

## Target Outcome 4.1

*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.*

### Introduction

The *Kevin S.* Final Settlement Agreement (FSA) “requires the Children, Youth and Families Department (CYFD) and Human Services Department (HSD) develop an Individualized Planning Process (IPP) for convening an IPP team that will make decisions and deliver services and supports for each child in state custody.” The IPP approach is a facilitated approach to conducting teaming meetings to support children and families involved with CYFD. The IPP is an individualized, trauma-responsive approach that is strengths-based, family and youth-focused, and includes the family as an equal partner whenever possible. Team meetings conducted using the IPP approach result in individualized plans that unify the family and team under a vision with specific, targeted outcomes. Each IPP team member is assigned specific tasks to help children and families reach their goals. The IPP will be implemented as a framework across several of the Department’s child and family team meetings and in alignment with the New Mexico Practice Model which prescribes a team-based, collaborative decision-making process. (See Exhibit A.)

This plan describes how the IPP approach will be aligned with the New Mexico Practice Model, implemented across a number of CYFD’s family team meetings, how staff will be trained, and how fidelity to the model will be monitored and evaluated.

### NM Practice Model and Principles for Family-Directed Team Meetings

The NM Practice Model is embraced by CYFD and supported by HSD. It requires decisions about the care of children in state custody be made together with families, valuing the strengths of the child and family, honoring the family and child’s voice and choice, inclusion of natural supports, and is respectful of the child and family’s unique cultural heritage. The NM Practice Model and IPP approach are both based on important principles that make family-directed team meetings work:

- The focus is on needs rather than symptoms. Unless the underlying conditions producing the behavior are addressed, symptoms will be suppressed only to reappear later.



- People are capable of change and most people can find the solutions within themselves, especially when they are helped in a caring way to identify the solution.
- All people and families have strengths. Strengths are discovered and confirmed when people are affirmed, listened to, acknowledged, and encouraged.
- A solution a family generates with a team is more likely to be successful with the family because the solution will respond to the family's unique strengths and needs.
- A family is more invested in a plan in which family members believe that they are full partners in the decision-making process and that team members can genuinely identify their strengths.
- When extended family members and friends become part of a team, they frequently identify solutions that no formal system would be able to generate. They are aware of strengths in the family and bring that knowledge to the team.
- Family and friends provide love and caring in a way that no formal helping system can. That support during the IPP will help a family take supported risks.
- When you bring together a team of caring people, you obtain energy that fuels the engine of change.

## Description of the Individualized Planning Approach

The Individualized Planning Approach (IPP) is designed to engage families and children/youth being served by CYFD in identifying the needs underlying the conditions that brought them to the attention of the agency and establishing goals for change that will allow them to function safely and independently in the community. IPP encourages families to identify and work with both informal and formal resources to support them in the change process. Although IPP centers around the formation and convening of child and family teams, it is not solely an approach for team meetings. Rather it envisions an ongoing supportive process in which a resource team, coordinated by the assigned caseworker or probation officer, functions to support the family in attaining its goals.

IPP includes the following six core components:

- **The case record review.** This component reflects the importance of helpers' understanding of a family's history as a basis for identifying functional strengths and underlying needs and setting goals.
- **Building trust.** IPP incorporates an understanding of the role of trust in engaging families and teaches skills and behaviors that have been recognized in research as



building and maintaining trust.

- **Identifying team members.** This component emphasizes the role of the family in identifying individuals and resources to support them in the change process.
- **Building the team.** IPP prescribes an approach for engaging and preparing both professional and nonprofessional team members to effectively participate in team meetings and to carry out their responsibilities in supporting the family to achieve agreed-upon goals.
- **Developing the Plan.** IPP facilitates the development and implementation of a plan that is individualized and tailored to meet the unique challenges and needs of the family. The IPP focuses on ensuring safety while addressing permanency and well-being throughout the agency's involvement with the family.
- **Working with the team.** IPP teaches caseworkers and their supervisor's skills in coordinating team activities to ensure that the service process supports the family in achieving its goals.
- **Maintaining the team.** The caseworker and supervisor continue to assess and support team composition and function as a resource to the family for the duration of services. When most successful, some team members, particularly those that represent informal resources, are positioned to provide the supports needed to maintain progress even after CYFD involvement is terminated.

In IPP, teams are formed early after the child is placed in state custody. Members of the team may be added or removed as indicated by more complete understanding of needs and/or progress toward goals.

Team meetings in IPP conform to the following format:

1. Welcome: Team introductions & confidentiality
2. Define IPP purpose
3. Explain the expected outcome
4. Discuss the non-negotiables (e.g., required participants, courts orders)
5. Establish ground rules for the meeting
6. Family story (as told by the family)
7. Strengths to achieve outcomes
8. Identifying individual and family needs
9. Brainstorming how to meet needs



10. Developing the plan including assigning responsibilities
11. Assessing “What can go wrong” and planning responsive action
12. Next steps and closing

Because families have a standing team coordinated by their assigned case manager, meetings can be convened as needed. Individual meetings may also address multiple upcoming decisions and/or policy or statutory requirements in one session and case managers can communicate with individual team members as needed to ensure that activities are being completed in accordance with the case plan.

### **Team Meetings Conducted Using the IPP Approach**

The IPP may be used at any time to assist or better support youth in CYFD’s care, decision making and discussion of services to be provided and may be used during regular case reviews or prior to court hearings and must be used for the following meetings as required in the FSA:

- Joint Clinical Review for Out of State Placements
- Out-of-state discharge planning meeting
- Determination of Medical Necessity for Congregate Care
- Best Interest Determination for Congregate Care
- Shelter placement/ 48hr
- Determination of Medical Necessity for Restrictive Setting (Residential Treatment or QRTP)
- Placement change
- Case Review for CISC - In-home Foster Care
- Missing and Runaway Children within 30 days of absence.

A chart describing each meeting, including the associated Kevin S. Settlement agreement commitments, the triggering event for each meeting, the cadence of the meetings, notice requirements and the required participants and content can be found in (Exhibit C.)

All Child and Family Teaming meetings utilizing the IPP approach will include following components:

- Flexible scheduling to meet the needs of the child, youth, or family, with advanced notice respecting the schedules of required participants.
- Review of available records.
- Orientation/preparation of the family and child or youth and their team members and supports.



- Facilitation of the teaming meeting to ensure participation of critical team members.
- Documentation of the plan developed in the teaming meeting; and
- Facilitation of follow-up meetings.

Not all CYFD's team meetings will be conducted using the IPP approach. Not all CYFD's team meetings require the full participation of the IPP team and requiring the IPP approach for every meeting would be cumbersome to the family and could lead to the process becoming watered down due to the time constraints of the parties and caseworker. The IPP approach is intended to ensure the family and the caseworker have a plan to guide their work together and requires both the family and the caseworker to have quality time to meet together to prepare for the meeting. A separate chart of additional team meetings required by the FSA is included as Attachment D.

CYFD is working closely with the Child Welfare Group (CWG) to develop a crosswalk of efforts to ensure the implementation process aligns with CYFD's practice approach and emerging practice model. CWG will propose adaptations to policies, protocols, and procedures to maximize the implementation of the IPP model.

### **List of Team Meetings Not Utilizing the IPP Approach (Exhibit D)**

1. CAT and CANs review
2. Triage meeting for out-of-state placement and Memorandum for Decision
  - a. Cultural Strengths Inquiry -- CSI is required within 30 days but per FSA is not an IPP. However, an IPP staffing for all children in custody includes Native American children and will include review of the "CSI".
3. ICWA 30-day Out of Home Preferred Placement meetings.
4. Missing and Runaway Youth
5. Other meetings or legal staffings not mentioned above.
6. Other teaming or legal staffing that are required in the NM Children's Code or CYFD policy and procedure.

#### **Non-IPP Meeting for Missing and Runaway Youth**

Within 5 calendar days of a youth running away, a meeting will be convened to establish a plan for locating the youth, providing support and identifying placement options when possible.

Attendees may vary depending on the circumstances of the youth and the runaway episode.

Required attendees:

- PPW/Primary worker
- Primary worker's supervisor or designee

Required invitees:

- Youth Attorney or GAL



- Children’s Court Attorney
- Prior placement
- Assigned CBHC (if applicable)
- Fostering Connections worker (if applicable)
- High Fidelity Wrap Coordinator (if applicable)
- Tribal Representative (if applicable)
- Office of Tribal Affairs (if applicable)
- Juvenile Probation Officer (if applicable)

Optional invitees:

- Representative from the National Center for Missing and Exploited Children
- Known individuals who are part of youth’s support network (parents/guardians, friends, extended family, fictive kin, etc.)
- Law enforcement (if immediate concerns for safety are evident)

If the youth returns prior to the meeting, the meeting should still be held to explore with the youth why they ran or were missing and identify additional supports to stabilize placement.

## **Preparing Families and Youth for the IPP**

CYFD is committed to the preparation of families and their children, as well as all team members. The IPP will be more likely to produce successful outcomes for families when the participants are well-informed and have a clear understanding of what will be discussed. Many of the hurdles, difficulties, and problems that can arise in a team meeting (or meeting of any kind) can be avoided if all persons who attend have been prepared for what to expect and understand their role in the meeting. Preparation of families and youth occurs before the meeting. This preparation is critical to the process and will be conducted by the meeting facilitator.

During preparation with the family, a working agreement is developed. Here the facilitator helps parents identify their desired outcomes and define their team; helps the team members determine if they are ready, willing, and able to participate on the team and what role they will play in the team process; and identifies any barriers to contributing toward outcomes. The Preparation Interview enables families to participate and contribute fully by helping them: 1) focus on strengths as well as on needs; 2) explore any potential conflicts and discover ways to manage emotions positively; and 3) determine what the team members need to participate in a positive way.



The family preparation process builds from the record review. The record is considered the foundation for exploring significant life events, and the losses, trauma and other events that have led the family to today. Preparation creates the important opportunity to hear the family story, learn of their strengths and underlying needs, as well as those the parents/caregiver select to be on the team, who will also be prepared before the meeting. Preparation is a mutual learning process for the facilitator, family, and team members about the IPP. An orientation document to the IPP will be provided to the parent or youth.

### Key Steps in The Preparation Interview

- Engage the team member genuinely, with empathy and respect.
- Describe the meeting process and explain purposes of the meeting.
- Explain that the focus is on strengths and needs.
- Explain that the family story will be told by family members.
- Define and come to agreement on the outcomes.
- Explore what the team member can contribute toward the outcomes and what is needed to contribute toward the outcomes.
- Ask if there are any potential conflicts (emotional, legal, etc.).
- Ask what is needed for parent/youth/child/team member to be able to fully participate.
- Discuss time and place and work toward resolving any conflicts.
- Explore alternatives for input if the person cannot attend.

The following are examples of questions that can be used in preparation interviews with parents, extended family, youth, and children.

- What would you like to have happen because of this meeting?
- What do you see as family strengths? What do you need?
- What are your child's strengths? What does your child need?
- What are your parents' strengths? What do you think they need?
- Describe what success is for your family. What would (family member or support person) be doing differently to achieve success?
- Can you think about what you would like team members to know about your family story, including how you got involved with the agency?
- Who are the people who care about you...your family...your child?
- Who would you want to be at your team meeting?
- If we invited all the people who care about your family to come to a meeting, what would be some good things that might come from their participation?
- Where would be the best place for the team meeting?



## Facilitation

Meetings using the IPP approach will be facilitated by an individual who has received training and coaching specific to IPP facilitation. The goal is to maintain as much continuity with participants as possible and one individual's absences should not prevent the meeting from taking place. The teaming meetings using the IPP approach will be facilitated by:

- "Family Centered Meeting" staff (FCMs). The FCMs are dedicated staff that conduct facilitation of Family Centered meetings, primarily involved in cases involving Imminent Risk of removal and for other types of meetings as appropriate. Permanency consultants hired as FCM facilitators for permanency cases will also facilitate IPPs.
- Protective Services supervisors for Investigations, Permanency, Placement or In Home Services across the state. This totals approximately 126 supervisors.
- Community Behavioral Health Clinician supervisors for IPPs to address placement in congregate care settings and out of state placements.
- Protective Services staff and juvenile probation officer for youth involved in the juvenile justice system.
- Trained Caseworkers, JPOs and CBHCs.

## Participation

Participants in the IPP include:

1. The child or youth.\*
2. The child or youth's parent or other family members.
3. The child or youth's PPW or primary assigned worker.\*
4. The PPW or primary assigned worker supervisor.\*
5. A Community Behavioral Health Clinician (CBHC).\*
6. The child or youth's Managed Care Organization Care Coordinator or other Care Coordinator representative, if the child is not enrolled with an MCO. \*
7. If the child or youth is placed in a RTC or Group Home, the RTC Agency or Group Home case manager.
8. The child or youth's GAL or Youth Attorney.\*
9. If the child or youth is Native American, a representative from the child or youth's Tribe or Pueblo.
10. If the child or youth is Native American, a representative from CYFD's Office of Tribal Affairs.
11. When a child or youth is placed in a community home, pregnant and parenting team home, transitional living home or home for victims of human trafficking, the mental health professional or therapist assigned to their case.
12. Mental Health Professional or therapist assigned to the youth (required for



non-congregate care 90 day staffing)

\*Participation is mandatory. If a participant refuses or is unable to attend, the facilitator will attempt to obtain the missing parties' input in writing. Phone participation or video participation will be accommodated for parties unable to attend in person. Feedback from participants who are unable to attend, or whose attendance is prohibited by the family or youth, may still be contacted by the facilitator for input.

Invites will be sent to participants via text, phone call or email and the team will work to ensure a time and date are chosen that accommodates the schedules for all the participants. If participants fail to respond, the meeting will be scheduled to accommodate the majority and the input of other participants will be requested in writing.

## **IPP Implementation Committee and Timeline**

The core members of the State IPP Committee are Rosella McCaffrey, Delphine Trujillo, Elizabeth Hamilton, Julie Raborn, Jeanne Masterson, Julie Hernandez, Arturo Calderon, and Joy Weathers. Additional members are being recruited by individual staff to represent persons with lived experience: family members with lived experience of system involvement, including behavioral health for their child and youth involved with systems including behavioral health. Persons with lived experience will be active members of the steering committee and workgroups focused on the development of training materials, policy, and procedures.

Since its formation, the IPP Committee has held weekly working group meetings to ensure the successful development and implementation of the IPP model across the department. The State is engaged and is actively working with the Child Welfare Group (CWG) to provide technical assistance to the Children, Youth and Families Department (CYFD), the Human Services Department (HSD) and the Individualized Planning Process Committee. Specifically, the CWG has helped with the development of an approach and formulating a strategic approach to training and implementation. CYFD will transition to the IPP approach beginning in December 2021 with full implementation scheduled for December 2022. (See Exhibit B - CWG Scope of Work embedded in this document).

Other models reviewed:

Casey Family Program - A Safe and Permanent Family for Every Youth Bernalillo  
 County Detention Center MDT - Teaming Model  
 Person Centered Outcomes - State of Georgia Family  
 Team Decision Making - CWG Engaging Families in  
 Case Planning - CWG



## Curriculum and Evaluation

In collaboration with CWG, the State is developing training and associated tools to support the rollout of the new practice model to IPP completed in September 2021. The training modules will include modules for staff and leadership on how to put the new model into practice, including, but not limited to, individualized trauma-responsive approach, the importance of teaming, input and involvement of family and child voice, and how to facilitate meetings using the IPP approach.

In collaboration with CYFD and HSD, the CWG activities will include:

- Coordinating the scheduling of training and coaching sessions;
- Tracking outcome data points as defined by CYFD and HSD; and
- Coordinating the scheduling of logistics for meetings and trainings for the implementation of the IPP include training and coaching in person, when possible. Virtual training if in person training or coaching is not available. All training will be in collaboration with CYFDs Workforce Development Bureau and CYFD Directors, Deputy Director's and CWG.
- Developing evaluation tools (more detailed description below)
  - Identify and measure data points consistent with *Kevin S.* outcomes.
  - Include Quality Service Review indicators (included in QAIEP).
  - Adjust practice language as required to fully implement.

CYFD and HSD are committed to high-quality implementation of the IPP, part of the broader strategic plan to improve services. Therefore, CYFD, HSD and the CWG will develop a fidelity tool to monitor the practice and implementation of the IPP.

## Training

Training will address:

1. How to engage and orient children and families to the process.
2. Identifying and highlighting family strengths throughout the IPP.
3. Identification and inclusion of natural supports in the meetings.
4. Understanding of what is needed for the family so that other participants can assist in meeting the goals of the family (interpreters, cultural experts, natural supports, timing, breaks, location etc.).

## Implementation Timeline:

The IPP team has determined that the roll out of coaching and training will occur by Regions in the state.



Dates of activities	Activity	
3/22/2021	Contract completed and work begins with CWG	CYFD Protective Services
06/01/2021	Review of policy and procedures and begin curriculum crosswalk	CWG and IPP Steering Committee
06/23/2021	Overview of IPP for teaming meetings to HSD and CYFD leadership	CWG and IPP Steering Committee
07/01/2021	Begin crosswalk with other models used in Protective Services (Structured Decision Making and Family Connections)	CWG and IPP Steering Committee
9/30/2021	Curriculum and crosswalk of models complete	CWG and IPP Steering Committee
11/1/2021	Training starts for Practice Champions- 24 identified staff (3-month process).	CWG and IPP Steering Committee
02/02/2022	Training and coaching of supervisors to become facilitators of the IPP meeting(s)	CWG and IPP Steering Committee
06/01/2022-11/01/2022	<p>Training of casework staff, MCOs, Providers, Community and MCOs and HSD.</p> <p>A phased in approach will begin in March of 2022. All 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 training will take place in May – September 2022. Regions 1 and 2 will take place in - October- November 2022.</p> <p>While training for JJ, JPO and CBHC supervisors and some caseworkers is occurring all, CASAs, providers, 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 are being trained by CWG in the summer of 2022 with makeup training offered for other interested parties.</p>	CWG and IPP Steering Committee
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>	CWG, IPP Steering Committee, and PS staff

1.



Training cohorts and associated approaches have been identified:

*Leadership:*

On June 23, 2021, the Kevin S. HSD and CYFD executive leadership team attended the IPP Kick Off meeting. CWG and the IPP Committee presented an overview of the practice model, the role of CWG and associated stakeholders, and CWG's approach to training and coaching.

*Practice Champion Candidates:*

Training occurred in November 2021 for:

- Protective Services: Family Centered Meeting (FCM) facilitators, Fostering Connections, county office managers, and supervisors from Region 1 NW, Region 2 NE, Region 3 Metro, Region 4 SE, and Region 5 SW (total of 24).
- Juvenile Justice Services: regionals, chiefs, supervisors (total of 10, two from each region).
- Behavioral Health Services: community behavioral health clinicians (CBHCs) and supervisors and other identified Behavioral Health staff (total of eight).
- CYFD coaches.

Those who completed initial training to become Practice Champions Candidates and will participate in coaching to become Practice Champions.

*Train the Trainers:*

- Practice Champion training and coaching to be completed starting in March 2022 for Region V and IV
- Extensive training, coaching to complete and provide training.

*Facilitators (current staff) scheduled through Cornerstone facilitated by Train the Trainers staff and CWG. New staff scheduled through Cornerstone by **Regions (see table above):***

- Practice Protective Services Casework Supervisors to include, Investigations, Permanency, Placement and In Home Services.
- Family Centered Meeting facilitators (FCMs). There are currently 8 full-time FCMs
- Juvenile probation officer Supervisors.
- Community behavioral health clinician Supervisors

*CYFD staff not trained as Facilitators:*

Staff in roll out areas will receive training by CWG and CYFD simultaneous to roll out as described in chart above:

- All Supervisors and some caseworkers in Regions 4 and 5 began training on the IPP in March 2022. Coaching will take place after training and congregate care



- placements will be the first cohort.
- Region 3 training began in May 2022.
- Regions 1 and 2 will begin in October of 2022

#### *Managed Care Organizations:*

Training will be provided to the MCOs by CYFD staff Trainers and CWG Summer of 2022.

#### *Stakeholders:*

Judges (Children’s Court Improvement Commission), Children’s Court attorneys, CASAs, guardian ad Litem and Youth Attorneys, parents, tribal representatives, Resource Parents, youth advocates, and providers will be trained by Trained Staff will be trained by CWG and CYFD trainers at the same time as the staff in those regions.

#### *Parents and Youth:*

In addition to the preparation interview, orientation and handout materials will be provided to parents and youth participants prior to the meeting. Interviews with parents are part of the record review that takes place prior to the meeting. The facilitator is responsible for providing education to the parent and youth regarding the entire Child and Team Meeting Process and how the IPP supports their voice, identifies their goals, and meets their needs. The facilitator will conduct the orientation with an individualized trauma-responsive approach for each child and family at least one hour prior to the start of a meeting.

## **Contract Changes**

HSD will issue a letter of direction (LOD) to the MCOs reflective of their role in the types of meetings requiring MCO participation. This will take up to 60 days to implement after Co-Neutral approval. The IPP Committee drafted an IPP letter of direction (LOD) for HSD to review and approve. The IPP LOD (# pending finalization) addresses Appendix A TO 1.2 and TO 4.1 and Appendix B IT 2.1. It includes the roles, and responsibilities of the MCOs regarding IPP team membership, decision-making, and training expectations. HSD will issue the LOD to the MCOs reflective of their role in the types of meetings requiring MCO participation. This will take up to 60 days to implement after Co-Neutral approval. (Exhibit E).

## **Tracking and Evaluation**

CYFD has created different types of meetings in the Family and Child Tracking System (FACTS) to capture dates of the meeting, attendees, content, and action taken. This information will be included in the metrics identified by the Data Validation Team for the Data Validation Plan (DVP). FACTS will capture data related to occurrences of



staffing, attendees, and documentation.

Training metrics captured through Cornerstone:

- Number of Train the Trainers, roles, and dates.
- Number of facilitators trained, roles, and dates.

Data provided by CWG:

- Number of coaching sessions.

Qualitative Data captured in case reviews.

Fidelity to the Process.

The CYFD Office of Performance and Accountability and Protective Services Division will work with CWG and HSD to develop a fidelity tool. The tool will be used by CYFD's Quality Assurance team to conduct case reviews of the meetings. The fidelity tool will be similar to the review process conducted by the child welfare agency for Child and Family Services Review and will be conducted by the Quality Assurance team within CYFD. Results will be provided to the QAIEP team for inclusion in their quality assurance report. The tool will be available upon implementation, in December 2022, and will assess:

- Required participants at the meeting and those invited.
- Quality of training and orientation provided for family participants.
- Assessment of outcomes, specifically:
  - Number of community-based, ICWA-preferred, and relative placements, which will be captured in the Data Validation Plan.
  - Review of available records.
  - Priority of family voice and choice.
  - Inclusion of cultural supports and identification of these by the family.
  - Identification of informal supports.
  - Discussion of community-based supports and family-based services.
  - Facilitation of the teaming meeting to ensure participation of critical team members and documented participation.
  - Documentation of the plan developed in the teaming meeting, and facilitation of follow-up meetings



**Exhibits List:**

- A: [New Mexico Practice Model](#) (Separate Document)
- B: Child Welfare Policy and Practice Group Scope of Work (See Page 16)
  - B.2: [FY23 - Child Welfare Policy and Practice Group Scope of Work](#) (Separate Document)
- C: [Meetings Using IPP Approach](#) (Separate Document)
- D: [CYFD Team Meetings NOT using IPP Approach](#) (Separate Document)
- E: [LOD Appendix A and D - CISC - 7.5.22](#) (Separate Document)



## B: Child Welfare Policy and Practice Group Scope of Work

### Scope of Work

Choose an item.

#### Child Welfare Policy and Practice Group

**Lead Agency:** CYFD

**State Fiscal Year:** SFY22 (July 1, 2021 - June 30, 2022)

**Services:** Non-Client Services

**Billing Type:** Invoice

**Funding:** State General Funds

**Fund Pool:** PS-PSSF/CBCAP10 : PSSF/CBCAP (008675) (State)

**Project:** Individualized Planning Process

**CFDA# (If Applicable):** N-A

The Vendor shall perform the work outlined in this Scope of Work and attached Appendices which are hereby incorporated and made a part of the Agreement.

#### I. DURATION

A. July 1, 2021—June 30, 2022

#### II. GOALS:

A. The Vendor will provide technical assistance to the Children, Youth and Families Department (CYFD), and the Individualized Planning Process committee, in the development and implementation of a model to provide an Individualized Planning Process (IPP) to be used in CYFD and Human Services Department (HSD). An IPP is a collaborative process used to support children and families involved with CYFD. The process includes systems and stakeholders who support children and families. The collaborative process results in a team where the child, youth, caregiver, and family are equal partners. The child and family team has the function of identifying needs and developing an individualized plan. The plan is a unique to the family, seeks to unify the team under a vision or qualitative outcome, and has value to the family. The IPP is centered on a genuine identification of strengths within the family and serves to address their underlying needs while addressing the concrete needs of the systems involved. These needs are addressed through the development of strategies, guided safely by the voices of families, and tasked to team members to assist in achieving the family's goals. Finally, benchmarks are attached to the identified needs to measure outcomes.

1. Develop an individualized Planning Meeting (IPP) process
2. Implement the IPP process for use with in CYFD-PS and CYFD-JJS
3. Outreach to community and stakeholders to educate in IPP process



4. Develop workforce to sustain IPP process

### III. OBJECTIVES:

- A. Work in collaboration with the IPP charter and stakeholders to develop an IPP process that is individualized to New Mexico.
- B. Work in collaboration with IPP charter and stakeholders to coordinate trainings and implementation of IPP process
- C. Work in collaboration with the IPP charter and stakeholders to conduct outreach sessions to state and community partners
- D. Work in collaboration with IPP charter and stakeholders in developing a sustainability infrastructure for the IPP process
- E. The Vendor will follow all public health safety guidelines as outlined by the State of New Mexico's Department of Health and health emergency orders prescribed by the New Mexico office of the Governor and will, in all cases, prioritize the health, safety, and wellbeing of its patrons. Pursuant to these guidelines, Child Welfare Group (CWG) will:
  1. Utilize virtual online platforms as a contingency to in-person contact; and/or
  2. Modify classroom size to accommodate social distancing guidance with appropriate training and safety accommodations as directed by the State of New Mexico Department of Health.
  3. Take the necessary bio-security measures including, but not limited, to the use of personal protective equipment.

### IV. PERFORMANCE MEASURES:

- A. Vendor will develop an implementation timeline of the IPP process, in collaboration with the IPP charter
- B. Vendor will schedule outreach sessions to New Mexico stakeholder
- C. Vendor will develop a fidelity protocol for the use of the IPP process, in collaboration with the IPP charter
- D. Vendor will develop X of trainers for the sustainability of the IPP process
- E. In collaboration with the IPP charter develop measurements to:
  1. Identify and measure data points consistent with *Kevin S.* outcomes and;
  2. Build on current Quality Service Review indicators;

### V. PROGRAM DESCRIPTION:

- A. An Individualized Planning Process (IPM) is a collaborative process used to support children and families involved with CYFD. IPMs include systems and stakeholders who support children and families. The collaborative process results in a team where the family is an equal partner. The team has the function of identifying needs and developing an individualized plan. The plan is unique to the family, seeks to unify the team under a vision or qualitative outcome, and has value to the family. IPP plan is centered on addressing the underlying needs while addressing the concrete needs of the systems involved. These needs are addressed through the development of strategies, agreed to by families, and tasked to team members to assist in carrying them out. Finally, benchmarks are attached to the identified needs to measure outcomes.



VI. TARGET POPULATION:

- A. The IPP model will be facilitated by:
1. The IPP will be facilitated by CYFD staff.
  2. An IPP team could include:
    - a. Managed Care Organizations (MCOs); and
    - b. Partners providing care coordination; and
    - c. Other system partners and stakeholders
  3. Outreach to educate on IPP Process could include:
    - a. Judiciary partners
    - b. Managed Care Organizations
    - c. Resource families

VII. STATUTORY AUTHORITY/REQUIREMENTS:

- A. N-A

VIII. DELIVERABLES AND REPORTS:

The Vendor shall:

- A. Develop an IPP that aligns to CYFD's practice approach and emerging practice model:
1. Advise on current CYFD policies, protocols, and procedures to develop a crosswalk of current efforts to advise the place of the IPP practice in CYFD.
    - a. Advise on how to align documentation, language, and data to the IPP process and to the Kevin S QM plan.
  2. Propose adaptations to policies, protocols, and procedures to maximize the implementation of the IPP process.
  3. Will assist in the development of New Mexico's practice model, including training, implementation, and associated tools.
  4. As needed, adapt IPP implementation which can include, but is not limited to, training curriculum, and revisions of training material.
  5. In collaboration with NMSU-COI:
    - a. Coordinate the scheduling of training and coaching sessions.
    - b. Track outcome data points as defined by CYFD and the IPP charter.
    - c. Coordinate the scheduling of logistics meetings for the implementation of the IPP that include, but are not limited to, discussions relative to virtual platforms and formatting.
  6. In collaboration with the IPP charter develop evaluation tools to:
    - a. Assess fidelity of the IPP process.
    - b. Identify and measure data points consistent with *Kevin S.* outcomes.
    - c. Assess the need to adjust practice language.
- B. Provide project management to ensure planning, procurement, and execution of the IPP:
1. Develop a timeline for deliverables;



2. Continuously monitor for timelines and deliverables.
  3. Identify and address barriers, concerns, questions, milestones.
  4. Meet with IPP charter at least twice a month, scheduled well in advance, to discuss progress, identify barriers, support the parallel implementation process, and share data;
  5. Be accessible, upon request, to CYFD, HSD, IPP charter, and contracted stakeholders.
- C. Provide “Leadership Overview” outreach sessions for Executive Leadership. This is the crucial introductory meeting and would include the full leadership teams. Sessions will include:
1. Preparation and participant materials.
  2. High-level overview of the IPP and practice process.
  3. History of successful leadership participation in other systems.
  4. Identification of roles and responsibilities for success of leaders.
  5. Facilitation of discussion.
  6. Development of a working agreement with the executive team.
- D. Provide “Leadership Overview” outreach sessions for Judiciary partners. This is a crucial introductory meeting and would include judiciary partners as identified by CYFD and the IPP charter, meetings will include:
1. Preparation and participant materials.
  2. High-level overview of the IPP model.
  3. Identification of roles and responsibilities of state and local leaders.
  4. Facilitation of discussion.
- E. Provide “Stakeholder Overview” outreach sessions for providers, legal agents, system partners and the community. These sessions will be offered as needed and are designed for those who are not attending the 3-day training and coaching and will include:
1. Preparation and participant materials.
  2. Clinical: Including trainer preparation, participant materials.
  3. Overview of the IPP.
  4. Identification of roles and responsibilities.
- F. Provide quarterly regional check-in meetings for CYFD personnel and stakeholder groups in each of the 5 CYFD regions. Meetings will include:
1. Overview of progress in implementation
  2. Facilitated discussion regarding shared experiences, identification of needs/barriers, and solutions.
- G. Provide supervision for the implementation of the IPP. This training is a prerequisite and must be completed prior to facilitating individualized planning meetings and receiving coaching.
1. Includes training facilitation, preparation of logistics and material, pre- and post-training evaluations.



2. In collaboration with CYFD and the IPP charter staff will be identified to participate in the 3-day training for Engaging and Facilitating the IPP or conducting individual planning meetings.
  3. Participants of this training are encouraged to attend an IPP meeting samples prior to attending the training.
- H. Provide Training of Trainers:
1. Identify IPP practice champions to become trainers
  2. Develop “Champions” to competency to conduct the 3-day training for Engaging and Facilitating the IPP or conducting individual planning meetings
  3. Develop “Champions” to competency to be able to coach the IPP
- I. Provide coaching (Virtual or on Onsite)
1. CWG will develop a protocol for frontline and supervisory staff that builds and refines competencies related to facilitation of the five (5) stages of the IPP to fidelity.
  2. CWG will work with practice champions to coach facilitators per NM’s design and will coach and train all phases of the child and family team meeting process. Pre and post testing.
- J. In collaboration with CYFD, will assist and coordinate training and practice improvement efforts to develop skills and competencies of CYFD staff and children's behavioral health workforce.
- K. Assist CYFD in Tracking and Monitoring:
1. Training fidelity, to include consistency of training implementation with practice standards and identified competencies.
  2. Fidelity to model
  3. Trainer professionalism
  4. Adherence to pre-approved training times
  5. Develop a supervision model consistent with IPP process
  6. Consistency of presentation
  7. Inclusion of youth and family member leaders as training facilitators or presenters as needed.
- L. Adhere to the following instructions if capitalized assets are purchased:
1. In the event the Vendor purchases property through this Scope of Work that will be considered a capitalized asset, the agency shall document its intended use and submit a report annually to CYFD BHS detailing the current inventory of capitalized assets and their accumulated depreciation. The Vendor will continue to track and report on each capitalized asset until it is fully depreciated on the Vendor’s financial statements. If the Vendor ceases to have a contract with CYFD BHS, the Vendor will ensure that any such capital assets will be used for the intended purpose throughout their useful life, including the



transfer of ownership to an entity that will use the asset for a similar public purpose.

IX. DATA COLLECTIONS ACTIVITIES, REQUIREMENTS, AND DATA USE AGREEMENT (DUA):

- A. In collaboration with the IPP charter, develop and monitor measurements to:
1. Assess fidelity of the IPP practice to the model.
  2. Identify and measure data points consistent with *Kevin S.* outcomes.
  3. Assess the need to adjust practice language.

X. BILLING (INVOICING, WORKBOOKS, ENCOUNTERS):

- A. Submit a completed invoice, as well as supporting documentation, through the Behavioral Health Services Division's (BHSD) STAR system found at [www.bhsdstar.org](http://www.bhsdstar.org), no later than the 15th day of the month following the service delivery period end date. Supporting documentation to the invoice shall include the following information:

1. Date of Orientation, # of Participants, etc.
2. Date(s) of Training for PS, JJ, FCM, Bureaus, CBHC, etc.
3. Date(s) Coaching Provided to PS, JJ, FCM, Bureaus, CBHC, etc.
4. Date(s) of Leadership Overviews with PS, JJ, MCO, Judges, stakeholders, etc.
5. Dates and hours for: prep, planning, project oversight, etc.
6. Professional fees
7. Reports as developed with IPP team and leadership
8. Other requirements per STAR system
9. The actual product that is being billed for (training materials, etc.)
10. Travel Costs
11. Miscellaneous cost



**EXECUTION PAGE**

By signing below, I represent that I am an authorized signatory for the Provider and have read and understand this Scope of Work.

<b>PROVIDER</b>	
Name of Provider (Please Print or Type):	
Authorized Signature:	Date:
Name (Please Print or Type):	
Title (Please Print or Type):	
Address:	
E-Mail Address:	
Phone:	Fax:
TIN:	NPI:

**PROVIDER INSTRUCTIONS  
FOR NON-MEDICAID DOCUMENTS**

The document(s) that are being delivered to you have been approved by the State of New Mexico.  
**Instructions**

1. **Legal Name.** Review your Provider Name on the first page of the document to verify it is correct and that it is the Provider's legal name. If it is not, to have it corrected please email [support@fallingcolors.com](mailto:support@fallingcolors.com) the correct legal name as soon as possible.
2. **Notice and Contact Information.** If you are a new Provider receiving a Provider Agreement, completely fill in Provider's Address, Attention contact, Phone, Fax and Email **Please be sure that all information is legible.**



3. **Execution Page.** Completely fill in all the blanks on the Execution Page (the last page of the document) including all the following information:
  - a) Insert TIN
  - b) Insert NPI
  - c) Sign the Provider Agreement
  - d) Print Name and Title of the signatory in a legible manner
  - e) Fill in Address, Email, Phone and Fax information
  
4. **Return Executed Document(s).** Documents are returned electronically using DocuSign software once document(s) is executed. Instructions for DocuSign will come with the email from DocuSign.

***If you do not complete the document(s) in accordance with the instructions above, the document(s) will be returned to you to complete this step.***



