



# Kevin S. Baseline Report: Quantitative Monitoring Outcomes

## Overview

This report has been written to meet the commitment of providing a baseline report as mentioned in the Kevin S. settlement agreement. The specific language used in the agreement is quoted for reference below. Note that the due date for the Baseline Report was revised from December 1<sup>st</sup>, 2020 to May 30<sup>th</sup>, 2021.

**Baseline Reports:** By December 1, 2020, Defendants will provide to Plaintiffs and the Co-Neutrals a baseline report and all data underlying the report. The baseline report shall assess Defendants' achievement of the Implementation Targets. It shall also describe Defendants' baseline performance with respect to the Target Outcomes during the period from January 1, 2019 to December 31, 2019.

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This document will detail the 2019 work done and baseline performance related to the settlement commitments.

The document is grouped by first discussing the 2019 cohort, and then stepping through each settlement appendix and commitment.

### Quantitative Commitments

For commitments identified as containing quantitative metrics, the following information will be provided per metric:

1. **Calculation Type:** The metric either has a baseline, has a proxy, or n/a because the metric is involved with a new process that did not exist. Calculation details will also be noted in this section.
2. **Results:** For quantitative metrics that have baseline or proxy data, the resulting value(s) or graphs related to the calculation.

A separate SFTP process has been set up to provide the Co-Neutrals and Plaintiffs all underlying data referenced.

## Baseline Definitions

### Episodes of Custody (EOCs)

An episode of custody is a continuous period spent in State Protective Services custody. The episode of custody begins when the child is removed from home and ends when the child is discharged from Protective Services custody. Our definition aligns with the federal definition

noted in §1355.42(a) under Title 45 of the Code of Federal Regulations<sup>1</sup> used to define the scope of the Adoption and Foster Care Analysis and Reporting System (AFCARS). Using this definition, the State includes any child is in out of-home care for more than 24 hours.

There are two places where our definition is different from AFCARS in order it align with Child and Family Services Reviews (CFSR) methodology:<sup>2</sup>

The first relates to filtering on age. This aligns with the fact that most CFSR Measures have exclusions for children 18 and over. Any child who is under 18 at the beginning of the reporting year is included. This aligns with risk adjustments based on age in CFSR measures. It should be assumed that all calculations will filter out children who under 18 at the start of the reporting year. We will note in the calculation details on the metric if there is a deviation from this assumption.

The second place is filtering out children who have been in custody for less than 8 days (termed “short-stayers”). This aligns with the fact that most CFSR Measures have exclusions for children who have been in custody for less than 8 days. We will note in the DVP if we are excluding short-stayers since this is dependent on what the metric is asking to calculate.

Finally, to be consistent with the federal definitions, time a child has spent as a runaway, whose whereabouts is unknown, or in a trial at-home visit is included in an Episode of Custody.

## Placements

Stays at any facilities licensed or approved for the purpose of providing foster care are counted as a “placement” when a child has been present overnight. FACTS tracks start date and end date of placements but does not include time. As such, if the end date is greater than the start date, the placement will be tracked. If a placement is not entered into FACTS, it will not be included as a placement.

Temporary absences, where the child returns to the same setting in which they were placed prior to the absence, will be considered as a continuation of the prior placement. Any change to the physical placement of a child for at least one day overnight will trigger a new placement being recorded. This aligns with current federal reporting on placement stability performance.

FACTS does not track runaways and trial at home visits as placements, and although Adoption and Foster Care Analysis and Reporting System (AFCARS) does, they are often excluded in Child and Family Services Reviews (CFSR) measurements. Aligning with CFSR methodology, runaways and trial at home visits will not be tracked as placements.

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<sup>1</sup> [Federal Register Notice \(81 FR 90569\), December 2016](#)

<sup>2</sup> [Federal Register Notice \(79 FR 61241\), October 2014](#)

# Appendix A: Trauma-Responsive System of Care

## Appendix A: Target Outcome 1

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

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

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

#### Calculation Type

**Proxy:** The CANS was not systematically administered prior to this settlement; as such, there will be a limited number of individuals in the cohort (n<50) who received these screenings, so a baseline metric cannot be calculated using the methodology described above.

An abbreviated version of the CANS was in use in 2019. However, as it was used as a tool for Community-Based Health Care providers and Juvenile Justice, and not mandated for children in State custody, it was administered for very few children in the 2019 cohort. Nonetheless, a small group of children received the CANS incidentally. As a proxy, the State will report on this small number of children in the cohort who happened to receive an abbreviated CANS due to involvement in other State Programs, as captured in STAR for reporting years prior to implementation.

#### Calculation Results

0.7% (n=5) of episodes of care longer than 45 days, where the 45<sup>th</sup> day was during the reporting year and custody started in 2019 (n=715) received an abbreviated CANS in 2019.

### 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 Type

**N/A:** The CAT screening did not exist as a tool for CYFD prior to Dec 1, 2021, so a baseline metric cannot be calculated using the methodology described above.

### *Calculation Results*

N/A

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

Of CANS screenings completed and approved by CYFD during the reporting year for children receiving care through an MCO, beginning December 1, 2021, the percent provided to their MCO or other care coordinating provider or entity.

### *Calculation Type*

**N/A:** The CANS and CAT were not systematically administered prior to this settlement; as such, there will be a limited number of individuals in the cohort (n<50) who received these screenings. Additionally, there was no sharing mandate or mechanism in place with MCOs, and so a baseline metric cannot be calculated using the methodology described above.

### *Calculation Results*

N/A

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

Of CAT screenings conducted during the reporting year, beginning December 1, 2021, the percent provided to their MCO or other care coordinating provider or entity.

### *Calculation Type*

**N/A:** The CAT did not exist as a tool prior to December 1, 2021. Additionally, there was no sharing mandate or mechanism in place with MCOs, and so a baseline metric cannot be calculated using the methodology described above.

### *Calculation Results*

N/A

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

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

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

For all episodes of custody longer than 10 days that occurred or overlapped with the reporting year, the percent for which CAT results were filed with the court no less than 24 hours (or one business day if the deadline is otherwise on a weekend or holiday) prior to a child's 10-day hearings.

### *Calculation Type*

**N/A:** The CAT did not exist as a tool prior to December 1, 2021. Additionally, there was no sharing mandate or mechanism in place with the courts for CAT screenings, so a baseline metric cannot be calculated using the methodology described above.

### *Calculation Results*

N/A

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

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

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

For all episodes of custody for children who were removed 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 Type*

**N/A:** The CANS and CAT screenings did not exist as a tool for Foster Care prior to December 1, 2021, so a baseline metric cannot be calculated using the methodology described above.

### *Calculation Results*

N/A

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

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

### *Calculation Type*

**N/A:** The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, so a baseline metric cannot be calculated using the methodology described above.

There are no reasonable proxies for CANS referrals for reporting years prior to implementation.

### *Calculation Results*

N/A

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

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

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

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

#### *Calculation Type*

**Proxy:** The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline rate of follow-up screenings based on CANS and CAT results cannot be calculated using the methodology described above. The baseline year will be the first full year of implementation, 2022.

However, the types of screens that will be used as follow up were being administered in 2019, and the count of screenings done by the MCOs can be used as a proxy baseline for reporting years prior to implementation.

Specifically, the proxy metric will be the percent of episodes of care that occurred during or overlapped with each reporting year, which included at least one assessment, sourced from Medicaid data). The numerator will be all EOCs that included at least one follow-up screen; the denominator will be all EOCs that began within each reporting year. Only episodes of care longer than 10 days will be included. The two possible follow-up assessments are H2010 (Brief behavioral health status exam) and 90791 (integrated biopsychosocial assessment, including history, mental status, and recommendations).

#### *Calculation Results*

11.51% (n=97) of EOC's longer than 10 days and started in 2019 (n=843) received an assessment.

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

For all episodes where a child's initial CANS or CAT screenings indicated a need for follow-up assessment(s), and where the child did not receive the indicated follow-up assessment(s) prior to discharge, the percent whose family received referral(s) for the follow-up assessment(s) when the discharge took place.

### Calculation Type

**N/A:** The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline rate of follow-up assessment referrals based on CANS or CAT results cannot be calculated using the methodology described above.

### Calculation Results

N/A

## Appendix A: Target Outcome 2.1

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

### Metric i: New Mexico Children’s Timely Access to All Trauma-responsive services

For all episodes of custody where a child was referred to trauma-responsive service(s) by an IPM team based on need(s) indicated by a CANS or CAT screen, the percent that initiated or received all the trauma-responsive services to which they were referred within 10 days of that screening or assessment.

*Note that the purpose of this metric is to assess utilization of trauma-responsive services, broadly, in contrast to Appendix A Target Outcome 2.3, which assess utilization of specific trauma-responsive service types.*

### Calculation Type

**Proxy:** Baseline data will not be available for this metric. The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline rate of indicated trauma-responsive services based on CANS-or CAT results cannot be calculated using the methodology described above prior to the implementation of this commitment.

However, the State has historically tracked MST and FFT (through Medicaid), and HFW (through provider records), allowing for a proxy measure. Specifically, the proxy metric will be the percent of episodes of care that occurred during or overlapped with each reporting year, which included at least one MST, FFT, or HFW service. The numerator will be all EOCs that included at least one of these services; the denominator will be all EOCs that overlapped with each reporting year. Only episodes of care longer than 10 days will be included. Note that the State did not previously record client-reported participation in non-monetized traditional ceremonies, so this information will not be available for baseline reporting.

Trauma-responsive services available for 2019 are MST, FFT, and HFW

- H2033 (MST) - from both MAD and STAR
- 90846 with HK modifier (FFT)
- 90847 with HK modifier (FFT)
- High Fidelity Wraparound (from manually created file)

### *Calculation Results*

2.97% (n=25) of EOC's longer than 10 days in 2019 (n=843) received a trauma-responsive service.

### **Metric ii: New Mexico Children's Access to Any Trauma-responsive service**

For all children in state custody during a reporting year, the percent that initiated or received any trauma-responsive service during the reporting year.

### *Calculation Type*

**N/A:** There is no baseline data available for calendar year 2019 for this metric, given that providers had not yet been required to undergo trauma-responsive training in order to contract with the State at that time. See A-TO-2.1(i) for a proxy measuring the percentage of children that received trauma-related services that are currently tracked manually or using Medicaid codes.

### *Calculation Results*

N/A

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

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

### **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, TI-CBT, FFT, or EMDR during the reporting year.

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

### *Calculation Type*

**N/A:** Baseline data will not be available for this metric. The CANS and CAT did not exist as Foster Care tools prior to December 1, 2021, and thus the baseline rate of indicated trauma-responsive services based on CANS-or CAT results cannot be calculated using the methodology described above prior to the implementation of this commitment. See A-TO-2.1(i) for a proxy measuring the percentage of children that received trauma-related services that are currently tracked manually or using Medicaid codes.

### *Calculation Results*

N/A

## Appendix A: Target Outcome 2.3

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

### Metric i: Timely access to specific trauma-responsive services

Of all children in State custody who received screenings or assessments that indicated a need for High Fidelity Wraparound services, DBT, MST, Trauma-informed CBT, FFT, or EMDR during the reporting year, the percent that initiated or received these services within 10 days of that screening or assessment.

*Note: This metric largely overlaps with ATO2.1, but is focused on the specific modalities mentioned above for children in State custody.*

#### Calculation Type

**N/A:** The CANS and CAT did not exist as foster care tools prior to December 1, 2021, and Medicaid also did not break out these types of services previously, aside from MST. Thus the baseline rate of indicated trauma-responsive services based on CANS or CAT results cannot be calculated using the methodology described above. Moreover, referral to services from assessments were not tracked previously. As such, there is no way to track the timeliness of services received based on an assessment referral for reporting years prior to implementation.

#### Calculation Results

N/A

## Appendix A: Target Outcome 3.a

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

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

Of all CYFD and designated HSD staff required to receive training as defined in the ‘Trauma Training and Coaching Plan who are employed on December 1 of the reporting year, the percent who have received all trauma trainings required for that reporting year within the time frames designated for each training. The percentages will be calculated and reported separately for CYFD and HSD.

#### Calculation Type

**N/A:** The trauma-responsive trainings did not exist as a tool prior to December 1, 2021, and thus the baseline rate of trauma-responsive trainings for Staff cannot be calculated.

There is no available proxy for reporting years prior to implementation.

*Calculation Results*

N/A

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

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

*Calculation Type*

**N/A:** The trauma-responsive trainings did not exist as a tool prior to December 1, 2021, and thus the baseline rate of trauma-responsive trainings for provider staff cannot be calculated using the methodology described above.

There is no available proxy for reporting years prior to implementation.

*Calculation Results*

N/A

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

Of all Resource Families required to receive training as defined in the ‘Trauma Training and Coaching Plan who are licensed on December 1 of the reporting year, the percent who have received all trauma training required for that reporting year within the time frames designated for each training.

*Calculation Type*

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

Though there was required training for Resource Families in 2019, it was not tracked reliably in FACTS or family files, thus there is a not a good proxy for reporting years prior to implementation.

*Calculation Results*

N/A

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

All CYFD employees, designated HSD employees, and employees of child-serving agencies that contract with CYFD and HSD to provide care to Children in State Custody will demonstrate

through competency assessments and self-reporting that they have received adequate Trauma Services-responsive training.

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

Of all staff at CYFD and designated staff at HSD who provide care to children and who are employed on December 31, 2021 and on that date in each year thereafter as noted in the agreement and determined by the Co-Neutrals, the percent that score satisfactorily on a competency assessment test.

#### *Calculation Type*

**N/A:** Because these trainings did not previously exist, therefore a baseline for this metric cannot be calculated using the methodology described above.

There is no available proxy for reporting years prior to implementation.

#### *Calculation Results*

N/A

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

Of all provider and contract staff who provide care to children and are employed on December 31, 2021 and on that date in each year thereafter as noted in the agreement and determined by the Co-Neutrals, the percent that score satisfactorily on a competency assessment test.

#### *Calculation Type*

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

#### *Calculation Results*

N/A

### **Metric iii: Completeness of IPMs for children in foster home settings**

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

The commitment will be measured with a qualitative instrument to be developed by the State applied to a sample identified in collaboration with the Co-Neutrals; the final tool and sampling strategy will be approved by the Co-Neutrals no later than December 1, 2021.

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

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

### **Metric i: Portion of CISC reporting satisfaction with services**

Of the cases of CISC reviewed using the QSR process developed in the QAIEP plan, the percentage in which the CISC reported overall satisfaction with services received while in care during the reporting year.

#### *Calculation Type*

**N/A:** Baseline data will not be available for this metric, as the QSR process was not in place in 2019.

#### *Calculation Results*

N/A

### **Metric ii: Portion of CISC and families reporting culturally appropriate screening**

Of the cases of CISC reviewed using the QSR process developed in the QAIEP plan, the percentage in which the CISC and/or family members reported that all screenings received through CYFD and HSD were culturally appropriate, during the reporting year.

#### *Calculation Type*

**N/A:** Baseline data will not be available for this metric, as the QSR process was not in place in 2019.

#### *Calculation Results*

N/A

## Appendix B: Least Restrictive and Appropriate Placements

### Appendix B: Target Outcome 1.1

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

#### Metric i: Extraordinary circumstances

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 Type*

**Proxy:** We will not be able to report on extraordinary circumstance approval in 2020, since that procedure was not yet in place. However, we will report a proxy variable on the percentage of children with non-traditional placements in. This report will offer a sense of the extent to which State personnel have relied on non-traditional placements in the past. Specifically, we will report on the percent children with office, out-of-state RTC/group placements of total children in cohort during reporting year:

Numerator = Number of children with office and/or out-of-state RTC/group placements

Denominator = Total number of children in cohort for the reporting year

#### *Calculation Results*

3.74% (n=145) of children who had a placement in 2019 (n=3880) were placed with an out-of-state provider or in an office.

### Appendix B: Target Outcome 2.1

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

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

#### *Calculation Type*

**N/A:** Of all the joint clinical reviews required during the reporting year, the percent that were conducted timely.

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

#### *Calculation Results*

N/A

## **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 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 Type*

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

Visitation data has been collected for years and is largely complete. CYFD currently sends weekly reminders to caseworkers to complete this field. Thus, a proxy baseline of the percentage of months in which a child was in out-of-state congregate or non-family placements and received in-person visits for each child can be reported. Specifically, the numerator will be the number of complete calendar months in which in-person visit occur; the denominator will be the total number of complete calendar months in OOS-congregate/non-family placement. Note that this proxy will not include specifically whether staff was known to child, as that was not tracked.

#### *Calculation Results*

88.82% of all expected monthly visits occurred (556 months in which a visit occurred / 626 complete calendar months for kids in a OOS residential placement in 2019, including all visit types.)

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

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

### **Metric i: Out of State IPM Discharge plan development**

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

#### *Calculation Type*

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

There is no close equivalent of discharge planning or review, and thus there is no appropriate proxy for this metric for reporting years prior to implementation.

#### *Calculation Results*

N/A

### **Metric iii: Out of State IPM Discharge reviews**

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

#### *Calculation Type*

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

There is no close equivalent of discharge planning or review, and thus there is no appropriate proxy for this metric for reporting years prior implementation.

#### *Calculation Results*

N/A

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

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

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

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

#### *Calculation Type*

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

### *Calculation Results*

N/A

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

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

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

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

### *Calculation Type*

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

### *Calculation Results*

N/A

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

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

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

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

### *Calculation Type*

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

### *Calculation Results*

N/A

## **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 Type*

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

No staffing was reliably conducted or tracked for children placed in a shelter; thus no good proxy is available for reporting years prior to implementation.

#### *Calculation Results*

N/A

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

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

#### *Calculation Type*

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

No staffing was reliably conducted or tracked for children placed in a shelter; thus no good proxy is available for reporting years prior to implementation.

#### *Calculation Results*

N/A

## **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 Meeting 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 not a licensed foster home or a congregate care setting with a medical necessity, extraordinary circumstance, or best interest determination.

### *Calculation Type*

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

However, the State can provide as a proxy measure the breakdown of placements in licensed foster homes of the total number of placements for reporting years prior to implementation.

"Foster Care" placement includes types 'Foster Family Home (Non-Relative)', 'Foster Family Home (Relative)', 'Pre-Adoptive Family'.

"Foster Care License" includes these license types 'Foster Care', 'Specialized Foster Care', 'ICPC Foster Care/ Adoption', 'Relative Home', 'Child Placement Agency, Adoption', and all TFC providers.

### *Calculation Results*

81.4% (n=5441) of placements were in licensed foster homes, of (n=6682) total placements in 2019. Note the remaining 18.6% includes all non-foster-home placements, including congregate care settings.

**Metric ii: Any placement that is not medically necessary, in the child's best interest, or due to extraordinary circumstance, should be a licensed relative or non-relative foster home.**

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 Type*

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

There is no appropriate proxy measure for this metric, since medical necessity, best interest, and extraordinary circumstances were not tracked for reporting years prior to implementation.

### *Calculation Results*

N/A

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

CYFD to approve the number of new culturally reflective foster homes specified by the Co-Neutrals for 2021.

## Metric i: Total Licensed Culturally Reflective Foster Homes

Percent of yearly target reached for licensed foster homes by race/ethnicity and geography

### Calculation Type

**Proxy:** Baseline data will be available for all resource parents for the reporting baseline year. However, there may be a significant amount of missing data. The State will be providing additional guidance to direct-service staff on the appropriate and timely completion of these fields. Note also that since targets were not set for 2019, 2020 or the first half of 2021, the State will report sheer numbers for the baseline report. The state will continue to evaluate, on a yearly basis or more frequently, and in conjunction with co-neutrals, the target number of foster homes needed to reach 150% bed capacity for CISC.

### Baseline Results

County	Hispanic / Latino	NH White	NH American Indian or Alaskan Native	NH Black or African American	NH Asian	NH Multiracial	NH Other
Bernalillo	482	378	17	40	6	11	2
Catron	0	2	0	0	0	0	0
Chaves	29	41	0	3	0	1	0
Cibola	18	8	6	0	0	3	3
Colfax	18	6	0	0	0	0	0
Curry	23	27	0	4	0	0	0
Dona Ana	152	69	0	0	1	0	0
Eddy	47	24	0	0	0	0	0
Grant	16	16	0	0	0	0	0
Guadalupe	8	2	0	0	0	0	0
Hidalgo	0	1	0	0	0	0	0
Lea	40	55	0	3	0	0	0
Lincoln	3	10	0	0	0	1	0
Los Alamos	8	18	0	0	0	0	0
Luna	14	14	0	0	0	0	0
McKinley	11	15	28	0	0	3	1

Mora	18	6	0	0	0	0	0
Otero	12	36	1	6	0	5	0
Quay	7	3	0	0	0	0	0
Rio Arriba	66	7	1	0	0	0	0
Roosevelt	3	11	0	0	0	0	0
San Juan	24	52	14	0	0	1	0
San Miguel	72	9	0	0	0	0	0
Sandoval	68	102	7	6	1	4	0
Santa Fe	89	49	2	5	0	0	2
Sierra	4	11	0	1	0	0	0
Socorro	30	9	0	0	0	0	0
Taos	34	14	3	0	0	0	0
Torrance	5	9	0	2	1	0	0
Union	2	5	0	0	0	0	0
Valencia	111	52	2	1	0	1	0

## Appendix B: Target Outcome 6.4

HSD to approve the number of new treatment foster care placements specified by the Co-Neutrals for 2021.

### Metric i: Total Licensed Treatment Foster Care Placements

Percent of yearly target reached for licensed treatment foster care placements statewide

#### Calculation Type

**Baseline:** Baseline data will be available for all TFC placements for the reporting baseline year, though note it will be reported as a sheet number, rather than a percent.

#### Calculation Results

There were 252 TFC placements on December 31, 2019.

## Appendix B: Target Outcome 7.1

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

### **Metric i. Placements with Kin**

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

#### *Calculation Type*

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

#### *Calculation Results*

29.33% (n=577) of placements (n=1,967) were with kin, including fictive kin on December 31, 2019.

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

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

#### *Calculation Type*

**N/A:** Use of Seneca Family Finder has not been tracked systematically in FACTS so a baseline metric cannot be calculated using the methodology described above. The baseline year will be the first full year of implementation, 2023.

#### *Calculation Results*

N/A

## **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 Meetings 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

#### *Calculation Type*

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

#### *Calculation Results*

The rate of placement change in 2019 was 4.22 per 1000 days (3,579 moves in 852,426 total days in custody)

## 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. This included the following placements End Reason 'Reunif With Parents Or Prim Caretakers' or 'Adoption Finalized' or 'Guardianship' or 'Living with Other Relatives' or 'Court Dismissed Case'

#### Calculation Type

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

#### Calculation Results

37.2% (n=230) of children who entered state custody 12-23 months prior to 1/1/2019 (n=618) ended in permanency during 2019.

## Appendix B: Target Outcome 10.2

CYFD will fully implement the CYFD Workforce Development Plan.

### Metric i: Children assigned to case-carrying staff

Of all children in out-of-home care on December 31 of the reporting year, the number whose cases are assigned to any non-casework staff, including supervisors, managers, case aids, administrators, or directors.

#### Calculation Type

**N/A:** This information will be reported in full using the methodology described above beginning in 2021.

#### Calculation Results

N/A

### Metric ii: Turnover rate for protective services workers

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

*Calculation Type*

**N/A:** This information will be reported in full using the methodology described above beginning in 2020. This data could also be reported for 2019 pending Co-Neutral approval of the metric.

*Calculation Results*

N/A

## Appendix C: Indian Child Welfare Act

### Appendix C: Implementation Target 3.1

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

### Appendix C: Target Outcome 1.1

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

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

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

#### *Calculation Type*

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

There are no reasonable proxies for Native American assessments for reporting years prior to full implementation.

#### *Calculation Results*

N/A

### 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.

#### Metric i: Native American Children's access to culturally relevant services

Number of Native American children in CYFD custody utilizing any identified traditional or culturally relevant services during the reporting year.

#### *Calculation Type*

**Baseline:** Baseline data for Medicaid claims and STAR services will be available, beginning in 2019.

Native American youth are determined by any one of the following:

1. race=American Indian or Alaska Native
2. tribal affiliation =1
3. Court Determined ICWA eligible (regardless of when that decision was made)

CR services are

4. all services rendered by Native Providers, defined as all 221 Provider Type (Medicaid) plus supplement Native American Provider list
5. youth who "utilized traditional healing VAS" as identified by the MCOs

#### *Calculation Results*

7% (n=30) of EOCs of Native American children (n=427) included at least one service from a Native American provider

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

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

#### **Metric i: Timely services for Native American Children**

Of all Native American children with need for services identified using CANS, CAT, or Cultural Assessment Questionnaire (CAQ) for Native American children, percent that start services timely. Unless there are cultural traditions, norms or similar factors outside of CYFD's control, timely will mean within 10 days. Children for whom a longer period is necessary due to cultural traditions will have the length of the delay documented and a new deadline for receipt of services established so that they can be included in this metric.

#### *Calculation Type*

**N/A:** The CANS, CAT, and CAQ did not exist as Foster Care tools prior to December 1, 2021, so a baseline metric cannot be calculated using the methodology described above.

#### *Calculation Results*

N/A

### **Appendix C: Target Outcome 4.1**

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

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

Average (mean) and median length of time Native American children spent in non-ICWA preferred placements.

#### *Calculation Type*

**N/A:** The process of noting whether a placement was ICWA preferred did not occur previously. Thus, a baseline metric cannot be calculated using the methodology described above.

There is no close equivalent to this process, and thus there is no appropriate proxy for this metric.

#### *Calculation Results*

N/A

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

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

#### *Calculation Type*

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

There is no close equivalent to either of these processes, and thus there is no appropriate proxy for this metric.

#### *Calculation Results*

N/A

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

CYFD will implement an ICWA training plan.

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

Of the staff required to complete ICWA training during a year ending December 31, the percent that completed the training.

#### *Calculation Type*

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

There is no proxy data available for this commitment for reporting years prior to implementation.

*Calculation Results*

N/A

## Appendix D: Behavioral Health Services

### Appendix D: Target Outcome 1.1

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

#### Metric i: Staff managing MCO's as defined by BHCWDR

Year-over-year increase in number of staff employed by HSD to oversee, monitor, and manage MCOs as identified in the Behavioral Health Care Workforce Development Review (BHCWDR) and Plan. This measurement will be a point-in-time on December 31st of each relevant year and will be detailed by staff title and region if feasible and appropriate to the BHCWDR and Plan.

#### Calculation Type

**N/A:** This information will be reported in full using the methodology described above beginning in 2020. This data could also be reported for 2019 pending Co-Neutral approval of the metric.

#### Calculation Results

N/A

### Appendix D: Target Outcome 4.1

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

#### Metric i: Children receiving EPSDT

Of all episodes of custody longer than 30 days, the percent that included an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) service within 30 days of the child entering State custody.

#### EPSDT Codes (as of 5/31/2021):

<b>CPT Codes: Preventative Services</b>	<b>Description</b>	<b>Age</b>
<i>do not require use of a Z code</i>		
99381	New patient	Infant < 1 year
99382	New patient	ages 1-4
99383	New patient	ages 5-11
99384	New patient	ages 12-17
99385	New patient	ages 19-39
99391	Established patient	Infant < 1 year
99392	Established patient	ages 1-4
99393	Established patient	ages 5-11
99394	Established patient	ages 12-17

99395	Established patient	ages 19-39
99460	Initial hospital or birthing center for normal newborn infant	
99461	Initial care in other than a hospital or birthing center for normal newborn infant	

<b>CPT Codes: Evaluation and Management Codes</b>	<b>Description</b>
<i>must be used in conjunction with at least one of the following Z diagnosis codes: Z00.00-Z00.129, Z00.89, Z76.1-Z76-2</i>	
99202-99205	New patient
99213-99215	Established patient

### *Calculation Type*

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

### *Calculation Results*

22% (n=165) of children received an EPSDT within 30 days of entering state custody in 2019 (n=750).