Narrative Template for Performance Measures

All contractors must report on the following performance measures met during the reporting period (see the CIS Website: for most recent reporting guidance) by providing required data and narrative reports to the CIS Coordinator for submission with the regional report to the State CIS team using the reporting template provided by the State. In addition to performance measures, a revised reporting template which includes the data field to report numbers of referrals received within the region for the given reporting period will be transmitted annually by the state for processing. For each performance measure, we will be evaluating data trends over time and using this information to include more specificity in the performance measures for future contracts.

In a Word document. Please answer the following questions:

- What has worked well in CIS? Why did it work well? Please list each item separately and add as many additional rows to the table as needed. Provide at least one family story for this section that illustrates something that worked well.

- What hasn’t worked well in CIS? Why didn’t it work well/what were the barriers? Please list each item separately and add as many additional rows to table as needed. Provide at least one family story for this section that illustrates something that didn’t work well.

Client Cohorts to be included in reported data are as follow

<table>
<thead>
<tr>
<th>Referrals</th>
<th>1. All referrals received by any CIS Service or the CIS Coordinator on or after the first day of the reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Contact</td>
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</tbody>
</table>
| **Evaluation/Assessment**                  | 1. All referrals received by any CIS Service or the CIS Coordinator,  
|                                          | 2. Who were open for service at any time during the reporting period |
| **Initial One Plan**                      | 1. All referrals received by any CIS Service or the CIS Coordinator,  
|                                          | 2. Who were open for service at any time during the reporting period,  
|                                          | 3. Who received 4 or more visits |
| **Services started no later than 30 days from a signed One Plan** | 1. All referrals received by any CIS Service or the CIS Coordinator,  
|                                          | 2. Who were open for service at any time during the reporting period,  
|                                          | 3. Who received 4 or more visits, and  
|                                          | 4. Who have a signed initial One Plan, or have consented to an increase in service or a new service added during the reporting period |
| **6 Month Review**                        | 1. All referrals received by any CIS Service or the CIS Coordinator.  
|                                          | 2. Who were opened for service at any time,  
|                                          | 3. Who received 4 or more visits,  
|                                          | 4. Who have a signed One Plan, and |
5. Who are active by the 6-month review date occurring within the reporting period

<table>
<thead>
<tr>
<th>Annual Review</th>
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</thead>
<tbody>
<tr>
<td>1. All referrals received by any CIS Service or the CIS Coordinator on or after 11/1/10, and</td>
</tr>
<tr>
<td>2. Who were opened for service,</td>
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<tr>
<td>3. Who received 4 or more visits,</td>
</tr>
<tr>
<td>4. Who have a signed One Plan, and</td>
</tr>
<tr>
<td>5. Who are active by the Annual review date occurring within the reporting period</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Service Professionals Interacting Directly with Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All referrals received by any CIS Service or the CIS Coordinator</td>
</tr>
<tr>
<td>2. Who were opened for service,</td>
</tr>
<tr>
<td>3. Who received 4 or more visits,</td>
</tr>
<tr>
<td>4. Who have a signed One Plan,</td>
</tr>
<tr>
<td>5. At a set point in time (the point in time for each reporting period is December 1st and June 1st respectively.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All referrals received by and CIS Service or the CIS Coordinator on or after 11/01/2010, and</td>
</tr>
<tr>
<td>2. Who were opened for service,</td>
</tr>
<tr>
<td>3. Who received 4 or more visits,</td>
</tr>
</tbody>
</table>
4. Who have a signed One Plan, and

5. Who have exited CIS services within the reporting period

Performance Measure 1: Percentage of those served by CIS who achieve 1 or more outcomes (plan goals) by annual review or exit from ALL CIS services, whichever is earliest.

This measure captures the number of outcomes (plan goals) that were achieved on the One Plan by annual review or exit from CIS (whichever is earliest).

1. In order to count under “1 or more outcomes met”, an outcome/goal itself must be met. The steps/objectives and strategies beneath each outcome are not counted in this measure.

2. Short term services delivered in three (3) or fewer visits should not be included in Measure 1, unless a service provider, with the client, completes at least one outcome and a service grid with signed consent. Though this documentation is not required for clients who receive three (3) or fewer visits, it is required in order to count these individuals in this performance measure.

3. A child receiving service coordination as a service through Early Intervention is not counted as achieving a One Plan outcome. Service coordination is a service that is required for EI and is not an outcome that counts toward this performance measure.

4. Only regions with non-bundled funding are required to provide program-specific totals (ECFMH, EI, Family Support, Nursing, and Specialized Child Care).

NO OUTCOMES MET: The client/family has not achieved any One Plan outcomes by annual review or exit from CIS.

1 OR MORE OUTCOMES MET: The team (which includes the family/client) has identified one or more One Plan outcome(s) as having been achieved by annual review or exit from CIS.
LOST TO FOLLOW-UP: Clients who exit CIS by disengaging, moving or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person.

Performance Measure 2: Percentage of those served by CIS receiving services within timelines outlined in the work specifications

This measure tracks timeliness of service delivery by collecting data on six points: initial contact, initial one plan meeting, 6 month review, screening/assessment, start of services and annual review.

1. INITIAL CONTACT (AS SOON AS POSSIBLE, BUT NOT MORE THAN 5 CALENDAR DAYS FOR ALL SERVICES)

A. YES: Initial contact with client/family was made as soon as possible/not more than 5 calendar days for all services.

B. DUE TO PROVIDER: Initial contact with client/family was not made within 5 calendar days, through no fault of the client/family.

C. NO – DUE TO FAMILY: Initial contact with client/family was not made within 5 calendar days, through no fault of provider(s).

D. NO – LOST TO FOLLOW-UP: Clients who exit CIS by disengaging, moving or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person; followed by a close out letter.

Initial contact is defined by CIS as “two people talking to each other for the first time”, on the phone or directly in person. Email or text communications are not methods of initial contact, but may be used as part of ongoing services.
2. **INITIAL ONE PLAN MEETING (45 DAYS)**

   A. **YES:** Initial meeting with client/family and service providers to develop One Plan took place within 45 days of referral date.

   B. **NO – DUE TO PROVIDER:** Initial meeting with client/family and team to develop One Plan did not take place within 45 days of referral, through no fault of the client/family.

   C. **NO – DUE TO FAMILY:** Initial meeting with client/family and team to develop One Plan did not take place within 45 days of referral, through no fault of provider(s).

   D. **NO – LOST TO FOLLOW-UP:** Clients who exit CIS by disengaging, moving or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person; followed by a close out letter.

3. **6 MONTH REVIEW (FROM DATE OF COMPLETED ONE PLAN)**

   A. **YES:** 6 month review with client/family and service providers took place within 6 months of date of signed One Plan.

   B. **NO – DUE TO PROVIDER:** 6 month review with client/family and service providers did not take place within 6 months of date of signed One Plan, through no fault of the client/family.

   C. **NO – DUE TO FAMILY:** 6 month review with client/family and service providers did not take place within 6 months of date of signed One Plan, through no fault of provider(s).

   D. **NO – LOST TO FOLLOW-UP:** Clients who exit CIS by disengaging, moving or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person; followed by a close out letter.
4. **SCREENING/ASSESSMENT (45 DAYS)**

   A. **YES:** Screening(s) and/or assessment(s) were performed with client/family within 45 days of the date of initial contact.

   B. **NO – DUE TO PROVIDER:** Screening(s) and/or assessment(s) *were not* performed with client/family within 45 days of date of initial contact, through no fault of client/family.

   C. **NO – DUE TO FAMILY:** Screening(s) and/or assessment(s) *were not* performed with client/family within 45 days of date of initial contact, through no fault of provider(s). Ex. family is on vacation, child is sick, issues around transportation, no more minutes on cell phone, etc.

   D. **NO – LOST TO FOLLOW-UP:** Clients who exit CIS by disengaging, moving or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person; followed by a close out letter.

5. **START OF SERVICES (30 DAYS FROM COMPLETED ONE PLAN)**

   A. **YES:** Services began within 30 days from date of signed and completed One Plan.

   B. **NO – DUE TO PROVIDER:** Services *did not* begin within 30 days from date of signed and completed One Plan, through no fault of client/family.

   C. **NO – DUE TO FAMILY:** Services *did not* begin within 30 days from date of signed and completed One Plan, through no fault of provider(s).

   D. **NO – LOST TO FOLLOW-UP:** Clients who exit CIS by disengaging, or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person; followed by a close out letter.
6. **ANNUAL REVIEW (FROM DATE OF COMPLETED ONE PLAN)**

   A. **YES:** Annual review with client/family and service providers took place within one (1) year of date of signed One Plan.

   B. **NO – DUE TO PROVIDER:** Annual review with client/family and service providers did not take place within one (1) year of date of signed One Plan, through no fault of client/family.

   C. **NO – DUE TO FAMILY:** Annual review with client/family and service providers did not take place within one (1) year of date of signed One Plan, through no fault of provider(s).

   D. **NO – LOST TO FOLLOW-UP:** Clients who exit CIS by disengaging, moving or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person; followed by a close out letter.

**Performance Measure 3: Percentage of those served by CIS who have no further need for immediate supports upon exiting CIS services.**

An ‘immediate related support’ refers to continued need for supportive services resulting from goals begun in a CIS One Plan. These might be:

1. Direct nursing supports (continued supports to ensure a child’s health needs are met such as consultation regarding Type 1 diabetes, or support in obtaining a medical or dental home);

2. Family supportive services (such as Intensive Family Based Services or supports around parenting or family stability);

3. Developmental supports (such as Part B services or a Coordinated Services Plan)

4. School-age or intensive (out of the bundle) mental health services; or
5. Specialized child care supports that follow a child beyond the age of 13 from goals begun in a CIS One Plan.

Any new supports a child/family might be referred to upon transition/exit from CIS services (WIC, Reach Up, play or parenting groups, substance abuse treatment, etc.) which are not continued from goals begun in a CIS One Plan would not be considered a related support. Any of the above mentioned related services also would not be counted if a family sought them at a later date, after having fully exited CIS services, with no service needs immediately identified, recommended and provided.

NO FURTHER RELATED SUPPORTS NEEDED: Client has achieved One Plan outcomes and has been exited from CIS with no further need for services.

REFERRAL TO OTHER RELATED SUPPORTS: Client/family is referred for immediate related supports outside of CIS (not counted unless referral has been made).

LOST TO FOLLOW-UP: Clients who exit CIS by disengaging, or otherwise discontinuing service without notice are included in the ‘lost to follow-up’ column. ‘Lost to follow-up’ is defined as a minimum of no contact after three attempts, either by phone, mail or in person; followed by a close out letter.

Performance Measure 5: Total number of CIS referrals received AND number of CIS referrals received directly by the CIS Coordinator from a primary referral source.

An increasing trend in the number of referrals made directly to the CIS Coordinator is an indicator of increased awareness in the community of CIS as a comprehensive source for early childhood services. This measure captures two points of data:

1. TOTAL # OF REFERRALS (FROM ANY DOOR, INCLUDING DIRECTLY TO CIS COORDINATORS):

   Reflects the total number of all CIS referrals, in the specified reporting period.

2. # OF REFERRALS RECEIVED BY CIS COORDINATOR:
Reflects the number of referrals received directly by the CIS Coordinator from the primary referral source, in the specified reporting period. The referral must be from an external source (not a CIS team member) to count here.

<table>
<thead>
<tr>
<th>What counts as a referral?</th>
<th>What doesn’t count as a referral?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A countable CIS referral is one that contains at least enough information about a potential need for CIS services that it is brought to the referral and intake team, and a CIS service provider is assigned to follow up and conduct an intake.</td>
<td>You would not count as a referral something that is clearly not a CIS issue. Example: if a referral is made, but it is clearly someone looking for a non-CIS service (such as WIC), and all that is done is to pass the referral on to the correct service, this would not be counted as a referral.</td>
</tr>
<tr>
<td>Unsuccessful completion of an intake due to the potential client's failure to keep scheduled appointments, or a potential client's subsequent refusal to accept CIS services is still counted as a referral. This would make the person considered &quot;lost to follow-up.&quot;</td>
<td></td>
</tr>
<tr>
<td>Referrals made directly to the VNA are triaged depending on the client’s level of risk, e.g., prevention/early intervention vs. medical high risk. All individuals eligible for CIS nursing services are subsequently brought to the weekly CIS referral team meetings, and would be counted as a CIS referral.</td>
<td></td>
</tr>
<tr>
<td>When a referral is received for an individual or family who was referred previously but never utilized any CIS services, or who has exited CIS services, it is considered a new referral. EI must</td>
<td></td>
</tr>
</tbody>
</table>
report all re-referrals under this measure as a “new referral”.

Performance Measure 7: Number of CIS service providers interacting directly with families

This measure asks for the number of CIS providers interacting with the family at a set point in time – either December 1 or June 1. This measure counts the number of providers on the service grid who are paid for with CIS funding (including POLR). Based on the reporting period, data for this measure provides a “snapshot in time” for either December 1 or June 1. Service coordination should be included in this measure.

CIS service providers include CIS nurse, family support worker, ECMH clinician, developmental educator, behavioral interventionist, occupational therapist, physical therapist, speech language therapist, child care coordinator, childbirth educator, psychologists/behaviorists, or other therapies paid for by CIS.

Performance Measure 8: Reason for Exiting from CIS Services

This measure asks for the reason a family has exited from CIS Services. These reasons are to be classified as follows:

A. ALL GOALS MET: Clients who exit from CIS with notice and having met all One Plan goals

B. AGED OUT: Clients who exit CIS due to age and have not met all One Plan Goals (Early Intervention, birth to three; MECSH to age 2; CIS to age 6; Specialized Child Care to age 13) or post-partum service limits (2 months post-partum). If a client has meet all One Plan Goals at the same time as reaching an age limit, classify as All Goals Met.
C. WITHDRAWN: Clients who exit from CIS with notice and with One Plan goals not met

D. MOVED: Clients who have relocated out of the region with notice. If at all possible, a transition plan should be documented, even if it is as simple as verbal permission to share a file with a new region.

LOST TO FOLLOW-UP: Clients who exit CIS by disengaging or otherwise discontinuing services without notice are included in the ‘lost to follow-up’ column. Lost to follow-up is defined as a minimum of no contact after three attempts; either by phone, mail or in person; followed by a close out letter. Performance Measure 9: Average number of pre-natal mother, postpartum mother, child, family or child care encounters by CIS staff per client.

An encounter is considered a face to face meeting or telephone meeting 45 minutes or more. Include those receiving three (3) or less visits under a partial One Plan as defined in Chapter 7.

A. Number of clients

B. Number of CIS Nurse encounters
   Number of CIS Family Support encounters

C. Number of CIS Early Intervention encounters

D. Number of CIS ECFMH encounters

E. Number of CIS Child Care Coordinator encounters including both family encounters and center encounters

F. Number of Non-classified CIS encounters

The goal is to report the average number of encounters per client and also the average number of encounters by profession. Some regions do not record which professional is making the visit so may report visits in the “Non-classified CIS encounter column.”