and inform about the possibilities for additional learning opportunities and coaching activities. Evaluation results are reported with aggregated data and



can be disaggregated by field role, region, and class, giving WDB the ability to modify and focus training activities by region, topic or job category.

### **Tracking**

Course assessment and certification tracking are done using CYFD's Learning Management System, Cornerstone. Supervisors and leaders have access to staff transcripts and can monitor progress. In addition, WDB will monitor learners' progress and send reports to leaders when workers are not meeting deadlines. Data is also used to drive coaches' conversations with workers or other learning activities planned in the region.

### **Exhibits**

None.



## Appendix D

### Appendix D - Implementation Target 1.1 - Behavioral Health Workforce Development

**HSD and CYFD will create a Behavioral Health Care Workforce Development Review with the objective of supporting and expanding provider capacity to provide community-based mental and behavioral health services with reasonable promptness that are accessible throughout the State, and particularly in rural areas. The Behavioral Health Care Workforce Development Review will describe in writing the expected nature, scope, capacity, and structure of the workforce necessary to meet the obligations described in this Agreement, including how HSD works with MCOs on increasing capacity to make available screening/assessment, High Fidelity Wraparound services, evidence-based, well-supported, or promising therapeutic treatment for children with complex trauma, intensive case management, mobile crisis response services and intensive home-based services to every Child in State Custody for whom they are medically necessary. HSD will either create or require MCOs to create a specific hiring/contracting plan that identifies, by county, the number of staff and credentials required to meet the objectives identified in the Behavioral Health Care Workforce Development Review. The Co-Neutrals must approve the Behavioral Health Care Workforce Development Review.**

#### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals assess that the State continues to make progress toward this IT. However, the Co-Neutrals have not been able to approve the State's proposed Review and Plan, and continue to monitor.*

#### CYFD & HSD Actions Taken Between January 1, 2021 and April 1, 2022

The State continues to make good faith progress on the Behavioral Health Care Workforce Development Review Plan required by Implementation Target 1.1. The State will submit a revised Review Plan with specific hiring and contracting plan, by county, to build a sustainable children's behavioral health workforce with the capacity to meet the needs of children in state custody by September 1, 2022.

The initial Behavioral Health Care Workforce Development Review Plan was submitted to the Co-Neutrals on March 31, 2021, for review and discussion. A subsequent draft of the Review



Plan was submitted to the Co-Neutrals on June 1, 2021, which outlined a two-phased approach to meeting this Commitment.

- **Phase 1** involved gathering the data relevant to current service availability, current workforce capacity, provider expansion capacity, and current and expected service utilization.
- **Phase 2** involves using the data gathered in Phase 1 to develop a specific hiring and contracting plan, by county, to build a sustainable children's behavioral health workforce with the capacity to meet the needs of children in state custody.

The State contracted with Myers and Stauffer, LC (Myers and Stauffer or M&S) in October 2021 to conduct a Behavioral Health Provider Capacity Needs Assessment for Children in State Custody (CISC). The State met with M&S weekly from October 2021 through March 2022 to develop appropriate assessment questions, identify key stakeholders, coordinate subsequent stakeholder interviews, create, and administer a CISC survey, and assist in gathering the data needed for this review.

The State commissioned the assessment to gather stakeholder feedback on the current state of the behavioral health system and inform a strategic planning process to improve access to trauma-responsive behavioral health services as part of a transformed child welfare system. This assessment advances Implementation Targets 1.1 and 2.1 of Appendix D of the Settlement Agreement related to completion of a Behavioral Healthcare Workforce Development Review and assessment of expected need and service utilization for specific evidence-based, well-supported, or promising therapeutic treatment for children with complex trauma.

**Primary research conducted by M&S included qualitative and quantitative data collection from over 500 stakeholders.**

**Our goal was to use this assessment to answer the following key questions:**

- Where are Medicaid behavioral health providers and organizations located in relation to CISC?
- How many providers are serving each county in relationship to the youth and CISC populations?
- What is the scope of practice and readiness among behavioral health providers and organizations to offer specific evidence-based, trauma informed modalities?
- What is the current nature of waitlists for behavioral health services across the state?
- What are the behavioral health service needs and experiences of current and former CISC?



- Did current and former CISC receive the behavioral health services they needed while in custody? What were the barriers to accessing those services?
- What do providers and organizations identify as the top opportunities to increase the behavioral health workforce?
- What is the current scope of practice and provider attitudes towards specific modalities of care in which the state seeks to build capacity?
- What do stakeholders identify as the most important strategies that need to be undertaken to better serve CISC?

Stakeholders engaged included state agencies, managed care organizations, behavioral health organizations and providers, advocacy groups, current and former children in state custody, and current and former resource parents. To summarize, the project team conducted:

- Survey of 51 current and former youth in custody;
- Survey of 387 behavioral healthcare providers, agencies and organizations, and primary care providers;
- Twenty-six interviews with 49 state and community representatives; and
- Four focus groups with 25 community stakeholders.

**Secondary research added context to the findings of the primary research** and offered additional background to further inform the future strategic planning and implementation effort to expand the behavioral health workforce. Secondary research included:

- **Medicaid Provider and Youth Population Profiles:** Profiles were created to illustrate the number of various behavioral health provider types compared to total youth and the Child in State Custody (CISC) population using Medicaid and state data.
- **State Workforce Development Summaries:** Research was compiled to illustrate recent initiatives implemented by neighboring states to expand the behavioral healthcare workforce.
- **Policy Scan:** A review and summary of relevant State (HSD, CYFD, MAD) policies, such as sections of the New Mexico Administrative Code, billing and policy manuals, and legislation.

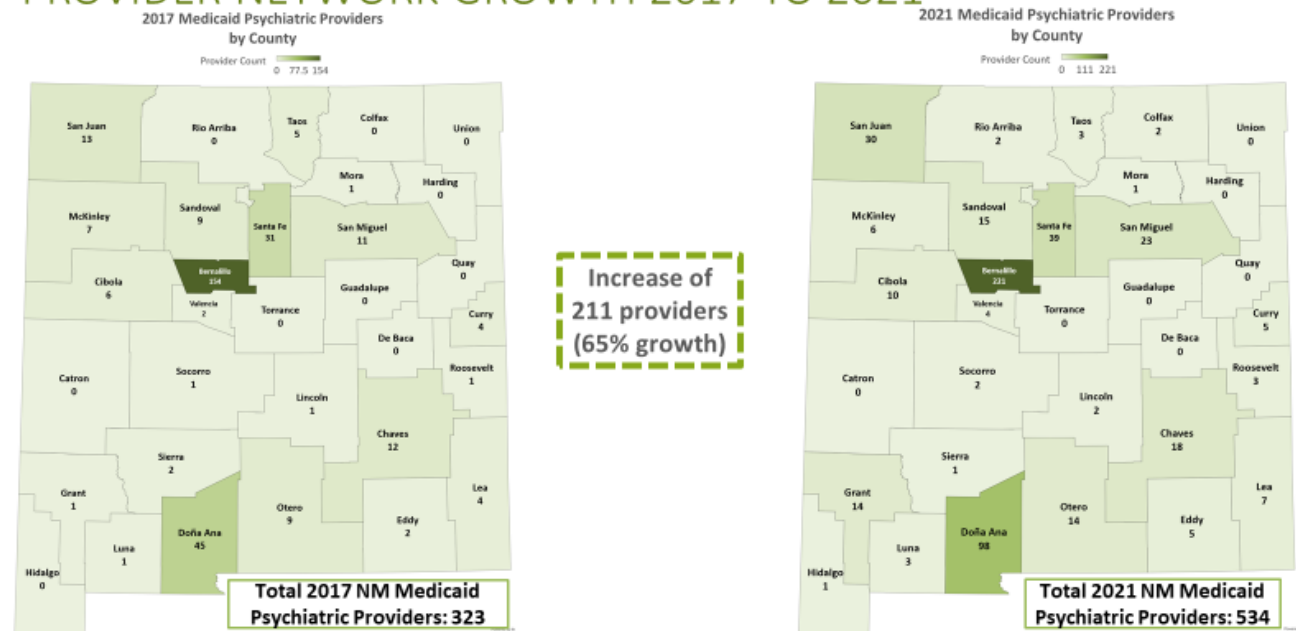
The initial draft of the BH provider assessment was completed on May 26, 2022, with the final report approved by the state on June 22, 2022. The final assessment was provided to the Co-Neutrals on June 24, 2022, and is included as [Exhibits D IT 1.1 and D TO 1.1](#) in this report.



## Ongoing Work to Increase Behavioral Health Provider Network

The State has been working to increase the number of behavioral health providers accepting Medicaid payment for several years with notable success, as demonstrated by the following graphical description of the distribution of prescribing providers by county.

### PROVIDER NETWORK GROWTH 2017 TO 2021



Source: NM HSD, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

In addition, the State has been working to increase the diversity of the BH workforce through mechanisms such as the scholarship program administered by the National Latino Behavioral Health Association (NLBHA), which has contributed to a rise in the number of Latino/a graduates from Master's degree granting programs within the state. BHSD is in the planning stages of creating a certification program for bilingual therapists in order to improve the quality of services provided in a language other than English, and for BH interpreters in order to ensure that where interpretation is needed, it will be provided by qualified professionals, rather than interpreters of convenience.

In order to improve the quality of graduates from BH training programs in New Mexico, BHSD has also worked with Social Work programs at New Mexico State University (NMSU), Highlands, and Western New Mexico University (WNMU) to incorporate training in Case Conceptualization prior to graduation.

CYFD BHS has partnered with NMSU's Center of Innovation (COI) since 2014 on our first System of Care (SOC) grant. This partnership has continued each year with subsequent contracts on multiple SAMHSA grants including Communities of Care (COC), Healthy Transitions (HT),





Healthy Transition Expansion Program (HTEP), and Adolescent Substance Abuse Reduction Effort - Treatment Implementation (ASURE-TI).

NMSU COI currently coordinates training and practice improvement efforts to develop the skills and competencies of the children's behavioral health workforce for CYFD BHS programs and initiatives, including High-Fidelity Wraparound, Family Peer Support, Youth Peer Support, Functional Family Therapy (FFT), the Nurtured Heart Approach (NHA), Cultural and Linguistic Competency, and Quality Service Review (QSR). Through an ongoing partnership with the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP), the COI oversees the certification process of High Fidelity Wraparound Facilitators and Family Peer Support Workers (FPSWs), with Youth Peer Support Worker (YPSW) certification in process.

Through our interdepartmental work to improve the care for CISC, CYFD and HSD are collaborating to support the children's behavioral health workforce development for the following required services statewide. More information about each of these services and implementation efforts are provided below in App D IT 2.1:

1. Dialectical Behavior Therapy (DBT)
2. Eye Movement Desensitization and Reprocessing (EMDR)
3. Functional Family Therapy (FFT)
4. Multisystemic Therapy (MST)
5. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
6. High-Fidelity Wraparound (HFW)
7. Mobile Response and Stabilization Services (MRSS)

CYFD BHS has also collaborated with NMSU COI and HSD on children's behavioral health workforce training and support for the following services:

1. Youth Peer Support Services (YPSS)
2. Infant Mental Health Child Parent Psychotherapy (IMH CPP)
3. Respite (for children's behavioral health)

## Exhibits

[D1 - IT 1.1, D TO 1.1 - Behavioral Health Provider Capacity Needs Assessment for Children in State Custody \(CISC\), Myers and Stauffer, LC \(Myers and Stauffer\)](#)



## Appendix D - Target Outcome 1.1 - Behavioral Health Workforce Development

**HSD will work with MCOs to implement the Behavioral Health Care Workforce Development Review, with the objective of expanding and developing the statewide workforce sufficient to implement the system for delivery of community-based mental and behavioral health services described in this Agreement.**

- a. By December 1, 2021, 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 EPSDT.**
- b. By December 1, 2021, HSD will require that MCOs have a provider network sufficient to meet the needs identified in the Behavioral Health Care Workforce Development Review and hiring plans.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals assess that the State continues to make progress toward Appendix D TO 1.1 (above) though have not been able to approve the State's proposed Review and Plan to date. The State has not met the December 1, 2021 deadlines above.*

### CYFD & HSD Actions Taken Between January 1, 2021 and April 1, 2022

As mentioned in D IT 1.1, the State continues to make good faith progress on the Behavioral Health Care Workforce Development Review Plan and, as noted above, contracted with Myers and Stauffer, LC (Myers and Stauffer or M&S) in October 2021 to conduct a Behavioral Health Provider Capacity Needs Assessment for Children in State Custody (CISC). A full detailed description is outlined above under D IT 1.1.

The State will continue to work in collaboration with Managed Care Organizations (MCOs), using the information gathered in the M&S report, to identify needed workforce development by county and service. This work will be guided by the Behavioral Health Care Workforce Development Review Plan, applied at the county and regional level, and will necessarily include an array of approaches to increasing, expanding, and stabilizing the workforce. We recognize our approach must focus on the *global* BH workforce, with an initial focus on those providers, widely interpreted, providing services directly to CISC.

Initial plan implementation is scheduled to be completed by the Summer of 2023, with evaluation of progress performed quarterly by the Executive Leadership Team in order to



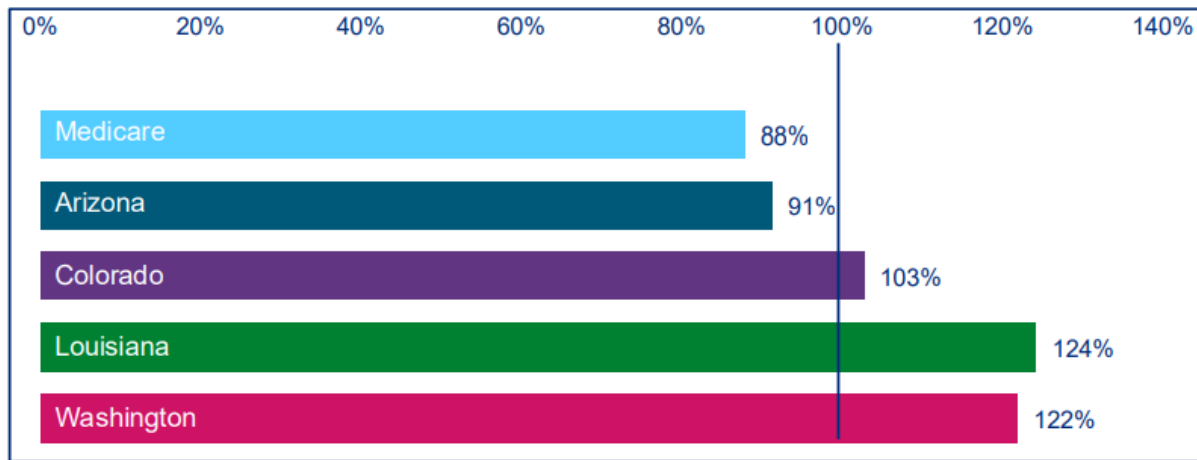
determine which, if any, tactics need to be reinforced, altered, or replaced based on progress to date. This includes changes to staffing and oversight of the MCOs to effectively oversee, monitor, and manage the MCOs and to oversee and develop policy and procedures related to EPSDT.

In the interim, the State has continued efforts to build a sustainable children's behavioral health workforce through work on Evidence Based Practices (EBP) outlined in IT 2.1 and TO 2.1.

Additionally, in acknowledgment of the need for providers, HSD has undertaken efforts and plans to expand reimbursement for physical and behavioral health services in New Mexico schools for all Medicaid eligible children. Currently, only children with Individualized Education Plans (IEPs) are eligible.

Finally, the State has made significant investments in behavioral health providers since 2019 and continues to implement strategies to ensure appropriate payment for the behavioral health workforce, which is an essential element of ensuring an adequate network is sustained. The Medical Assistance Division (MAD) completed phase I of a comprehensive provider rate benchmarking study (see: [Reports | New Mexico Human Services Department \(state.nm.us\)](https://www.state.nm.us/human-services/reports/)), which focuses on provider payments. The second phase will benchmark facility payments against Medicare and four other states. These reports will then be used to develop a strategy for addressing payment issues initially, and to establish a methodology, process, and schedule for conducting routine rate reviews as part of normal future operations and fiscal planning. Figure 7 (from the study) below, demonstrates that New Mexico Medicaid is paying behavioral health providers at 97% of Medicare rates and over 100% of the payments being made for the same services in the four states we compared against (the reasons for the states chosen for comparison are outlined in the report). HSD will continue to work to implement a permanent rebasing strategy for providers as part of this effort to sustain these levels of payment going forward.



**Figure 7: Overall CY2021 New Mexico Medicaid FFS Relativity to Each Benchmark**

Service Area	Medicare	AZ	CO	LA	WA
<b>Total</b>	<b>88%</b>	<b>91%</b>	<b>103%</b>	<b>124%</b>	<b>122%</b>
HCBS (43% of total expenditures)	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>
Physician & Other Practitioner (21% of total expenditures)	86%	87%	104%	131%	123%
HCPCS Level II (10% of total expenditures)	85%	86%	112%	99%	107%
Maternal & Child Health (5% of total expenditures)	96%	94%	106%	142%	119%
Behavioral Health (9% of total expenditures)	97%	116%	109%	144%	138%
Dental (6% of total expenditures)	N/A <sup>2</sup>	83%	83%	88%	113%
FQHC/RHC (6% of total expenditures)	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>

## Exhibits

[D1 - IT 1.1, D TO 1.1 - Behavioral Health Provider Capacity Needs Assessment for Children in State Custody \(CISC\), Myers and Stauffer, LC \(Myers and Stauffer\)](#)



## Appendix D - Implementation Target 2.1 - Service Utilization

**Implementation Target D 2.1:** To assess need, HSD and CYFD will define initial expected service utilization for screening/assessment, High Fidelity Wraparound services, evidence-based, well-supported, or promising therapeutic treatment for children with complex trauma, intensive case management, mobile crisis response services and intensive home-based services. The Co Neutrals must approve the methodology for predicting expected utilization of these services.

**“... evidence-based, well-supported, and promising trauma-responsive services, which include intensive case management, High Fidelity Wraparound services, intensive home-based services, and trauma-based therapies including Dialectical Behavior Therapy (DBT), Multi-systemic Therapy (MST), Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Functional Family Training (FFT), and Eye Movement Desensitization and Reprocessing therapy (EMDR).”**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*Appendix D, titled Behavioral Health Services, requires CYFD and HSD to make good faith efforts to achieve substantial and sustained progress to build a statewide, community-based mental health system that all children and families will be able to access.*

#### Co-Neutrals' Finding

*The State continues to make progress toward this IT. However, the Co-Neutrals have not yet been able to approve the State's proposed methodology. A period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State finalized the deliverable and re-submitted to the Co-Neutrals for approval on March 10, 2022. After the State made a few minor changes, the Co-Neutrals approved this deliverable on April 19, 2022. On May 19, 2022, the State submitted it for publication on the website.

### State Progress on Evidence-Based Practices



The State continues to make good faith progress on evidence based practices. We have re-evaluated our methodology and chose an approach that is described in the National Survey of Child and Adolescent Well Being, endorsed by the federal Administration of Children and Families (ACF). The study looked at children involved in child welfare from multiple counties around the nation. The aspect of the study that is extremely useful is the identified gap between the identification of a child's behavioral health needs and those who access services. The utilization of the Child and Adolescent Needs and Strengths (CANS) algorithms for High Fidelity Wraparound, Comprehensive Community Support Services, and the defined evidence-based practices will aid in identifying which category of service the child needs and assist in the State's effort to bring these services to scale for CISC.

On February 8, 2022, the State began working with Mercer, HSD's actuarial firm, to begin to develop rates for the evidence-based practices (EBPs). We have continued to meet weekly and have made progress on the following:

- Multisystemic therapy (MST);
- Dialectical Behavioral Therapy (DBT);
- Functional Family Therapy (FFT);
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); and
- Eye Movement Desensitization and Reprocessing (EMDR).

Estimated completion of this effort is August 2022 for the five EBP listed above.

We have set up a structure for future analysis that will pool the 2019 cohort with a 2020 cohort into a longitudinal data set. However, the 2020 cohort will not be available until August 2022. Analysis will evaluate the changes to:

- The number of individuals in the cohort;
- The services rendered;
- The location of the services; and
- The clinicians providing the service.

We have continued to review the internal-facing decision-making tools (algorithms) that are embedded in the CANS. Since the new CANS went live in December 2022, we have seen that 90% of CANS yield at least one referral. The most frequent referrals to date have been:

- 1) Assessment: including Neuro-psychological evaluation;
- 2) Functional impairment for assessment/prevention (level 1);
- 3) Comprehensive Community Support Services (CCSS) (level 3);



- 4) Outpatient services (level 2);
- 5) High Fidelity Wraparound (level 4); and
- 6) Qualified Residential Treatment Program (QRTP) (level 5).

Partnering with the D 1.1 Workforce Development Team, we will review provider feedback including their interest in receiving State-sponsored training and certification in EBP modalities.

The State is contracting with the NMSU COI for administration of the implementation process of the EBPs among providers for CISC across the state. The procurement process was initiated in June 2022.

The team is evaluating challenges to effectively implement the EBPs, including those related to statistical evaluation.

### Next Steps for the Evidence-Based Practices:

- CYFD BHS has contracted with the NMSU COI for the training, coaching, and tracking of HFW and FFT.
- MAD will develop needed processes to track practitioners that have been trained and certified in these EBPs. This will ensure that only certified practitioners can bill for these services. Rate development, based on projected utilization, in order to provide enhanced reimbursement for the designated EBPs by qualified practitioners will be complete by the end of Summer 2022.
- A Medicaid Provider Supplement describing the EBP services, modifiers, training and certification process, and billing instructions will be issued in July 2022.
- The Behavioral Health Policy and Billing Manual will be modified to reflect the new EBP certification process and billing instructions for eligible practitioners, with a scheduled completion date of early Winter 2023.
- The Data Validation Team will report on the frequency of use of the EBPs to the Implementation Team. The Implementation Team will work with Mercer to make any needed adjusted rates for these EBPs six months after publication of the Supplement mentioned above.

### High Fidelity Wraparound (HFW) Activity from September 2021 through May 2022

The State continues to make good faith progress on HFW:

- A HFW workgroup was formed to develop and guide the State's plan to ensure access for eligible youth and families to HFW statewide, with a priority placed on CISC.





- The workgroup is composed of leadership and core staff from CYFD and HSD with support from the New Mexico State University Center of Innovation (NMSU-COI), the identified training and program implementation support entity for New Mexico High Fidelity Wraparound (NM HFW) as well as other key community stakeholders such as the Evaluation and Data team at the University of New Mexico.
- The initial plans were developed in early 2020 and put into place to ready the system for this expansion. Weekly meetings of the whole team have been held, with smaller groups meeting to work on specific components of the plan, including development of the PMPM rate for Medicaid, the Provider Application Process, and identification of a core group that will serve as the ongoing Steering Committee for NM HFW.
- In addition to the CYFD and HSD representatives, the Steering Committee actively engaged with all three Managed Care Organizations to ensure that the process of expanding the number of providers will flow smoothly once CMS approves the 1115 Waiver modification.
- Since October 2021, the Steering Committee has continued to meet weekly to work on readying the system for the expansion of NM HFW under Medicaid.
- CYFD-BHS and the NMSU-COI have supported existing federal grants for State and Health-Home funded providers to continue providing HFW within their identified communities.
- HSD leadership has continued to meet with CMS (Center for Medicaid/Medicare Services) to address their questions regarding HFW's inclusion in the 1115 Waiver. Approval for the Medicaid Rate is still pending.

### High Fidelity Wraparound Accomplishments:

- Development of the Provider Application and Process Flow
  - Including the development of a Web-based application portal, housed at the NMSU-Center of Innovation
  - <https://centerofinnovationnm.org/nm-wraparound/nm-wraparound-provider-application-2/>
- Development of the Steering Committee Charter
- Work with MCOs to clarify the separate roles and responsibilities of Care Coordinators and NM HFW Teams. High-Fidelity Wraparound Program Manual Provider Implementation Manual (HFW) to align with the planned expansion and ensure the program will meet the goal of providing high-quality services to CISC. Key updates include:
  - Incorporation and clarification of the no reject/no eject policy as it pertains to HFW;



- Specific referral pathways and expectations for CYFD-Protective Services and Juvenile Justice to HFW to ensure that eligible children, youth, and families are referred and supported throughout the process; and
- Incorporation of the CANS more fully into the HFW referral process, as well as ongoing use of the tool, to support the HFW process and track changes in outcomes.
- CYFD-BHS and NMSU-COI have also continued to work on improving the existing HFW program and training to ensure quality HFW teams are prepared to serve children, youth, and families and prepared for the anticipated expansion subsequent to Medicaid rate approval.
- Program and Training updates include:
  - Strengthening and Updating all NM High-Fidelity Wraparound training curricula and incorporating training on use of the CANS within HFW;
  - Updates to all NM High-Fidelity Wraparound Forms and processes to align with the CANS and other program updates in the Wraparound Program Manual. <https://centerofinnovationnm.org/nm-wraparound/practice-2/>;
- The HFW Steering Committee is collaborating with the Family Peer Support Services (FPSS) and Youth Peer Support Services (YPSS) Steering Committees to ensure that FPSS/YPSS providers receive technical assistance. FPSS and YPSS accomplishments include:
  - Youth Peer Support Certification and Training was approved by the NMCBBHP on May 12th, 2022.
  - CYFD, BHS, and NMSU COI are currently meeting regularly with New Mexico Office of Peer Recovery and Engagement (NM OPRE), New Mexico Department of Health (NM DOH) and NM BHSD leaders in the peer support network, including FPSS and Adult Certified Peer Support to create consistency across the peer continuum.
  - CYFD BHS and NMSU COI coordinates with a group of NM youth with lived experience who are providing feedback on the training and the certification process.

### Next Steps For High Fidelity Wraparound:

- Develop individual action plans to support the ten HFW providers' transition to the Medicaid billing system.
- Issue a provider alert on NM HFW, Certified FPSS, and YPSS.



## Mobile Response and Stabilization Services (MRSS) Progress From September 2021 to May 2022

The State continues to make good faith progress on MRSS.

NMSU COI and CYFD BHS are receiving technical assistance from the University of Maryland. Through this relationship, we are able to consult with Denise Davis, who is a subject-matter expert in children's MRSS. We are currently working on the following:

- Developing content areas for training;
- Identifying materials and resources;
- Developing job descriptions for the core mobile team;
- Dedicating a graduate student intern to research implementation of children's MRSS nationally; and
- Participating in the National Learning Community hosted by the University of Maryland, with CYFD BHS's Substance Abuse and Mental Health Services Administration (SAMHSA) federal grant providers and partners actively participating in this Learning Community.

### Next Steps for Mobile Response and Stabilization Services

- Continue work with Mercer - the asset management firm that the State contracts with to develop rates for MRSS (work began in June, 2022).
- Work with University of New Mexico (UNM) evaluation team to develop a MRSS white paper to recommend NM best practice for children's MRSS.
- Development of the children's Crisis Assessment Tool (CAT) to be aligned with NM CANS.
- Develop a program manual that will include:
  - Program Description;
  - Position Description;
  - Training Curriculum; and
  - Procedures and Protocols.
- Development of an Interagency Stakeholder Steering Committee.
- Participate in the Learning Collaborative also hosted by the University of Maryland. and
- Utilize national technical assistance to identify evaluation measurements, in partnership with NMSU COI, and UNM evaluation team.



## Exhibits

[D2 - IT 2.1 - HFW Charter for Interagency Steering Committee](#)

[D3 - IT 2.1 - HFW Provider Application Process: Narrative](#)

[D4 - IT 2.1 - HFW Provider Application](#)

[D5 - IT 2.1 - HFW Process Flow](#)

## Appendix D - Target Outcome 2.1 - Provider Incentives

**By December 1, 2021, HSD or its designees will provide incentives for providers to be trained in evidence-based, well-supported, and promising trauma-responsive services, which include intensive case management, High Fidelity Wraparound services, intensive home-based services, and trauma-based therapies including Dialectical Behavior Therapy (DBT), Multisystemic Therapy (MST), Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Functional Family Training (FFT), and Eye Movement Desensitization and Reprocessing therapy (EMDR). Training will comply with professional standards and best practices in adult education, including by incorporating experiential and interactive components and using evaluations to measure effectiveness.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*No status report from November.*

### CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

The State continues to make good faith progress on provider incentives. We have outlined three main areas for development and investment to achieve the implementation of these provider incentives: Training and Certification, Reimbursement, and Value Based Purchasing.

HSD and CYFD, with support from the Behavioral Health Collaborative, worked to develop a process for delivering, monitoring, and registering training and certification for each of the EBPs by agency and individual practitioner. This is outlined in D IT 2.1 above.

In order to provide differentiated reimbursement for the delivery of the enumerated EBPs, the State established modifiers for each EBP that, when appended to billing to both Medicaid and non-Medicaid payment systems by qualified providers, will build a



baseline for the frequency of use of the EBPs. In September 2021, these modifiers were established for three EBPs that have been previously billed simply as “psychotherapy”: DBT, EMDR, and TF-CBT.

Multisystemic Therapy (MST) and Functional Family Training (FFT) did not require modifiers as they are already billed in unique and easily identifiable ways.

Since February 2022, rate development for DBT, EMDR, and TF-CBT has been underway through a collaboration with Mercer, HSD, CYFD, and the Behavioral Health Collaborative. The rate-setting process is targeted to be complete by August, 2022. This rate development process includes converting these EBPs from Fee for Service reimbursement methodology, to a bundled rate that allows for reimbursement of the actual costs associated with effective delivery of these therapies.

### Next Steps

The new rates will be distributed for public comment in the Fall 2022, with an expected effective date of the new payment system in early 2023.

### Exhibits

None.

## Appendix D - Implementation Target 3.1 - Reimbursement Methodology

**HSD will develop and publish reimbursement methodology, billing rates (taking into account validated information regarding adequate rates), and guidance for providers for screening/assessment, High Fidelity Wraparound services, evidence-based, well-supported, or promising therapeutic treatment for children with complex trauma, intensive case management, mobile crisis response services and intensive home-based services, leveraging Medicaid whenever possible. The methodology and guidance will include provider eligibility criteria as well as billing and coding procedures.**



## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

### Co-Neutrals' Finding

*The State provided a draft of material relevant to this IT, but did not complete this IT by the required due date of June 1, 2021. A period for further observation is necessary to allow the Co-Neutrals to review the documents once finalized and promulgated by the Behavioral Health Services Division (BHSD) and assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

## CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith progress in these areas. We released the updated definition of Serious Emotional Disorder (SED) in March of 2021 and communicated by way of a provider alert, included the definition in the 2021 Billing and Policy Manual, and included a direct link on the HSD website home page (see links below).

A Provider Alert with the updated definition of serious emotional disorder was issued on March 11, 2021. Here is a link but it's also been included as an exhibit.

<https://newmexico.networkofcare.org/content/client/1446/ProvideralertforSEDdefinitionwithattachment3.15.21.pdf>

The release of the 2021 BH Billing and Policy Manual includes a reference to the new definition for SED. The updated Appendix A accompanied the release of the 2021 Policy and Billing Manual. Here is the link. The document is too large to include as an exhibit.

<https://www.hsd.state.nm.us/wp-content/uploads/BH-Policy-and-Billing-Manual-Appendices-DRAFT-4.1.21.pdf>

HSD has also added a direct link to the SED definition at the top of the HSD homepage.

<https://www.hsd.state.nm.us/>

Additionally, the Behavioral Health Policy and Billing Manual provides guidance to both Medicaid and non-Medicaid providers, MCOs, and other stakeholders. These parties can provide recommended changes to the HSD, as well as provide feedback during the 30-day public comment period that accompanies any change. Revisions to the BH Billing & Policy manual can take from 6-12 months depending on the complexity and number of changes.



This deliverable will require additional changes to the BH Policy and Billing Manual, discussed below and as a result of other deliverables. These changes will be in the next iteration of the BH Billing and Policy Manual slated for finalization in 2023. The State is currently working on implementing the last round of revisions and will release communication as we complete implementation activities.

The current behavioral health manual is too large to be included as an exhibit but it can be found at:

<https://www.hsd.state.nm.us/wp-content/uploads/BEHAVIORAL-HEALTH-POLICY-AND-BILLING-MANUAL-FINAL-12.23.21-1.pdf>

Regarding evidenced based practices (EBPs), the D IT 3.1 team is currently working in collaboration with D TO 2.1 team to set up the methodology, coding, and billing procedures for evidence-based, well-supported trauma-responsive services, and trauma-based therapies, including Dialectical Behavior Therapy (DBT), Multisystemic Therapy (MST), Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Functional Family Training (FFT), and Eye Movement Desensitization and Reprocessing therapy (EMDR).

The timing of implementation for the coding and billing procedures did not align with the recent release of the 2021 Behavioral Health Billing and Policy Manual, therefore the next version of the manual will include this information. The State continues to work with the Medicaid actuarial team to develop the scope of evidence based, well-supported services with appropriate rates. This activity is expected to be completed by end of October 2022 and the State will work to align the implementation with the following communications:

- For implementation, the State will release a Provider Supplement to provide guidance on provider eligibility and instructions on how to bill with the established billing codes.
- The State will also prepare a Letter of Direction (LOD) to provide guidance to the MCOs on how to implement these services and prepare their systems for acceptance of claims.
- Language will be included in the next iteration of the BH Billing and Policy Manual for ease of locating provider guidance.

The language in the LOD and Medicaid Provider Supplement will sunset by inclusion in the 2023 version of the BH Billing and Policy Manual.

Lastly, HSD and CYFD are continuing to work to add CYFD's youth and family focused definition of MRSS.





- CYFD is engaged in technical assistance and a MRSS Learning Community through the University of Maryland, Institute for Innovation (Elizabeth Manley).
- CYFD is participating in meetings with HSD for MRSS rate setting with the Medicaid actuary, Mercer.
- CYFD is collaborating with HSD and Mercer on the integration of MRSS with 988 implementation.
- The three CYFD SOC III grant sites are anticipated to pilot the MRSS model in FFY23 (Oct. 2022).
- Communication regarding MRSS will be released via a Provider Supplement.

## Exhibits

[D6 - IT 3.1 - Provider Alert for SED Definition with Attachment 3.15.21](#)

## Appendix D - Target Outcome 4.1 - Well Child Checkup

**By December 1, 2021, every Child in State Custody will receive a comprehensive well-child checkup within 30 Days of entering state custody.**

Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*No mention of this deliverable in the CN's November 15th report.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith progress in this area. CYFD and HSD have established a process to ensure that each child who comes into state custody receives a comprehensive well-child checkup within 30 days of entering state custody. In November and December 2021, training was provided to the Protective Services Division staff regarding this requirement and this information will be included in new employee trainings moving forward. Please see the Exhibits below for more information. The training is mandatory for all Protective Services Division staff, including permanency and placements workers. The training focused on the importance of well-child check-ups in assuring the practice of assessing the CISC's physical, mental, and emotional well-being and following through with all recommendations for services or treatments. The training also emphasized the importance of documenting well-child checkups. Training was conducted in 2020 on 11/23, 11/24 morning and afternoon, 11/25, and 11/30. Additional training was conducted in 2021 on 11/23, 11/30, 12/1 and 12/2.



An excerpt from the CYFD Program Instruction Guideline (PIG), which is formal direction for CYFD staff, pending the revision of NMAC regulations. This PIG was submitted to CNs for approval on 6/15/22.

**MEDICAL SERVICES FOR THE CHILD:** Every child or youth in state custody will receive a comprehensive well-child checkup within 30 days of entering state custody. Once the initial well-child check is completed, the child or youth will receive annual well-child checks, annual eye exams, and bi-annual dental exams and cleanings. The child or youth's PPW documents information regarding the child's medical care, behavioral health care, dental care, and eye care on the "Medical Profile" tab in the "Medical" window in FACTS. Hard copies of records are maintained in the hard file as well as provided to the resource family. If the child is 14 years or older, the child's written consent is required for release of behavioral health and medical records. Any medications, prescribed or over-the-counter medications, administered must be clearly documented in every court report filed (see paragraph 9 below for further guidelines on psychotropic medications). [12-31-1997; 09-29-2015; 03-15-2016;12-01-2021]

## DVP Metric - Appendix D - Target Outcome 4.1

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

### 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.

*Note that there was a methodological adjustment from the previous report that now includes well-child checkups recorded by casework staff. As a result, those numbers differ from the 2019/2020 annual report.*

### EPSDT Codes (as of April 2022):

CPT Codes: Preventative Services	Description	Age
<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 18-39
99391	Established patient	Under one year
99392	Established patient	ages 1-4



99393	Established patient	ages 5-11
99394	Established patient	ages 12-17
99395	Established patient	ages 18-39
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	

CPT Codes: Evaluation and Management Codes	Description
<i>must be used in conjunction with at least one of the following Z diagnosis codes: Z00.00-Z00.129, Z00.8, Z02.89, and Z76.1-Z76.2</i>	
99202-99205	New patient
99213-99215	Established patient

### Calculation Results

2019: 57.58% (433/752)

2020: 56.61% (441/779)

2021: 52.74% (346/656)

### Exhibits

[D7 - TO 4.1 - Program Instruction Guidelines \(PIG\)](#)

[D8 - TO 4.1 - CYFD Training curriculum](#)

## Appendix D - Implementation Target 5.1 - Care Coordination

HSD will monitor implementation of a term in all contracts with its designees to require that care coordination include identification of physical, behavioral health, and long-term care needs, and providing services to address said needs, in compliance with Section 4.4 of Centennial Care 2.0 Managed Care Organization contracts with HSD.



## Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals' findings determined that this IT was not completed by the required due date of June 1, 2021. The Co-Neutrals' stated that the State was close to finalizing the necessary documents to achieve the IT. A period for further observation was allowed for the Co-Neutrals to further assess whether the State has met this performance standard and delayed their determination until a future Co-Neutrals' report.*

## CYFD & HSD Actions Taken Between January 1, 2021, and May 31, 2022

The State continues to make good faith progress in this area. To comply with this deliverable, HSD needed to first clarify direction to the MCOs, and second, ensure that we have appropriate monitoring tools in place to ensure MCOs comply with the care coordination requirements.

### 1. Care Coordination Direction

On March 18, 2022, the Human Services Department (HSD) issued Letter of Direction (LOD) 69-1, outlining the requirements for Centennial Care 2.0 Managed Care Organizations (MCOs) for Children in State Custody (CISC). The LOD included the requirement for CISC to be placed in Care Coordination Level 2 and identified required training related to CISC. The LOD outlines requirements related to the Child and Adolescent Needs and Strengths (CANS) training requirements for CISC and additional provisions related to the CANS and care plan development. The following highlights some of the amended contract sections included in LOD 69-1.

Section 4.4.3 of the Medicaid Managed Care Services Agreement: Assignment to Care Coordination Levels.

Sub-Section 4.4.3.5: Care coordination level two (2) and level three (3). The MCO shall conduct a Comprehensive Needs Assessment (CNA) (further explained in section 4.4.5 of this Agreement), utilizing motivational interviewing techniques, to determine whether the Member should be in care coordination level two (2) or three (3).

Section 4.4.9 of the Medicaid Managed Care Services Agreement: Care Plan Requirements.

Sub-Section 4.4.9.2.2 For CISC members, the MCO shall consult with the CISC's PPW as well as the CISC Member's guardian/representative when developing the comprehensive care plan (CCP).

Sub-Section 4.4.9.2.3 For CISC members, the MCO shall receive a copy of the CANS and utilize the CANS in developing the comprehensive care plan.



Section 4.4.16 of the Medicaid Managed Care Services Agreement Transition of Care Requirements.

Sub-Section 4.4.16.1.3 The MCO shall notify the assigned CYFD PPW for Protective Service (PS) involving children and youth within three (3) business days prior to transition in care for CYFD involved children/youth.

Section 4.4.18.2.4 of the Medicaid Managed Care Services Agreement.

Provide high needs population training and consultation with other care coordination staff including Members who are involved with CYFD juvenile justice services, protective services, behavioral health services, and their parents and/or kinship caretakers.

## **2. Monitoring Tools to Monitor MCOs Care Coordination Implementation**

In order to monitor the MCOs compliance with these requirements HSD will conduct Care Coordination audits and review activities as outlined in the “[Care Coordination Audits and Activities 2021 and 2022](#)” Exhibit.

## **3. Additional Care Coordination Background and Future Recommendation**

### **a. Background**

In New Mexico, the Medicaid program operates both Managed Care and Fee-for-Service components. Although there is a month-to-month variance, approximately ninety-seven percent (97%) of CISC are enrolled in managed care through a MCO and, as a result, have care coordination administrative functions available to them. Currently, care coordination participation is optional, and members enrolled in a MCO can decline to participate. In the event of member declination of services, collaboration between the member’s MCO Care Coordinator and Permanency Planning Worker (PPW) can promote rapid re-engagement.

Section 4.4.1.5.1 of the Medicaid Managed Care Services Agreement states that in the event a CISC guardian/representative refuses care coordination, the MCO shall have the CISC guardian/representative sign an HSD approved care coordination declination form. If the CISC guardian/representative refuses to sign the care coordination declination form the MCO shall document such refusal in the member’s file. Children 14 years or older can sign the care coordination declination form. The MCO shall contact the CISC’s PPW within three (3) business days of the refusal to inform them of the refusal. The CISC will be monitored per section 4.4.4 of the agreement.

If a member refuses care coordination, they will be monitored by the MCO to determine if a need for care coordination is indicated. At that time, a Care Coordinator will reach out and attempt to



re-engage the member in care coordination (Section 4.4.4. of the Medicaid Managed Care Services agreement).

Section 4.4.18.3.2 of the Medicaid Managed Care Services Agreement requires the MCO to contact the member's PPW within three days of notification of the member's involvement in CYFD and assign the member a Care Coordinator.

The remainder of the CISC are enrolled in the FFS program. As of October 31, 2021, there were 1832 CISC. Of these, 14 were Native American. Of the Native American CISC, 25 were not enrolled in a Medicaid MCO and were covered through FFS and five were not eligible for Medicaid. In the cohort of 25, one was receiving Comprehensive Community Support Services (CCSS) and five were receiving High Fidelity Wraparound (HFW) care.

Care coordination is a central tenet of Medicaid Managed Care. The Medicaid 1115 demonstration waiver defines care coordination as:

- Assessing each member's physical, behavioral, functional, and psychosocial needs;
- Identifying the specific medical, behavioral, and Long-Term-Services and Supports (LTSS) and other social support services (e.g., housing, transportation, or income assistance) necessary to meet a member's needs.
- Ensuring timely access and provision of services needed to help each member maintain or improve their physical and behavioral health status or functional abilities while maximizing independence; and
- Facilitating access to other social support services needed to promote each member's health, safety, and welfare.

Each member enrolled with a MCO receives a standardized health risk assessment (HRA) to determine if the member requires a comprehensive needs assessment (CNA). The CNA identifies members requiring level two (2) or three (3) care coordination and is followed with the development of a comprehensive care plan (CCP), which establishes the necessary services based on needs identified in the CNA. Members identified as needing level two (2) or three (3) care coordination are assigned a Care Coordinator who is responsible for coordinating their total care. MCOs routinely monitor claims and utilization data to identify changes in health status and high-risk members in need of a higher-level of care coordination.

Under the Balanced Budget Act of 1997, states have the authority to require most Medicaid beneficiaries to enroll in MCOs or Primary Care Case Management Programs (PCCM). States however, can only require Native Americans in Medicaid to receive services through a MCO or PCCM if the MCO or PCCM is the Indian Health Services (IHS), a tribally operated program, or an Urban Indian Health Program. States do not have authority to require Medicaid-eligible Native Americans to enroll in MCOs that are not operated by the IHS. As of March 31, 2022,



there is not a tribally-operated MCO or PCCM in New Mexico. States do have the authority to require such enrollment under “section 1115” demonstration waivers or under “section 1915(b)” program waivers. Through collaborative engagement with New Mexico tribes and HSD, tribes have indicated they do not want the New Mexico Medicaid program to pursue this approach until it is the expressed will of the tribes. Individual Native Americans eligible for Medicaid do have the choice of enrolling with any participating MCO.

### **b. Care Coordination Recommendation**

The Human Services Department (HSD) and CYFD recommend a three-pronged approach for care coordination for CISC:

1. Education on the benefit of Managed Care Medicaid;
2. Intensive Care Coordination (ICC): Wraparound Approach; and
3. Enroll all CISC in Medicaid Managed Care.

In the development of the 1115 Waiver Renewal which began in January 2022, the Medical Assistance Division (MAD) outlined two proposals related to deliverables that specifically impact New Mexico’s Native American population:

1. CISC enrollment in Medicaid Managed Care; and
2. Reimbursement for Tribal Healing Services.

We have conducted several listening sessions, outlined below, with a variety of stakeholders, including designated sessions for Tribes and Pueblos. All Tribal leadership were invited to a final meeting in July 2022 where they will provide the State with direction on how to proceed with our proposals. Following that meeting, MAD will finalize our proposals and update the Co-Neutrals and Plaintiffs regarding the will of the Tribes and Pueblos.





1115 Waiver Renewal/Medicaid MCO Procurement Stakeholder Sessions 2022	
Date	Meeting
4/26/2022	Tribal Listening Session
5/4/2022	Sister Agency and Partner Session
5/5/2022	Large Stakeholder Session
5/11/2022	Legislator Session
5/11/2022	Legislative Finance Committee (LFC), Department of Finance Administration (DFA), and Governor's Office Listening Session
5/12/2022	Tribal Meeting with Navajo Nation
5/13/2022	Tribal Meeting with Zuni and Laguna Pueblo
7/20/2022	Tribal Leadership Meeting/MAD/BHSD/CYFD/IAD
9/1/2022 – 10/31/2022	Public Comment Period, including Tribal Consultation and Public Hearings

## Exhibits

[D9 - IT 5.1 MCO Letter of Direction \(LOD\) 69-1 Dated 02/28/2022 \(Issued 3/18/2022\)](#)

[D10 - IT 5.1 HSD Care Coordination Audits and Activities 2021 and 2022](#)

## Appendix D - Implementation Target 6.1 - No Reject/No Eject

**HSD will reinstate language in its Medicaid contracts to prevent children from being rejected or removed from behavioral health services providers. HSD will work with providers to identify and remove other administrative barriers to providing services.**

**Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021**

*The Co-Neutrals assessed this IT was not completed by the required due date of June 1, 2021. A period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding this IT until a future Co-Neutrals' report.*



## CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith progress in this area. On November 1, 2021 the State issued LOD 69 that included requirements for D. IT 5.1, D. IT 6.1, D. IT 7.1 and D. IT 9.1. The LOD was “repealed and replaced” with LOD 69-1 and issued to the MCOs on March 18, 2022. In addition to the original requirements in LOD 69, LOD 69-1, requirements for the CANs training was included. LOD 69 was sunset upon issuing LOD 69-1 and LOD 69-1 will remain in effect until all of the requirements are incorporated into the Managed Care Services Agreement.

In order to monitor the D. IT 6.1 requirements of No Reject/No Eject outlined in the LOD 69-1, the State developed a MCO reporting template (CISC Report Template). Attached is [Exhibit D IT 6.1 CISC Reporting Template](#).

The report template breaks out the required No Reject/No Eject elements as described in the LOD, including the following:

**Provider Training Tab:** MCOs are required to amend provider contracts to include the No Reject/No Eject provision. If an MCO determines a provider is not accepting, or prematurely discharging, a CISC the MCO must provide training and/or education.

- Number of amended provider contracts that include the no reject, no eject provision;
- Percentage of amended provider contracts completed;
- Number of individual providers trained or educated if out of compliance with the no reject, no eject provision;

**Member NE/NR Tab:** MCOs will be required to report the following for CISCs:

- Number of prior authorizations approved or denied;
- Number of CISCs with services either reduced or modified;
- Number of CISCs with services delayed or not approved within 10 days;
- Number of discharges; and
- Number of notices of adverse actions. MCOs send notices of adverse actions when a service is denied, reduced, or modified.

**NE/NR Detail Tab:** MCOs will be required to report if a discharge was safe or unsafe, detailed information and MCO assessment about provider training, education or corrective actions taken.

The CISC Report Template is included as an Exhibit to the Annual Report. Once the template is approved by Co-Neutrals, it will be issued to the MCOs who will begin reporting to the State on a quarterly basis. The State will review the report on a quarterly basis to ensure the MCOs are in compliance with the no reject, no eject provision.



## **Identification & Removal of Administrative Barriers for BH Providers**

HSD's Behavioral Health Services Division partnered with the Behavioral Health Provider's Association in 2019 to begin the process to address administrative barriers identified by the association. Barriers include MCO claims payment issues and the contracting and credentialing processes for BH providers with Medicaid and the Managed Care Organizations. The State partnered with the provider association to first address claims payment issues by creating various pilot groups of providers who identified members for which they were experiencing claims payment issues. The providers submitted spreadsheets with unpaid claims that were provided to the MCOs for research and resolution.

Frequent claim denial reasons included but are not limited to: Duplicate claim; patient not eligible; timely filing has expired; and no prior authorization received. As a result, the MCOs researched and presented resolutions for identified barriers. The MCOs implemented the following modifications as a result of their research:

- MCOs updated edits within their systems to prevent the denial of certain claims:
  - H0015 (Intensive Outpatient) - system updated to accept 4 units
  - H2015 (CCSC) - units and modifiers updated to resolve taxonomy issue
  - H2017(PSR) - set to appropriately deny claims for members under age 18
  - Corrected a number of E&M codes that were being denied by one MCO
  - Corrected system to address denials of FQHC claims
- MCOs conducted refresher training for their provider services teams regarding linking fee schedules to newly added providers and how to update a member's primary insurance information;
- MCOs educated providers on MCO claims resolution processes, including the appropriate provider types that should be utilized when submitting claims; and
- MCO removal of Explanation of Benefits (EOB) denial requirements for certain billing codes.
  - HSD issued MCO [Letter of Direction #67](https://www.hsd.state.nm.us/lookingforinformation/centennial-care-letters-of-direction/) to provide the MCOs clarification regarding EOB exceptions for BH Services and Providers. <https://www.hsd.state.nm.us/lookingforinformation/centennial-care-letters-of-direction/>

Additionally, in an effort to reduce provider administrative burden with respect to the contracting and credentialing of providers with HSD and the MCOs, the State requested, during a second phase of the BH Provider Association and State workgroups, each MCO to provide a workbook with all BH providers who had been credentialed over a six-month period subsequent to the workgroup's initial meeting. As a result of this submission, a random sample of credentialed provider applications during that six-month timeframe indicates that the average turnaround



times for the MCOs credentialing processes were: Blue Cross Blue Shield NM (BCBSNM) - 13 days; Presbyterian Health Plan (PHP) - 11 days; and Western Sky Community Care (WSCC) - 21 days.

The only data available to the group from prior to that workflow development came from providers who submitted qualitative data. A few example cases indicated that BH credentialing was taking in excess of 30 days at times. Centennial Care contracts require credentialing within a 30 calendar day period.

Lastly, the HSD's Medicaid Management Information System Replacement (MMISR) project rollout includes a Business Management System module that will include provider enrollment and management. This module will:

- Provide business services that are flexible, configurable, meet federal requirements for initial and ongoing screening and enrollment;
- Work with provider associations, universities, and MCOs to address provider gaps by region, provider type, and capacity;
- Provide support, education, communication, and assistance;
- Conduct outreach to unenrolled and non-participating providers;
- Simplify and streamline enrollment processes;
- Automate validation of provider certification and licensure;
- Automate and enhance provider communication;
- Implement early detection of providers who have issues and provide technical assistance;
- Establish a single enrollment process by consolidating multiple provider enrollment applications and processes that are currently maintained separately; and
- Collaborate with Systems Integration (SI), Unified Portal (UP) and other modules to streamline services and ease access for providers.

The implementation date for this MMISR module is scheduled for May 2024.

## Exhibits

[D11 - IT 6.1 CISC Report Template](#)

[D12 - IT 6.1 Letter of Direction #67 - EOB Exception for BH Services and Providers](#)



## Appendix D - Implementation Target 7.1 - Notice of Action Protocol

**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 Meeting Team is reduced, modified, delayed, or denied, or if the service or is not approved within 10 Days.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals assessed this IT was not completed by the required due date of June 1, 2021. A period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith progress in this area. The State included this requirement in the original LOD 69 issued to the MCOs on November 1, 2021, and the requirement did not change with the issuance of LOD 69-1. MCOs are required to notify the requesting provider and provide the Member or authorized representative and the caregiver a Notice of Adverse Action when a team involved in the Individualized Planning Process (IPP) recommends a service for a CISC be reduced, modified, delayed, denied, or not approved within ten calendar days of recommendation. This requirement will also be an MCO reporting requirement and is included as a data element on the CISC Report Template. Per the LOD, MCOs are also required to provide the Notice of Adverse Action to the Member, Member's caregiver, authorized representative, and legal custodian.

In order to make filing a grievance easier for the entire Medicaid population as well as providers, the State posted to the HSD's webpage a link for each MCOs grievance and appeal webpage as well as a link on how to file a grievance directly with the State. The links can be found here: <https://www.hsd.state.nm.us/to-file-a-grievance-select-on-of-the-following/>

### Exhibits

None.



## Appendix D - Implementation Target 8.1 - Joint Process

**HSD and CYFD will review and identify the responsibilities shared by both Departments and create a joint process for offering services and supports include screening, assessing, referring, treating and providing transition services to Children in State Custody of the department, including Children in State Custody who were never removed from Respondents' homes or children who have returned to Respondents' homes but who remain Children in State Custody. The goal of this joint process shall be to maximize each child's access to services and to create a unified process for offering services and supports.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals assessed that "This IT was not completed by the required due date of June 1, 2021. A period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report."*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith progress in this area. CYFD and HSD reviewed and identified the responsibilities shared by both Departments for CISC and created a Joint Process for offering services and supports. Efforts included alignment of cross-divisional and cross-departmental processes to ensure pathways to services are explored and offered. CYFD and HSD restructured the Joint Process deliverable to delineate and outline the processes that were reviewed and identified by the Departments that are reflective of a CISC's involvement in services and supports:

1. Medicaid Coverage for CISC;
2. Screenings;
3. Service Planning;
4. CISC Transitions; and
5. Discharge Planning.

CYFD and HSD reviewed the Joint Process for consistency of language and alignment of processes established through deliverables and Department policies and procedures. Revision to the Joint Process included the following:

- Finalization of and consistent reference to the term "NM Practice Model". Because the term "Practice Model" was previously referenced in varying manners across multiple



deliverables, CYFD and HSD finalized the NM Practice Model in September 2021 that is now used consistently across Department processes for CISC;

- Update of processes across all Appendices that have been revised and/or finalized since the last submission;
- Reference to specific Appendix deliverables versus inclusion of additional descriptions in the Joint Process to avoid unintentional misalignment as changes occur. For example, instead of describing the details of the implementation of the Crisis Assessment Tool (CAT) and Child and Adolescent Needs and Strengths (CANS) Tool, the Joint Process now references “App A. IT. 1.1”;
- Shifted flow charts and tables to exhibits to demonstrate shared processes more clearly and succinctly. For example, instead of including a visual example of the key steps that occur within the CYFD Protective Services Division (PSD) for the life of a report or case in the content of the Joint Process, the visual is now placed in “[Exhibit - Key Protective Services Division Steps](#)”;
- Alignment of terminology, such as providing consistent use of titles and acronyms; and
- Addition of Joint Process Team members due to staff changes. The Joint Process Team now consists of representatives from both CYFD and HSD who are knowledgeable about the processes included in the final deliverable.

As our broad set of deliverables and processes are revised, approved, and finalized, additional updates to the Joint Process document may be needed to ensure alignment. The final Joint Process deliverable was submitted on September 2, 2022 for Co-Neutral review and approval. Once approved, the Joint Process will be a “living document” that the Joint Process team will continue to update as needed when and/or if Department policies and procedures change in the future.

## Exhibits

[D13 - IT 8.1 - Key Protective Services Division Steps](#)





## Appendix D - Implementation Target 9.1 - Provider Training

**HSD or its designees will require training through its contracts for those providing care coordination for children in state custody who receive Medicaid, consistent with the requirements in place under Section 3.3.5 and 4.4 of the Centennial Care 2.0 MCO contracts with HSD. HSD will require this training in any and all future contracts with its designees.**

### Co-Neutral November 15th Report: Status of Commitment as of September 1, 2021

*The Co-Neutrals assessed this IT was not completed by the required due date of June 1, 2021. A period for further observation is necessary to allow the Co-Neutrals to assess whether the State has met the Performance Standard for this IT. The Co-Neutrals will delay their determination regarding the Performance Standard until a future Co-Neutrals' report.*

### CYFD & HSD Actions Taken Between January 1, 2021 and May 31, 2022

The State continues to make good faith progress in this area. In the Managed Care Services Agreement, Section 4.4.18.2.4, MCOs are required to provide training for all high needs populations, including members who are involved with CYFD juvenile justice services, protective services (CISC), behavioral health services, and their parents and/or kinship caretakers. In the original LOD 69, issued on November 1, 2021, the State took the opportunity to remind the MCOs of this already existing training requirement.

Trauma Responsive Training - Appendix A

CANS/CAT - MCOs in July 2022 - Appendix A - Train the Trainers in Aug 2022

IPP - Just started - June 1st - Appendix A

Managed Care Organizations and HSD scheduled for the months of June and July 2022. Slides will be shared with MCOs for them to train their staff in the future.

### Exhibits

None.

