

New Mexico

Family Infant Toddler (FIT) Program



Part C

State Performance Plan (SPP)

(2005-2012)

Revised 02/01/12

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Overview of the State Performance Plan Development:

The New Mexico State Performance Plan (SPP) has been developed by the New Mexico Department of Health, Family Infant Toddler (FIT) Program as the lead agency for the Individuals with Disabilities Education Act (IDEA) Part C, in collaboration with the Interagency Coordinating Council (ICC) and other public stakeholders. The ICC and stakeholders participated in a public meeting on the SPP in order to determine measurement methodology, set annual targets and recommend improvement activities to meet those targets. The FIT Program distributed a draft of the SPP and posted it on the FIT website in order to gather public comment. This SPP development process was consistent for all of the indicators; therefore the description of SPP development is not repeated for each indicator.

Several of the indicators (3 and 4) are considered to be “new” indicators by the Office of Special Education Programs (OSEP). The FIT Program was required to develop data collection methodology and collect baseline data for these new indicators and report in February 2007. Several other indicators (1 and 8), while not being listed as “new” by OSEP, presented a challenge to developing a baseline for the 2004 – 2005 year, as specific data had not previously been collected that address those specific indicators and sub-indicators. For these indicators, which are detailed in this plan, the FIT Program used sampling methodology in order to develop a baseline. The FIT Program database reports and data from the Community Based Assessment (CBA) monitoring process was used to generate the data for the majority of indicators.

The final SPP will be posted on the FIT Program website (see below) and it will be mailed to the ICC, FIT Program provider agencies and other stakeholders. Additionally, the SPP will be distributed to the media (newspaper and radio) and copies will be sent to other public agencies.

Each February, the FIT Program is required to submit an Annual Performance Report (APR) to the US Department of Education – Office of Special Education Programs (OSEP) that will address progress made to each of the SPP indicators. Additionally, the FIT Program must report local FIT provider and county level data for each of the indicators.

This eight year State Performance Plan, as well as meeting federal reporting requirements, will help New Mexico gauge the “health” and effectiveness of the Family Infant Toddler Program. The annual targets and improvement strategies within the SPP will act as a roadmap for improving early intervention supports and services and improve results for eligible infants, toddlers and their families.

Additional copies of this State Performance Plan (SPP) can be obtained downloaded from the FIT Program website www.fitprogram.org or by calling toll-free 1-877-696-1472. At this same website can be found the Annual Performance Report (FIT) and FIT Provider profiles.

Note: This State Performance Plan (SPP) was revised on 02/01/11 to include targets and Improvement activities for an additional two years. Including FFY 11 (2011 - 2012) and FFY 12 (2012 - 2013) were added, extending this document to an 8 year SPP.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

<p>Measurement:</p> <p>Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.</p> <p>Account for untimely receipt of services.</p>
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Overview of Issue/Description of System or Process:

The New Mexico Family Infant Toddler (FIT) Program has not previously measured the timely delivery of services on the IFSP. In order to develop the baseline, New Mexico needed to develop a definition of “timely”, as currently this is not established in Federal statute or regulation, nor in New Mexico regulations or Service Definitions and Standards.

At a public meeting on October 05th 2005, the New Mexico Interagency Coordinating Council (ICC) along with other members of the public, including parents and providers, recommended that “timely” delivery of services be defined as “18 days from the start date for the services on the IFSP”. This timeline will be added to FIT Program regulations and Service Definitions and Standards.

The 18 day timeline from the start date on the IFSP, for which the family gave consent until the first day that service was delivered, was used in order to run reports in the FIT Program database for the 2004 – 2005 fiscal year in order to establish a baseline.

Baseline Data for FFY 2004 (2004-2005):

70% of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner (i.e. within 18 days).

Discussion of Baseline Data:

The FIT database has both IFSP and Delivered services data. Therefore the FIT Program was able to develop a query in order to calculate the number of days within which services on the child /family’s IFSP were provided. The number of days was calculated from the date of the consent to services on the IFSP to the first date that the service was delivered.

The FIT Program will continue to refine this query, including accounting for no-shows, where the provider agency attempted to deliver the service.

Annual Targets:

(Note: Indicator 1. is considered a “compliance” indicator; therefore the annual targets are established by OSEP as being 100% every year)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner
2006 (2006-2007)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner
2007 (2007-2008)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner
2008 (2008-2009)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner
2009 (2009-2010)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner
2010 (2010-2011)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner
2011 (2011-2012)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner
2012 (2012-2013)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSP in a timely manner

Improvement Activities/Timelines/Resources (through FFY 2012):

Improvement Activities:	Timelines:	Resources:
<p>Implement revised follow-up procedures to focused monitoring and utilize sanctions:</p> <p>The Division of Health Improvement will take the lead in ensuring that the actions of the agencies’ Plan of Correction have been completed. If actions have not been completed with 45 days of the monitoring report, or an extension has not requested, sanctions may be then be imposed. The FIT Program staff will take the lead on follow-up to ensure that the agency is making progress in order to come into compliance as soon as possible but no later than one year.</p>	Ongoing	NM FIT Program

Improvement Activities:	Timelines:	Resources:
<p>Presentations at the FIT Annual Meeting:</p> <p>Recruit provider agencies that have achieved compliance in this indicator to present at the FIT Annual Meeting in order for other agencies to learn how they were able to improve and achieve compliance.</p>	<p>By June 2009</p>	<p>NM FIT Program</p> <p>University of New Mexico – Center for Development and Disability (UNM-CDD)</p>
<p>Facilitate discussions between providers:</p> <p>At the quarterly regional meetings and at the FIT Annual Meeting – provide a forum for providers to discuss what actions resulted in improvement and compliance in order for providers to learn from each other.</p>	<p>By June 2009</p>	<p>NM FIT Program</p>
<p>Modify FIT-KIDS:</p> <p>In collaboration with the User Group, the FIT Program will work with the developer of FIT-KIDS (Key Information Data System) to modify the application and report functionality in order to be able to produce reports for this indicator.</p>	<p>By Dec 2009</p>	<p>NM FIT Program</p>
<p>Address recruitment and retention of qualified early intervention staff:</p> <ul style="list-style-type: none"> • The ICC staff development committee will work with NECTAC to identify recruitment and retention strategies. • The ICC will advocate for increased funding for the FIT Program in order for FIT provider agencies to be able to offer competitive compensation to therapists, developmental specialists, nurses, etc. with compensation offered by schools systems and home health agencies. • The ICC will promote a “Funding Formula” for the FIT Program be put into statute. A funding formula was recommended in the FIT Sustainability Plan developed in FFY07. 	<p>By June 2008</p>	<p>NM FIT Program</p>

Improvement Activities:	Timelines:	Resources:
<p>Develop online service coordination training:</p> <p>The FIT Program will develop an online service coordination training that will replace large segments of the current face to face training being conducted.</p> <p>Training will include focus on required timelines and annual performance report requirements.</p>	<p>March 2010</p>	<p>UNM Early Childhood Learning Network</p> <p>NM FIT Program</p>
<p>Obtain Technical Assistance through the Data Accountability Center:</p> <p>Participate in regular conference calls and web conferencing with Data Accountability Center staff to address Quality Assurance and monitoring activities to promote compliance.</p>	<p>Through June 2010</p>	<p>FIT Program staff</p> <p>Data Accountability Center</p>
<p>Revise Local Determinations:</p> <p>The FIT Program will revise the methodology for assigning local determinations to better align with that used by OSEP. The current methods for assigning determinations create the erroneous appearance that the agency is performing at a higher level than they actually are. The new methodology will offer a more sophisticated and discerning view of areas of strengths and concerns.</p>	<p>September 2009</p>	<p>NM FIT Program</p> <p>NM ICC</p>
<p>Implement Detailed System of Data Tracking and Correction of Noncompliance:</p> <p>Develop a more detailed tracking system to review data of provider agencies whose performance is below 100% on compliance indicators. Data will be tracked on a monthly basis</p> <ul style="list-style-type: none"> ▪ to enable the FIT Program to be more responsive with technical assistance when needed, and ▪ to better track correction of noncompliance. 	<p>September 2009</p>	<p>NM FIT Program</p>
<p>ICC Subcommittee on Quality Assurance:</p> <p>Work with ICC QA committee to determine other mechanisms to promote quality assurance at the provider level, including linking and mentorship between providers.</p>	<p>Through June 2010</p>	<p>NM FIT Program</p> <p>NM ICC</p>

Improvement Activities:	Timelines:	Resources:
<p>FIT-KIDS Database:</p> <p>Research other state’s database systems to discover methods for precisely capturing data for this indicator.</p>	<p>March 2010</p>	<p>NM FIT Program</p> <p>Data Accountability Center</p> <p>National Data Listserve</p>
<p>FIT-KIDS Database:</p> <p>Finalize precise data collection capacity in FIT-KIDS database and begin implementation.</p>	<p>September 2011</p>	<p>NM FIT Program</p> <p>Data Accountability Center</p> <p>National Data Listserve</p>
<p>Facilitate Quarterly Interactive Discussions of QA Resources:</p> <p>Incorporate time in quarterly regional meetings for providers to share strategies that have assisted them in enhancing services for families and improving performance on this indicator. Providers can share ideas, forms, procedures and general tips for improving services.</p>	<p>Beginning April 2012</p>	<p>NM FIT Program</p>
<p>Promote the Primary Service Provider Approach:</p> <p>Promote a primary service provider approach to service delivery to assist provider agencies in maximizing available resources.</p>	<p>Beginning Jan. 2011</p>	<p>NM FIT Program</p> <p>Early Childhood Learning Network</p>
<p>Use of Therapist Interns:</p>	<p>Beginning Feb. 2012</p>	<p>NM FIT Program</p> <p>Early Childhood Learning Network</p>
<p>BA in FIT Studies:</p> <p>Develop online Bachelor’s level degree for Family Infant Toddler studies to support direct service personnel development.</p>	<p>By July 2011</p>	<p>NM FIT Program</p> <p>Early Childhood Learning Network</p>
<p>Strategize prevention/minimization of family “no shows”</p> <p>Develop strategies to minimize number of family “no shows,” which impact staffing resources.</p>	<p>Feb 2012</p>	<p>NM FIT Program</p> <p>Early Childhood Learning Network</p>

Improvement Activities:	Timelines:	Resources:
<p>Conduct detailed review of use of contracted therapists</p> <ul style="list-style-type: none"> Review impact on compliance of providers' increasing use of contracted therapists instead of staff therapists. Review the range of compensation being paid to contracted therapists to ensure availability. Provide guidance on writing contracts to ensure contractor participation in required meetings and trainings. 	<p>June 2011 through June 2013</p>	<p>NM FIT Program</p>
<p>Explore statewide recruitment and retention strategies to attract personnel to the FIT Program</p> <ul style="list-style-type: none"> Research student loan adjustment/forgiveness programs to attract early intervention personnel. Research provision of hiring bonuses or moving costs in exchange for employment time commitment. Encourage use of interns providing services in early intervention with the hope that they will remain in this field upon graduation/licensing. 	<p>June 2011 through June 2013</p>	<p>ICC Staff Development Committee NM FIT Program</p>
<p>Increase Frequency of Community Based Assessments (CBA)</p> <ul style="list-style-type: none"> The frequency with which each provider agency is monitored via the CBA will increase to once every two years. 	<p>Beginning July 2011</p>	<p>FIT Program DOH Div of Health Improvement</p>
<p>Modify Team Makeup for Focused Monitoring to Allow Increased Technical Assistance onsite.</p> <ul style="list-style-type: none"> Rename process as "Focused Review" to better describe the process. Spend more time onsite during reviews to delve more deeply into root analysis of noncompliance Provider technical assistance immediately upon discovery of issues impacting compliance. 	<p>Beginning July 2011</p>	<p>FIT Program</p>

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings.**Measurement:**

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

The FIT Program has seen a major shift in the primary location where early intervention supports and services were provided to eligible children and their families in New Mexico. In the 1999 - 2000 fiscal year 56.8% of families received their services primarily in natural environments (defined as home and programs for typically developing children) and this grew to 87% in the 2004 – 2005 fiscal year.

The shift in the primary location for the delivery of early intervention services is a result of an initiative by the FIT Program that has included both training and technical assistance and increased accountability and data reporting. The initiative has focused more broadly on the importance of providing quality early intervention supports and services within the daily routines, activities and places of families.

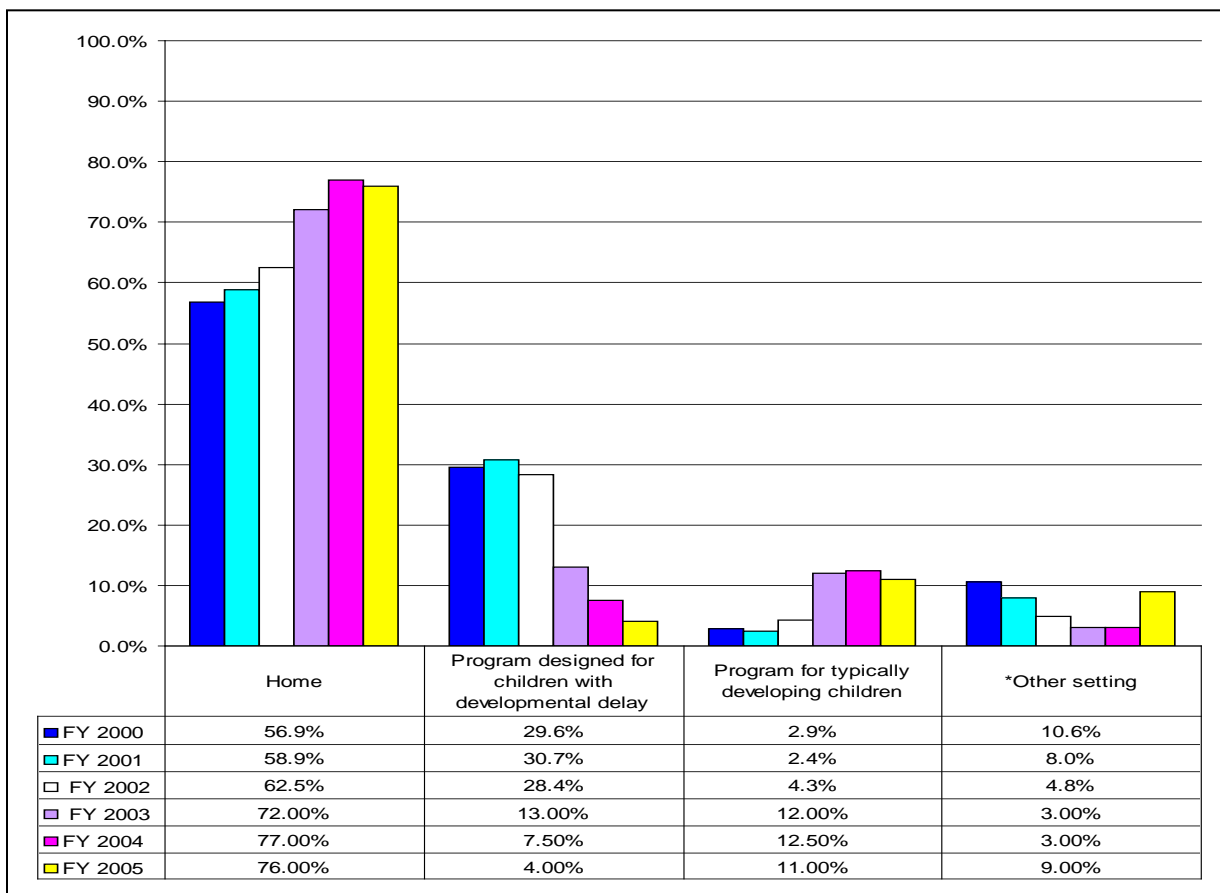
Training and technical assistance has included:

- Training module “It’s only Natural – Early Intervention Supports and Services within Everyday Routines, Activities, and Places”
- Technical Assistance document published, with input from New Mexico and national experts titled “Natural Environments – Early Intervention supports and services within everyday routines activities and Places”
- Annual meeting (attended by all FIT provider agencies) that focused on natural environments and was facilitated by Larry Edelman from Colorado
- Workshops by national experts including: Robin McWilliam; M’Lisa Shelden; and Dathan Rush that focused on natural environments
- Reimbursement rates from both the Department of Health (as the lead agency for Part C) and Medicaid were established so that services in home and community settings were incentivised

Baseline Data for FFY 2004 (2004-2005)

The chart below shows the growth over the past 5 years in the percentage of children and families served in natural environments (home and centers for typically developing children).

The baseline for the percentage of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children in the 2004 – 2005 fiscal year is 87%.



*Other setting includes hospitals (in-patient), residential facilities, service provider locations (out-patient / clinics).

Discussion of Baseline Data:

While significant improvement in the percentage of families who primarily receive early intervention services in natural environments over the past few years this trend is expected to have a more gradual increase in the next six years.

Annual Targets:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	87% of infants and toddlers with IFSPs and their families will primarily receive early intervention services in the home or programs for typically developing children
2006 (2006-2007)	87% of infants and toddlers with IFSPs and their families will primarily receive early intervention services in the home or programs for typically developing children
2007	88.5% of infants and toddlers with IFSPs and their families will primarily receive early

FFY	Measurable and Rigorous Target
(2007-2008)	intervention services in the home or programs for typically developing children
2008 (2008-2009)	88.5% of infants and toddlers with IFSPs and their families will primarily receive early intervention services in the home or programs for typically developing children
2009 (2009-2010)	90% of infants and toddlers with IFSPs and their families will primarily receive early intervention services in the home or programs for typically developing children
2010 (2010-2011)	90% of infants and toddlers with IFSPs and their families will primarily receive early intervention services in the home or programs for typically developing children
2011 (2011-2012)	95% of infants and toddlers with IFSPs and their families will primarily receive early intervention services in the home or programs for typically developing children
2012 (2012-2013)	95% of infants and toddlers with IFSPs and their families will primarily receive early intervention services in the home or programs for typically developing children

Improvement Activities/Timelines/Resources:

None

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);**
- B. Acquisition and use of knowledge and skills (incl. early language/communication); and**
- C. Use of appropriate behaviors to meet their needs.**

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Positive social-emotional skills (including social relationships):
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy): and
- C. Use of appropriate behaviors to meet their needs:

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially

increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Overview of Issue/Description of System or Process:

The outcome measurement system for New Mexico: Building on the work of the Early Childhood Outcomes (ECO) Center, the FIT Program, in collaboration with the New Mexico Public Education Department, Special Education Bureau, formed a steering committee to guide the state's work in developing a measurement system regarding child outcomes. One of the first tasks of the steering committee was to organize a large group of Stakeholders to execute this process. National Early Childhood Technical Assistance Center (NECTAC) personnel actively helped with this endeavor, planning, providing useful resources and facilitating the first stakeholder meeting in October and November 2005.

The Stakeholder Group planned a series of meetings, both as a large group and through smaller subcommittees to craft a system that also aligns with current state early childhood initiatives.

Subcommittees made recommendations to the larger Stakeholder group, in the following areas:

- Tools and Methodology
- Training and Technical Assistance
- Public Awareness / Dissemination
- Cultural & Linguistic Issues
- Data Systems Implications

The ECO measurement system in New Mexico includes the following elements:

- Use of the ECO Summary tool.
- The service coordinator is responsible for facilitating the ECO measurement being conducted.
- Use of set of assessment tools that have been cross-walked and approved by the Family Infant Toddler (FIT) Program
- ECO summary tools are completed at the time of initial IFSP, each annual IFSP and exit (unless the annual ECO was completed within 6 months of the child's exit).

- The provider enters the ECO score into the FIT-KIDS (Key Information Data System). Prior to January 2008 the FIT Program entered the data into an Access database that was not connected to the main data system.
- The exit ECO for Part C is considered when deciding the entrance ECO Score for children who transition to preschool (Part B – 619)

Baseline Data for FFY 2008 (2008-2009)

Outcome A. Positive social-emotional skills (including social relationships)	Excluding "At Risk"		"At Risk" Only	
	Number	%	Number	%
a: Children who did not improve functioning	18	2%	7	3%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	178	20%	30	12%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	143	16%	19	7%
d: Children who improved functioning to reach a level comparable to same-aged peers	287	32%	60	23%
e: Children who maintained functioning at a level comparable to same-aged peers	281	31%	140	55%
Total:	907	100%	256	100%

Outcome A Summary Statements:	Excluding "At Risk"	"At Risk" Only
1. Of those infants and toddlers who entered or exited early intervention below age expectations in this Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. = $[(c + d) / (a + b + c + d)] \times 100$	68.7%	68.1%
2. The percent of infants and toddlers who were functioning within age expectations in this Outcome by the time they turned 3 years of age or exited the program. = $[(d + e) / (a + b + c + d + e)] \times 100$.	62.6%	78.1%

Outcome B. Acquisition and use of knowledge and skills	Excluding "At Risk"		"At Risk" Only	
	Number	%	Number	%
a: Children who did not improve functioning	13	1%	7	3%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	173	19%	27	11%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	156	17%	25	10%
d: Children who improved functioning to reach a level comparable to same-aged peers	326	36%	64	25%
e: Children who maintained functioning at a level comparable to same-aged peers	239	26%	133	52%
Totals:	907	100%	256	100%

Outcome B Summary Statements:	Excluding "At Risk"	"At Risk" Only
1. Of those infants and toddlers who entered or exited early intervention below age expectations in this Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	72.2%	72.4%

= $[(c + d) / (a + b + c + d)] \times 100$		
2. The percent of infants and toddlers who were functioning within age expectations in this Outcome by the time they turned 3 years of age or exited the program. = $[(d + e) / (a + b + c + d + e)] \times 100$.	62.3%	77.0%

Outcome C. Use of appropriate behaviors to meet their needs	Excluding "At Risk"		"At Risk" Only	
	Number	%	Number	%
a: Children who did not improve functioning	11	1%	7	3%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	186	21%	30	12%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	152	17%	25	10%
d: Children who improved functioning to reach a level comparable to same-aged peers	341	38%	67	26%
e: Children who maintained functioning at a level comparable to same-aged peers	217	24%	127	50%
Totals:	907	100%	256	100%

Outcome C Summary Statements:	Excluding "At Risk"	"At Risk" Only
1. Of those infants and toddlers who entered or exited early intervention below age expectations in this Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program = $[(c + d) / (a + b + c + d)] \times 100$	71.4%	71.3%
2. The percent of infants and toddlers who were functioning within age expectations in this Outcome by the time they turned 3 years of age or exited the program. = $[(d + e) / (a + b + c + d + e)] \times 100$.	61.5%	75.8%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY07 (July 01, 2007 – June 30, 2008):

During FFY 08, 1163 children exited the FIT Program who had been in the FIT Program for a minimum of 6 months and who began their services after the ECO data began to be collected in New Mexico.

907 of these children were enrolled because of a developmental delay or an established condition. The remaining 256 children qualified for services due to an "at risk" condition. This is important to note, as most of the children enrolled as "at risk" will have entered the program functioning within age expectations. For this reason, the baseline data and targets for these two groups are reported separately.

All FIT Provider agencies conduct ECO assessments utilizing various assessment tools and summarizing information in the ECO Center's Child outcome Summary Form (COSF). Programs are required to conduct assessment to complete the COSF prior to service delivery, at each annual IFSP, and at exit. The entry ratings are then compared to the exit ratings to determine the child's progress according to the following categories:

- a. Children who did not improve functioning
- b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers
- c. Children who improved functioning to a level nearer to same-aged peers but did not reach it
- d. Children who improved functioning to reach a level comparable to same-aged peers
- e. Children who maintained functioning at a level comparable to same-aged peers

Using the formulas indicated in the baseline data tables, the data is then summarized into two statements

1. Of those infants and toddlers who entered or exited early intervention below age expectations in this Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program
2. The percent of infants and toddlers who were functioning within age expectations in this Outcome by the time they turned 3 years of age or exited the program.

Quality assurance of ECO scoring and recording is provided through a random review of COSF forms by FIT staff, and written feedback is provided to the provider agency regarding how the recording could be improved. The ECO process and documentation is also included in the Community Based Assessment (CBA), where providers are monitored on a 3-year cycle.

Annual Targets:

FFY	Measurable and Rigorous Target EXCLUDING "AT RISK"
<p>2009 (2009-2010)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships) <i>Summary Statement 1:</i> 62.1% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program. <i>Summary Statement 2:</i> 60.5% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy) <i>Summary Statement 1:</i> 66.5% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program. <i>Summary Statement 2:</i> 54.9% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <p>Outcome C: Use of appropriate behaviors to meet their needs <i>Summary Statement 1:</i> 68.6% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program. <i>Summary Statement 2:</i> 61.8% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>
<p>2010 (2010-2011)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships) <i>Summary Statement 1:</i> 68.8% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program. <i>Summary Statement 2:</i> 62.7% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy) <i>Summary Statement 1:</i> 72.3% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program. <i>Summary Statement 2:</i> 62.4% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <p>Outcome C: Use of appropriate behaviors to meet their needs <i>Summary Statement 1:</i> 71.5% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program. <i>Summary Statement 2:</i> 61.6% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>

FFY	Measurable and Rigorous Target EXCLUDING "AT RISK"
<p>2011 (2011-2012)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships)</p> <p><i>Summary Statement 1:</i> 68.9% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 62.8% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</p> <p><i>Summary Statement 1:</i> 72.4% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 62.5% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <p>Outcome C: Use of appropriate behaviors to meet their needs</p> <p><i>Summary Statement 1:</i> 71.6% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 61.7% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>
<p>2012 (2012-2013)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships)</p> <p><i>Summary Statement 1:</i> 69% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 62.9% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</p> <p><i>Summary Statement 1:</i> 72.5% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 62.6% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <p>Outcome C: Use of appropriate behaviors to meet their needs</p> <p><i>Summary Statement 1:</i> 71.7% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 61.8% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>

FFY	Measurable and Rigorous Target "AT RISK" ONLY
<p>2009 (2009-2010)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships)</p> <p><i>Summary Statement 1:</i> 63.1% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program</p> <p><i>Summary Statement 2:</i> 73.1% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <hr/> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</p> <p><i>Summary Statement 1:</i> 67.4% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 72.0% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <hr/> <p>Outcome C: Use of appropriate behaviors to meet their needs</p> <p><i>Summary Statement 1:</i> 66.3% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 70.8% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>
<p>2010 (2010-2011)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships)</p> <p><i>Summary Statement 1:</i> 68.2% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 78.2% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <hr/> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</p> <p><i>Summary Statement 1:</i> 72.5% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 77.1% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <hr/> <p>Outcome C: Use of appropriate behaviors to meet their needs</p> <p><i>Summary Statement 1:</i> 71.4% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 75.9% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>

FFY	Measurable and Rigorous Target "AT RISK" ONLY
<p>2011 (2011-2012)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships)</p> <p><i>Summary Statement 1:</i> 68.3% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 78.3% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</p> <p><i>Summary Statement 1:</i> 72.6% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 77.2% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <p>Outcome C: Use of appropriate behaviors to meet their needs</p> <p><i>Summary Statement 1:</i> 71.5% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 76% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>
<p>2012 (2012-2013)</p>	<p>Outcome A: Positive social-emotional skills (including social relationships)</p> <p><i>Summary Statement 1:</i> 68.4% of those children, who entered or exited the program below age expectations in Outcome A, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 78.4% of children will be functioning within age expectations in Outcome A by the time they turn 3 years of age or exit the program.</p> <p>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</p> <p><i>Summary Statement 1:</i> 72.7% of those children, who entered or exited the program below age expectations in Outcome B, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 77.3% of children will be functioning within age expectations in Outcome B by the time they turn 3 years of age or exit the program.</p> <p>Outcome C: Use of appropriate behaviors to meet their needs</p> <p><i>Summary Statement 1:</i> 71.6% of those children, who entered or exited the program below age expectations in Outcome C, will substantially increase their rate of growth by the time they turn 3 years of age or exit the program.</p> <p><i>Summary Statement 2:</i> 76.1% of children will be functioning within age expectations in Outcome C by the time they turn 3 years of age or exit the program.</p>

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Develop Online ECO Training</p> <p>The FIT Program will develop an online training for New Mexico’s ECO process that will utilize voice over PowerPoint and Flash technology. The training will be able to be accessed through the FIT website and available 24 / 7.</p>	<p>June 2012</p>	<p>NM FIT Program</p>
<p>Revise ECO Manual to emphasize areas of concern</p> <p>As the collection of data for this indicator continues, areas of difficulty that are common to many providers will be addressed specifically in manual revisions. The latest version of this manual will be posted on the FIT Program’s website at fitprogram.org.</p>	<p>Ongoing</p>	<p>NM FIT Program FIT Training and TA team</p>
<p>Continue Quality Assurance Review of ECO Summary Form:</p> <p>The Family Infant Toddler (FIT) Program will continue to review random ECO summary tools for quality assurance at both Community Based Assessment visits and by getting provider agencies to mail them in.</p>	<p>Ongoing</p>	<p>NM FIT Program FIT Training and TA team</p>
<p>Provide Regular Reports on ECO to Providers:</p> <p>The FIT Program will develop regular reports for FIT providers. If providers are more aware of their data they will be likely to ensure that the data is accurate and that teams are determining the ECO scores appropriately. Providers will be encouraged to run their own reports (they will also be provided with a of the ECO calculator</p>	<p>By June 2010</p>	<p>NM FIT Program</p>
<p>Develop Online ECO Training Videos</p> <p>The FIT Program will develop an online training video to add to the online training recently developed. The Training video will use real families and provider agencies to demonstrate key areas of the ECO process.</p>	<p>June 2013</p>	<p>NM FIT Program ECO Center/NECTAC</p>

Improvement Activities:	Timelines:	Resources:
The online ECO training will be available 24/7.		
<p align="center">Modify FIT-KIDS (FIT Program Database)</p> <p>In collaboration with the User Group, the FIT Program will work with the developer of FIT-KIDS (Key Information Data System) to modify the application and report functionality in order to be able to produce reports for this indicator.</p>	Sept 2011	NM FIT Program FIT-KIDS User Group MAXIMUS (FIT-KIDS developer)
<p>Revise local APRs to report improvement of children’s outcomes.</p> <p>The FIT Program will revise the reporting criteria for the local provider APRs, from reporting on data collection performance (insurance that outcomes data were collected on all appropriate children) to reporting on the improvement in children’s outcomes themselves. Providers will begin setting targets for annual performance.</p>	March 2012	NM FIT Program
<p>Complete ENHANCE study (COSF data quality)</p> <p>Upon completion of the ENHANCE study, utilize information gained for widespread training and TA. Providers involved in the project will be asked to report at the FIT annual meeting</p>	June 2012	NM FIT Program ENHANCE Project
<p>Conduct pilot project using the AEPSi</p> <p>Fund the purchase of the AEPSi (Assessment, Evaluation, and Programming System Interactive) for five (5) provider agencies to pilot over a 6 month period. Providers will receive training and TA for AEPSi staff and the UNM – Early Childhood Learning Network funded through ARRA</p>	Sept. 2011	NM FIT Program AEPSi UNM – Early Childhood Learning Network
<p><u>“Results Project-ECO Data Quality activities:</u></p>		
<p>Convene a stakeholder group to review ECO data, identify strengths and weaknesses and assist in completion of the following targeted activities:</p>	October 2011	OSEP, FIT Staff, FIT Provider agencies, Early Childhood Learning Network (ECLN), Interagency Coordinating Council (ICC), NECTAC, MPRRC, ECO Center
<p>Target 1: The FIT Program will understand the current</p>		

Improvement Activities:	Timelines:	Resources:
challenges and strengths in implementing the ECO process by FIT Provider personnel.		
<ul style="list-style-type: none"> • Develop a survey process: <ol style="list-style-type: none"> a) Tool b) Interview format c) Timelines and schedule d) Interview team 	Beginning 1-2-12 and ending 2-29-12	Funding already exists PRO/FIT/EPICS
<ul style="list-style-type: none"> • Review a random sample of ECO forms from each agency before going onsite 	Beginning 1-1-12 and ending 4-30-12	FIT Providers
<ul style="list-style-type: none"> • Conduct a review of validity of the ECO data entered into FIT-KIDS 	Beginning 2-1-12 and ending 4-30-12	FIT KIDS Data base
<ul style="list-style-type: none"> • Conduct face-to-face interviews / forums with personnel at each FIT Provider agency to assess current ECO practices challenges and success 	Beginning 4-1-12 and ending 12-31-12	
<ul style="list-style-type: none"> • Conduct survey of parents regarding their participation and perceptions of the ECO process (included in annual survey) 	Beginning 4-1-12 and ending 6-30-12	
<ul style="list-style-type: none"> • Analyze the results of the surveys to inform needed policy changes and training and TA needs and materials development 	Beginning 3-1-13 and ending 6-30-13	
Target 2: Revise ECO policies and procedures and materials based on analyzed needs		
<ul style="list-style-type: none"> • Review and investigate policies and procedures used by other states 	Beginning 12-1-11 and ending 5-31-12	ECO Center / NECTAC
<ul style="list-style-type: none"> • Embed ECO into intake, evaluation; parent training, IFSP and practice to streamline paperwork and avoid duplication (pilot sites from representatives in subcommittee (task 3-2) 	Beginning 6-1-13 and ending 7-31-13	Pilot sites from each FIT region.
<ul style="list-style-type: none"> • Examine the need to revise policy and procedures related to: <ol style="list-style-type: none"> a. ECO for children <6 months old b. Parents participation in the initial ECO c. Whether to conduct annual ECOs d. Adjusting for prematurity 	Beginning 1-1-12 and ending 5-31-13	FIT Team, ECLN Team, Parent's Reaching Out and EPICS.
<ul style="list-style-type: none"> • Make policy and procedure changes as a result of surveys conducted in Target 1 	Beginning 4-1-14 and ending 10-01-14	Funding already there. PRO-FIT/EPICS
Target 3: Develop Quality Assurance Process and Tools		

Improvement Activities:	Timelines:	Resources:
<ul style="list-style-type: none"> Review and investigate QA tools and processes that exist in other states. 	Beginning 12-1-11 and ending 5-31-12	ECO Center / NECTAC
<ul style="list-style-type: none"> A subcommittee, that involves a program from each region, is created and reviews the samples 	Beginning 7-1-12 and ending 9-01-12	Representative from each region.
<ul style="list-style-type: none"> The subcommittee creates QA tools / processes for state / regional pilots. 	Beginning 9-1-12 and ending 12-01-12	Regional representatives
<ul style="list-style-type: none"> Conduct a review of validity of the ECO data entered into FIT-KIDS (pre-test) 	Beginning 6-1-13 and ending 07-01-2013	FIT KIDS data base
<ul style="list-style-type: none"> Review ECO data from FIT-KIDS to analyze the results of this initiative (post-test) 	Beginning 1-1-14 and ending 03-01-2014	FIT KIDS data base. FIT Providers information
<p>Target 4: The FIT Program will provide Professional Development opportunities on the ECO process</p>		
<ul style="list-style-type: none"> Identify training resources available from other states and the ECO center 	Beginning 12-01-11 and ending 5-31-12	ECO Center / NECTAC
<ul style="list-style-type: none"> Revise online module based on changes to policies and procedures 	Beginning 07-01-13 and ending 6-30-14	Funding already there. PRO-FIT/EPICS
<ul style="list-style-type: none"> Embed the ECO process into existing training modules and TA documents 	Beginning 07-01-2013 and ending 6-30-14	Cooney Watson with ECLN/FIT/PRO/EPICS
<ul style="list-style-type: none"> Determine if additional targeted training opportunities are needed on the ECO process 	Beginning 08-01-2014 and ending 10-01-14	ECLN and FIT Staff
<ul style="list-style-type: none"> Develop resources for providers to give to parents regarding the IFSP process 	Beginning 03-01-12 and ending 05-01-12	ECLN
<ul style="list-style-type: none"> Review current provider practices regarding parent training/information on ECO. Determine any additional training/resources needed in the area specific to parent information 	Beginning 04-01-2012 and ending 12-30-12	Face to Face survey from Target 1-1 to be used.

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;**
- B. Effectively communicate their children's needs; and**
- C. Help their children develop and learn.**

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of Issue/Description of System or Process:

The FIT Program has surveyed families for a number of years on items related to measuring family capacity. These data have been reported to the New Mexico Legislature as part of the Department of Health's performance measures.

The questions asked as part of this family capacity survey are:

- As a result of early intervention services I and my family **KNOW MORE** about our child's special needs.
- As a result of early intervention services I and my family **DO MORE** to meet our child's special needs
- As a result of early intervention services I and my family can **ADVOCATE** and get what my child and family special needs

In 2004, the family capacity survey was mailed to 760 families (18% of families served with a valid address in the database) with a return rate of 26%.

The results of the survey have indicated the vast majority of families (96% in 2004) agree or strongly agree that FIT Program early intervention services have increased their capacity to support their child's development.

See below for how the FIT Program plans to collect data in order to report on the new family outcome sub-indicators

Baseline Data for FFY 2005 (2005-2006):

Utilizing the National Special Education Accountability and Monitoring (NCSEAM) family survey instrument the results were as follows:

- A. **78%** of families reported that early intervention services have helped their family know their rights
- B. **72%** of families reported that early intervention services have helped their family to effectively communicate their child's needs
- C. **92%** of families reported that early intervention services have helped their family to help their children develop and learn

The standard utilized for the above measurement was a 95% likelihood of a response of “agree,” “strongly agree” or very strongly agree with the item on the NCSEAM survey's Impact of EI Services on Your Family Scale corresponding to the above measures.

Discussion of Baseline Data:

The population that was targeted with the survey was families of children in the FIT Program that received early intervention services between 01/01/06 and 06/30/06, which totaled 2,681. The NCSEAM survey was distributed to the families of 770 children and 183 were submitted (a return rate of 23.8%).

Based on the above response rate of 183 surveys, there is a “confidence rate” of 95% and a “confidence interval” of 7%. In order to bring the “confidence interval” down to the recommended level of 5% the FIT Program would need to have approximately 336 surveys submitted.

A review of the race / ethnicity of the surveys returned indicates that the mix of respondents fairly matches the race / ethnicity of children and families served in the FIT Program. See table below.

Race / ethnicity	Survey Respondents	FIT Population
White	25.1%	28.9%
Black or African - American	2.3%	2.3%
Hispanic or Latino	40.6%	56.2%
Asian or Pacific Islander	0.6%	0.9%
American Indian or Alaskan Native	18.3%	11.7%
Multi-Racial: Black-White	13.1%	-
Total	100.0%	100%

While the survey was distributed to families of children receiving services from each of the 33 provider agencies in the FIT Program, only 7 agencies had more than 10 families who submitted a survey. This has implications for being able to report results on this indicator to the public by FIT provider agency. Response sizes that are this small would not be statistically significant. This issue has been addressed in the improvement activities in the Revised State Performance Plan (SPP).

Annual Targets:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	n/a
2006 (2006-2007)	A. 79% of families report that early intervention services have helped their family know their rights B. 73% of families report that early intervention services have helped their family to effectively communicate their child’s needs C. 92% of families report that early intervention services have helped their family to help their children develop and learn
2007 (2007-2008)	A. 80% of families report that early intervention services have helped their family know their rights B. 74% of families report that early intervention services have helped their family to effectively communicate their child’s needs C. 92% of families report that early intervention services have helped their family to help their children develop and learn
2008 (2008-2009)	A. 81% of families report that early intervention services have helped their family know their rights B. 75% of families report that early intervention services have helped their family to effectively communicate their child’s needs C. 92% of families report that early intervention services have helped their family to help their children develop and learn
2009 (2009-2010)	A. 82% of families report that early intervention services have helped their family know their rights B. 76% of families report that early intervention services have helped their family to effectively communicate their child’s needs C. 92% of families report that early intervention services have helped their family to help their children develop and learn
2010 (2010-2011)	A. 83% of families report that early intervention services have helped their family know their rights B. 77% of families report that early intervention services have helped their family to effectively communicate their child’s needs C. 93% of families report that early intervention services have helped their family to help their children develop and learn
2011 (2011-2012)	A. 90% of families report that early intervention services have helped their family know their rights B. 90% of families report that early intervention services have helped their family to effectively communicate their child’s needs C. 94% of families report that early intervention services have helped their family to help their children develop and learn
2012 (2012-2013)	A. 92% of families report that early intervention services have helped their family know their rights B. 92% of families report that early intervention services have helped their family to effectively communicate their child’s needs C. 95% of families report that early intervention services have helped their family to help their children develop and learn

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Revise the process for distributing the Family Outcomes survey:</p> <p>The ICC has recommended that the Family Outcomes survey be distributed in January / February of each year rather than in the summer. This is because after January service coordinators get busy with transition conferences and also parents on the ICC recommended avoiding the summer months for distributing the survey.</p>	<p>By Feb. 2009</p>	<p>NM FIT Program ICC Family Outcome workgroup</p>
<p>Develop a New Mexico specific Family Outcomes survey</p> <p>The ICC recommended developing a survey specifically for the New Mexico FIT Program. It was felt that the ECO Center survey had too many questions that were about the family’s quality of life and not specific enough to things that early intervention can effect.</p>	<p>By Feb 2009</p>	<p>NM FIT Program Family Outcome workgroup</p>
<p>Develop online Family Outcomes survey</p> <p>The FIT Program will make the New Mexico Family Outcomes survey available online through Zoomerang. It is felt that making the survey available online will increase the response rate.</p>	<p>By Feb 2009</p>	<p>NM FIT Program Family Outcome workgroup</p>
<p>Further revise the process for distributing the Family Outcomes survey:</p> <p>The Family Survey will be distributed and collected by provider agencies as part of the local Annual Performance Reporting process. In this way providers will take responsibility increasing the return rate of surveys.</p>	<p>By June. 2010</p>	<p>NM FIT Program ICC</p>
<p>Revise process for informing families of the online family survey</p> <p>Service Coordinators will inform families of the choice to complete the family survey online</p>	<p>By June. 2010</p>	<p>NM FIT Program ICC</p>

Improvement Activities:	Timelines:	Resources:
<p>Modify family survey</p> <p>The ICC Accountability Committee will slightly modify the wording of statements on the family survey that are sometimes left blank after completion.</p>	<p>By February 2011</p>	<p>NM FIT Program ICC Accountability Committee</p>
<p>Revise timing of survey release.</p> <p>Provider agencies will be surveyed to determine the best time of year to release the survey and a schedule will be developed based on the results.</p>	<p>By February 2011</p>	<p>NM FIT Program ICC Accountability Committee</p>

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the 9population of infants and toddlers birth to 1)] times 100 compared to National data.

Overview of Issue/Description of System or Process:

The Family Infant Toddler (FIT) Program utilizes a number of methods to promote child find, including:

- 1. Public awareness materials**

The FIT Program develops and distributes an array of public awareness materials including: posters; brochures; development wheels; development charts; calendars; videos; and annual reports. These materials can be ordered at no cost by any potential referral source.

- 2. Child find grants**

Funds are awarded to FIT early intervention provider agencies based on the county(ies) they serve. These funds can be used for outreach and education, community child find / screening activities and the development of agency materials.

- 3. BABYNET referral line**

The BABYNET referral line is housed at the University of New Mexico – Center for Development and Disability within their resource library. Referral sources can call the toll-free number and get connected to the FIT early intervention provider(s) that serve that community.

- 4. Physician education**

The FIT Program funds University of New Mexico program to develop and conduct training modules regarding the effectiveness of early intervention and the importance of early referral. Physicians are awarded Continuing Medical Education credits for their participation in the training, which is provided at their office. Additionally, the FIT program funds the “Families As Faculty” program through Parents Reaching Out that provides opportunities for medical students to spend time with families of children with disabilities in their home in order to build awareness.

- 5. Outreach and education**

FIT Program and training and technical assistance contractors conduct workshops at a number of statewide and regional early childhood conferences and present to students at a number of colleges / universities. Also, the FIT Program has a booth at a number of conferences and health fairs statewide.

Baseline Data for FFY 2004 (2004-2005):

2.0% of children birth to age one population in New Mexico was served in the FIT Program on December 01st 2004.

New Mexico ranks 5th nationally.

New Mexico ranks 4th within the grouping of states with broad eligibility criteria.

The following table shows the growth in the percentage of children served in the NM-FIT Program, birth to one over the past seven years.

Year	Dec. 01 st child count (Birth to age 1)
1998	0.8 %
1999	1.0 %
2000	1.1 %
2001	1.2 %
2002	1.6 %
2003	1.6 %
2004	2.0 %

An assessment of the percentage of children served in the FIT Program by race / ethnicity shows that it is comparable with New Mexico’s live birth data for race / ethnicity.

Race / Ethnicity	Percentage of children served by the FIT Program	Percentage from NM Vital Statistics (Live birth data)
American Indian or Alaska Native	13%	14%
Asian or Pacific Islander	1%	2%
Black or African American (not Hispanic)	3%	3%
Hispanic or Latino	53%	56%
White (not Hispanic)	30%	25%

Discussion of Baseline Data:

The baseline data is the number of children birth to age one who are eligible for the FIT Program and who have an Individualized Family Service Plan on December 01st of each year. This number is then divided by the number of children birth to age one in New Mexico, which is obtained from Census data estimates.

539 FIT children on Dec. 01st 2004 / 27,176 NM children x 100 = 2.0%

Annual Targets:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.1% of children birth to age 1 will be served on Dec. 1 st

FFY	Measurable and Rigorous Target
<p>2006 (2006-2007)</p>	<p>2.3% of children birth to age 1 will be served on Dec. 1st</p>
<p>2007 (2007-2008)</p>	<p>2.5% of children birth to age 1 will be served on Dec. 1st</p>
<p>2008 (2008-2009)</p>	<p>2.7% of children birth to age 1 will be served on Dec. 1st</p>
<p>2009 (2009-2010)</p>	<p>2.42% of children birth to age 1 will be served on Dec. 1st</p>
<p>2010 (2010-2011)</p>	<p>2.42% of children birth to age 1 will be served on Dec. 1st</p>
<p>2011 (2011-2012)</p>	<p>2.42% of children birth to age 1 will be served on Dec. 1st</p>
<p>2012 (2012-2013)</p>	<p>2.42% of children birth to age 1 will be served on Dec. 1st</p>

Improvement Activities/Timelines/Resources:

None

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

See indicator 5. above

Baseline Data for FFY 2004 (2004-2005):

3.4% of children were served birth to age three on December 01st 2004

New Mexico ranks 8th nationally.

New Mexico ranks 5th within the grouping of states with broad eligibility criteria.

The following table shows the growth in the percentage of children served, birth to age three, over the past seven years.

Year	Dec. 01 st child count (Birth to age 3)
1998	1.5 %
1999	1.8 %
2000	2.3 %
2001	2.4 %
2002	2.5 %
2003	2.9 %
2004	3.4 %

Discussion of Baseline Data:

The baseline data is the number of children birth to age one who are eligible for the FIT Program and who have an Individualized Family Service Plan on December 01st of each year. This number is then divided by the number of children birth to age three in New Mexico, which is obtained from census data estimates.

2,760 FIT children on Dec. 01st 2004 / 80,714 NM children (birth to age 3) x 100 = 3.4%

FFY	Measurable and Rigorous Target
2005 (2005-2006)	3.5% of children birth to age 3 will be served on Dec. 1 st
2006 (2006-2007)	3.6% of children birth to age 3 will be served on Dec. 1 st
2007 (2007-2008)	3.7% of children birth to age 3 will be served on Dec. 1 st
2008 (2008-2009)	3.8% of children birth to age 3 will be served on Dec. 1 st
2009 (2009-2010)	4.89% of children birth to age 3 will be served on Dec. 1 st
2010 (2010-2011)	4.89% of children birth to age 3 will be served on Dec. 1 st
2011 (2011-2012)	4.89% of children birth to age 3 will be served on Dec. 1 st
2012 (2012-2013)	4.89% of children birth to age 3 will be served on Dec. 1 st

Improvement Activities/Timelines/Resources:

Same as indicator 5. above

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons delays.

Overview of Issue/Description of System or Process:

FIT Program regulations require that each child and family referred to the FIT Program receive a comprehensive multidisciplinary evaluation to determine eligibility and that if determined eligible that the initial IFSP meeting be conducted within 45 days of the date of referral. Compliance with this requirement is addressed through the general supervision activities described in Indicator 9

The FIT Program Service Definitions and Standards require that all service coordinators attend the required training modules within one year of hire. Service Coordination Training Module II "Intake to Evaluation" and Module III "The IFSP Process" cover the responsibilities of the service coordinator to coordinate the timely initial evaluation to determine eligible and to convene the initial IFSP meeting with 45 days.

The comprehensive multidisciplinary evaluation to determine a child's eligibility is conducted primarily by local FIT Provider teams. Additionally, the Early Childhood Evaluation Program (ECEP) at the University of New Mexico – Center for Development and Disability is available to conduct diagnostic evaluations and conduct evaluations where the presenting conditions of the child are particularly complex. The ECEP team includes a physician and diagnostician and the team sees children and their families both in Albuquerque and across New Mexico.

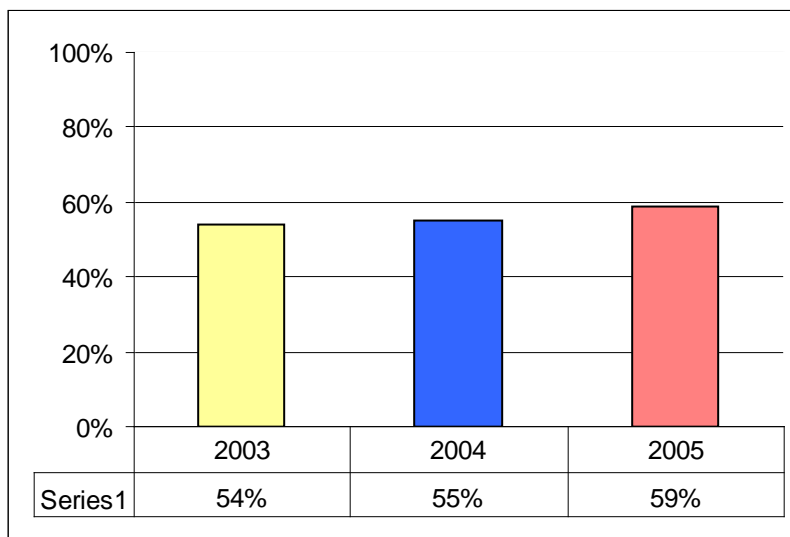
Service coordination is provided by a variety of entities including: local FIT provider agencies; state employees under Children's Medical Services, Medically Fragile Program and the Navajo Nation – Growing in Beauty Program. All service coordinators must adhere to the FIT regulations governing the timely evaluation and initial IFSP meeting.

Baseline Data for FFY 2004 (2004-2005):

59% of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting conducted within 45-days.

In order to account for untimely evaluation and initial IFSPs the FIT Program will be modifying its database to allow the provider to enter the reason why the 45 day timeline was exceeded (see improvement strategies below).

Percent of initial IFSPs held within 45 days of referral



Discussion of Baseline Data:

The data regarding the percentage of evaluations and initial IFSP meetings that are conducted with 45 days of referral are generated from the FIT data base, which is submitted electronically quarterly by FIT Program providers.

The data are a measure of the date of referral to the date of the initial IFSP meeting. There is currently no way in the FIT database to describe or list any family reasons (such as child illness / surgery, family travel, family unavailable etc.) that may be mitigating circumstances for the 45 day deadlines being exceeded.

During Community Based Assessment (CBA) monitoring visits to provider agencies family reasons accounted for the majority of circumstances where the 45 day timeline was exceeded. The second most common reason for the timeline being exceeded was staff shortages, which often meant a delay in conducting the multidisciplinary evaluation.

Annual Targets:

(Note: Indicator 7. is considered a “compliance” indicator, therefore the annual targets are established by OSEP as being 100% each year)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline
2006 (2006-2007)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline
2007 (2007-2008)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline

FFY	Measurable and Rigorous Target
2008 (2008-2009)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline
2009 (2009-2010)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline
2010 (2010-2011)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline
2011 (2011-2012)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline
2012 (2012-2013)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Implement revised follow-up procedures to focused monitoring and utilize sanctions:</p> <p>The Division of Health Improvement will take the lead in ensuring that the actions of the agencies’ Plan of Correction have been completed. If actions have not been completed with 45 days of the monitoring report, or an extension has not requested, sanctions may be then be imposed. The FIT Program staff will take the lead on follow-up to ensure that the agency is making progress in order to come into compliance as soon as possible but no later than one year.</p>	Ongoing	NM FIT Program
<p>Facilitate Quarterly Interactive Discussions of QA Resources:</p> <p>Incorporate time in quarterly regional meetings for providers to share strategies that have assisted them in enhancing services for families and improving performance on this indicator. Providers can share ideas, forms, procedures and general tips for improving services.</p>	Beginning April 2012	NM FIT Program

Improvement Activities:	Timelines:	Resources:
<p>Presentations at the FIT Annual Meeting:</p> <p>Recruit provider agencies that have achieved compliance in this indicator to present at the FIT Annual Meeting in order for other agencies to learn how they were able to improve and achieve compliance.</p>	<p>By June 2009</p>	<p>NM FIT Program</p> <p>University of New Mexico – Center for Development and Disability (UNM-CDD)</p>
<p>Modify FIT-KIDS:</p> <p>In collaboration with the User Group, the FIT Program will work with the developer of FIT-KIDS (Key Information Data System) to modify the application and report functionality in order to be able to produce reports for this indicator.</p>	<p>By Dec 2009</p>	<p>NM FIT Program</p>
<p>ICC Subcommittee on Quality Improvement</p> <p>Work with the ICC QA committee to determine other mechanisms to promote quality assurance at the provider level, including linking and mentorship between providers.</p>	<p>Through June 2010</p>	<p>NM FIT Program</p> <p>NM ICC</p>
<p>Address recruitment and retention of qualified early intervention staff:</p> <ul style="list-style-type: none"> • The ICC staff development committee will work with NECTAC to identify recruitment and retention strategies. • The ICC will advocate for increased funding for the FIT Program in order for FIT provider agencies to be able to offer competitive compensation to therapists, developmental specialists, nurses, etc. with compensation offered by schools systems and home health agencies. • The ICC will promote a “Funding Formula” for the FIT Program be put into statute. A funding formula was recommended in the FIT Sustainability Plan developed in FFY07. 	<p>By June 2008</p>	<p>NM FIT Program</p>
<p>Revise Local Determinations</p> <p>The FIT Program will revise the methodology for</p>	<p>September 2009</p>	<p>NM FIT Program</p>

Improvement Activities:	Timelines:	Resources:
assigning local determinations to better align with that used by OSEP. The current methods for assigning determinations create the erroneous appearance that the agency is performing at a higher level than they actually are. The new methodology will offer a more sophisticated and discerning view of areas of strengths and concerns..		NM ICC
<p>Implement Detailed System of Data Tracking and Correction of Noncompliance:</p> <p>Develop a more detailed tracking system to review data of provider agencies whose performance is below 100% on compliance indicators. Data will be tracked on a monthly basis</p> <ul style="list-style-type: none"> ▪ to enable the FIT Program to be more responsive with technical assistance when needed, and ▪ to better track correction of noncompliance. 	September 2009	NM FIT Program
<p>Develop online service coordination training.</p> <p>The FIT Program will develop an online service coordination training that will replace large segments of the current face to face training being conducted.</p> <p>Training will include focus on required timelines and annual performance report requirements.</p>	March 2010	UNM Early Childhood Learning Network NM FIT Program
<p>Obtain Technical Assistance through the Data Accountability Center:</p> <p>Participate in regular conference calls and web conferencing with Data Accountability Center staff to address Quality Assurance and monitoring activities to promote compliance.</p>	Through June 2010	FIT Program staff Data Accountability Center
<p>Increase Frequency of Community Based Assessments (CBA)</p> <ul style="list-style-type: none"> • The frequency with which each provider agency is monitored via the CBA will increase to once every two years. 	Beginning July 2011	FIT Program DOH Div of Health Improvement
<p>Modify Team Makeup for Focused Monitoring to Allow Increased Technical Assistance onsite.</p> <ul style="list-style-type: none"> • Rename process as “Focused Review” to better describe the process. • Spend more time onsite during reviews to delve more deeply into root analysis of noncompliance 	Beginning July 2011	FIT Program

Improvement Activities:	Timelines:	Resources:
<ul style="list-style-type: none">• Provider technical assistance immediately upon discovery of issues impacting compliance.		

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services**
- B. Notification to LEA, if child potentially eligible for Part B: and**
- C. Transition conference, if child potentially eligible for Part B.**

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- | |
|--|
| <ul style="list-style-type: none"> A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100. B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100. C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100. |
|--|

<p>Account for untimely transition conferences, including reasons for delays</p>
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Overview of Issue/Description of System or Process:

The FIT Program is required under IDEA Part C to coordinate the smooth and effective transition of toddlers to preschool special education and / or other early care and education supports due to the child's third birthday. (Note: New Mexico Statute and regulations state that that if a child's third birthday falls within the school year, the parent(s) can decide to have their child transition to preschool at the beginning of that school year, or remain in the FIT Program (IDEA Part C) and have their child transition at the beginning of the following school year).

The FIT Program has developed a strong statewide initiative regarding early childhood transition that is a collaborative effort with the New Mexico Public Education Department – Special Education Bureau. The transition initiative includes:

1. Service Coordination Training Module:

All service coordinators are required to participate in a one-day training module on effective transition planning and the requirements to be carried out by service coordinators as the child approaches three years of age.

2. Annual Transition Policy Training:

The FIT Program and the Public Education Department – Special Education Bureau conduct an annual transition training that is provided to all new Local Education Agency (LEA) Special Education coordinators and FIT provider managers. The training is also open to Head Start, parents and childcare providers. The training focuses on the rules and regulations regarding transition. It also addresses the importance of community collaboration and building effective local systems to make transition work for young children and their families.

3. Establishing Community transition teams:

The FIT Program and the Public Education Department – Special Education Bureau fostered the development of community transition teams throughout the state. Thirty eight (38) transition teams now exist, and include the involvement of parents, all 89 LEAs, FIT providers, Head Start grantees, Regional Education Cooperatives, NM School for the Deaf and NM School for the Blind and Visually Impaired and often includes representatives from other early care and education providers. Each team is assigned a coach (facilitator), whose role is to support the team’s cohesive development, to assist the team with technical assistance needs and to foster interagency collaboration. 90% of these community-based teams have now developed Memorandums Of Understanding (MOUs) regarding transition. Each team reviews the effectiveness of the transition process in their community and they work collectively to improve the process.

4. **Transition Steering Committee**

The NM Early Childhood Transition Steering Committee was established in June 2004 and meets on a monthly basis. The purpose of the steering committee is to provide oversight and direction to the transition initiative that has been ongoing since January 1999. Membership on this committee is comprised of representation from the: FIT Program; Public Education Department - Special Education Bureau; Head Start Collaboration Office; Parents Reaching Out, Children Youth & Families Department; Bureau of Indian Affairs; and the UNM Center for Development and Disabilities.

5. **Technical Assistance Materials**

To provide a greater understanding of the transition process, the regulations and recommended practices, a variety of technical assistance documents have been produced and widely disseminated to relevant collaborative partners and parents. These documents include:

- *“Facilitating Smooth and Effective Transitions for Children and Families in New Mexico: a Guidance Document for Transition from Early Intervention to Other Supports and Services”;*
- *“Next Steps to Success-Transition from Early Intervention Services to Early Childhood Education and Beyond”;*
- *“Making the Choice—For Families Deciding between Early Intervention and Preschool Special Education” (English and Spanish);*
- *“The 90-Day Transition Conference-A Guidance Document” (2005)*

The FIT Program and the Special Education Bureau have jointly produced these documents.

6. **Transition video:**

The FIT Program has developed a transition video / DVD that shows the experience of three families going through the transition process in Taos, New Mexico. This video has been widely disseminated to all FIT providers, all LEAs, all Head Start/Early Head Start grantees and to Parents Reaching Out. The video / DVD, in English and Spanish, is used in a variety of trainings and settings to assist families in gaining an understanding of the transition process and their rights.

Baseline Data for FFY 2004 (2004-2005):

- A. 96% of children exiting Part C had an IFSP with transition steps and services
- B. 100% of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred
- C. 75% of children exiting Part C and potentially eligible for Part B had a the transition conference

Discussion of Baseline Data:

Even though compliance with transition was previously addressed as part of the Community Based Assessment (CBA) monitoring process, data regarding the specific measures required as part of this indicator could not be generated from the CBA data. Therefore, the ICC and other stakeholders, at

the SPP public planning meeting, gave recommendations regarding the collection of data for this indicator.

Sub-Indicator B, which addresses the percent of children exiting Part C and potentially eligible for IDEA Part B where notification to the LEA occurred, was relatively easy to calculate. The FIT Program has a data sharing agreement with the Public Education Department – Special Education Bureau that includes the transfer of information regarding children who are potentially eligible for IDEA Part B. This information is generated from the FIT database for children who will turn 3 prior to the first day of the new school year¹ and is transferred electronically to the PED Special Education Bureau, as per established protocol. The PED - Special Education Bureau then sorts the children by zip code and then transmits the list to each LEA. Therefore, because the sharing of information regarding children who will potentially transition to IDEA Part B is conducted centrally using the database, it is with confidence that we can say that the LEAs are notified of 100% of the potentially eligible children.

For sub-indicator “A”, which addresses the percent of children exiting Part C who have an IFSP with transition steps and services, and sub-indicator “C”, which addresses the percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred, it was decided that a focused review would be conducted in order to establish a baseline.

To accomplish this focused review, a 15% random sample of children was generated from the FIT database. The FIT database is able to sort children who exited / transitioned from the FIT Program due to their 3rd birthday (incl. eligible for Part B, not eligible for part B with referrals; not eligible for part B with no referrals; and Part B eligibility not determined). The sampling yielded 109 children / families) who transitioned from FIT providers during the time period of July 1, 2004 to June 30, 2005.

This random sample listing of these children was sent to each respective FIT provider agency along with a letter requesting copies of the following section/pages of each child’s IFSP:

- Copy of the child’s transition plan that includes transition action steps/activities
- Copy of the section or pages related to the 90-Day Conference (inclusive of action steps/activities, persons in attendance, date of the conference, exit date from the EI program, and parent/guardian signature)

FIT providers were required to mail these copies to the FIT Program at the Department of Health.

The IFSP information for each child was reviewed to determine the presence of the following:

- Transition steps and services as documented in the child’s IFSP
- For children who were potentially eligible for Part B, evidence of the transition conference (i.e. the 90-Day Conference) occurring

¹ New Mexico Statute allows parents whose child turns 3 during the school year to either have their child transition to preschool at the beginning of that year, or remain in the FIT Program until the beginning of the next school year.

Annual Targets:

(Note: Indicator 8. is considered a “compliance” indicator, therefore the annual targets are established by OSEP as being 100% each year)

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.</p>
<p>2006 (2006-2007)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.</p>
<p>2007 (2007-2008)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.</p>
<p>2008 (2008-2009)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.</p>
<p>2009 (2009-2010)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.</p>
<p>2010 (2010-2011)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.</p>
<p>2011 (2011-2012)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.</p>

FFY	Measurable and Rigorous Target
<p>2012 (2012-2013)</p>	<p>100% of children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:</p> <ul style="list-style-type: none"> A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B; and C. Transition conference, if child potentially eligible for Part B.

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Provide targeted training and technical assistance:</p> <p>The FIT Program Training and TA team will provide targeted training and technical assistance to providers with low level of compliance in the indicator. The FIT Training and TA team will meet with the Statewide transition specialist to develop a plan for who should work with which providers and when the technical assistance will occur.</p>	<p>Ongoing</p>	<p>NM FIT Program</p> <p>FIT Training and TA team</p> <p>Statewide transition specialist</p>
<p>Modify FIT-KIDS reporting for Transition:</p> <p>Work with the User Group and the developer to modify FIT-KIDS (Key Information Data System) in order to collect and report data on indicators 8a. and 8c. This will enable reporting monthly and / or quarterly to determine progress towards compliance.</p>	<p>By Dec 2009</p>	<p>NM FIT Program</p> <p>FIT-KIDS User Group</p>
<p>Develop protocol and guidelines for determining eligibility for Part B:</p> <p>The FIT Program and the Public Education Department (PED) will jointly develop an assessment summary form to be completed by FIT provider agencies when the child is transitioning. This will make sure the Local Education Agency has current assessment information, which they can use to help determine eligibility for Part B. A joint memo from the FIT Program and PED will accompany the Assessment Summary form</p>	<p>By June 2009</p>	<p>NM FIT Program</p> <p>Public Education Department</p> <p>Transition Steering committee</p> <p>Statewide transition coordinator</p>

Improvement Activities:	Timelines:	Resources:
<p>Meet with the IDEA panel:</p> <p>The ICC will meet with the IDEA panel in order to address joint strategies for improving transition.</p>		<p>FIT Program</p> <p>Interagency Coordinating Council (ICC)</p>
<p>Develop a Technical Assistance document on transition:</p> <p>Develop a Technical Assistance document on Early Childhood Transition that brings together in one place all of the guidance (in memos and training) that has been provided over the past several years. The TA document will be available to both FIT Program providers and PED / LEA staff.</p>	<p>By June 2009</p>	<p>NM FIT Program</p> <p>Public Education Department</p> <p>Transition Steering committee</p> <p>Statewide transition coordinator</p>
<p>Revise Local Determinations</p> <p>The FIT Program will revise the methodology for assigning local determinations to better align with that used by OSEP. The current methods for assigning determinations create the erroneous appearance that the agency is performing at a higher level than they actually are. The new methodology will offer a more sophisticated and discerning view of areas of strengths and concerns.</p>	<p>September 2009</p>	<p>NM FIT Program</p> <p>NM ICC</p>
<p>Implement Detailed System of Data Tracking and Correction of Noncompliance:</p> <p>Develop a more detailed tracking system to review data of provider agencies whose performance is below 100% on compliance indicators. Data will be tracked on a monthly basis</p> <ul style="list-style-type: none"> ▪ to enable the FIT Program to be more responsive with technical assistance when needed, and ▪ to better track correction of noncompliance. 	<p>September 2009</p>	<p>NM FIT Program</p>
<p>ICC Subcommittee on Quality Improvement</p> <p>Work with ICC QA committee to determine other mechanisms to promote quality assurance at the provider level, including linking and mentorship between providers.</p>	<p>Through June 2010</p>	<p>NM FIT Program</p> <p>NM ICC</p>

Improvement Activities:	Timelines:	Resources:
<p>Provide Statewide Training on New Transition Initiative Timelines and Procedures</p> <p>Training statewide will be provided to community transition teams and service coordinators regarding the new transition forms and procedures in order to promote effective transition practices and compliance within Indicator 8.</p>	<p>Through June 2010</p>	<p>UNM Early Childhood Learning Network</p>
<p>Revise the Statewide IFSP to capture Transition Initiative timeline, forms and requirements.</p> <p>The FIT Program’s IFSP form will be revised to include space for calculation of new timelines and checklist of requirements.</p>	<p>December 2009</p>	<p>FIT Program UNM Early Childhood Learning Network</p>
<p>Develop State Level PED MOU and Revise Local Interagency Agreements</p> <p>The FIT Program and the Public Education Department will develop a state level MOU to address the Transition Initiative timeline and procedures.</p> <p>Community Transition teams will be required to revise local interagency agreements to ensure compliance with transition initiative timelines and procedures.</p>	<p>January 2010</p>	<p>PED FIT Program Mountain Plains Regional Resource Center National Early Childhood Technical Assistance Center.</p>
<p>Develop Transition Guidelines</p> <p>The FIT Program and PED will develop transition guidelines to assist FIT Staff and LEA staff to effectively implement the transition initiative timelines and procedures.</p>	<p>March 2010</p>	<p>PED FIT Program Mountain Plains Regional Resource Center National Early Childhood Technical Assistance Center.</p>
<p>Obtain Technical Assistance through the Data Accountability Center:</p> <p>Participate in regular conference calls and web conferencing with Data Accountability Center staff to address Quality Assurance and monitoring activities to promote compliance.</p>	<p>Through June 2010</p>	<p>FIT Program staff Data Accountability Center</p>

Improvement Activities:	Timelines:	Resources:
<p>Develop online service coordination training to include transition activities.</p> <p>The FIT Program will develop an online service coordination training that will replace large segments of the current face to face training being conducted.</p> <p>Training will include focus on required timelines and annual performance report requirements.</p>	<p>March 2011</p>	<p>UNM Early Childhood Learning Network</p> <p>NM FIT Program</p>
<p>Facilitate Quarterly Interactive Discussions of QA Resources:</p> <p>Incorporate time in quarterly regional meetings for providers to share strategies that have assisted them in enhancing services for families and improving performance on this indicator. Providers can share ideas, forms, procedures and general tips for improving services.</p>	<p>Beginning April 2012</p>	<p>NM FIT Program</p>
<p>FIT-KIDS Database:</p> <p>Finalize precise data collection capacity in FIT-KIDS database and begin implementation.</p> <ul style="list-style-type: none"> • 8a: Data will be entered for dates transition plans were entered. Reports can be generated to indicate compliance and which children need plans. Add ticklers (pop up windows) reminding users when transition plans need to be added to the IFSP. • 8b: FIT KIDS will generate reports with required information for any children turning three who are potentially eligible for Part B. • 8c: Data will be entered for dates of transition conferences. Reports will indicate compliance and reasons for any delays. Add ticklers (pop up windows) reminding users when transition conferences are due. 	<p>September 2011</p>	<p>NM FIT Program</p> <p>Data Accountability Center</p> <p>National Data Listserve</p>
<p>NM Statute Change:</p> <p>In an effort to more closely align transition activities to</p>	<p>July 2012</p>	

Improvement Activities:	Timelines:	Resources:
federal requirements, and eliminate the complexities of the current transition timelines, New Mexico FIT Program will be changing its transition timeline procedure. The new statute will require children to transition at age 3 instead of choosing to transition at any point in the school year in which the child turns three.		
Revise State MOU with Public Education Department to Reflect Federal and State Regulatory changes.	July 2012	NM FIT Program NM PED
Revise Transition Guidance Document and Provide Joint Training with Public Education Department to address NM Statute change.	Sept 2011	NM FIT Program NM PED
Increase Frequency of Community Based Assessments (CBA) <ul style="list-style-type: none"> • The frequency with which each provider agency is monitored via the CBA will increase to once every two years. 	Beginning July 2011	FIT Program DOH Div of Health Improvement
Modify Team Makeup for Focused Monitoring to Allow Increased Technical Assistance onsite. <ul style="list-style-type: none"> • Rename process as “Focused Review” to better describe the process. • Spend more time onsite during reviews to delve more deeply into root analysis of noncompliance • Provider technical assistance immediately upon discovery of issues impacting compliance. 	Beginning July 2011	FIT Program
Utilize statewide transition steering committee for recommendations on increased compliance.	Beginning February 2012	

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:**A Percent of noncompliance corrected within one year of identification:**

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

The FIT Program contracts with thirty-three (33) early intervention provider agencies across New Mexico. Through the contract with the Department of Health and the Provider Agreement with Medicaid, the provider agency agrees to provide the full array of early intervention services within the geographical area covered by their contract. The geographical area served may be one or more counties or a specific community, such as an Indian Pueblo or community. Several counties with large populations are served by more than one provider agency.

Until 2005, provider agencies were monitored through the Community Based Assessment (CBA) process. CBA monitoring was conducted jointly with the Department of Health – Division of Health Improvement (DHI). Through the CBA process, each provider agency is monitored on a three year cycle and the monitoring team (including a parent, FIT staff person, DHI staff and early childhood specialist) assess compliance with FIT standards.

The CBA review is conducted on a random 15% sample of children and families served by the agency being monitored. The CBA onsite monitoring visit includes:

- A child record review;
- Administrative record review;
- Parent interviews;
- Staff and administrator interviews; and
- Interviews with other community partner agencies that may make referrals to the agency, work with the agency or receive children who transition from the agency.

If CBA monitoring results show that the provider agency is non-compliant with one or more of the standards monitored, the agency must develop a corrective action plan that is submitted to the FIT Program within 30 days of the receipt of the CBA report. The provider agency is offered, and sometimes required, to utilize training and / or technical assistance in order to meet compliance within one year.

The FIT Program is currently in the process moving from the Community Based Assessment (CBA) to a focused monitoring process that involves monitoring on a smaller number standards and conducting site visits with providers that show the most potential for improvement when ranked against other provider agencies (see improvement strategies below). During the process of transition to the focused monitoring system, FIT provider agencies will continue to be required to report on progress on their corrective action plans from their CBA and to meet compliance within one-year.

The FIT Program has regulations that govern the implementation of procedural safeguards for families that include a complaint system, mediation and due process hearings. Please refer to indicators 10 –13 for an explanation of each of these procedural safeguards.

Baseline Data for FFY 2004 (2004-2005):

9.A. 71% of noncompliance related to monitoring priority areas and indicators identified in FY 2003-2004 was corrected within one year of identification.

- a. 17 findings were made related to the SPP priority areas.
- b. 12 findings were corrected as soon as possible but no later than one year from identification.

Explanation:

The FIT Program continues to have corrective actions plans in place with 3 of the 14 provider agencies that received a Community Based Assessment (CBA) monitoring report in 2003 - 2004 that showed non-compliance with SPP priority area issues. These 3 agencies continue to receive technical assistance in order to meet compliance.

9.B. 76% of noncompliance related to areas not included in the monitoring priority areas and indicators identified in FY 2003-2004 was corrected within one year of identification.

- a. 21 findings were made not related to the SPP priority areas.
- b. 16 findings were corrected as soon as possible but no later than one year from identification.

Explanation:

The FIT Program continues to have corrective actions plans in place with 3 of the 14 provider agencies that received a Community Based Assessment (CBA) monitoring report in 2003 - 2004 that showed non-compliance with SPP priority area issues. These 3 agencies continue to receive technical assistance in order to meet compliance.

9.C. 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc.) was corrected within one year of identification.

Explanation:

The FIT Program received no complaints, due process, hearings, mediations in the 2004 – 2005 fiscal year.

Discussion of Baseline Data:

See the tables below for greater detail of the monitoring conducted in 2003 – 2004, the findings made number and the number and percentage of corrections made within one year.

Compilation Table 9. A.

	Monitoring Method	# of FIT providers reviewed (2003 – 2004)	a. # of Findings (2003 – 2004)	b. # Corrected within 1 yr	% Corrected within 1 yr
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner <i>Not monitored 2003 – 2004.</i>	Self-Review				
	On-site Visit				
	Data Review				
	Total:				
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	Self-Review				
	On-site Visit	14	0	N/A	N/A
	Data Review				
	Total	14	0	N/A	N/A
3. Percent of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skills, acquisition and use of knowledge and skills; use of appropriate behaviors to meet their needs. NEW INDICATOR 2004-2005	Self-Review				
	On-site Visit				
	Data Review				
	Total:				
4. Percent of families participating in Part C who report that early intervention services helped the family: know their rights; effectively communicate their children’s needs; and help their children develop and learn. NEW INDICATOR 2004 - 2005	Self-Review				
	On-site Visit				
	Data Review				
	Total:				

	Monitoring Method	# of FIT providers reviewed (2003 – 2004)	a. # of Findings (2003 – 2004)	b. # Corrected within 1 yr	% Corrected within 1 yr
5. Percent of infants and toddlers birth to 1 with IFSPs.	Self-Review				
	On-site Visit				
	Data Review	33	0	N/A	N/A
	Total:	33	0	N/A	N/A
6. Percent of infants and toddlers birth to 3 with IFSPs.	Self-Review				
	On-site Visit				
	Data Review	33	0	N/A	100%
	Total:	33	0	N/A	N/A
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45 day timeline.	Self-Review				
	On-site Visit	14	9	6	67%
	Data Review				
	Total:	14	9	6	67%
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday.	Self-Review				
	On-site Visit	14	8	6	75%
	Data Review				
	Total:	14	8	6	75%
TOTALS	SUM COLUMNS A AND B		17	12	71%

Compilation Table 9.B.

Indicator	Monitoring Method	# of FIT providers reviewed (2003 – 2004)	a. # of Findings (2003 – 2004)	b. # Corrected within 1 yr	% Corrected within 1 yr
1. Children receive a comprehensive multidisciplinary evaluation and a report is generated that summarizes the findings of the evaluation team.	Self-Review				
	On-site Visit	12	7	5	71%
	Data Review				
	Total:	12	7	5	71%
2. Parents have access to dispute resolution options, including informal	Self-Review				

Indicator	Monitoring Method	# of FIT providers reviewed (2003 – 2004)	a. # of Findings (2003 – 2004)	b. # Corrected within 1 yr	% Corrected within 1 yr
mediation and due process hearing options.	On-site Visit	12	1	1	100%
	Data Review				
	Total:	12	1	1	100%
3. IFSPs demonstrate the coordination of services across agencies.	Self-Review				
	On-site Visit	12	0	N/A	N/A
	Data Review				
	Total:	12	0	N/A	N/A
4. The 6 month review and annual IFSP are held at appropriate times	Self-Review				
	On-site Visit	12	7	4	57%
	Data Review				
	Total:	12	7	4	57%
5. The IFSP is completed in accordance with the regulations	Self-Review				
	On-site Visit	12	2	2	100%
	Data Review				
	Total:	12	2	2	100%
6. Children are appropriately determined eligible for the FIT Program	Self-Review				
	On-site Visit	12	4	4	100%
	Data Review				
	Total:	12	4	4	100%
TOTALS	SUM COLUMNS A AND B		21	16	76%

Annual Targets:

(Note: Indicator 9. is considered a “compliance” indicator, therefore the annual targets are established by OSEP as being 100% each year)

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification
<p>2006 (2006-2007)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification
<p>2007 (2007-2008)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification
<p>2008 (2008-2009)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification
<p>2009 (2009-2010)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification
<p>2010 (2010-2011)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification

FFY	Measurable and Rigorous Target
<p>2011 (2011-2012)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification
<p>2012 (2012-2013)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <ul style="list-style-type: none"> A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Implement revised follow-up procedures to focused monitoring and utilize sanctions:</p> <p>The Division of Health Improvement will take the lead in ensuring that the actions of the agencies' Plan of Correction have been completed. If actions have not been completed with 45 days of the monitoring report, or an extension has not requested, then sanctions may be imposed. The FIT Program staff will take the lead on follow-up to ensure that the agency is moving in the right direction in order to come into compliance as soon as possible, but no later than one year.</p>	<p>Ongoing</p>	<p>NM FIT Program Division of Health Improvement</p>
<p>Implement activities according to the general Supervision Manual</p> <p>The FIT Program, in collaboration with the Division of Health Improvement, will implement the activities described in the General Supervision Manual, including Focused monitoring, Community Based Assessment; Data collection and reporting; training and technical assistance, dispute resolution and financial management.</p>	<p>Ongoing</p>	<p>NM FIT Program Division of Health Improvement</p>

Improvement Activities:	Timelines:	Resources:
<p>Presentations at the FIT Annual Meeting:</p> <p>Recruit provider agencies that have achieved compliance in this indicator to present at the FIT Annual Meeting in order for other agencies to learn how they were able to improve and achieve compliance.</p>	<p>By June 2009</p>	<p>NM FIT Program</p> <p>University of New Mexico – Center for Development and Disability (UNM-CDD)</p>
<p>Facilitate discussions between providers:</p> <p>At the quarterly regional meeting and at the FIT Annual Meeting – provide a forum for providers to discuss what actions resulted in improvement and compliance in order for providers to learn from each other.</p>	<p>By June 2009</p>	<p>NM FIT Program</p>
<p>Develop and implement a tracking process:</p> <p>The FIT Program will develop and implement a tracking document that will record the date findings made; the date providers received written notice of the finding and the date the provider was informed that they met compliance.</p>	<p>By June 2008</p>	<p>NM FIT Program</p>
<p>Revise Local Determinations</p> <p>The FIT Program will revise the methodology for assigning local determinations to better align with that used by OSEP. The current methods for assigning determinations create the erroneous appearance that the agency is performing at a higher level than they actually are. The new methodology will offer a more sophisticated and discerning view of areas of strengths and concerns.</p>	<p>September 2009</p>	<p>NM FIT Program</p> <p>NM ICC</p>
<p>Implement Detailed System of Data Tracking and Correction of Noncompliance:</p> <p>Develop a more detailed tracking system to review data of provider agencies whose performance is below 100% on compliance indicators. Data will be tracked on a monthly basis</p> <ul style="list-style-type: none"> ▪ to enable the FIT Program to be more responsive with technical assistance when needed, and ▪ to better track correction of noncompliance. 	<p>September 2009</p>	<p>NM FIT Program</p>

Improvement Activities:	Timelines:	Resources:
<p>ICC Subcommittee on Quality Improvement</p> <p>Work with the ICC QA committee to determine other mechanisms to promote quality assurance at the provider level, including linking and mentorship between providers.</p>	<p>Through June 2010</p>	<p>NM FIT Program NM ICC</p>
<p>Obtain Technical Assistance through the Data Accountability Center:</p> <p>Participate in regular conference calls and web conferencing with Data Accountability Center staff to address Quality Assurance and monitoring activities to promote compliance.</p>	<p>Through June 2010</p>	
<p>Facilitate Quarterly Interactive Discussions of QA Resources:</p> <p>Incorporate time in quarterly regional meetings for providers to share strategies that have assisted them in enhancing services for families and improving performance on this indicator. Providers can share ideas, forms, procedures and general tips for improving services.</p>	<p>Beginning April 2012</p>	<p>NM FIT Program</p>
<p>Upgrade FIT-KIDS database</p> <p>Make upgrades to FIT-KIDS database to more efficiently capture and report on all APR indicators</p>	<p>Sept 2011</p>	<p>NM FIT Program Data Accountability Center National Data Listserve</p>
<p>Increase Frequency of Community Based Assessments (CBA)</p> <ul style="list-style-type: none"> The frequency with which each provider agency is monitored via the CBA will increase to once every two years. 	<p>Beginning July 2011</p>	<p>FIT Program DOH Div of Health Improvement</p>
<p>Modify Team Makeup for Focused Monitoring to Allow Increased Technical Assistance onsite.</p> <ul style="list-style-type: none"> Rename process as “Focused Review” to better describe the process. Spend more time onsite during reviews to delve more deeply into root analysis of noncompliance Provider technical assistance immediately upon 	<p>Beginning July 2011</p>	<p>FIT Program</p>

Improvement Activities:	Timelines:	Resources:
discovery of issues impacting compliance.		

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

New Mexico Family Infant Toddler (FIT) Program regulations (7.30.8 NMAC) detail the complaint system available as one of the procedural safeguards available to parents and other entities. If a written complaint is received the FIT Program will investigate whether an early intervention provider or other public agency has violated a federal or state law, regulation or rule that applies to the early intervention system.

The FIT Program regulations include provisions that:

- The complaint will be submitted in writing to the coordinator of the Family Infant Toddler Program and shall include a statement regarding the law or regulation that is alleged to have been violated; the facts on which the complaint is based; and it shall be signed and dated. The alleged violation must have occurred not more than one year before the date that the complaint is received by the Family Infant Toddler Program unless a longer period is reasonable because the alleged violation continues for that child or another child or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the Family Infant Toddler Program.
- Within sixty (60) calendar days after a complaint is received, the Department of Health will:
 - Carry out an independent investigation;
 - Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;
 - Review all relevant information and make an independent determination as to whether any law or regulation has been violated; and
 - Issue a written decision to the complainant and involved parties that addresses each allegation and details the findings of fact and conclusions and the reason for the complaint investigator's final decision. The complaint investigator's decision may include recommendations that include technical assistance activities, negotiations and corrective actions to achieve compliance as well as timelines for completion.
- An extension of the sixty (60) day timeline will be only granted if exceptional circumstances exist with respect to a particular complaint.
- If the complaint received is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, the complaint investigator shall set aside any part of the complaint that is being addressed in a due process hearing until the conclusion of that hearing. Any issue in the complaint that is not part of the due process hearing must be resolved within the sixty (60) day timeline.

Parents receive a Family Handbook at the time of intake, which includes rights and procedural safeguards. In 2005, the FIT Program developed a statewide “Prior Written Notice” form and a “Rights and Procedural Safeguards booklet” that are given to parents when changes are made to the provision of their early intervention services and prior to evaluation or IFSP meetings being conducted. Each of these documents is available in English and Spanish.

Service Coordination Training Module I “Family Centered Service Coordination”, which is mandated for all new service coordinators within a year of hire, covers procedural safeguards. The training promotes the service coordinator’s skills in explaining the options available to parents to resolve disputes.

Parents Reaching Out (PRO), New Mexico’s Parent Training and Information Center, provides training and supports parents regarding their rights and procedural safeguard in the FIT (Part C) system.

Baseline Data for FFY 2004 (2004-2005):

100% of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Discussion of Baseline Data:

There were no written complaints submitted in the 2004 – 2005 fiscal year.

There were several telephone complaints that FIT Program staff responded to and resolved informally. When responding to informal complaints / issues, FIT staff always let families know of their right to submit a written complaint or request a mediation session or due process hearing.

Annual Targets:

(Note: Indicator 10. is considered a “compliance” indicator, therefore the annual targets are established by OSEP as being 100% each year)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint
2006 (2006-2007)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint
2007 (2007-2008)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint
2008 (2008-2009)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint

FFY	Measurable and Rigorous Target
<p>2009 (2009-2010)</p>	<p>100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint</p>
<p>2010 (2010-2011)</p>	<p>100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint 100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</p>
<p>2011 (2011-2012)</p>	<p>100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint</p>
<p>2012 (2012-2013)</p>	<p>100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint 100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</p>

Improvement Activities/Timelines/Resources:

None.

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

New Mexico Family Infant Toddler (FIT) Program regulations (7.30.8 NMAC) detail the Due Process Hearing system as one of the procedural safeguards available to parents. The FIT Program will make available an impartial due process hearing when families have a dispute regarding the early intervention services received by their child and family.

The FIT Regulations include provisions that:

- Parents may request an impartial due process hearing if they find they have a dispute regarding the early intervention services received by their child and family.
- An impartial hearing officer will be assigned. The hearing officer shall not be an employee of any agency or entity involved in the provision of early intervention or have a personal or professional interest that would conflict with their objectivity in implementing the process.
- The due process hearing will be carried out at a time and place that is reasonably convenient to the parents.
- The due process hearing will be conducted and completed and a written decision shall be mailed to each party no later than thirty (30) days after the receipt of a parent(s)'s formal complaint.
- The parent(s) will have the following rights in the due process hearing proceedings:
 - The right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for eligible children or others at the parent(s)'s discretion.
 - The right to present evidence and confront, cross examine, and compel the attendance of witnesses.
 - The right to prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent(s) at least five days before the proceeding.
 - The right to obtain a written or electronic verbatim transcription of the proceeding.
 - The right to obtain written findings of fact and decisions.
 - During the dispute resolution process the child shall continue to receive the early intervention services currently being provided, unless the parent(s) revokes consent or the early intervention provider and the parent(s) agree otherwise. If the complaint involves an application for initial services, the child must receive those services that are not in dispute.
 - Any party aggrieved by the findings and decision of the hearing officer has the right to bring a civil action in court.

As stated in indicator 10 above, parents are informed of their procedural safeguard through the Family Handbook at the time of intake, and through the "Rights and Procedural Safeguards booklet" which accompanies the Prior Written Notice. Service Coordinators are responsible for explaining to the parents their rights and procedural safeguards that includes a due process hearing if the family has a dispute.

Baseline Data for FFY 2004 (2004-2005):

The baseline for the percent of due process hearing requests that were fully adjudicated within the applicable timeline is 100%

Discussion of Baseline Data:

There were no due process hearings conducted in the 2004 – 2005 fiscal year.

Annual Targets:

(Note: Indicator 11. is considered a “compliance” indicator, therefore the annual targets are established by OSEP as being 100% each year)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2006 (2006-2007)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2007 (2007-2008)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2008 (2008-2009)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2009 (2009-2010)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2010 (2010-2011)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2011 (2011-2012)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
2012 (2012-2013)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline

Improvement Activities/Timelines/Resources:

Refer to Improvement Activities/Timelines/Resources for Indicator 10 (Complaint Resolution).

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Not Applicable – Part B due process procedures are NOT adopted

Baseline Data for FFY 2004 (2004-2005):

NA (see above)

Discussion of Baseline Data:

NA (see above)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA (see above)
2006 (2006-2007)	NA (see above)
2007 (2007-2008)	NA (see above)
2008 (2008-2009)	NA (see above)
2009 (2009-2010)	NA (see above)
2010 (2010-2011)	NA (see above)
2011 (2011-2012)	NA (see above)

FFY	Measurable and Rigorous Target
2012 (2012-2013)	NA (see above)

Improvement Activities/Timelines/Resources:

NA (see above)

Part C State Performance Plan (SPP) for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

New Mexico Family Infant Toddler (FIT) Program regulations (7.30.8 NMAC) detail the Mediation system available as one of the procedural safeguards available to parents. The FIT Program makes available mediation as an option for families to resolve a dispute regarding the early intervention services received by their child and family.

FIT Program regulations include that:

- Within five working days of receiving a written formal complaint from the parent(s), the parent(s) will be offered mediation as a method to resolve the dispute.
- Mediation will proceed with agreement of all parties involved.
- The parent(s) will be informed that participation in the mediation process is voluntary and shall not be used to deny or delay a parental right to a timely due process hearing.
- Mediation shall also be offered to the parties early in a dispute before the parent(s) has filed a formal complaint.

As stated in indicators 10 and 12, parents are informed of their procedural safeguard through the Family Handbook at the time of intake, and through the “Rights and Procedural Safeguards booklet” which accompanies the Prior Written Notice. Service Coordinators are responsible for explaining to the parents their rights and procedural safeguards, which include mediation as an option to resolve a dispute.

Baseline Data for FFY 2004 (2004-2005):

The baseline for of mediations held that resulted in mediation agreements is 0%

Discussion of Baseline Data:

There were no due process hearings conducted in the 2004 – 2005 fiscal year.

Annual Targets:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	50% of mediations held will result in mediation agreements
2006 (2006-2007)	55% of mediations held will result in mediation agreements

FFY	Measurable and Rigorous Target
<p>2007 (2007-2008)</p>	<p>60% of mediations held will result in mediation agreements</p>
<p>2008 (2008-2009)</p>	<p>65% of mediations held will result in mediation agreements</p>
<p>2009 (2009-2010)</p>	<p>70% of mediations held will result in mediation agreements</p>
<p>2010 (2010-2011)</p>	<p>75% of mediations held will result in mediation agreements</p>
<p>2011 (2011-2012)</p>	<p>80% of mediations held will result in mediation agreements</p>
<p>2012 (2012-2013)</p>	<p>80% of mediations held will result in mediation agreements</p>

Improvement Activities/Timelines/Resources:

Refer to Improvement Activities/Timelines/Resources for Indicator 10 (Complaint Resolution).

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Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

Data is collected through an electronic FIT Program database. The FIT database includes demographic, IFSP and delivered service data that are entered by the FIT Provider agency. The data is submitted by the thirty-three (33) FIT Provider agencies quarterly through a secure website. The management analyst at the FIT Program central office then merges the various data files and cleans the data e.g. deleting duplicates. Required federal and performance measure reports are generated from the database in order to meet Federal reporting timelines and other reports are generated as needed for state management, reporting and improvement activities.

A data validation survey process was developed that compares data from the FIT Program Database with written documents in the child's record on file at the contracted FIT provider agencies in order to ensure that the data is accurate. The data validation survey reviews selected data fields for a randomly selected group of children as part of the Community Based Assessment (CBA) monitoring visits. The FIT Program has been completed the data validation process with approximately one third of FIT provider agencies. Providers reviewed receive a report regarding the accuracy of their data and are required to correct any errors before the next quarterly data submission date.

Baseline Data for FFY 2004 (2004 - 2005):

100% of New Mexico's State reported data (618 and State Performance Plan and Annual Performance Report) were timely and accurate.

Discussion of Baseline Data:

- a) Required Federal data (618 data) for the December 1 2004
 - Table 1: original submission 1/27/2005 (Due February 1st 2005)
 - Tables 2-5: original submission 04/15/2005 Due November 1st 2005)

The above tables were submitted electronically to Westat; mailed to Troy Justesen at OSEP.

2003-2004 Annual Performance Report: was mailed and submitted on 5/13/2005.

- b) All data were accurate as submitted. Mechanisms to ensure accuracy of the data are described above in Overview of Issue/Description of system or Process.

Annual Targets:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.
2006 (2006-2007)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.
2007 (2007-2008)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.
2008 (2008-2009)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.
2009 (2009-2010)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.
2010 (2010-2011)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.
2011 (2011-2012)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.
2012 (2012-2013)	100% of New Mexico’s state reported data (Federal 618 data and Annual Performance Report) will be submitted timely and will be accurate.

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Conduct Community Based Assessment monitor validate data:</p> <p>The FIT Program will validate data entered into FIT-KIDS and data collected as part of the audit for the Annual Performance Report as part of the Community Based Assessment monitoring process</p>	Ongoing	NM FIT Program Division of Health Improvement
<p>Make revisions to the FIT-KIDS application as needed:</p> <p>The FIT Program will make changes to the FIT-KIDS</p>	By Dec 2009	NM FIT Program

Improvement Activities:	Timelines:	Resources:
<p>(Key Information and Data System) as needed to ensure accurate data is collected. Changes that will be made include:</p> <ul style="list-style-type: none"> • Changes to fields and reports for indicators 1; 8a and 8c. • Race / Ethnicity changes to meet new federal requirements. • Obtain access to the backend data and purchase Crystal Reports to allow for complex queries to be run. 		
<p>Make revisions to the FIT-KIDS application:</p> <p>The FIT Program will make changes to the FIT-KIDS (Key Information Data System) to ensure accurate data is collected.</p> <p>Changes that will be made include:</p> <ul style="list-style-type: none"> • Changes to fields and reports for indicators 1; 8a and 8c in order to allow for APR data reports to be generated at the local and statewide level. • Race / Ethnicity changes to meet new federal requirements. • Upgrade the query builder function in FIT-KIDS to allow providers effectively run ad hoc reports. • Make changes to FIT-KIDS as recommended by the User Group. • Obtain training for data manager to utilize Crystal Reports in order to run complex queries on the back end data. 	<p>By April 2011</p>	<p>NM FIT Program</p>
<p>Develop online FIT-KIDS training:</p> <p>The FIT Program will develop an online FIT-KIDS (Key Information Data System) that will be available 24/7.</p> <p>The online training will include a focus on basic data entry; billing and use of reports.</p>	<p>Feb. 2011</p>	<p>FIT Program staff</p>