

NEW MEXICO
Family Infant Toddler (FIT)
Program



Part C

Annual Performance Report (APR)

Federal Fiscal Year 2010
(July 2010 – June 2011)

Part C State Annual Performance Report (APR) for FFY 10 (July 2010 – June 2011)

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Overview of the Annual Performance Report (APR) Development:

The New Mexico Department of Health - Family Infant Toddler (FIT) Program is the lead agency for the Individuals with Disabilities Education Act (IDEA) Part C.

This report is submitted in accordance with IDEA statute 20 U.S.C. 1416(b)(1) and 1442, that requires each state to submit an Annual Performance Report (APR). This APR includes data for a number of required federal indicators. The FIT Program developed annual targets and improvement activities for each of these indicators in its six-year State Performance Plan (SPP) that was initially submitted 12/01/05. On Feb 1, 2010, the SPP was revised to include annual targets and improvement activities for two additional years, FFY 2011 and FFY 2012. A copy of the SPP can be viewed and / or downloaded at the FIT Program's website, www.fitprogram.org.

This APR includes data collected for Federal Fiscal Year 2010 (July 01, 2010 – June 30, 2011). These data were collected in a number of ways including: the FIT statewide electronic database FIT-KIDS (Key Information Data System); monitoring (focused monitoring and Community Based Assessments); local Annual Performance Reports (self assessment) from each provider; and surveys. The specific method of data collection is addressed for each indicator within this report. Over the past six years, the FIT Program has instituted an Annual Performance Report (APR) process with the local FIT Program provider agencies. Within the APR, each provider agency analyzes their baseline / performance data, sets annual targets and determines improvement activities (including timelines and resources needed).

The FIT Program obtained public input into this Annual Performance Report (APR) through the New Mexico Interagency Coordinating Council (ICC). The ICC reviewed the performance data, comparing to the data from the previous year and made recommendations regarding improvement activities. The ICC also helped develop the targets for all performance indicators (Indicators 2, 3, 4, 5 and 6) for FFY 2011 and FFY 2012.

The FIT Program publishes a report to the public on the Annual Performance Report (APR), which shows the performance of local FIT Program provider agencies on each indicator in relation to the state's targets and performance. The report is formatted so that the reader can view a "report card" on each provider or view each indicator to compare the performance of providers. This report is disseminated widely and is also made available at the FIT Program's website, www.fitprogram.org.

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 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:
 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.
 Account for untimely receipt of services, including the reasons for delays

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	<u>100%</u> of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2010 (July 01. 2010 – June 30. 2011):

94.8% of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner.

Data for this indicator were collected through New Mexico’s local Annual Performance Report (APR), which is completed by each local early intervention provider agency in September of each year. For this indicator each provider agency conducted a self audit of a random selection (at least 10%) of child records to determine if all services were provided within 30 days of the IFSP. This selection of children is representative of all the children in each of the provider agencies in the FIT Program. Data are submitted electronically using a spreadsheet, which is able to capture both family and agency reasons if the 30 day timeline is exceeded. The FIT Program validates that data were collected correctly as part of the Community Based Assessment (CBA) monitoring process. Agency audit results are verified by the FIT Program through a combination of desk audits and onsite monitoring.

Calculations: New Mexico includes in its calculation (*in both the numerator and the denominator*) the number of children for whom the FIT Program has identified the cause for the delay as documented exceptional family circumstances. 137 children and families exceeded the 30 day timeline because of documented exceptional family circumstances or inclement weather (e.g. ice, snow or mud that prevented early intervention staff getting to the home). The family reasons included child illness, family

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schedule and availability and family choice. All delays were limited and directly attributable to documented exceptional circumstances beyond the control of the FIT Program and the local early intervention provider agency. As part of the Community Based Assessment (CBA) monitoring process, the FIT Program validates that exceptional circumstances are documented appropriately.

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	755
b. Total number of infants and toddlers with IFSPs	796
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	94.8%

Of the 41 instances when services were not provided timely, the most common reasons were:

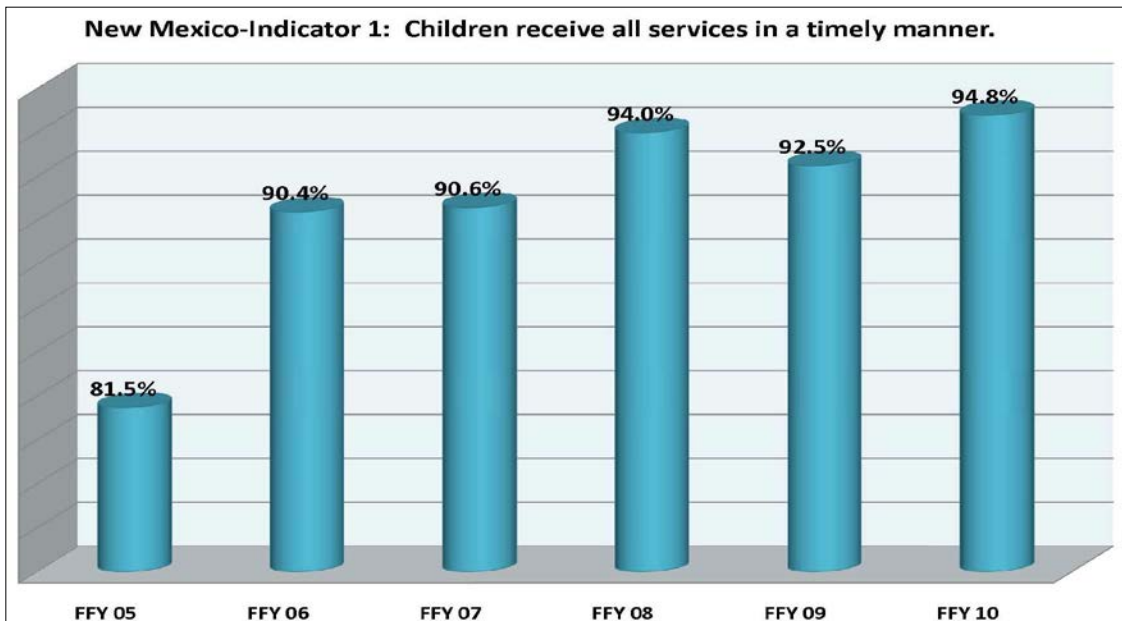
- Staff schedule (incl. high case loads, annual leave) 22 (54%)
- Staff Medical 4 (10%)
- Other (incl. insufficient info on referral, can't find home etc.) 12 (27%)

***"Timely" is defined in New Mexico as being within 30 days of the date of the IFSP (i.e. the date the parent provides consent for the IFSP services).*

**As required in OSEP's FFY 08 determination letter to New Mexico, the figures reported above include the initiation of initial or additional services for children birth to 36 months and for children three years and older who received services under IDEA section 635(c). This indicator includes data on services added per the IFSP process for children in the Extended IFSP Option.*

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

The performance of 94.8% in FFY 2010 represents progress of 2.3% from the percentage of children and families who received all services on their IFSP in a timely manner in the FFY 2009 (2009 – 2010) APR, which was 92.5%.



The chart at right shows New Mexico's performance for Indicator 1 for the last 6 fiscal years.

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There has been steady progress among most FIT providers in meeting compliance with this indicator. 43% of FIT provider agencies maintained 100% compliance throughout FFY 2010. A total of 77% of providers performed above 90%.

Policies and Procedures

- **FIT Service Standards:** In FFY 2010 the annual publication of service definitions standards more clearly articulated the requirements related to timely service delivery as the responsibility of the service coordinator.

Training and Technical Assistance

- **Service Coordination Training:** The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time for refreshers.
- **Technical Assistance from DAC:**
In FFY 2010, the FIT Program received ongoing technical assistance from the Data Accountability Center (DAC) in improving performance on Indicator 1. DAC was particularly helpful in assisting with data collection issues related to the FIT Database.

For the second year in a row, Sharon Walsh from DAC presented in collaboration with FIT staff at the FIT Program's annual meeting, on how to use data to improve quality.

Quality Assurance

- **Increased Emphasis on Quality Improvement:** FIT Program local early intervention provider agencies are required to have Quality Assurance (QA) /Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. Providers who have been required to submit ongoing monthly data to the FIT Program to demonstrate correction of noncompliance often continue the monthly audits after noncompliance has been corrected as they recognize the value of this close scrutiny in improving ongoing performance.
- **Local APR:** FFY 2010 was the sixth year that local provider agencies have completed local APRs. A number of agencies have converted the worksheet developed by the FIT Program for their APR into Quality Assurance tools, and they use them to regularly review random selections of charts for internal audits. Many providers report that by using these tools and engaging direct service staff in the APR data collection and QA activities, staff gain a clearer understanding of and responsibility for their agency's performance.
- **Provider Agency QA Staff:** Provider agencies are increasingly designating a staff member or team specifically to the task of quality assurance/improvement.
- **ICC Subcommittee on Quality Improvement:** The New Mexico Interagency Coordinating Council (ICC) supports the continuation of its subcommittee dedicated to accountability and quality improvement. This committee regularly meets with FIT Program staff to analyze performance issues and develop strategies for program improvement.

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- Rigorous Monitoring:

Focused Monitoring: In accordance with the New Mexico Part C - General Supervision Manual (previously submitted to OSEP), the FIT Program monitors provider agencies that have low performance in Indicator 1 through its focused review process. The lead agency in FFY 2010 for focused monitoring is the Division of Health Improvement (DHI). The focused monitoring team however, includes both DHI and FIT Program staff, an early childhood specialist and at least one parent. During the focused monitoring visit the team reviews child records, policies and procedures and interviews managers, staff and parents to determine the underlying cause of the agency's non-compliance related to services that were not provided within 30 days. Agencies that go through a focused monitoring visit receive a "directed plan of correction" and ongoing monitoring and TA to assist them in reaching compliance. Focused monitoring assures that the agencies are correctly implementing the regulatory requirements specific to this indicator.

Community Based Assessment: Indicator 1 and related requirements are also monitored as part of the Community Based Assessment, which is conducted with each local early intervention provider agency on a 3-year cycle.

Infrastructure/Staffing

- Staff Availability: New Mexico continues to struggle with the recruitment and retention of qualified staff therapists. An overall shortage of therapists has placed them in high demand, and provider agencies frequently cannot afford to pay their competitive salaries. Because of this, a trend has developed using subcontracted therapists instead of agency staff, who may or may not be available to visit the family within 30 days.

The New Mexico Interagency Coordinating Council (ICC) continues to prioritize the recruitment and retention of qualified early intervention staff. To support direct service personnel development (specifically Developmental Specialists), the FIT Program developed an Associate's Level Family Infant Toddler degree available online. This degree will emphasize child development and instruct in the skills necessary to work in the field of early intervention, and will provide local provider agencies with trained and available staff.

- EI Coordinator Turnover: In the last two years, New Mexico has seen an unprecedented number of provider Early Intervention (EI) Coordinator changes. Ensuring timely service delivery requires constant vigilance by EI Coordinators, particularly in agencies utilizing subcontractors. When EI turnover occurs, compliance with Indicator 1 often drops for a period.

The FIT Program continues to provide training and technical assistance developed specifically for new EI Coordinators (in that role for less than 2 years). A comprehensive checklist of activities with timelines and resources was developed for new EI coordinators, and the FIT Program assigns additional technical assistance for each activity. Additionally, a new "New EI Coordinator" group was developed where participants take part in frequent phone conferences and trainings.

- Promotion of Primary Service Provider Approach: The FIT Program initiated a group of four providers in learning more about the PSP approach and how it might be

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implemented at their local level. In the process of this group study, issues arose which require further guidance from the FIT Program, (such as ratio of PSP visits and therapist visits, frequency of consultations, etc.) Some changes were made to standards becoming effective July 1, 2011. An ICC subcommittee on professional development is developing and presenting further guidance for ICC approval.

Other

- **Data Collection:** In the FFY 2009 APR, the FIT Program reported its plan in FFY 2010 to implement a new database version capable of capturing all information necessary for data collection of timely services. Unfortunately, the database revisions originally scheduled in the timeline for February 2011 were not completed in time for the collection of FFY 2010 data. Without database capacity for this, data collection for FFY 2010 was through provider audits as described earlier.

While the changes in FIT-KIDS did not occur in FFY 2010, it was implemented in September of 2011. Requirements for measurement of this indicator are tied to billing for delivered services, whereupon the first time a service is billed, the user is forced to enter a “delay reason” if the service delivery exceeded the 30 day timeframe. The user cannot bill for that service until the reason has been entered. This effectively records the number of days required to deliver each service, as well as record the reason for any delays.

- By capturing this data in FIT-KIDS, it will be possible to run reports in “real time” to know which services have not been provided prior to the 30 day period.
 - Database “ticklers” will remind users at specific time increments that a service has not been provided and/or a reason for the delay needs to be entered.
 - Providers will always have access to their performance on this indicator without the need to audit records. Service Coordinators will be able to view their individual caseload data in order to plan effectively for service provision.
 - Reports will assist providers in analyzing any noncompliance (such as specific services that are not provided, specific service coordinators with performance issues, etc) in order to assist them in quickly correcting it.
- **Sanctions:**
Self Analysis and Plans of Correction: Provider agencies performing at less than 100% compliance are required to conduct a self analysis and correct noncompliance within one year of the date of the finding. Agencies performing below 90% are required to work with FIT Program staff and with other technical assistance supports to develop highly detailed root analyses of their performance. Detailed plans of correction were created and monitored closely, and performance was tracked frequently throughout the fiscal year. Providers involved in the requirement all improved significantly in FFY 10.

Correction of Noncompliance: All provider agencies performing at less than 100% are required to submit subsequently collected data showing progress towards 100% compliance. The FIT Program utilizes a detailed tracking system to review data on a monthly basis:

- to enable the FIT Program to be more responsive with technical assistance when needed, and

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- to better track correction of noncompliance.

As a result, provider agencies were required to address performance issues monthly. This heightened agency awareness, and it required agencies to be immediately responsive to any noncompliance.

Directed Technical Assistance: A sanction applied to agencies performing below 90% compliance is required technical assistance through the University of New Mexico – Early Childhood Learning Network and through FIT Program staff at the state level.

Continued non-compliance may result in other sanctions in accordance with the sanctions matrix in the General Supervision Manual, up to and including termination of their contract.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: **92.5%**

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	23
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	23
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

All instances of FFY 2009 findings of noncompliance were corrected during FFY 2010.

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is (1) meeting regulatory requirements and (2) ensuring that in each instance of noncompliance, the agency has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the FIT program..

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1. Related to the 23 findings under Indicator 1, the FIT Program verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) in **34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1)** based on subsequently collected data.

When noncompliance has been found, agencies are required to report the results of self audits based on subsequently collected data regularly to the FIT Program. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. Providers demonstrated correction of noncompliance by performing at 100% for all children for at least one month.

By conducting ongoing monitoring, the FIT Program further verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

2. For the 120 children/families impacted by noncompliance found in FFY 2009, the FIT Program verified that the agency has initiated services, although late, for each child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the FIT program, consistent with **OSEP Memorandum 09-02, dated October 17, 2008**.

As local provider agencies conduct their self audits, they are required to note the actual number of days after the consent for services occurred that the service was provided (if the service was not provided within 30 days). This is done, in part, to assure that services were eventually provided for the child/family, but also as a way to help provider agencies analyze their data. With this, the FIT Program has verified that each EIS program with noncompliance under this indicator has met the requirements for each child although late. The results of these audits are validated during regular Community Based Assessments, during desk audits utilizing the FIT Program database, and by onsite monitoring.

Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2009:

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> 1. FIT Program notified Local Early Intervention Provider Agencies of findings. 2. Each provider agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following: <ol style="list-style-type: none"> a. Self Analysis and Plans of Correction: Provider agencies analyzed any instances of noncompliance and demonstrated how they would assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements. b. Specific agencies were selected for focused monitoring based on APR results. In addition to 	<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. FIT Program staff conducted desk audits via FIT-KIDS database to ensure that services were provided, although not timely, to children listed in the audits as not receiving timely services. 3. For service delivery unable to be verified through FIT-KIDS, providers were required to submit documentation to the FIT Program or participate in an

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<p>determining root causes of noncompliance, the focused monitoring process ensured that the agency understood and followed regulatory requirements.</p> <p>c. Updated Data: Agency self audits were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Once the local early intervention provider agency reported 100% compliance for a specified period of time, the FIT Program reviewed (either through desk audits using FIT-KIDS database or documentation from family/child records demonstrating service delivery) a subset of that data to verify correction.</p> <ul style="list-style-type: none"> ▪ Provider agencies were also required to explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances. 	<p>onsite monitoring by the FIT Program.</p> <p>4. Updated Data: Agency self audits were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of service delivery, including specific dates for the delivery of all services on the child's IFSP, even if not timely, unless the child was no longer in service</p>
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Upon satisfaction of both prongs of correction of noncompliance, letters were mailed to agencies informing them of their successful correction.

FIT Program staff also validates data by onsite monitoring during the Community Based Assessments.

Correction of Remaining FFY 2008 Findings of Noncompliance:

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP's June 1, 2010, FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier:

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

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Revisions, *with Justification*, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

In FFY 2010, the FIT Program did not reach 100% compliance. Therefore, the improvement activities established for the New Mexico State Performance Plan (SPP) have been reviewed and revised, as directed in OSEP’s FFY 2009 SPP/APR response table.

Improvement Activities:	Timelines:	Resources:
<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>	<p>September 2011</p>	<p>NM FIT Program Data Accountability Center National Data Listserve</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>February 2012</p>	<p>NM FIT Program Early Childhood Learning Network</p>
<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>

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Improvement Activities:	Timelines:	Resources:
<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. • Research and promote the 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 • Provide technical assistance immediately upon discovery of issues impacting compliance. 	<p>Beginning July 2011</p>	<p>FIT Program</p>

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.

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

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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	90.0% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community based settings

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

98.8% of children and families primarily received early intervention in natural environments i.e. in the home or community locations.

(4,691 IFSPs / 4,746 IFSPs with primary service location as a natural environment x 100)
The figures reported above match the data reported in Table 2 of the 618 data, and do not include children three years and older who received services under IDEA section 635(c).

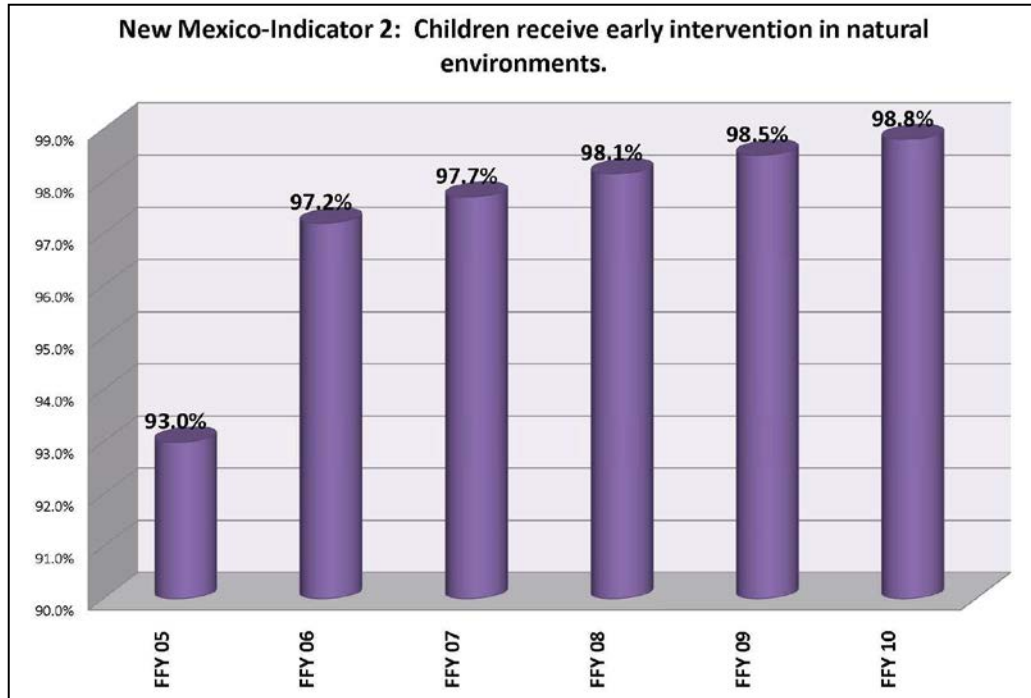
As required in OSEP’s FFY 08 determination letter to New Mexico, New Mexico must separately count an additional 351 children served who were age three years and older who received services under IDEA section 635(c). All but 5 of those children received services primarily in a natural environment. 98.6% of children in this age group received early intervention in natural environments (346 IFSPs / 351 IFSPs with primary service location as a natural environment x 100).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

The annual target of 90.0% established in the State Performance Plan for this indicator was exceeded by 8.5%. The FY 2010 performance of 98.8% is a modest improvement over performance data reported for FFY 2009 (July 2009 – June 2010).

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At right is a chart illustrating New Mexico's improvement in Indicator 2 performance over the last six fiscal years.



The FIT program continues to make available core module training on natural environments and the provision of early intervention within the everyday routines, activities and places of infants and toddlers and their families. This approach to service delivery is also embedded into the FIT Family Handbook that all families receive.

The FIT Program is working collaboratively with the Public Education Department; the Children Youth and Families Department (that oversees Child Care and Head Start); the University of New Mexico; and several parents as part a statewide inclusion initiative. This cross agency team meets regularly to implement the actions developed at a symposium in Dallas, Texas, through the Hilton Special Quest project. The plan focuses on improving personnel preparation in order to promote inclusive practices.

In FFY 2010, the FIT Program continued partnering with the Children Youth and Families Department and their inclusion specialists to promote inclusive practices.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011 (July 01, 2011 – June 30, 2012): [If applicable]

There are currently no changes to the New Mexico State Performance Plan (SPP)

Monitoring Priority: Early Intervention Services In Natural Environments
Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

(20 U.S.C. 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.

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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.

Targets and Actual Data for Part C Children Exiting in FFY 2010 (July 01, 2010 – June 30, 2011):

The figures reported below include children three years and older who received services under IDEA section 635(c) and exited prior to June 30, 2011.

Summary Statements		Excluding At Risk		At Risk Only	
		Targets FFY 2010 (% of children)	Actual FFY 2010 (% of children)	Targets FFY 2010 (% of children)	Actual FFY 2010 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)	1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	68.8%	71.1%	68.2%	72.5%
	2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	62.7%	64.6%	78.2%	80.3%
Outcome B: Acquisition and use of knowledge and skills (including early language/com munication and early literacy)	1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	72.3%	74.8%	72.5%	78.4%
	2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	62.4%	63.5%	77.1%	81.3%
Outcome C: Use of appropriate behaviors to meet their needs	1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	71.5%	75.3%	71.4%	76.6%
	2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	61.6%	62.6%	75.9%	78.5%

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Progress Data for FFY 2010 (July 01, 2010 – June 30, 2011):

Outcome A. Positive social-emotional skills (including social relationships)	Excluding “At Risk”		“At Risk” Only	
	Number	%	Number	%
a: Children who did not improve functioning	64	2.5%	14	2.3%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	482	18.5%	70	11.4%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	374	14.4%	37	6.0%
d: Children who improved functioning to reach a level comparable to same-aged peers	964	37.1%	184	30.0%
e: Children who maintained functioning at a level comparable to same-aged peers	715	27.5%	309	50.3%
Total:	2599	100.0%	614	100.0%

Outcome B. Acquisition and use of knowledge and skills	Excluding “At Risk”		“At Risk” Only	
	Number	%	Number	%
a: Children who did not improve functioning	47	1.8%	11	1.8%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	471	18.1%	60	9.8%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	431	16.6%	44	7.2%
d: Children who improved functioning to reach a level comparable to same-aged peers	1106	42.6%	213	34.7%
e: Children who maintained functioning at a level comparable to same-aged peers	544	20.9%	286	46.6%
Totals:	2599	100.0%	614	100.0%

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	63	2.4%	15	2.4%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	454	17.5%	67	10.9%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	454	17.5%	50	8.1%
d: Children who improved functioning to reach a level comparable to same-aged peers	1125	43.3%	219	35.7%
e: Children who maintained functioning at a level comparable to same-aged peers	503	19.4%	263	42.8%
Totals:	2599	100.0%	614	100.0%

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There were a total of 3,213 children who had an exit ECO score during FFY10 (July 2010– June 2011) and who also had an ECO score at entry. In accordance with direction from the Office of Special Education Programs the FIT Program has separately reported the ECO results for children eligible under either the FIT Program’s Biological / Medical “at risk” or Environmental “at risk” categories. The “at risk” column in the tables above combines children in these two at risk categories. The NM FIT Program also indicates in the tables above those children who were eligible under the “developmental delay” and / or “established condition” categories in the columns “excluding at risk”.

Note: New Mexico uses the ECO Child Outcomes Summary Form (COSF). The criteria used for defining “comparable to same aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COSF. The FIT Program defines “near entry” as prior to receiving any ongoing services listed on the initial IFSP. “Near exit” COSFs are completed at exit. However, in some cases, the child may have had a recent annual COSF (conducted within the last 6 months). In those instances, providers may choose to use the annual COSF scores as exit scores, particularly when the child/family cannot be located or the child/family do not wish to have another assessment conducted.

Data summarized on the COSF are from parent reports, clinical opinion, and multiple assessment tools that have been approved by the FIT Program.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):**Data Collection:**

In the FFY 2009 APR, the FIT Program reported its plan in FFY 2010 to implement a new FIT-KIDS database version capable of capturing all information necessary for data collection and reporting for early childhood outcomes data. Unfortunately, the database revisions originally scheduled in the timeline for February 2011 were not completed in time for the collection of FFY 2010 data. Nevertheless, all planning for these database revisions occurred during FFY 2010.

The new version of FIT-KIDS was implemented in September of 2011. Specific to early child outcomes, edits were placed at strategic points in the database that prevent the user from entering further data (and billing) until initial ECO ratings are input. Also, the child’s record cannot be closed until the exit ECO ratings have been entered. This will prevent the constant need to discover which children lack ECO data and follow up with providers to ensure it is entered.

Improvement in Data Quality:

All FIT provider agencies have been conducting ECO assessments throughout FFY 2010 utilizing the ECO Center’s Child Outcome Summary Form (COSF). ECO scores are entered directly into FIT-KIDS, the FIT Program’s online database. Entering ECO scores into FIT-KIDS will allow for greater analysis by race / ethnicity, region / county, length of time in early intervention, etc. Additionally, by entering data in FIT- KIDS, the FIT Program can more easily track “missing” data, children for whom ECO ratings should have been conducted but were not. Provider agencies are regularly notified of any missing data to ensure it gets entered. In FFY 2010, all children for whom ECO ratings were required had ECO ratings entered in FIT-KIDS.

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New Mexico percentages in the summary statements are slightly higher than national averages, but are consistent with New Mexico's broad eligibility criteria and with the high percentage of children served in the state. Nevertheless, data quality continues to be a concern when reviewing disaggregated data. There is wide disparity in ratings from one provider to the next, even when serving very similar populations.

In an effort to assist providers in choosing a valid and reliable rating, the FIT Program researched assessment tools that were more effectively "cross-walked" with the three child outcomes. Early in FFY 2010, four FIT Provider agencies piloted the AEPSi (Assessment, Evaluation, and Programming System Interactive). The AEPSi is an excellent assessment tool, but it also allows providers to enter data for the assessment in the interactive database and have it convert this into early child outcome ratings based on the 7 point scale of the child outcome summary form. Providers use this rating or may adjust it only with justification. Pilots were trained on both the assessment tool and the interactive database.

The pilots overwhelmingly encouraged the use of AEPSi, and immediate plans were made to offer training and tools to the rest of the FIT Provider agencies throughout the state during early FFY 2011.

In FFY 2010, ongoing training and technical assistance for providers on ECO was provided through the University of New Mexico and FIT Program staff.

Two FIT Provider agencies are involved in the Enhance project, a national study to determine Indicator 3 Early Childhood Outcomes data quality. The study was originally planned to conclude during FFY 2010, but will continue on for another year. The individuals conducting the study have provided New Mexico with additional training resources and technical assistance.

The ECO process and documentation is included in the Community Based Assessment (CBA), where providers are monitored on a 3-year cycle. As needed, providers submit samples of COSFs to the FIT Program for quality review.

Improvement in Child Outcomes:

In FFY 2010, the FIT Program developed a self paced online child development course largely to assist providers with Early Child Outcomes. This training exposes participants to typical and atypical development across all domains. It highlights the interrelatedness of all domains of development, developmental red flags, and the impact of certain disabilities/conditions on overall development.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

The chosen topic for New Mexico's "Results Project" relates to data quality of early childhood outcomes progress data. This multiyear project will encompass a number of new activities with specific timelines.

Additionally, some timelines for previously reported activities have changed.

Due to the above justifications, the New Mexico Part C State Performance Plan has been amended to include the following improvement activities:

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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>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>	<p>Sept 2011</p>	<p>NM FIT Program FIT-KIDS User Group Maximus (FIT-KIDS developer)</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>The online ECO training will be available 24/7.</p>	<p>June 2013</p>	<p>NM FIT Program ECO Center/NECTAC</p>
<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>	<p>June 2012</p>	<p>NM FIT Program ENHANCE Project</p>
<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> <p>Target 1: The FIT Program will understand the current challenges and strengths in implementing the ECO process by FIT Provider personnel.</p>	<p>October 2011</p>	<p>OSEP, FIT Staff, FIT Provider agencies, Early Childhood Learning Network (ECLN), Interagency Coordinating Council (ICC), NECTAC, MPRRC, ECO Center</p>

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

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Improvement Activities:	Timelines:	Resources:
<p>Target 3: Develop Quality Assurance Process and Tools</p> <ul style="list-style-type: none"> Review and investigate QA tools and processes that exist in other states. A subcommittee, that involves a program from each region, is created and reviews the samples The subcommittee creates QA tools / processes for state / regional pilots. Conduct a review of validity of the ECO data entered into FIT-KIDS (pre-test) Review ECO data from FIT-KIDS to analyze the results of this initiative (post-test) <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 Revise online module based on changes to policies and procedures Embed the ECO process into existing training modules and TA documents Determine if additional targeted training opportunities are needed on the ECO process Develop resources for providers to give to parents regarding the IFSP process Review current provider practices regarding parent training/information on ECO. Determine any additional training/resources needed in the area specific to parent information 	<p>Beginning 12-1-11 and ending 5-31-12</p> <p>Beginning 7-1-12 and ending 9-01-12</p> <p>Beginning 9-1-12 and ending 12-01-12</p> <p>Beginning 6-1-13 and ending 07-01-2013</p> <p>Beginning 1-1-14 and ending 03-01-2014</p> <p>Beginning 12-01-11 and ending 5-31-12</p> <p>Beginning 07-01-13 and ending 6-30-14</p> <p>Beginning 07-01-2013 and ending 6-30-14</p> <p>Beginning 08-01-2014 and ending 10-01-14</p> <p>Beginning 03-01-12 and ending 05-01-12</p> <p>Beginning 04-01-2012 and ending 12-30-12</p>	<p>ECO Center / NECTAC</p> <p>Representative from each region.</p> <p>Regional representatives</p> <p>FIT KIDS data base</p> <p>FIT KIDS data base. FIT Providers information</p> <p>ECO Center / NECTAC</p> <p>Funding already there. PRO-FIT/EPICS</p> <p>Cooney Watson with ECLN/FIT/PRO/EPICS</p> <p>ECLN and FIT Staff</p> <p>ECLN</p> <p>Face to Face survey from Target 1-1 to be used.</p>

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 U.S.C. 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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	<ul style="list-style-type: none"> 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

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

Utilizing the New Mexico’s Family Outcome Survey instrument the results were as follows:

- A. **96.2%** of families reported that early intervention services have helped their family know their rights
(760 parents who agree or strongly agree / 790* total respondents X 100 = 96.2%)
- B. **99.5%** of families reported that early intervention services have helped their family to effectively communicate their child’s needs
(788 parents who agree or strongly agree / 792 total respondents X 100 = 99.5%)
- C. **99.7%** of families reported that early intervention services have helped their family to help their children develop and learn
(788 parents who agree or strongly agree / 790* total respondents X 100 = 99.7%)

**(2 families did not respond to this item on their survey)*

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The standard used for the above scores was a family response of “Agree” or “Strongly Agree” to the statement on the survey.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

In FFY 2010, targets for all three sub indicators were exceeded. The results for each sub indicator remained fairly consistent with those reported in FFY 2009.

- A. In FFY 2010 **96.2%** of families reported that early intervention services have helped their family know their rights compared to **96.4%** in FFY 2009. A decrease of 0.2%
- B. In FFY 2010 **99.5%** of families reported that early intervention services have helped their family to effectively communicate their child’s needs compared to **99.2%** in FFY 2009. An increase of 0.3%
- C. In FFY 2010 **99.7%** of families reported that early intervention services have helped their family to help their children develop and learn compared to **99.4%** in FFY 2009. An increase of 0.3%

In FFY 2010, the FIT Program again used the family survey tool developed several years ago by the New Mexico Interagency Coordinating Council (see Appendix 3). Surveys were distributed to families served by all provider agencies. Those surveyed included families with children over age three who are receiving services under IDEA section 635(c). 1,996 surveys were distributed and 792 were completed for a response rate of 40%. This high response rate results largely from a requirement that providers must account for their agency’s response rate on their local APR. If they achieved less than 20% return rate, they were required to develop a plan of correction to improve performance for the next survey. Also, consistent with improvement activities noted in New Mexico’s State Performance Plan, provider agencies gave feedback to the FIT Program regarding the best time to survey families. Based on that, the survey was distributed in April, which resulted in better family availability and fewer other state required activities.

The method for distributing and collecting the survey is the following:

- Service coordinators hand-deliver the Family Outcomes Survey to each family.
- Families are provided a stamped addressed envelope to return the survey or they can seal the envelope and hand it back to their service coordinator.
- Families are also given the option of completing the surveys online at www.fitprogram.org
- Parents are given the toll-free telephone number for the Parents Reaching Out (Parent Information Center) in case they need assistance completing the survey.

Of the families that responded to the survey, the length of time their child received early intervention was as follows:

	percentage
6 months – 1 year	35%
1 year – 2 years	50%
More than 2 years	14%
Total	100%

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A review of the race / ethnicity of the children represented in the survey responses indicate that it reasonably trends with the race / ethnicity of children and families served in the FIT Program. (See table below):

Race / ethnicity	Survey Respondents	FIT Population
White	30%	22%
Black or African - American	3%	2%
Hispanic or Latino	55%	63%
Asian or Pacific Islander	2%	2%
American Indian or Alaskan Native	11%	11%
Total	100%	100%

Finally, in an effort to better engage providers in results and make the survey activity more meaningful, providers were given detailed data from their survey results. With this clear feedback from families served, providers will look at implications for better interactions with families to enhance their rights.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

Not applicable. No revisions were made for this indicator.

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

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

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	<u>2.42%</u> of children birth to age 1 will be served on Dec 01 st .

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

2.53% of children birth to age 1 population in New Mexico were served on Dec 01st 2010.

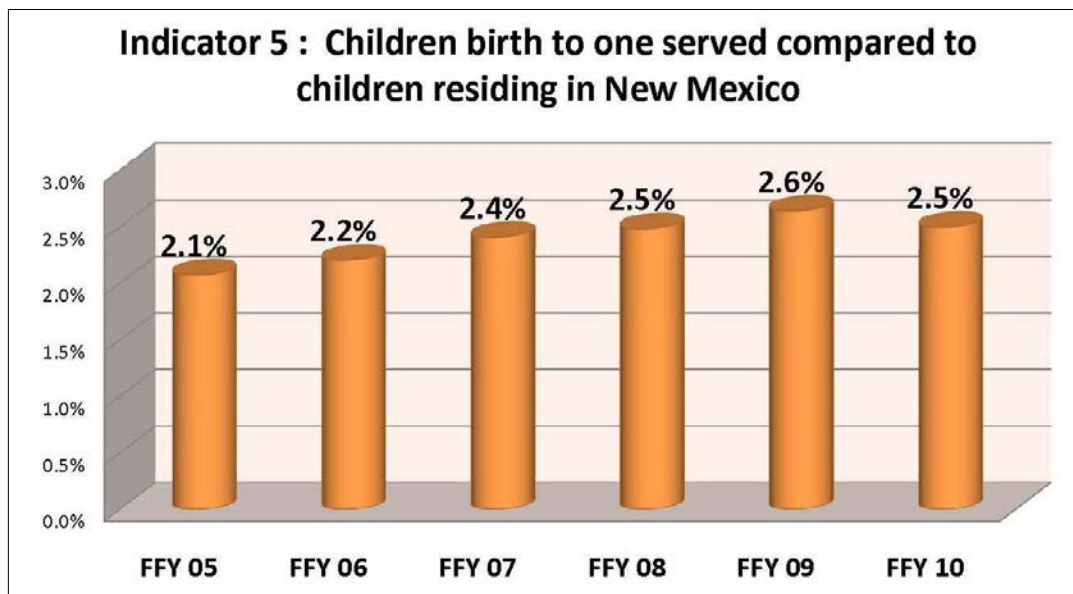
(768 children served birth to age 1 served on Dec. 01st / 30,381 children birth to age 1 total x 100)

Children age three and older served under IDEA section 635(c) do not impact this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009 (July 01, 2010 – June 30, 2011):

The FIT Program met its target of serving 2.42% of children birth to age 1 on Dec 01st 2010. The FFY 2010 performance of 2.53% represents a decrease of 0.11% from the 2.64% reported in the FFY 2009 APR.

The chart at right illustrates the performance trend for Indicator 5 for the last six years.



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New Mexico serves 1.50% above the national average of 1.03% for all states and territories reported in FFY 09. The slight drop in percentage served in New Mexico was anticipated due to cost saving measures implemented in FFY 10. At the beginning of FFY 2010, eligibility requirements for children at risk were modified slightly resulting in fewer children enrolled in the FIT Program in those eligibility categories. Regardless of this drop in performance, New Mexico continues to serve the highest percentage of children birth to one in the nation. (Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2010. Data updated as of August 3, 2011.)

The FIT Program continues to use a wide range of public awareness and outreach activities in order to promote referrals. In FFY 2010 these activities included, but were not limited to:

- Distributing public awareness materials (posters, brochures, developmental wheels, referral binders, etc.) to referral sources, including medical offices, WIC, Home visiting programs, hospitals, child care, etc.
- Presentations and booths at regional and statewide conferences.
- Funding of the Developmental Screening Initiative with Envision New Mexico and the University of New Mexico – Center for Development and Disability to provide training to medical offices across the state. Through the training, medical providers are encouraged to implement developmental screening using a standardized tool and to make timely referrals to the FIT Program.
- Meeting regularly with representatives from the Children Youth and Families Department to promote smooth and effective referrals in accordance with CAPTA (Child Abuse Prevention and Treatment Act).

Additionally, local FIT Provider agencies are required to develop child find and public awareness plans in order to receive funding for these activities from the FIT Program. These plans are now required to include more detail and the plans must be approved and updated quarterly in order for provider agencies to bill for child find and public awareness activities.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

Not applicable. No revisions were made to this indicator.

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

Measurement: Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	4.89% of children birth to age 3 will be served on Dec 01 st .

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

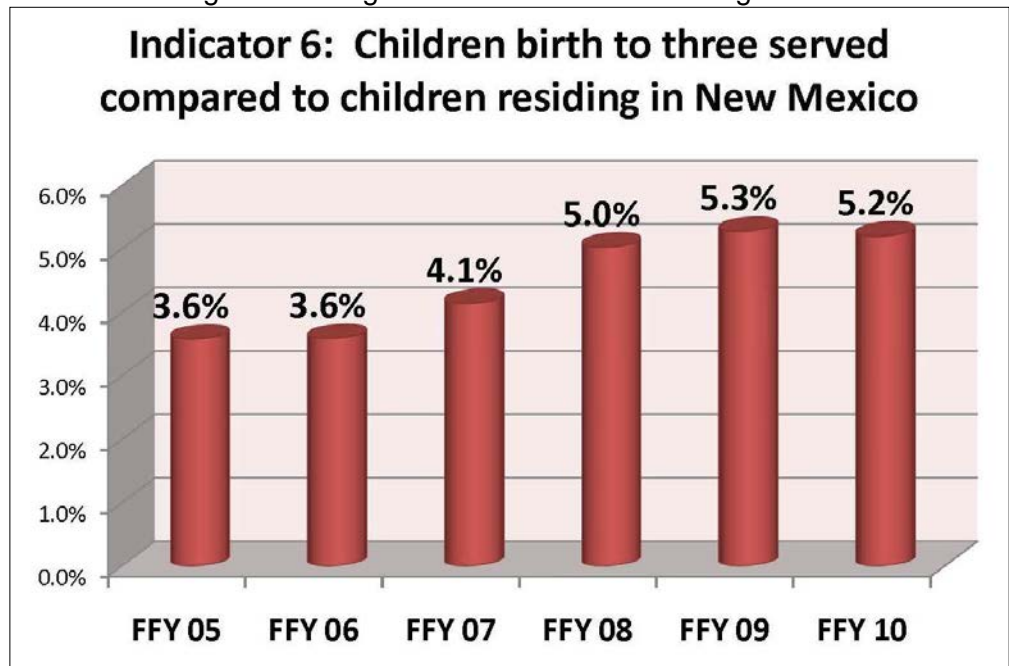
5.16% of children birth to age 3 population in New Mexico were served on Dec 01st 2010
(4,746 children served birth through 2 served on Dec. 01st / 91,917 children birth through 2 total x 100)

Children age three and older served under IDEA section 635(c) do not impact this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009 (July 01, 2010 – June 30, 2011):

The FIT Program exceeded its target of serving 4.89% of children birth to age 3 on Dec 01st 2010, but decreased its performance from FFY 2009 of 5.3%.

The chart at right illustrates the 6 year trend in performance for New Mexico for Indicator 6.



Part C State Annual Performance Report (APR) for FFY 10 (July 2010 – June 2011)

New Mexico serves 2.49% above the national average of 2.67% for all states and territories. The slight drop in percentage served in New Mexico was anticipated due to cost saving measures. At the beginning of FFY 2010, eligibility requirements for children at risk were modified slightly resulting in fewer children enrolled in the FIT Program in those eligibility categories. Regardless of this drop in performance, New Mexico continues to serve the second highest percentage of children birth to three in the nation. *(Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2010. Data updated as of August 3, 2011.)*

See Indicator 5 for a list of the activities conducted by the FIT Program in order the promote referrals.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

Not applicable. There were no revisions for this indicator.

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 U.S.C. 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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	100% of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were required had an IFSP within Part C’s 45-day timeline

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

98.4% of evaluations and initial IFSPs were conducted within 45 days of referral.
--

Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C’s 45-day timeline:

a. Number 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	4,802
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	4,880
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 (Percent = [(a) divided by (b)] times 100)	98.4%

Data was generated from the statewide database for all children from July 1, 2010 through June 30, 2011.

Part C State Annual Performance Report (APR) for FFY 10 (July 2010 – June 2011)

Children age three and older served under IDEA section 635(c) do not impact this indicator.

New Mexico includes in its calculation (*in both the numerator and the denominator*) the number of children for whom the FIT Program has identified the cause for the delay as documented exceptional family circumstances. These reasons included: family choice; child illness; family schedule; family unable to be contacted; and inclement weather (such as snow, ice or mud that prevented the provider from reaching the home). 918 of the required IFSPs had exceptional family circumstances or inclement weather as reasons for why they were conducted beyond the 45 day timeline. All delays were limited and directly attributable to documented exceptional circumstances beyond the control of the lead agency and the local early intervention provider agency. As part of the Community Based Assessment (CBA) monitoring process, the FIT Program verifies that exceptional circumstances are documented appropriately.

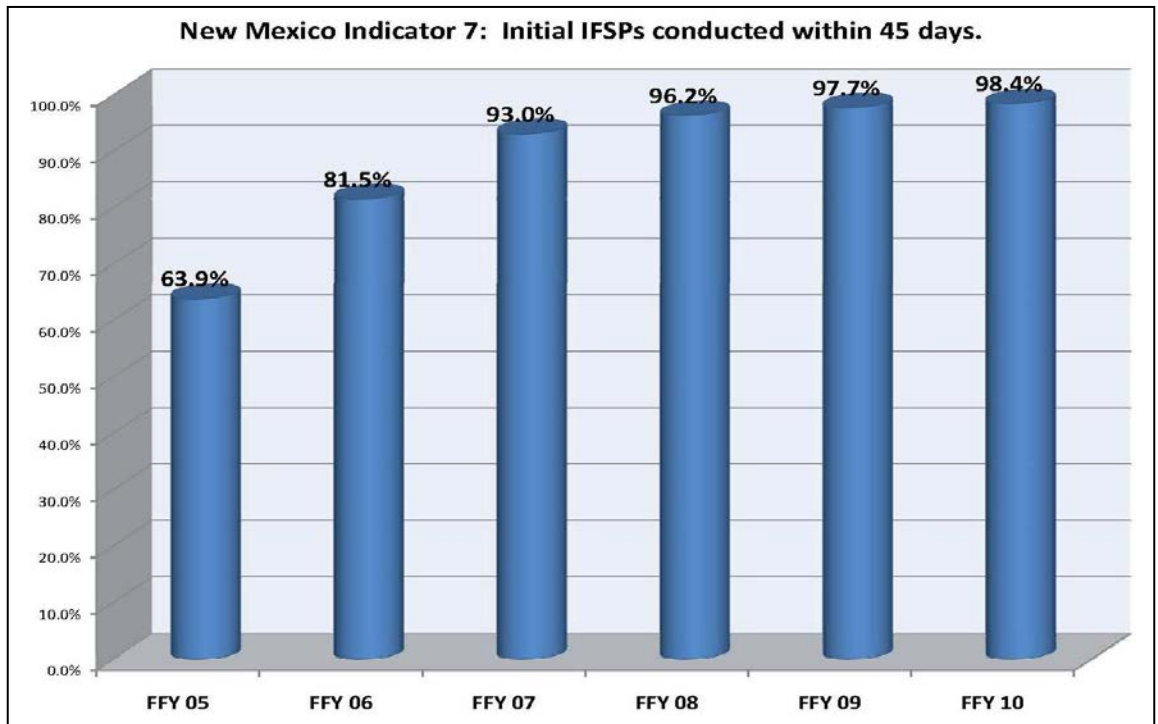
The following were given as reasons why the 45 day timeline was exceeded:

- Staff shortage 6 (8%)
- Staff medical / sick leave 7 (9%)
- Staff schedule (incl. high case loads, annual leave) 30 (38%)
- CAPTA (working with Child Protective Services) 5 (6%)
- Other (incl. insufficient info on referral, can't find home etc.) 30 (38%)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

FFY 2010 performance of 98.4% represents an improvement of 0.7% over the 97.8% reported in the 2009 APR.

The chart at right demonstrates the improvement in New Mexico's performance for this indicator in the last six fiscal years.



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The following strategies were carried out by the FIT Program to improve performance in FFY 2010:

Training and Technical Assistance

- Service Coordination Training: The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time for refreshers.

Quality Assurance

- Increased Emphasis on Quality Improvement: FIT Program local early intervention provider agencies are required to have Quality Assurance (QA) /Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. Providers who have been required to submit ongoing monthly data to the FIT Program to demonstrate correction of noncompliance often continue the monthly audits after noncompliance has been corrected as they recognize the value of this close scrutiny in improving ongoing performance.
- Local APR: FFY 2010 was the sixth year that local provider agencies have completed local APRs. A number of agencies have converted the worksheet developed by the FIT Program for their APR into Quality Assurance tools, and they use them to regularly review random selections of charts for internal audits. Many providers report that by using these tools and engaging direct service staff in the APR data collection and QA activities, staff gain a clearer understanding of and responsibility for their agency's performance.
- Provider Agency QA Staff: Provider agencies are increasingly designating a staff member or team specifically to the task of quality assurance/improvement.
- ICC Subcommittee on Quality Improvement: The New Mexico Interagency Coordinating Council (ICC) supports the continuation of its subcommittee dedicated to accountability and quality improvement. This committee regularly meets with FIT Program staff to analyze performance issues and develop strategies for program improvement.
- Rigorous Monitoring:
Focused Monitoring: In accordance with the New Mexico Part C - General Supervision Manual (previously submitted to OSEP), the FIT Program monitors provider agencies that have low performance in Indicator 7 through its focused monitoring process. The lead agency in FFY 2010 for focused monitoring is the Division of Health Improvement (DHI). The focused monitoring team however, includes both DHI and FIT Program staff, an early childhood specialist and at least one parent. During the focused monitoring visit the team reviews child records, policies and procedures and interviews managers, staff and parents to determine the underlying cause of the agency's non-compliance related to services that were not provided within 30 days. Agencies that go through a focused monitoring visit receive a "directed plan of correction" and ongoing monitoring and TA to assist them in reaching compliance. Focused monitoring assures that the agencies are correctly implementing the regulatory requirements specific to this indicator.

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Community Based Assessment: Indicator 7 and related requirements are also monitored as part of the Community Based Assessment, which is conducted with each local early intervention provider agency on a 3-year cycle.

Infrastructure/Staffing

- **EI Coordinator Turnover:** In the last two years, New Mexico has seen an unprecedented number of provider Early Intervention (EI) Coordinator changes. The FIT Program continues to provide training and technical assistance developed specifically for new EI Coordinators (in that role for less than 2 years). A comprehensive checklist of activities with timelines and resources was developed for new EI coordinators, and the FIT Program assigns additional technical assistance for each activity. Additionally, a new “New EI Coordinator” group was developed where participants take part in frequent phone conferences and trainings.

Other

- **Tracking:**
The FIT Program online database known as FIT-KIDS (Key Information Data System) is able to generate data for this indicator. FIT-KIDS calculates the number of days from the referral to the initial IFSP to determine if it was within 45 days, and also allows the local early intervention provider agency to enter family or agency reasons if the 45 day timeline is exceeded. Additionally, FIT-KIDS offers a standard report that shows eligible children without IFSPs to allow tracking of children who require an IFSP but have not yet had one conducted. These reports can be run at the local or state level in order to track improvement and compliance from month to month.

Because FIT-KIDS captures this data, the FIT Program and provider agencies are able to regularly review reports to track performance. The easy accessibility and review of this data has contributed to continued improvement in performance for this indicator. In FFY 2010, Family Service Coordinators were granted “read only” access to the database to review data, conduct relevant planning for required activities and ensure accurate entry of achievement dates.

- **State IFSP:**
The state required IFSP includes space on the cover page to calculate the days from referral to the development of the IFSP and a requirement to include a reason for exceeding the timeline. By placing this on the cover page, it creates a higher awareness of the need to attend to this important timeline.
- **Ongoing Use of Evaluation Summary Form:**
The initial IFSP was sometimes delayed because the full written evaluation summary was not completed. Continuing in FFY 2010, the FIT Program offered providers a form that could be used, with the family’s permission. The Evaluation Summary form allows the IFSP team to proceed with the IFSP when the Comprehensive Multidisciplinary Evaluation (CME) has occurred and eligibility has been determined, but the written report was not completed by the time of the IFSP meeting. The Evaluation Summary Form contains relevant information from the CME that is necessary for IFSP development. This does not waive the requirements for a full written CME summary report. The written summary report must be completed within 30 days of the IFSP and

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the family must receive a copy of it. This practice, while not frequently used, has assisted the FIT Program in improving performance on this indicator.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for **FFY 2009** for this indicator: **97.8%**

The following table indicates the number of findings by the FIT Program in FFY 2009 and the number verified as corrected within one year of the finding.

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	2
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	2
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

NA: All programs were able to correct noncompliance within 1 year of the date of the finding.

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is (1) meeting regulatory requirements and (2) ensuring that in each instance of noncompliance, the agency did conduct the initial IFSP, although late.

1. Related to the 2 findings for Indicator 7, the FIT Program verified that each EIS program with noncompliance under this indicator is correctly implementing the

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specific regulatory requirements (i.e., achieved 100% compliance) in **34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a)** based on subsequently collected data.

These requirements are monitored via FIT-KIDS database. Methods used to demonstrate correction of noncompliance were consistent with the methods used to issue the finding. Data were generated from FIT-KIDS, and providers demonstrated correction of noncompliance by performing at 100% for all children for at least one month. By conducting ongoing monitoring, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

2. For each of the 10 instances of noncompliance found in FFY 2009, the FIT Program verified that each child did receive the initial evaluation, assessment, and IFSP meeting, although it exceeded the 45 day time period, **consistent with OSEP Memorandum 09-02, dated October 17, 2008.**

All instances of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted are captured in FIT-KIDS along with the date the initial IFSP actually occurred. With this data, the FIT Program has verified that each EIS program with noncompliance under this indicator has met the requirements for each child although late. The results of these audits are validated during regular Community Based Assessments.

Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2009:

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following: <ol style="list-style-type: none"> a) Self Analysis and Plans of Correction: Agencies analyzed any instances of noncompliance and demonstrated how the agency will assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements. b) Specific agencies were selected for focused monitoring based on APR results. In addition to determining root causes of noncompliance, the focused monitoring process ensures that the agency understands and follows regulatory requirements. c) Updated Data: The FIT Program monitored subsequently collected data via FIT-KIDS to determine when the local early intervention provider agency achieved 100% compliance for a specified period of time, demonstrating compliance with regulatory requirements. 	<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. FIT Program staff reviewed data reported in FIT-KIDS database to ensure that initial IFSP was developed, although not timely, for children/families listed in the database as not receiving an initial IFSP within 45 days of referral. 3. Updated Data: The FIT Program monitored subsequently collected data via FIT-KIDS Where noncompliance was found in this data collected to correct noncompliance, the FIT Program monitored agencies to ensure that, although late, an initial IFSP was developed for the child/family, unless the child was no longer in service.

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Since the data are already validated via FIT-KIDS, FIT Program staff further validates data by onsite monitoring during the Community Based Assessments.

Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP’s June 2011, FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier:

NA. There are no remaining FFY 2007 findings

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

In FFY 2010, the FIT Program did not reach 100% compliance. Therefore, the improvement activities established for the New Mexico State Performance Plan (SPP) have been reviewed and revised, as directed in OSEP’s FFY 2009 SPP/APR response table.

Improvement Activities:	Timelines:	Resources:
<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
<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>	Beginning July 2011	FIT Program

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Improvement Activities:	Timelines:	Resources:
<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. 		

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8A: 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:

IFSPs with transition steps and services

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

Measurement:
 Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	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 an IFSP with transition steps and services.

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

93.4% of children exiting Part C had an IFSP with transition steps and services.

Data for this indicator were collected through New Mexico’s local Annual Performance Report (APR), which is completed by each local early intervention provider agency in September of each year. For this indicator each provider agency conducted a self-audit of a random selection (at least 10%) of child records to determine if all children turning 3 years of age between July 1, 2010 and June 30, 2011 had an IFSP with transition steps and services. This selection of children is representative of all the children in each of the provider agencies in the FIT Program, and data selection is based on the entire fiscal year. Data are submitted electronically using a spreadsheet. The FIT Program validates that data were collected correctly as part of the Community Based Assessment (CBA) monitoring process.

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Children Exiting Part C who Received Timely Transition Planning:

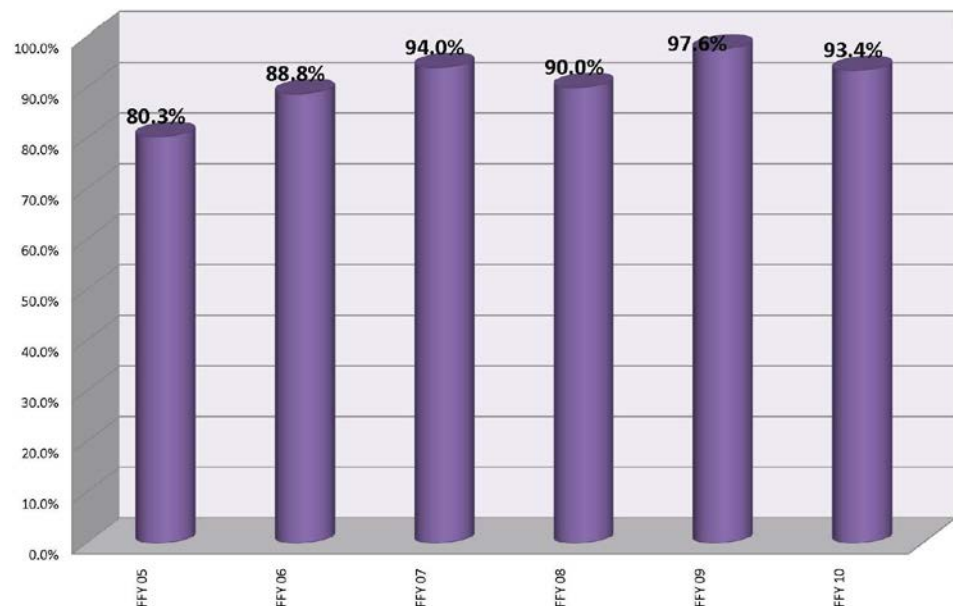
a. Number of children exiting Part C who have an IFSP with transition steps and services	413
b. Number of children exiting Part C	442
Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday (Percent = [(a) divided by (b)] times 100)	93.4%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010 (July 01, 2010 – June 30, 2011):

The FIT Program demonstrated slippage for this indicator in FFY 2010 compared to the performance of 97.6% reported in FFY 2009, a decrease of 4.2%.

New Mexico Indicator 8 a : Children receive timely transition planning

The chart at right illustrates a six year trend in performance for transition planning.



Analysis of data revealed the following challenges:

- Specific Providers with Low Performance:** In reviewing FFY 10 data, most provider agencies improved performance on this indicator. However, a small number of the 36 local provider agencies performed quite poorly, bringing down the overall average. In monitoring of low performing providers, it appears that transition plan forms are present in the IFSP and partially completed. However, the FIT Program will not consider it a “transition plan” unless it is fully completed. It appears that providers are discussing these important decisions and activities with families, but are not documenting those discussions in the IFSP.

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- ***This challenge was addressed*** in FFY 2010 with enhanced technical assistance, often directed and targeted to specific low performing agencies, focused monitoring, and imposed sanctions. Three low performing provider agencies will receive focused monitoring in FFY 2011.
- **Data Collection:**
The FIT Program continues to utilize local early intervention provider agency self audits to capture the data for this indicator. Providers conduct audits of at least 10% of child records which are selected randomly by the FIT Program. The FIT Program validates that data were collected appropriately through a combination of desk audits and onsite monitoring. Because of the time involved to collect data for Indicator 8, tracking performance, particularly in a timely manner, has been challenging.

To address this issue in FFY 2010, the FIT Program dedicated itself to refining and updating the FIT-KIDS (Key Information Data System) database to collect all data for this indicator. Transition plan information will be entered directly into FIT-KIDS.

While the changes in FIT-KIDS did not take place in FFY 10, all planning did occur, and it was implemented in September 2011.

- By capturing this data in FIT-KIDS, it will be possible to run reports in “real time” to know which children have had transition plans completed.
- Database “ticklers” will remind users that a transition plan needs to be entered.
- Providers will always have access to their performance on this indicator without the need to audit records. Service Coordinators can view their individual caseload data in order to plan effectively for transition.
- Reports will assist providers in analyzing any noncompliance (such as specific service coordinators with performance issues, particular times of year when noncompliance occurs more frequently, etc) in order to assist them in quickly correcting it.

In addition to addressing the challenges above, the following are activities in New Mexico that the FIT Program has conducted to improve performance for this indicator:

Policies and Procedures

- Transition Guidance Document and Joint Training: With Technical assistance from National Early Childhood Technical Assistance Center (NECTAC) and the Mountain Plains Regional Resource Center (MPRRC) the FIT Program developed a Transition Guidance Document in collaboration with the New Mexico Public Education Department – Special Education Bureau in FFY 2009. The guidance document was used in FFY 2010 as the basis for joint training for school districts and FIT provider agencies statewide. Provider agency staff has copies of this user-friendly document for ongoing reference.
- Local Memorandum of Understanding: Local teams continue to refine Memoranda of Understanding (MOUs) that detail the procedures to follow at the local level in order meet compliance with transition requirements and to be in line with the revised statewide

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MOU between the FIT Program and the Public Education Department – Special Education Bureau.

Training and Technical Assistance

- Coaching and support of community transition teams: Each community transition team receives coaching and support from an identified person on the state level team. Community transition teams are supported to meet at least annually, review their Memorandum of Agreements, making revisions to interagency agreements to ensure consistency with the State level Memorandum of Understanding and review data on effectiveness of transition in their community.

Service Coordination Training: The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time for refreshers.

Transition Online Training “Transition C to B:” In an effort to improve performance for Indicator 8, the FIT Program developed an online training course that allows users access at any time.

Quality Assurance:

- QA Plans: FIT Program provider agencies are required to have Quality Assurance/Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. Providers who have been required to submit ongoing monthly data to the FIT Program to demonstrate correction of noncompliance often continue the monthly audits as they recognize the value of this close scrutiny in improving performance.
- Provider Agency QA Staff: In FFY 2010, an increasing number of agencies designated a staff member or team specifically to the task of quality assurance/improvement. It is anticipated that this trend will continue with other agencies.
- DAC Presentation: For the second time, Sharon Walsh from DAC presented in collaboration with FIT staff at the FIT Program’s annual meeting on how to use data to improve quality. The presentation was well received, and a number of providers indicated that they would readily use this information.
- ICC Subcommittee: The New Mexico Interagency Coordinating Council created a subcommittee dedicated to accountability and quality improvement. This committee regularly meets with FIT Program staff to analyze performance issues and develop strategies for program improvement.

In FFY 2010, this committee assisted the FIT Program in planning around State Bill 330, which will be implemented in July 2012. This bill requires all children to transition at the time of their 3rd birthday instead of choosing to transition anytime during a school year in which the child turns three. The committee continues to address procedures for children who have summer birthdays.

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- **Local APR Tools:** FFY 2010 was the sixth year that provider agencies have completed local APRs. A number of agencies have converted the worksheets developed by the FIT Program for their APR into Quality Assurance tools, and they use them to regularly review random selections of charts for internal audits. Many providers report that by using these tools and engaging direct service staff in the QA activities, staff gain a clearer understanding of and responsibility for their agency’s performance.
- **Rigorous Monitoring:**
Focused Monitoring: In accordance with the New Mexico Part C - General Supervision Manual (previously submitted to OSEP), the FIT Program monitors provider agencies that have low performance in Indicator 8 through its focused monitoring process. The lead agency in FFY 2010 for focused monitoring is the Division of Health Improvement (DHI). The focused monitoring team however, includes both DHI and FIT Program staff, an early childhood specialist and at least one parent. During the focused monitoring visit the team reviews child records, policies and procedures and interviews managers, staff and parents to determine the underlying cause of the agency’s non-compliance related to timely transition. Agencies that go through a focused monitoring visit receive a “directed plan of correction” and ongoing monitoring and TA to assist them in reaching compliance. Focused monitoring assures that the agencies are correctly implementing the regulatory requirements specific to this indicator.

Community Based Assessment: Indicator 8 and related requirements are also monitored as part of the Community Based Assessment, which is conducted with each local early intervention provider agency on a 3-year cycle.

Other:

- **Sanctions:**
 Provider agencies performing at less than 100% compliance are required to conduct a self analysis and correct noncompliance within one year of the date of the finding. These provider agencies have a Plan of Correction in place and are required to submit periodic data showing progress towards 100% compliance. Another sanction applied to these agencies is required technical assistance through the University of New Mexico – Early Childhood Learning Network and through FIT Program staff at the state level. Continued non-compliance may result in other sanctions in accordance with the sanctions matrix in the General Supervision Manual.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 97.6%

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	8
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	8
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

NA: All programs were able to correct noncompliance within 1 year of the date of the finding.

Verification of Correction of FFY 2009 noncompliance or FFY 2008 findings (either timely or subsequent):

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in **34 CFR §303.148(b)(4) and 303.344(h)** (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with **OSEP Memo 09-02**.

1. Related to the 8 findings of noncompliance found with Indicator 8a, the FIT program verified that the agencies are correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance). When noncompliance has been found, agencies are required to report regularly to the FIT Program the results of self audits based on subsequently collected data. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By conducting ongoing monitoring, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.
2. For the 17 individual instances of noncompliance found in FFY 2009, the FIT Program verified that each child did receive a transition plan, unless the child is no longer within the jurisdiction of the FIT Program. Transition plans are verified during Community Based Assessment monitoring. Additionally, the FIT Program may require local provider agencies to submit copies of transition plans for randomly selected children. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program and had not received transition planning did receive it.

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Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2009:

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following: <ol style="list-style-type: none"> a) Self Analysis and Plans of Correction: Provider agencies analyzed any instances of noncompliance and demonstrated how they would assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements. b) Specific agencies were selected for focused monitoring based on APR results. In addition to determining root causes of noncompliance, the focused monitoring process ensured that the agency understood and followed regulatory requirements. c) Updated Data: Agency self audits were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Once the local early intervention provider agency reported 100% compliance for a specified period of time, the FIT Program reviewed (using documentation from family/child records demonstrating transition steps were added to the IFSP) a subset of that data to verify correction. <ul style="list-style-type: none"> • Provider agencies must also explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances. 	<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. Providers were required to submit documentation of transition plans to the FIT Program or participate in an onsite monitoring by the FIT Program. 3. Updated Data: Agency self audits were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of the transition plan, unless the child was no longer in service

Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP’s June 2010, FFY 2009 APR response table for this indicator	0
1. Number of remaining FFY 2008 findings the State has verified as corrected	0
2. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier (if applicable):

There are no remaining FFY 2007 findings

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Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

NA. No additional information was required in the OSEP APR Response Table for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

In FFY 2010, the FIT Program did not reach 100% compliance. Therefore, the improvement activities established for the New Mexico State Performance Plan (SPP) have been reviewed and revised, as directed in OSEP’s FFY 2009 SPP/APR response table.

Improvement Activities:	Timelines:	Resources:
<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 Data Accountability Center National Data Listserve</p>
<p>NM Statute Change:</p> <p>In an effort to align transition activities to federal</p>	<p>July 2012</p>	<p>NM FIT Program</p>

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Improvement Activities:	Timelines:	Resources:
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 Public Education Dept
Revise Transition Guidance Document and Provide Joint Training with Public Education Department to address NM Statute change.	Sept 2011	NM FIT Program NM Public Education Dept
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	FIT Program Transition Steering Committee

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8B: 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:

Notification to LEA, if child potentially eligible for Part B;

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

Measurement:

Percent = [(# of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	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 notification to LEA, if child is potentially eligible for Part B.

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

92.4% of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred

In previous years, the FIT Program regularly developed a list of children turning 3 who were potentially eligible for Part B for all applicable children in the state. The list was transferred to the Public Education Department (PED), who then distributed the lists to each of the Local Education Agencies (LEAs). In FFY 2010, provider agencies took on the task of directly notifying LEAs via agency lists generated through FIT-KIDS (Key Information Data System).

The FIT Program compared a 2 month selection of names for all children for whom LEA notification was required to documentation provided by FIT Provider agencies to ensure compliance.

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Children Exiting Part C who Received Timely Transition Planning (Notification to LEA):

a. Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred	856
b. Number of children exiting Part C who were potentially eligible for Part B	926
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 (Notification to LEA) (Percent = [(a) divided by (b)] times 100)	92.4%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

The FIT Program had significant slippage in FFY 2010 in providing notification to the LEA of the children exiting Part C and potentially eligible for Part B. Slippage appeared to be due to the FFY 2010 change in having provider agencies refer directly to LEAs and how to document this notification effectively.

Four agencies did not meet compliance with this indicator. Each agency felt confident that the LEAs were notified of all children, but was unable to produce adequate documentation to demonstrate this.

Additional training and support has been provided to those agencies (along with sanctions) to ensure documentation will be available for all future children referred.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 100%

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	0
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	0
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
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5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

NA. New Mexico maintained 100% compliance in FFY 2009

Verification of Correction of FFY 2009 noncompliance or FFY 2008 findings (either timely or subsequent):

NA. New Mexico maintained 100% compliance in FFY 2009

Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2009:

NA. New Mexico maintained 100% compliance in FFY 2009.

Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP’s June 2011, FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier (if applicable):

NA. New Mexico maintained 100% compliance in FFY 2007.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

In FFY 2010, the FIT Program did not reach 100% compliance. Therefore, the improvement activities established for the New Mexico State Performance Plan (SPP) have been reviewed and revised, as directed in OSEP’s FFY 2009 SPP/APR response table.

Improvement Activities:	Timelines:	Resources:
Modify FIT-KIDS to generate notifications to LEAs, if children are potentially eligible for Part B.	Sept 2011	NM FIT Program FIT-KIDS User Group

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Improvement Activities:	Timelines:	Resources:
Develop report in FIT-KIDS to create list of children in each school district turning three in specified periods who are potentially eligible for Part B		

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8C: 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:

Transition conference, if child potentially eligible for Part B.

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

Measurement:
 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.
 Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	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 transition conference, if child potentially eligible for Part B.

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

97.1% of children exiting Part C and potentially eligible for Part B where the transition conference occurred

Data for this indicator were collected through New Mexico’s local Annual Performance Report (APR), which is completed by each local early intervention provider agency in September of each year. For this indicator each provider agency conducted a self-audit of a random selection (at least 10% or a minimum of 10) of children who turned 3 between July 01, 2010 and June 30, 2011. This selection of children is representative of all the children in each of the provider agencies in the FIT Program. Data are submitted electronically using a spreadsheet, which is able to capture both family and agency reasons if the transition conference timeline is exceeded. The FIT Program verifies that data were collected correctly as part of the Community Based Assessment (CBA) monitoring process.

New Mexico includes in its calculation (*in both the numerator and the denominator*) the number of children for whom the FIT Program has identified the cause for the delay as

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documented exceptional family circumstances. 173 children and families did not receive their transition conference within 90 days of the child’s third birthday because of documented exceptional family circumstances or inclement weather (e.g. ice, snow or mud that prevented early intervention staff getting to the home). The family reasons included child illness, family schedule and availability and family choice. All delays were limited and directly attributable to documented exceptional circumstances beyond the control of the FIT Program and the local early intervention provider agency. As part of the Community Based Assessment (CBA) monitoring process, the FIT Program validates that exceptional circumstances are documented appropriately.

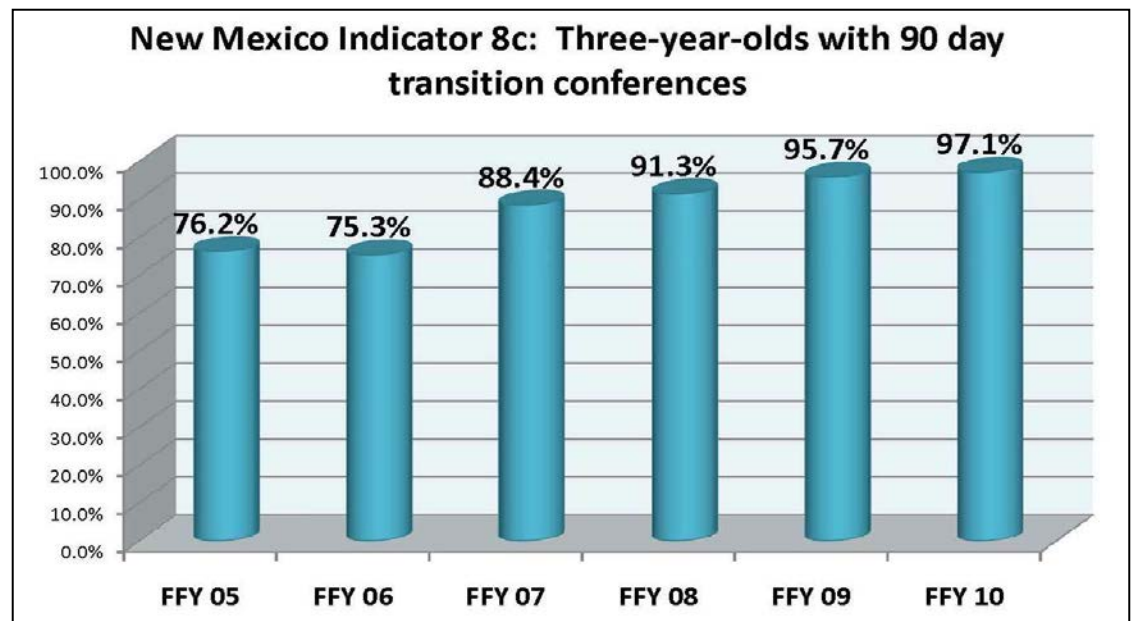
Children Exiting Part C who Received Timely Transition Planning (Transition Conference):

a. Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred	431
b. Number of children exiting Part C who were potentially eligible for Part B	444
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 (Transition Conference) (Percent = [(a) divided by (b)] times 100)	97.1%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

The FIT Program increased the percentage of compliance from 95.7% in FFY 2009 to 97.1% in FFY 2010, an increase of 1.4%.

The chart at right represents New Mexico’s FIT Program trend data for Indicator 8c for the last 6 years.



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173 records had documented delays due to exceptional family circumstances. Most often, these delays occurred because families were referred to the FIT Program within 90 days of the child's third birthday.

The reasons given for untimely transition conferences included the following

Staff schedule (incl. high case loads, annual leave)	3 (23%)
Other	10 (77%)

Policies and Procedures

- Transition Guidance Document and Joint Training: With Technical assistance from National Early Childhood Technical Assistance Center (NECTAC) and the Mountain Plains Regional Resource Center (MPRRC) the FIT Program developed a Transition Guidance Document in collaboration with the New Mexico Public Education Department – Special Education Bureau in FFY 2009. The guidance document was used in FFY 2010 as the basis for joint training for school districts and FIT provider agencies statewide. Provider agency staff has copies of this user-friendly document for ongoing reference.
- Local Memorandum of Understanding: Local teams continue to refine Memoranda of Understanding (MOUs) that detail the procedures to follow at the local level in order meet compliance with transition requirements and to be in line with the revised statewide MOU between the FIT Program and the Public Education Department – Special Education Bureau.

Training and Technical Assistance

- Coaching and support of community transition teams: Each community transition team receives coaching and support from an identified person on the state level team. Community transition teams are supported to meet at least annually, review their Memorandum of Agreements, making revisions to interagency agreements to ensure consistency with the State level Memorandum of Understanding and review data on effectiveness of transition in their community.

Service Coordination Training: The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time for refreshers.

Transition Online Training “Transition C to B:” In an effort to improve performance for Indicator 8, the FIT Program developed an online training course that allows users access at any time.

Quality Assurance:

- QA Plans: FIT Program provider agencies are required to have Quality Assurance/Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. Providers who have

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been required to submit ongoing monthly data to the FIT Program to demonstrate correction of noncompliance often continue the monthly audits as they recognize the value of this close scrutiny in improving performance.

- Provider Agency QA Staff: In FFY 2010, an increasing number of agencies designated a staff member or team specifically to the task of quality assurance/improvement. It is anticipated that this trend will continue with other agencies.
- DAC Presentation: For the second time, Sharon Walsh from DAC presented in collaboration with FIT staff at the FIT Program's annual meeting on how to use data to improve quality. The presentation was well received, and a number of providers indicated that they would readily use this information.
- ICC Subcommittee: The New Mexico Interagency Coordinating Council created a subcommittee dedicated to accountability and quality improvement. This committee regularly meets with FIT Program staff to analyze performance issues and develop strategies for program improvement.

In FFY 2010, this committee assisted the FIT Program in planning around State Bill 330, which will be implemented in July 2012. This bill requires all children to transition at the time of their 3rd birthday instead of choosing to transition anytime during a school year in which the child turns three. The committee continues to address procedures for children who have summer birthdays.

- Local APR Tools: FFY 2010 was the sixth year that provider agencies have completed local APRs. A number of agencies have converted the worksheets developed by the FIT Program for their APR into Quality Assurance tools, and they use them to regularly review random selections of charts for internal audits. Many providers report that by using these tools and engaging direct service staff in the QA activities, staff gain a clearer understanding of and responsibility for their agency's performance.
- Rigorous Monitoring:
Focused Monitoring: In accordance with the New Mexico Part C - General Supervision Manual (previously submitted to OSEP), the FIT Program monitors provider agencies that have low performance in Indicator 8 through its focused monitoring process. The lead agency in FFY 2010 for focused monitoring is the Division of Health Improvement (DHI). The focused monitoring team however, includes both DHI and FIT Program staff, an early childhood specialist and at least one parent. During the focused monitoring visit the team reviews child records, policies and procedures and interviews managers, staff and parents to determine the underlying cause of the agency's non-compliance related to timely transition. Agencies that go through a focused monitoring visit receive a "directed plan of correction" and ongoing monitoring and TA to assist them in reaching compliance. Focused monitoring assures that the agencies are correctly implementing the regulatory requirements specific to this indicator.

Community Based Assessment: Indicator 8 and related requirements are also monitored as part of the Community Based Assessment, which is conducted with each local early intervention provider agency on a 3-year cycle.

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Other:

- **Sanctions:**

Provider agencies performing at less than 100% compliance are required to conduct a self analysis and correct noncompliance within one year of the date of the finding. These provider agencies have a Plan of Correction in place and are required to submit periodic data showing progress towards 100% compliance. Another sanction applied to these agencies is required technical assistance through the University of New Mexico – Early Childhood Learning Network and through FIT Program staff at the state level. Continued non-compliance may result in other sanctions in accordance with the sanctions matrix in the General Supervision Manual.

- **Data Collection:**

In FFY 2010, the FIT Program dedicated itself to refining and updating the FIT-KIDS (Key Information Data System) database to collect all data for this indicator. Transition plan information will be entered directly into FIT-KIDS.

While the changes in FIT-KIDS did not take place in FFY 10, all planning did occur, and it was implemented in September 2011.

- By capturing this data in FIT-KIDS, it will be possible to run reports in “real time” to know which children have had transition plans completed.
- Database “ticklers” will remind users that a transition plan needs to be entered.
- Providers will always have access to their performance on this indicator without the need to audit records. Service Coordinators can view their individual caseload data in order to plan effectively for transition.
- Reports will assist providers in analyzing any noncompliance (such as specific service coordinators with performance issues, particular times of year when noncompliance occurs more frequently, etc) in order to assist them in quickly correcting it.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: **91.3%**

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	13
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	13
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
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5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

NA: All programs were able to correct noncompliance within 1 year of the date of the finding.

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in **34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(III))** (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with **OSEP Memo 09-02**.

1. Related to the 13 findings of noncompliance found with Indicator 8c, the FIT program verified that the agencies are correctly implementing the transition conference requirements (i.e., achieved 100% compliance). When noncompliance has been found, agencies are required to report regularly to the FIT Program the results of self audits based on subsequently collected data. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences.

Several of the providers who had performed poorly on this indicator received a focused monitoring during FFY 2010. Those agencies received a directed plan of correction and ongoing monitoring and TA to assist them in coming into compliance. This also assured that the agencies are correctly implementing the regulatory requirements specific to this indicator. Each of the agencies monitored corrected compliance and complied with all items on the plan of correction, which often included requirements for staff training and mandated technical assistance. All plans of correction were closed upon verification of compliance.

By conducting ongoing monitoring, both through the focused process or the Community Based Assessment, the FIT Program further verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

2. For the 30 individual instances of noncompliance found in FFY 2009, the FIT Program verified that each child did receive a transition conference, although late, unless the child is no longer within the jurisdiction of the FIT Program. Transition conferences are validated during Community Based Assessment monitoring. Additionally, programs may be required to submit to the FIT Program copies of

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transition conference documentation for randomly selected children. Through these processes, each child who was still in the jurisdiction of the EIS program that had not received a transition conference did receive it, although late.

Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2009:

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following: <ul style="list-style-type: none"> • Self Analysis and Plans of Correction: Agency analyzed any instances of noncompliance and demonstrated how they will assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements. • Specific agencies were selected for focused monitoring based on APR results. In addition to determining root causes of noncompliance, the focused monitoring process ensured that the agency understood and followed regulatory requirements. • Updated Data: Agency self audits were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Once the local early intervention provider agency reported 100% compliance for a specified period of time, the FIT Program reviewed (either through desk audits using FIT-KIDS database or documentation from family/child records demonstrating service delivery) a subset of that data to verify correction. <ul style="list-style-type: none"> • Provider agencies were also required to explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances. 	<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. FIT Program staff conducted desk audits via FIT-KIDS database to ensure that transition conferences were held, although not timely, to children listed in the audits who were impacted by noncompliance. 3. For transition conferences unable to be verified through FIT-KIDS, providers were required to submit documentation to the FIT Program or participate in an onsite monitoring by the FIT Program. 4. Updated Data: Agency self audits were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of the transition conference, even if not timely, unless the child was no longer in service

Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP’s June 2011, FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

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Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier (if applicable):

NA. There are no remaining FFY 2007 findings

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

In FFY 2010, the FIT Program did not reach 100% compliance. Therefore, the improvement activities established for the New Mexico State Performance Plan (SPP) have been reviewed and revised, as directed in OSEP’s FFY 2009 SPP/APR response table.

Improvement Activities:	Timelines:	Resources:
<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>

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Improvement Activities:	Timelines:	Resources:
<p>NM Statute Change:</p> <p>In an effort to more closely align transition activities to 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.</p>	<p>July 2012</p>	<p>NM Statute Change:</p> <p>In an effort to more closely align transition activities to 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.</p>
<p>Revise State MOU with Public Education Department to Reflect Federal and State Regulatory changes.</p>	<p>July 2012</p>	<p>NM FIT Program NM Public Education Dept</p>
<p>Revise Transition Guidance Document and Provide Joint Training with Public Education Department to address NM Statute change.</p>	<p>Sept 2011</p>	<p>NM FIT Program NM Public Education Dept</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>
<p>Utilize statewide transition steering</p>	<p>Beginning</p>	<p>FIT Program</p>

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Improvement Activities:	Timelines:	Resources:
committee for recommendations on increased compliance.	February 2012	Transition Steering Committee

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:

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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	<u>100%</u> of noncompliance will be corrected within one year of identification.

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

100% of findings were corrected within one year of identification (112 / 112 *100)

Process used for Selecting EIS Programs for Monitoring:

The New Mexico FIT Program General Supervision Manual outlines the multiple and interrelated ways that the FIT Program identifies and timely corrects non-compliance, and includes a sanctions matrix. This manual has been submitted previously to OSEP and can be found online at www.fitprogram.org.

While monitoring activities are routinely done informally and/or through desk audits, the General Supervision Manual discusses in detail the two formal methods of onsite monitoring, focused monitoring and Community Based Assessments.

Focused Monitoring:

Data are routinely collected in a variety of methods to ensure improved compliance. Data for the Local Provider Annual Performance Report (APR) require that each provider analyze their data, set annual targets and describe improvement activities (with timelines and resources). Every agency completes an APR which addresses Indicator 1, 2, 3, 4, 5, 6, 7, 8 and 14. As discussed in previous sections, data is collected through a combination of agency self audits, FIT-KIDS database, and surveys.

Providers are selected to receive a focused monitoring based on the ranking of providers in the priority indicators (1; 7 and 8). The purpose of this monitoring is to determine the cause of the non-compliance and develop a directed plan of correction. The monitoring team reviews child/family records, agency policy and procedures and QA procedures. Interviews are conducted with staff, parents and community partners. Follow-up visits are conducted with the agency to ensure that corrective active is being taken and that compliance is reached.

Community Based Assessment (CBA)

All FIT Provider agencies receive a Community Based assessment on a three year cycle to i) determine validity of data entered into the electronic FIT database; ii) verify the methodology used to audit child records for the local Annual Performance Report and validate the results reported; iii) audit billing and documentation in accordance with Service Definitions and Standards; and iv) conduct a review of child records to determine compliance with IDEA Part C related requirements

The FIT Program complies with and enforces a number of policies and standards, including state and federal regulations, FIT Program Service Standards which are updated annually, Medicaid rules and a number of MOUs with related state agencies. During a CBA, the provider agency is scrutinized to ensure compliance with all policies.

FIT-KIDS ensures that billing only occurs for qualified children and that services are included on the IFSP along with other requirements that are programmed into the application. Audits of providers are conducted as part of the CBA and may be conducted by the Department of Health – Office of Internal Audits or Medicaid based on a complaint or referral for a more detailed audit.

- **Improvement, Corrections, Incentives and Sanctions** – The FIT Program developed an online data and billing system known as FIT-KIDS (Key Information Data System). The FIT Program runs regular reports on APR indicators along with other data reports in order to determine compliance and for other management and planning purposes.

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- **Effective Dispute Resolution** – The FIT Program informs families of their options for dispute resolution and has a system in place to provide for complaint investigations, mediations and due process hearings.
- **Targeted Technical Assistance and Professional Development**– The FIT Program contracts with the University of New Mexico – Center for Development and Disability to provide training and technical assistance to community providers statewide. Training and TA is directed based on agency performance in the APR and / or based on the results of monitoring visits.

While findings can be made at any monitoring visit, generally they result from the results of the local APR and the CBA.

See the following table for details of findings that were corrected within one year of identification.

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	22	23	23
	Dispute Resolution: Complaints, Hearings	0	0	n/a
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	n/a
	Dispute Resolution: Complaints, Hearings	0	0	n/a
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	n/a
	Dispute Resolution: Complaints, Hearings	0	0	n/a

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	n/a
	Dispute Resolution: Complaints, Hearings	0	0	n/a
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	n/a
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	n/a
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;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	8	8
	Dispute Resolution: Complaints, Hearings	0	0	n/a

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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: b. Notification to LEA, if child potentially eligible for Part B	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	n/a
	Dispute Resolution: Complaints, Hearings	0	0	n/a
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: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	12	13	13
	Dispute Resolution: Complaints, Hearings	0	0	n/a
OTHER AREAS OF NONCOMPLIANCE:				

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 to 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 to 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<ul style="list-style-type: none"> Agency did not provide prior written notice and sharing of rights and safeguards for applicable activity. 	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	7	7
<ul style="list-style-type: none"> Initial CME did not contain all required elements 	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
<ul style="list-style-type: none"> IFSP did not contain all of the required elements 	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
<ul style="list-style-type: none"> Agency failed to periodically review the IFSP within required timeframe. 	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4
<ul style="list-style-type: none"> Delivery of services was not consistent with the freq & intensity listed on the IFSP 	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
Sum the numbers down Column a and Column b			65	65
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100				100%

Reporting on correction of non-compliance involving children birth to 3 and children in the Extended Option (IDEA section 635 (c)) for indicators 1 are included above.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

The FIT Program has created a system to readily demonstrate correction of noncompliance and continues to refine this system if FFY 2010. Correction of noncompliance activities are more standardized, and local provider agencies are more accustomed to the requirements.

- Continued Emphasis on Quality Improvement**
 - FIT Program local early intervention provider agencies are required to have Quality Assurance/Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. Providers who

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have been required to submit ongoing monthly data to the FIT Program to demonstrate correction of noncompliance often continue the monthly audits after noncompliance has been corrected as they recognize the value of this close scrutiny in improving ongoing performance.

- Because of the increased emphasis on quality and timely correction of noncompliance in recent years, several agencies designated a staff member or team specifically to the task of quality assurance/improvement. It is anticipated that this trend will continue with other agencies.
- The New Mexico Interagency Coordinating Council continued to support its subcommittee dedicated to accountability and quality improvement. This committee regularly meets with FIT Program staff to analyze performance issues and develop strategies for program improvement.

- **Implementation of Detailed System of Data Tracking and Correction of Noncompliance:**

A detailed tracking system refined in FFY 2010 to review provider agencies that were given findings of noncompliance. Data is reviewed on a monthly basis to determine progress. Additionally, by looking at smaller segments of time (a minimum of one month) the FIT Program was able to demonstrate that all findings of noncompliance were corrected within one year of the finding.

By reviewing data monthly, providers are constantly reminded of the urgent need to correct noncompliance and put in place measures to prevent noncompliance in the future.

- **DAC and MPRRC Technical Assistance to FIT Program:**

DAC and MPRRC have provided ongoing technical assistance to the FIT Program, in clarifying all requirements surrounding verification of noncompliance and in developing a comprehensive system for the FIT Program to track this.

- **Local APR Submission:**

In FFY 2009, providers were required to submit plans in their local APRs with specific steps to illustrate how they will bring their performance into compliance within one year. These plans were scrutinized by the FIT Program to determine their likelihood of success and shared with contracted technical assistance staff at the University of New Mexico - Early Childhood Learning Network.

- **Follow up to Monitoring:**

The FIT Program continues to work with the Division of Health Improvement (DHI), which is responsible for all program monitoring within the Department of Health. Following a monitoring visit, DHI takes the lead in ensuring that the local early intervention provider agency completes all of the actions on the Plan of Correction. These must be completed within 45 days of receipt of the monitoring report, and if not, sanctions are applied. FIT Program staff attends follow-up meetings with the agency to see that the Plan of Correction actions have been completed, and are primarily responsible for the ongoing review of data to ensure that the provider meets compliance as soon as possible but no later than one year of the notification of a finding.

- **FIT Program Technical Assistance to Provider Agencies:**

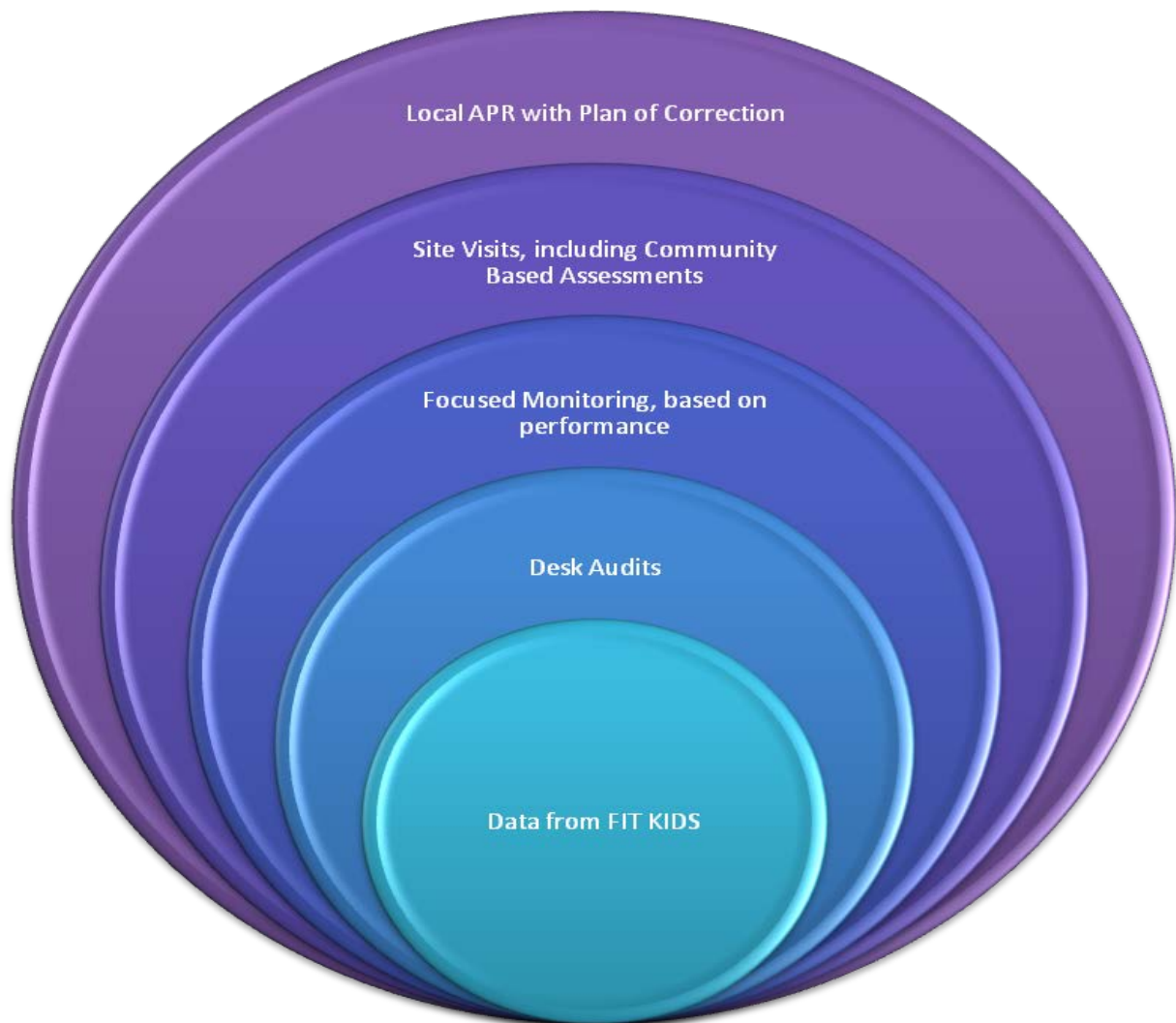
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FIT Program staff and EC-Network staff meet via conference regularly to determine the training and TA to be provided with each local early intervention provider agency that is not in compliance. Also, one of the sanctions that is applied to several low performing providers or providers who experienced slippage was to mandate technical assistance to help the provider agency determine how they will meet compliance.

- **FIT-KIDS Database:**

The FIT Program continues to meet with the FIT-KIDS User Group to determine what changes are needed in order for the application to be able to generate reports for all of the APR indicators. This will enable both local provider agencies and the FIT Program at the state level to be able to generate reports on a monthly and / or quarterly basis. Tracking of progress and compliance over time will then be possible.

The graphic below illustrates the integrated use of data across New Mexico's General Supervision System.



By having an integrated system centering on the local APR, both the FIT Program and local provider agencies can readily identify all steps toward improvement in one

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consolidated format. In this way data is integrated throughout New Mexico’s General Supervision System.

Timely Correction of FFY 2009 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) (Sum of Column a on the Indicator C 9 Worksheet)	65
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	65
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected

All findings of noncompliance were corrected within one year of the date of the finding.

Verification of Correction of FFY 2009 findings (either timely or subsequent)

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with **OSEP Memo 09-02**.

1. When noncompliance has been found, agencies are required to report regularly to the FIT Program the results of self audits based on subsequently collected data. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are

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being addressed in order to prevent future recurrences. By conducting ongoing monitoring based on subsequently collected data, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

2. For the individual instances of noncompliance found in FFY 2008, the FIT Program verified that the local early intervention agency corrected noncompliance, unless the child is no longer within the jurisdiction of the FIT Program. Corrected activities are verified by onsite monitoring, FIT-KIDS data review, and/or agency submission of documentation of required activities for randomly selected children. Through these processes, each child who was still in the jurisdiction of the EIS program did receive the required activity, even if not conducted timely.

Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2009:

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following: <ol style="list-style-type: none"> a) Self Analysis and Plans of Correction: Provider agencies analyzed any instances of noncompliance and demonstrated how they would assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements. b) Specific agencies were selected for focused monitoring based on APR results. In addition to determining root causes of noncompliance, the focused monitoring process ensured that the agency understood and followed regulatory requirements. c) Updated Data: Agency self audits were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Once the local early intervention provider agency reported 100% compliance for a specified period of time, the FIT Program reviewed (using documentation from family/child records, FIT KIDS data, and/or onsite monitoring) a subset of that data to verify correction. <ul style="list-style-type: none"> • Provider agencies must also explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances. 	<ol style="list-style-type: none"> 1. FIT Program notified Provider Agencies of findings. 2. Providers were required to submit documentation of required activity or participate in an onsite monitoring by the FIT Program. 3. Updated Data: Agency self audits or review of FIT KIDS data were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of the required activity, unless the child was no longer in service

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Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2008 findings noted in OSEP's June 2011 FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

The New Mexico State Performance Plan (SPP) has been amended to include FFY 2011 and FFY 2012 targets for this indicator.

The FIT Program has developed a number of additional activities to address performance issues related to Indicator 9. The activities listed below will address issues specific to Quality Assurance and improved data collection.

The New Mexico Part C State Performance Plan has been amended to include the following improvement activities:

Improvement Activities:	Timelines:	Resources:
<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
<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

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Improvement Activities:	Timelines:	Resources:
<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>
<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</p> <p>Data Accountability Center</p> <p>National Data Listserve</p>

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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	100%

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

There were no written complaints submitted in FFY 2009, No families, with children in the Extended Option, IDEA 635(c), filed a State complaint or requested a due process hearing and/or mediation.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

Activities completed in FFY 2010 included:

- The FIT Program continues to distribute Prior Written Notice forms and Rights and Procedural Safeguards booklets (in English and Spanish).
- The FIT Program audits the use of the Prior Written Notice forms and Rights and Procedural Safeguards through the on-site Community Based Assessment monitoring process.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

There are no revisions made to the New Mexico Part C State Performance Plan.

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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	100%

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

There were no due process hearing requests submitted in FFY 2010.
No families, with children in the Extended Option, IDEA 635(c), filed a State complaint or requested a due process hearing and/or mediation.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

See indicator 10. (above)

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

There are no revisions made to the New Mexico Part C State Performance Plan.

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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	n/a

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

n/a for New Mexico.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

n/a

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

There are no revisions made to the New Mexico Part C State Performance Plan.

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.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	70%

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

There were no mediations held.

No families, with children in the Extended Option, IDEA 635(c), filed a State complaint or requested a due process hearing and/or mediation.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

See indicator 10. (above)

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

There are no revisions made to the New Mexico Part C State Performance Plan.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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 and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

FFY	Measurable and Rigorous Target
FFY 2010 (July 01, 2010 – June 30, 2011)	100%

Actual Target Data for FFY 2010 (July 01, 2010 – June 30, 2011):

100% of data are timely and accurate.

(See **Indicator 14 data rubric** on the following pages)

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Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points (If the FFY 2009 APR was submitted on-time, place the number 5 in the cell on the right.)		5
	Grand Total		35

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/2/11	1	1	1	1	4
Table 2 – Settings Due Date: 2/2/11	1	1	1	1	4
Table 3 – Exiting Due Date: 11/2/11	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/2/11	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation		Grand Total (subtotal x 2.5)			35
Indicator # 14 Calculation					
A. APR Total				35.00	
B. 618 Total				35.00	
C. Grand Total				70.00	
Total N/A in APR				0.00	
Total N/A in 618				0.00	
Base				70.00	
D. Subtotal (C divided by Base*) =				1.00	
E. Indicator Score (Subtotal D x 100) =				100.00	

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Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010 (July 01, 2010 – June 30, 2011):

The FIT Program continues to use and revise its online data system that went “live” January 01st 2008. This system is known as FIT-KIDS (Key Information Data System) and being web-based it allows for data reporting in real time.

Ongoing Maintenance Activities included the following:

- FIT-KIDS is used as the billing system for early intervention in New Mexico. Data therefore have to be “clean” in order for a claim to processed successfully by Medicaid, private insurance and the Department of Health.
- FIT-KIDS also has a number of rules that were programmed into the application that prevent data entry errors (e.g. child can’t be over three at data of referral; initial IFSP cannot be entered until the child has an eligibility category entered, etc.). Similarly, providers cannot bill for services that are not on the IFSP.
- The majority of the reporting for the APR now comes directly from the FIT-KIDS system including indicators 2; 3; 5, 6, 7, 8b. For indicators 1; 8a and 8c the providers conduct an audit of child records (with children selected at random from lists generated from FIT-KIDS) as part of their Annual Performance Report (APR). FIT Program staff validates the provider agency APR audits during the Community Based Assessment (CBA) monitoring process.
- Data entered into FIT-KIDS is validated in two ways:
 - i. Provider agencies are required to validate their data as part of their Annual Performance Report (APR). This validation is completed using a data validation form developed by the FIT Program;
 - ii. The FIT Program validates data as part of the Community Based Assessment (CBS) monitoring process. Both validation processes are done on a random sample of children (at least 10% / minimum of 10) and ensure that accurate data is entered into the database.

FIT Providers are instructed to immediately correct any errors, as well as develop quality assurance systems to avoid future data entry errors.

- The FIT Program has a FIT-KIDS User Group that meets periodically by phone and in person. The User Group gives input on changes and enhancements to the FIT-KIDS application, as well as feedback on training and technical assistance needs of provider agencies.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (July 01, 2011 – June 30, 2012): [If applicable]

The New Mexico State Performance Plan (SPP) has been amended to include FFY 2011 and FFY 2012 targets for this indicator and the following improvement activities. These activities will assist providers in providing more valid and reliable data in a more timely manner.

Improvement Activities:	Timelines:	Resources:
<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</p>	Sept 2011	NM FIT Program

Part C State Annual Performance Report (APR) for FFY 10 (July 2010 – June 2011)

<p>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.		
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Part C State Annual Performance Report (APR) for FFY 10 (July 2010 – June 2011)

Appendix 1. Dispute Resolution Summary Table

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

TABLE 4
REPORT OF DISPUTE RESOLUTION
UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES
EDUCATION ACT
2010-11

PAGE 1 OF 1
OMB NO.: 1820-0678
FORM EXPIRES:
11/30/2012
STATE: New Mexico

SECTION A: WRITTEN, SIGNED COMPLAINTS	
(1) Total number of written, signed complaints filed	0
(1.1) Complaints with reports issued	0
(a) Reports with findings of noncompliance	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints pending	0
(a) Complaints pending a due process hearing	0
(1.3) Complaints withdrawn or dismissed	0

SECTION B: MEDIATION REQUESTS	
(2) Total number of mediation requests received	0
(2.1) Mediations held	0
(a) Mediations held related to due process complaints	0
(i) Mediation agreements related to due process complaints	0
(b) Mediations held not related to due process complaints	0
(i) Mediation agreements not related to due process complaints	0
(2.2) Mediations pending	0
(2.3) Mediations not held	0

SECTION C: Due Process Complaints	
(3) Total number of due process complaints filed (for all States)	0
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures)	-9
(a) Written settlement agreements reached through resolution meetings	-9
(3.2) Hearings (fully adjudicated) (for all States) -	0
(a) Complete EITHER item (1) <u>OR</u> item(2), below as applicable.	
(1) Decisions within timeline - <u>Part C</u> Procedures	0
(2) Decisions within timeline - <u>Part B</u> Procedures	-9
(b) Decisions within extended timeline (applicable ONLY if using Part B due process hearing procedures)	-9
(3.3) Hearing pending (for all States)	0
(3.4) Due process complaint withdrawn or dismissed (including resolved without a hearing) (for all States)	0

Appendix 2. NM Family Outcomes Survey (Indicator 4)



Dear Parent(s):

The Family Infant Toddler (FIT) Program values your feedback on the early intervention services your family receives. You may complete the survey and return it to your service coordinator or mail it in the envelope provided. Alternatively, you can also complete the survey online at www.fitprogram.org and click on “for families”. Your feedback is completely anonymous. Please select your response to each of the questions below (Please add any comments on the back):

	Strongly	Agree	Disagree	Strongly	Don't
	IV		ee	IV	Know
Getting Started:					
1					
2					
3					
Early Intervention Services:					
4					
5					
6					
7					
8					
My Service Coordinator...					
9					
10					
11					
12					
13					
As a result of early intervention...					
14					
15					

Part C State Annual Performance Report (APR) for FFY 10 (July 2010 – June 2011)

child needs						
16	...I can help my child develop and learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	...My child is making progress in his / her development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Our referral to early intervention was made by: _____

19. Our early intervention provider agency is: _____

20. Child's race / ethnicity (Please select one):

- American Indian / Alaska Native
- Asian / Pacific Islander
- Black / African American
- Hispanic / Latino
- White

21. Child's length of time in Early Intervention:

- 6 months – 1 year
- 1 year – 2 years
- More than 2 years

Please add any comments below:

If you have questions or concerns about your early intervention services you may contact the staff at the Department of Health - FIT Program at their toll free # 1-866-696-1472 or by e-mail at fit.program@state.nm.us. You can also find out more at www.fitprogram.org

We appreciate you completing this survey!