

# NM Part C

# FFY2015 State Performance Plan / Annual Performance Report

# FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

## Executive Summary:

The New Mexico Department of Health is the lead agency for the New Mexico Part C Program known as the Family Infant Toddler Program. New Mexico's Family Infant Toddler Program utilizes a data base system and we now have a designated data manager who monitors all the data including the 14 indicators that are reported for the APR. As part of our ongoing quality assurance for the federal APR data, New Mexico instituted a state wide APR process in which each program's data on the 14 APR indicators is submitted to the data manager. After the data review, any program that has a data finding is requested to submit a narrative report explaining reasons for the findings and to submit a Plan Of Correction to address the reasons for the findings. The FIT program staff then work with the providers to offer support and training and technical assistance to address the identified problems. We believe that our data is reliable and accurate for this report.

## Attachments

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## General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The New Mexico FIT Program General Supervision Manual outlines the multiple and interrelated ways the FIT Program monitors for compliance and corrects non-compliance, and it includes a sanctions matrix. This manual has been submitted previously to OSEP and can be found online at <http://archive.nmhealth.org/ddsd/nmfit/Providers/FITPrvdrsSupervision.htm#Section1>

### Policies and Procedures

The FIT Program complies with and enforces a number of policies and standards, including state and federal regulations, Medicaid rules and a number of MOU's with related state agencies. The FIT Program Service Definitions and Standards, which are updated annually, clarify and operationalize requirements. In addition, NMAC, The New New Mexico Register/Volume XXIII, Number 12 last updated June 2012 provides specific state rules and regulations for compliance.

### Quality and Compliance

**Local Annual Performance Report:** 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 and 8. Data are collected through a combination of agency self-audits, the FIT Program's statewide database called FIT-KIDS, and surveys. In addition, the FIT program now has a designated data manager who ensures data quality and compliance.

**Monitoring:** 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, Community Based Assessments (CBAs) and Focused Reviews. Each provider is assigned a Provider Manager who is responsible for compliance oversight and support for compliance.

**Community Based Assessment (CBA):** All FIT Provider agencies receive a Community Based assessment on a two to three year cycle to ensure compliance with all policies and current Service Definitions and Standards and 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; and iv) conduct a review of child records to determine compliance with IDEA Part C related requirements, and validate MOU's and staff credentials. A review of all findings is presented to the provider agency and the General Supervision Manual outlines the timelines for reports, plans of correction etc. In addition, the NM FIT Program has Community Based Assessment Manual that outlines the process and protocols.

**Focused Review:** Providers are selected to receive a focused review based on poor performance reviews such as low ranking in the priority indicators (1, 7 (including the initial evaluation and eligibility), and 8, and public complaints/ filed grievances. The purpose of this review is to determine the root cause of the non-compliance and develop a directed plan of correction. The review 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 action is being taken and that compliance is reached.

### 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 for most APR indicators along with other data reports in order to determine compliance and for other management and planning purposes.

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.

**Self-Analysis and Plans of Correction:** Provider agencies performing at less than 100% compliance on any APR compliance indicator (and are unable to demonstrate correction of noncompliance prior to a finding being issued) are required to conduct a self-analysis and correct noncompliance within one year of the date of the finding. Detailed plans of correction are created and monitored closely, and performance is tracked frequently throughout the fiscal year.

Additionally, all provider agencies performing at less than 100% are required to submit subsequently collected data showing progress towards 100% compliance (Prong 1). 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 to better track correction of noncompliance.

For all individual instances of noncompliance (Prong 2) the FIT Program verifies that each child received the service on the IFSP unless the child was no longer with the jurisdiction of the FIT Program. Service delivery is verified through FIT-KIDS and during onsite monitoring.

**Directed Technical Assistance:** Agencies performing below 95% compliance on a compliance indicator and issued a finding because of inability to demonstrate corrected noncompliance are required to receive additional 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.

### Effective Dispute Resolution

The FIT Program requires that all contracted providers give families a copy of their rights and procedural safeguards and inform families of their options for dispute resolution and has a system in place to provide for complaint investigations, mediations and due process hearings. Families are given a Family Handbook that was developed by our state Parents Reaching Out program (PRO) and are able to access PRO for additional support. In addition, the Family Service Coordinator is charged with ensuring that families know their rights and assisting families with the dispute resolution process.

## Attachments

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**Technical Assistance System:**

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The FIT Program contracts with the University of New Mexico – Center for Development and Disability’s Early Childhood Learning Network to provide training and technical assistance to community providers statewide. Each provider agency is assigned a consultant who works closely with the NM FIT Provider Manager to develop and implement a specific technical assistance plan based on the assessed provider needs. Additional Training and TA is also available upon request, but may also be directed, based on agency performance in the APR and / or based on the results of monitoring visits.

Additionally, the FIT Program employs Provider Managers who oversee provider agency contracts and ensure compliance with state and federal regulations. Along with the statewide quality assurance manager, staff regularly provide technical assistance for both compliance issues and issues surrounding quality. For example, in addition to ensuring the IFSP is completed timely and accurately according to regulations, the FIT Program ensures the IFSP has routines based and functional outcomes and strategies.

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**Professional Development System:**

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

**Licensing:** With the exception of service coordination and developmental instruction, all services are delivered only by licensed professionals. During contract development with provider agencies and during subsequent community based assessments, the FIT Program audits licenses to ensure they are current. If agencies subcontract with therapists, nurses, etc., they must submit a copy of the subcontractor’s license for approval by the FIT Program before the subcontractor can provide services.

**Service Coordination Training:** The FIT Program continues to require all new service coordinators to attend service coordination training within one year of hire. 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 a refresher. The two day in person training includes training from a family member and one day is dedicated to transition services.

**Developmental Specialist Certification:** In addition to educational prerequisites, Developmental Specialists are required to develop and complete an annual Individualized Professional Development Plan (IPDP) using workshop/conference attendance, in-service training, one-on-one mentoring, college courses, distance learning, web-based courses and other strategies to meet the 75 hour minimum to recertify for each three year period. All ongoing professional development must relate to FIT Program competencies. In addition, the UNM CDD Early learning network offers trainings directly related to early intervention services such as assessment/evaluation practices.

**Technical Assistance Documents:** The FIT Program has numerous detailed technical assistance documents posted on the FIT Program website ([http://archive.nmhealth.org/ddsd/nmfit/Documents/FIT\\_TA.htm#Section1](http://archive.nmhealth.org/ddsd/nmfit/Documents/FIT_TA.htm#Section1)) to assist in providing effective services that improve results for infants and toddlers with disabilities and their families.

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No APR attachments found.			

**Stakeholder Involvement:**  apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC designated a smaller working committee for both target setting and issues related to the State Systemic Improvement Plan. This committee reviewed and analyzed previous years' data, considered impacts of current and future initiatives, improvement activities, and other events, and made recommendations to the larger ICC. The ICC then approved targets for all indicators and activities related to Phase II of the SSIP.

### Attachments

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### Reporting to the Public:

How and where the State reported to the public on the FFY 2014 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2014 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2014 APR in 2016, is available.

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 [http://archive.nmhealth.org/ddsd/nmfit/Documents/FIT\\_Reports.htm#Section1](http://archive.nmhealth.org/ddsd/nmfit/Documents/FIT_Reports.htm#Section1)

The Annual Performance Report and State Performance Plan are posted on the FIT Program website also.

### Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### Actions required in FFY 2014 response

### OSEP Response

The State was required to report above on "how and where the State reported to the public on the FFY 2014 performance of each EIS program." Instead, the State provided a link to its FFY 2015 SPP/APR data.

The State should refer to Indicator 11 for OSEP's response and required action related to the State Systemic Improvement Plan (SSIP).

### Required Actions

The State has not publicly reported on the FFY 2014 (July 1, 2014-June 30, 2015) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA. With its FFY 2016 SPP/APR, the State must provide a Web link demonstrating that the State reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2014. In addition, the State must report with its FFY 2016 SPP/APR, how and where the State reported to the public on the FFY 2015 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 1: Timely provision of services**

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		81.50%	90.40%	90.60%	94.00%	92.50%	94.80%	97.40%	97.81%	98.13%	96.75%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

**FFY 2015 SPP/APR Data**

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
5885	6655	96.75%	100%	97.84%

<b>Number of documented delays attributable to exceptional family circumstances</b> <i>This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.</i>	626
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**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2015 through March 31, 2016 (9 months)

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

This nine month period of reporting (July 1, 2015 through March 31, 2016) is representative of the data for the full reporting period because IFSP development and service delivery units fluctuate insignificantly throughout the the year.

**Actions required in FFY 2014 response**

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
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## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	null	0

### FFY 2014 Findings of Noncompliance Verified as Corrected

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

Two (2) findings was issued for Indicator 1 during FFY 2014 from the onsite Community Based Assessment (CBA) monitoring and three (3) findings from the Annual Performance Reporting process.

The FIT Program has a two pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with *OSEP Memo 09-02*.

**Prong 1:** Related to the 5 findings of noncompliance found with Indicator 1, the FIT program verified that each agency is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance). When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of noncompliance and providing 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 the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements

*Describe how the State verified that each individual case of noncompliance was corrected*

**Prong 2:** For all individual instances of noncompliance found in FFY 2014, the FIT Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had received each service on their IFSP.

### OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with *OSEP Memo 09-02*. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

### Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Services in Natural Environments**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			87.00%	88.50%	88.50%	90.00%	90.00%	95.00%	95.00%	95.25%	95.25%
Data		93.00%	97.20%	97.70%	98.10%	98.50%	98.80%	99.60%	98.80%	98.75%	98.64%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥	95.50%	95.50%	95.75%	95.75%

Key:

**Targets: Description of Stakeholder Input**

Please see stakeholder involvement described in the introduction.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	5,320	
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Total number of infants and toddlers with IFSPs</a>	5,414	

**FFY 2015 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
5,320	5,414	98.64%	95.50%	98.26%

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 3: Early Childhood Outcomes**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? **No**

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						62.10%	68.80%	68.90%	69.00%	66.00%	66.50%
		Data					68.70%	71.10%	71.10%	72.50%	71.30%	68.50%	71.85%
A2	2008	Target ≥						60.50%	62.70%	62.80%	62.90%	63.00%	63.00%
		Data					62.60%	61.90%	64.60%	67.10%	64.90%	65.14%	68.83%
B1	2008	Target ≥						66.50%	72.30%	72.40%	72.50%	70.50%	70.50%
		Data					72.20%	76.50%	74.80%	76.30%	75.90%	71.02%	74.40%
B2	2008	Target ≥						54.90%	62.40%	62.50%	62.60%	59.00%	60.00%
		Data					62.30%	63.30%	63.50%	66.20%	64.10%	66.21%	69.46%
C1	2008	Target ≥						68.60%	71.50%	71.60%	71.70%	72.00%	72.00%
		Data					71.40%	75.90%	75.30%	76.80%	76.40%	73.03%	75.43%
C2	2008	Target ≥						61.80%	61.60%	61.70%	61.90%	60.00%	60.00%
		Data					61.50%	61.70%	62.60%	65.60%	65.30%	66.34%	70.41%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target A1 ≥	67.00%	67.50%	68.00%	69.00%
Target A2 ≥	63.00%	63.20%	63.30%	63.50%
Target B1 ≥	70.50%	71.00%	72.00%	72.50%
Target B2 ≥	61.00%	61.50%	62.00%	62.50%
Target C1 ≥	72.00%	72.20%	72.40%	72.60%
Target C2 ≥	60.50%	61.00%	61.50%	62.00%

Key:

**Explanation of Changes**

**Targets: Description of Stakeholder Input**

Please see stakeholder involvement described in the introduction.

**FFY 2015 SPP/APR Data**

Number of infants and toddlers with IFSPs assessed	3421.00
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**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	55.00	1.61%



**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

	Number of Children	Percentage of Children
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	627.00	18.33%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	417.00	12.19%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1190.00	34.79%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1132.00	33.09%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A1. 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 turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1607.00	2289.00	71.85%	67.00%	70.21%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2322.00	3421.00	68.83%	63.00%	67.87%

**Outcome B. Acquisition and use of knowledge and skills (including early language/ communication)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	38.00	1.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	620.00	18.12%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	426.00	12.45%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1321.00	38.61%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1016.00	29.70%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B1. 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 turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1747.00	2405.00	74.40%	70.50%	72.64%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2337.00	3421.00	69.46%	61.00%	68.31%

**Outcome C: Use of appropriate behaviors to meet their needs**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	53.00	1.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	586.00	17.13%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	418.00	12.22%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1372.00	40.11%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	992.00	29.00%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
C1. 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 turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1790.00	2429.00	75.43%	72.00%	73.69%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2364.00	3421.00	70.41%	60.50%	69.10%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2014 response

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

In its FFY 2015 SPP/APR, the State must reinsert the State's FFY 2018 target of 63.5% for Summary Statement A2.

### Responses to actions required in FFY 2014 response

The state has updated the FFY 2018 target to reflect the target of 63.5%

### OSEP Response

In its response to the State's FFY 2014 SPP/APR, OSEP required the State to reinsert the State's FFY 2018 target of 63.5% for Summary Statement A2 in the FFY 2015 SPP/APR. The State provided the required information.

### Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥				80.00%	81.00%	82.00%	83.00%	83.00%	92.00%	93.00%	93.50%
		Data			84.50%	88.00%	99.00%	96.40%	96.20%	96.90%	98.74%	97.22%	99.67%
B	2006	Target ≥				74.00%	75.00%	76.00%	77.00%	77.00%	92.00%	93.00%	93.50%
		Data			88.40%	92.00%	100%	99.20%	99.50%	99.20%	99.47%	98.88%	100%
C	2006	Target ≥				92.00%	92.00%	92.00%	93.00%	93.00%	95.00%	95.50%	95.70%
		Data			89.50%	95.00%	100%	99.40%	99.70%	99.70%	99.68%	99.36%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target A ≥	94.00%	94.50%	94.80%	95.00%
Target B ≥	94.00%	94.50%	94.80%	95.00%
Target C ≥	96.00%	96.40%	96.80%	97.00%

Key:

**Targets: Description of Stakeholder Input**

Please see stakeholder involvement described in the introduction.

**FFY 2015 SPP/APR Data**

Number of respondent families participating in Part C	2061.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1988.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2013.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	2003.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2024.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	2024.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2030.00

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	99.67%	94.00%	98.76%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	100%	94.00%	98.96%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	100%	96.00%	99.70%

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

To ensure adequate representation of demographics, all families who were active in the FIT Program for at least 6 months at the time of

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

the survey were included in the survey. A total of 3,813 surveys were distributed and there were 2,061 families who responded. This is a statewide response rate of 57.9% The lowest response rate for a provider agency was 13% and the highest was 96.9%.

Distribution of the survey was by hand through the family service coordinators to families. Families participating in the survey were provided with stamped addressed envelopes in which to return the survey to the state office in Santa Fe. Additionally, families received a link to a website with the online survey. This allowed them a choice to respond in a manner they felt most comfortable.

The race and ethnic breakdown of individuals who responded to the survey corresponds to the overall racial and ethnic breakdown of all families served by the FIT Program. This, along with the high response rate from all agencies representing all areas throughout New Mexico ensures the survey respondents represent the demographics of New Mexico. We are working on revising our survey based on input from parents and our ICC.

**Was sampling used?** No

**Was a collection tool used?** Yes

**Is it a new or revised collection tool?** No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			2.30%	2.50%	2.70%	2.42%	2.42%	2.42%	2.42%	2.50%	2.50%
Data		2.08%	2.21%	2.35%	2.42%	2.64%	2.73%	3.00%	3.20%	3.47%	3.57%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥	2.50%	2.60%	2.60%	2.60%

Key:

**Targets: Description of Stakeholder Input**

Please see stakeholder involvement described in the introduction.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	984	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	<a href="#">Population of infants and toddlers birth to 1</a>	26,407	null

**FFY 2015 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
984	26,407	3.57%	2.50%	3.73%

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			3.60%	3.70%	3.80%	4.89%	4.89%	4.89%	4.89%	4.90%	4.90%
Data		3.58%	3.59%	4.14%	4.89%	5.28%	5.49%	5.46%	5.71%	6.21%	6.39%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥	4.90%	5.00%	5.00%	5.00%

Key:

**Targets: Description of Stakeholder Input**

Please see stakeholder involvement described in the introduction.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	5,414	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	<a href="#">Population of infants and toddlers birth to 3</a>	80,110	

**FFY 2015 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
5,414	80,110	6.39%	4.90%	6.76%

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		63.90%	81.50%	92.30%	96.20%	97.80%	98.40%	98.80%	98.50%	98.57%	98.25%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

**FFY 2015 SPP/APR Data**

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
2,851	3,883	98.25%	100%	98.89%
<b>Number of documented delays attributable to exceptional family circumstances</b> <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i>				989

**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2015 through March 31, 2016 (9 months)

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

This nine month period of reporting (July 1, 2015 through March 31, 2016) is representative of data for the full reporting period because IFSP development and service delivery units fluctuate insignificantly throughout the year.

**Actions required in FFY 2014 response**

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	0

### FFY 2014 Findings of Noncompliance Verified as Corrected

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

One (1) findings was issued for Indicator 7 during FFY 2014 from the onsite Community Based Assessment (CBA) monitoring.

The FIT Program has a two pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with *OSEP Memo 09-02*.

**Prong 1:** Related to the 1 finding of noncompliance found with Indicator 7, the FIT program verified that each agency is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance). When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of noncompliance and providing 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 the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements

*Describe how the State verified that each individual case of noncompliance was corrected*

**Prong 2:** For all individual instances of noncompliance found in FFY 2014, the FIT Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had received each service on their IFSP.

### OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that it corrected the findings of noncompliance identified in FFY 2014 because when describing how it verified correction, the State reported that it verified "the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data." These regulatory citations are not valid. Because of these discrepancies, the State did not report that it verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS provider with noncompliance identified in FFY 2014 is: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. In addition, the State must demonstrate, in the FFY 2016 SPP/APR, that the remaining uncorrected finding of noncompliance identified in FFY 2014 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2015 and each EIS program or provider with remaining noncompliance identified in FFY 2014: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

### Required Actions

In the FFY 2016 SPP/APR, the State must revise the regulatory citations used to confirm correction of findings of noncompliance, reflecting the correct citations for this indicator.



**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8A: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		80.30%	88.80%	94.00%	90.00%	97.60%	93.40%	99.40%	95.90%	97.09%	99.67%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

**FFY 2015 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,664	2,225	99.67%	100%	97.48%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	505
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**Explanation of Slippage**

After reviewing the APR data, The Part C Program Manger contacted the individual programs that had low performance and interviewed the Program Manger regarding reason for slippage. The following reasons were provided as well as planned and or completed actions for correction:

- The (family service coordinators) FSC's did not turn in paperwork to be entered into FIT KIDS in a timely manner. The program manager is working with FSC's to turn things in on time.
- FSC's were not clear in their understanding that they needed to conduct the Transition Conference even when a parent did not want to be referred to the LEA. Training has been conducted and this has been corrected.
- Data Entry Clerk was not clear about what dates need to be entered into FIT KIDS. Training and support for data clerk will be provided.
- The local Public Schools within this current school year has changed their processes which caused delays in meetings in transition. A new staff person was hired and is now charge of the transition process. Since the new person started the relationship has improved and meetings are happening in a timely manner.
- "Other" as an agency reason has been used as a delay reason to capture public school reasons such as school delays, holiday's, or summer breaks.
- There is confusion on the part of the providers as to how to use the delay reasons
- Late referrals: can create challenges with scheduling with the public schools, testing delays or FSC not clearly understating their role in late referrals

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

- Inadequate staff training and mentoring on the part of the provider agency

**What we are doing to correct the problem**

- The Family Infant Toddler (FIT) staff and Early Childhood Network ECN consultants and the 619 coordinator Catherine Quick are conducting and are actively participating in transition meetings across the state. In addition, NM has a transition steering committee that meets regularly to monitor transition procedures and needs across the state.
- The New Mexico transition document has been updated and revised and was developed in collaboration with the Public Education Department (PED)
- New Mexico has an Early Childhood Transition Initiative Community Based Transition Teams and Identified coaches for Part C and B.
- The FIT program is actively working with the 619 Coordinator from the Public Education Department (PED).
- Three new webinars on transition were recently recorded and will be posted on the University of New Mexico CDD and the FIT websites FIT has MOU's in each community regarding transition agreements time lines etc.
- FIT Conducts ongoing CBAs and is providing guidance as needed.
- FIT /ECN staff are working with providers to better understand the process or transition.
- FIT to provide guidance on the delay reasons to the programs in need.
- FIT is providing ongoing service coordination training and the second day of the face to face training is on transition and includes a parent trainer.
- 

**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2015 through March 31, 2016 (9 months)

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Because Transition Service delivery units fluctuate insignificantly throughout the year, this nine month period of reporting easily reflects the data for the full reporting period.

**Actions required in FFY 2014 response**

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	null	0

**FFY 2014 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

The FIT Program has a two pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with OSEP Memo 09-02.

**Prong 1:** Related to the 3 finding of noncompliance found with Indicator 8a, the FIT program verified that each agency is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance). When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of noncompliance and providing 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 the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

*Describe how the State verified that each individual case of noncompliance was corrected*

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

**Prong 2:** For all individual instances of noncompliance found in FFY 2014, the FIT Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had received each service on their IFSP.

### OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that it corrected the findings of noncompliance identified in FFY 2014 because when describing how it verified correction, the State reported that it verified "the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data." These regulatory citations are not valid. Because of these discrepancies, the State did not report that it verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS provider with noncompliance identified in FFY 2014 is: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. In addition, the State must demonstrate, in the FFY 2016 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2014 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2015 and each EIS program or provider with remaining noncompliance identified in FFY 2014: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

### Required Actions

In the FFY 2016 SPP/APR, the State must revise the regulatory citations used to confirm correction of findings of noncompliance, reflecting the correct citations for this indicator.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8B: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	92.40%	98.30%	96.20%	99.32%	97.48%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

**FFY 2015 SPP/APR Data**

**Explanation of Alternate Data**

In determining compliance with **LEA notification**, FIT Providers conducted a self audit of a 10% (or minimum of 10) random selection of children who turned three between July 1, 2015 and March 31, 2016 for whom LEA notification was required (children potentially eligible for Part B). The audit consisted of indicating the agency had documentation that LEA notification occurred at least 90 days prior to the toddler's third birthday for those children. Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine month period of reporting accurately reflects the data for infants and toddlers with IFSPs for the full reporting period.

**Data include notification to both the SEA and LEA**

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
408	413	97.48%	100%	98.79%

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

null

**Describe the method used to collect these data**

The FIT-KIDS statewide database generates reports for notifications to LEAs turning three within one year of the date of the report. The report includes all children are potentially eligible for Part B. Provider agencies can easily develop reports in FIT-KIDS of children in each school district turning three in specified periods who are potentially eligible for Part B. These reports are intended to be reviewed at the provider level and transmitted to the LEAs according to the frequency noted in their MOUs (usually monthly or quarterly). The local Part C agency must inform the LEA of any children who are referred and determined eligible for Part C after the notification has been transmitted to the LEA.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

In determining compliance with **LEA notification**, FIT Providers conducted a self audit of a 10% (or minimum of 10) random selection of children who turned three between July 1, 2015 and March 31, 2016 for whom LEA notification was required (children potentially eligible for Part B). The audit consisted of indicating the agency had documentation that LEA notification occurred at least 90 days prior to the toddler's third birthday for those children. Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine month period of reporting accurately reflects the data for infants and toddlers with IFSPs for the full reporting period.

**SEA notification** occurs quarterly for all children turning three within one year. Notification at the state level occurred for 100% of children potentially eligible for Part B.

Do you have a written opt-out policy? No

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

All FIT Providers conducted a self audit of a 10% (or minimum of 10) representative selection of children who turned three between July 1, 2015 and March 31, 2016 for whom LEA notification was required (potentially eligible for Part B)

**Actions required in FFY 2014 response**

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	0

**FFY 2014 Findings of Noncompliance Verified as Corrected**

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

One (1) finding was issued for Indicator 8b during FFY 2014 from the Annual Performance Reporting Process.

The FIT Program has a two pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with *OSEP Memo 09-02*.

Prong 1: Related to the 2 findings of noncompliance found with Indicator 8c, the FIT program verified that each agency is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance). When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of noncompliance and providing 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 the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

Describe how the State verified that each individual case of noncompliance was corrected

Prong 2: For all individual instances of noncompliance found in FFY 2014, the FIT Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had received each service on their IFSP.

**OSEP Response**

The State did not demonstrate that it corrected the findings of noncompliance identified in FFY 2014 because when describing how it verified correction, the State reported that it verified "the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data." These regulatory citations are not valid. Because of these discrepancies, the State did not report that it verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS provider with noncompliance identified in FFY 2014 is: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. In addition, the State must demonstrate, in the FFY 2016 SPP/APR, that the remaining uncorrected finding of noncompliance identified in FFY 2014 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2015 and each EIS program or provider with remaining noncompliance identified in FFY 2014: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

**Required Actions**

In the FFY 2016 SPP/APR, the State must revise the regulatory citations used to confirm correction of findings of noncompliance, reflecting the correct citations for this indicator.

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## Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		83.00%	75.30%	88.40%	91.30%	95.70%	97.10%	96.20%	95.90%	96.94%	97.69%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

### FFY 2015 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,374	2,157	97.69%	100%	96.75%

<b>Number of toddlers for whom the parent did not provide approval for the transition conference</b> <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	0
<b>Number of documented delays attributable to exceptional family circumstances</b> <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	713

### What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2015 through March 31, 2016 (9 months)

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

This nine month period of reporting (July 1, 2015 through March 31, 2016) is representative of data for the full reporting period because IFSP development and service delivery units fluctuate insignificantly throughout the year.

**Actions required in FFY 2014 response**

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2014 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

Two (2) findings was issued for Indicator 8c during FFY 2014 from the onsite Community Based Assessment (CBA) monitoring. The FIT Program has a two pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with *OSEP Memo 09-02*.

Prong 1: Related to the 2 findings of noncompliance found with Indicator 8c, the FIT program verified that each agency is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance). When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of noncompliance and providing 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 the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

*Describe how the State verified that each individual case of noncompliance was corrected*

Prong 2: For all individual instances of noncompliance found in FFY 2014, the FIT Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had received each service on their IFSP.

**OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that it corrected the findings of noncompliance identified in FFY 2014 because when describing how it verified correction, the State reported that it verified "the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in 34 CFR 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of subsequently collected data." These regulatory citations are not valid. Because of these discrepancies, the State did not report that it verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS provider with noncompliance identified in FFY 2014 is: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. In addition, the State must demonstrate, in the FFY 2016 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2014 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2015 and each EIS program or provider with remaining noncompliance identified in FFY 2014: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

**Required Actions**

In the FFY 2016 SPP/APR, the State must revise the regulatory citations used to confirm correction of findings of noncompliance, reflecting the correct citations for this indicator.



**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

**Historical Data**

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥				

Key:

**Targets: Description of Stakeholder Input**

Please see stakeholder involvement described in the introduction.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	<a href="#">3.1 Number of resolution sessions</a>	n	null

**FFY 2015 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0			

**Actions required in FFY 2014 response**

none

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**OSEP Response**

This indicator is not applicable to the State.

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥									80.00%		
Data											

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥				

Key:

**Targets: Description of Stakeholder Input**

Please see stakeholder involvement described in the introduction.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	n
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	n
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1 Mediations held</a>	n	n

**Explanation of Alternate Data**

The State did not have any mediations for FFY2015.

**FFY 2015 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0	0			

**Actions required in FFY 2014 response**

none

**OSEP Response**

The State reported fewer than ten mediations held in FFY 2015. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

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**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Reported Data**

Baseline Data:

FFY	2013	2014	2015
Target			
Data			

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target			

Key:

**Description of Measure**

The NM Family Infant Toddler (FIT) Program has three areas for which to set targets, as all three child outcomes, while narrowed, comprise the SIMR. The baseline measurements and targets are indicated below.

*Baseline Data*

Baseline Data	FFY 2013
Child Outcome #1: <b>Social Emotional Skills</b>	74.3%
Child Outcome #2: <b>Acquiring and Using Knowledge</b>	75.9%
Child Outcome #3: <b>Taking Appropriate Action to Meet Needs</b>	82.1%

Baseline data represents the FFY 2013 SPP/APR Indicator 3 child outcomes data narrowed to include only the following:

- limited to the 8 local early intervention provider agencies included in the SSIP (represents approximately 40% of children served in New Mexico)
- limited to children who are eligible for the FIT Program due to a developmental delay (excludes children eligible due to established condition and at risk for developmental delay. Children who are at risk and have a developmental delay are included.)
- limited to children who have been served for at least one year (child outcomes exit data is at least one year after the entry data)
- limited to Summary Statement #1: children who entered the program below age expectations in an outcome but substantially increased their rate of growth by the time they exited the program

*FFY 2013 – FFY 2018 Targets*

Target Data	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Child Outcome #1: <b>Social Emotional Skills</b>	74.4%	75.0%	76.0%	77.0%	78.0%
Child Outcome #2: <b>Acquiring and Using Knowledge</b>	76.0%	76.2%	76.6%	77.0%	77.5%
Child Outcome #3: <b>Taking Appropriate Action to Meet Needs</b>	82.1%	82.7%	83.5%	84.0%	85.0%

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

**Conservative target setting:** In conducting the data analysis, the FIT Program found that agencies who had low IFSP quality and who subsequently received technical assistance and improved their IFSP quality, also improved their performance in child outcomes. The percentages of improvement were as high as 10% for Outcome #1 and over 8% for Outcome 3. Outcome #2 only saw a minor improvement. (This is discussed in more detail in the "data analysis" section of this SSIP. ) The data set for these calculations was small and only for one year. While this improvement is quite promising, lack of trend data over time was considered when targets were set conservatively for the years covered by the SSIP.

Target data also takes into account the quality concerns related to child outcomes data (explained in the data and infrastructure analysis). As data quality has improved, the performance for SPP/APR Indicator C-3 has dropped slightly, and this appears to be more valid data. If the data were of higher quality, the baseline data reported in FFY 2013 may actually have been lower. The FIT Program intends to pursue efforts statewide to ensure higher data quality, and if the performance trend continues to decline somewhat as data validity/reliability improves, targets above the baseline will be more difficult to achieve. Therefore, targets were set conservatively.

### Targets: Description of Stakeholder Input

The NM Interagency Coordinating Council and the identified stakeholder group including parents have been involved in every component of the Phase II of the SSIP. After several presentations, reviews of documents created and discussions with the full council, a smaller ad hoc committee was developed to do more intense and directed work. This group met regularly and reported their progress and recommendations back to the full ICC and stakeholder group for discussion and approval.

Additionally, the Family Infant Toddler Program's statewide training and technical assistance team have been active participants because of their unique position in understanding effective practices and assisting programs in quality improvement. In addition, the ongoing communication occurs between the FIT SSIP lead and the ICC and the ad hoc committee to ensure information is coordinated and communicated effectively.

Representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase II of the SSIP and that will be involved in developing and implementing Phase III of the SSIP.

#### Parent Representatives:

- Nelli Calame, Placitas
- Samantha Yancey, Albuquerque
- Sara Einfalt, Tijeras
- Andrea Leon, Parents Reaching Out, Albuquerque
- Dr. Lourdes Vizcarra, Albuquerque
- Justina Stewart, Albuquerque

#### Providers of Early Intervention Services:

- Jim Copeland, Alta Mira Specialized Family Services, Albuquerque
- Karen Burrow, Alta Mira Specialized Family Services, Albuquerque
- Karen Lucero, Inspirations, Albuquerque
- Cynthia Mantegna, MECA, Las Cruces
- Peggy O'Neill, Zia Therapy Center, Alamogordo
- Kathey Phoenix-Doyle, La Vida Felicidad, Los Lunas
- LuAnn Stordahl, NMSBVI statewide
- Lula Brwon, ENMRSH, Clovis

#### Personnel Preparation:

- Marisa Macy, PhD, University of Texas, El Paso, Las Cruces

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Tribal:

- Paula Seanez, Navajo Nation, Growing in Beauty Program, Gallup

### State Agencies:

- Marc Kolman, Dept. of Health, Developmental Disabilities Supports Division, Santa Fe
- Andrea Segura, Human Service Department, Medical Assistance Division
- Ida M. Tewa, Public Education Department, Special Education Bureau, Santa Fe
- Karen Ziegler, Children, Youth & Families Department, Santa Fe

### State Supported Schools:

- Joanne Corwin, New Mexico School for the Deaf, Albuquerque
- Cindy Faris, New Mexico School for the Blind & Visually Impaired, Albuquerque

### Training and Technical Assistance Consultants (University of NM, Center for Development & Disability (CDD), Early Childhood Learning Network (ECLN) Albuquerque)

- Sophie Bertrand, Albuquerque
- Jen Brown, Albuquerque
- Cathy Riley, Ruidoso
- Michelle Staley, Albuquerque
- Cathey Koss, Las Cruces
- Cindy Bernard, Albuquerque
- Regina Timms, Albuquerque
- Thea Guerin, Albuquerque

### Other:

- Amanda Gibson-Smith, Early Head Start / Head Start
- Dr. Janis Gonzales, NM Pediatric Society, Santa Fe
- Anna Otero Hatanaka, Association of Developmental Disabilities Community Providers (ADDCP), Albuquerque
- Naomi Sandweiss, Parents Reaching Out (PRO), Albuquerque

*In addition to the SSIP stakeholder group, there is another 28 member stakeholder group for NM FIT Program's Race To the Top Early Learning Challenge grant being used to develop a Tiered Quality Rating and Improvement System (TQRIS). While the TQRIS group is not being used specifically as stakeholders for the SSIP, the group is well aware of the SSIP and the plan to align this initiative closely with their work. A number of the members are on both stakeholder groups to ensure both groups are informed and working in alignment. For a list of the Race to the Top stakeholders for the TQRIS, please see the attachment, "RTT Stakeholder List and Affiliation."*

### Overview

### Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

## Effective Use of Data

The NM Family Infant Toddler (FIT) Program developed a web-based statewide database, Family Infant Toddler Key Information Data System (FIT-KIDS) and continues to update it to meet provider requests for data, address programmatic/regulatory changes, and assist with data quality and reliability. The system includes numerous edits and prompts to prevent incorrect data entry and ensure required data is entered. All agencies are trained in the use of the database via online training and receive ongoing technical assistance from the FIT Program. A list serve is regularly used to report issues and ask questions related to data entry and report generation. FIT now has a dedicated data manager who manages the list serv and the data base. Additionally, a data advisory group made up of statewide provider data managers, regularly makes recommendations on needs and use of the overall FIT-KIDS system.

FIT Provider Agencies are audited routinely (at least once per year) by the FIT Program on reliability of data. The FIT Program's Service Standards and Definitions discuss the expectation of keeping data in FIT-KIDS current. FIT Providers are encouraged to regularly use their program data to inform their practice and continuous quality improvement. *(Additional information related to data collection and usage can be found in the SSIP section "Infrastructure Analysis/Data.")*

## Data-based Decision Making

Annually the FIT Program requires completion of an Annual Performance Report (APR) from FIT Providers, similar to the APR required by OSEP from each state. This report is data driven and requires ongoing communication between FIT Providers and the FIT Program to ensure data is complete and reliable. Additionally, root analysis forms are distributed to providers for each compliance indicator to assist them in organizing data to identify patterns/trends in their data for analysis and identification of improvement activities. Provider agencies then submit a narrative correction plan.

### Quantitative Data:

- Data used in this analysis relied heavily on local APR data, Statewide SPP/APR data and data retrieved from FIT-KIDS.
- Additionally, 618 data was used to review ethnicity comparisons, and survey information was used to broadly analyze family outcome data.
- Data from 8 programs who have received onsite Quality IFSP reviews (*see Infrastructure Analysis/Monitoring and Accountability/Shift in Monitoring from Compliance to Quality of this plan for additional information on Quality IFSP review process*) were also used to compare IFSP quality to Child Outcomes for the respective agencies.

### Qualitative Data:

- Local APR data included narratives where provider agencies discuss with the FIT Program challenges and how those are being addressed, as well as how improvement occurred or was sustained during the state fiscal year. This data was used, often in analysis of child outcome data for this SSIP.
- Additionally, in the last two years, focus groups were organized with provider agencies across the state to review child outcome data collection and reporting practices. This information supported the FIT Program's previous hypothesis that there were variations in how agencies serving similar populations are collecting data.
- The Race to the Top initiative includes the Public Education Department and the Children, Youth and Families Department (who oversees home visiting and child care programs). Inter-departmental discussions with these entities, as they developed and refined their own Tiered Quality Rating and Improvement Systems (TQRIS), assisted the FIT Program not only in developing the FIT Program TQRIS, but in analyzing strengths and weaknesses within the infrastructure of the FIT Program.
- Finally, the SSIP stakeholder group includes a number of provider agency personnel who discussed specific concerns, such as the challenge rural agencies have in recruiting appropriate staffing. This information was used to guide quantitative analysis.

## Broad Considerations for SiMR

In preparation for the broad data analysis for the SSIP, the ICC, acting as primary stakeholders for the development of the SSIP, requested data reviews of both family outcomes and child outcomes. The FIT Program initially conducted a broad analysis of state data to illustrate progress and slippage over time and how New Mexico performance compares to national data.



### Family Outcomes (APP/APR Indicator C-4)

The results of New Mexico's family outcomes have been consistently high with only small fluctuations in performance each year for eight years. All families receiving services for at least 6 months at the time of the annual survey are included in the survey. The response rate routinely is quite high. For example in FFY 2012, the response rate was 52%, and in FFY 2013, it was 43.8%.

In FFY 13, the percent of families participating in Part C who reported that early intervention services have helped the family:

- know their rights was 97.22%;
- effectively communicate their children's needs was 98.49%; and
- helped their children develop and learn was 98.97%.

In addition to completing annual surveys to obtain these quantifiable data, families most often write comments on their survey describing their satisfaction with FIT Program services.

Upon presentation of these results to the NM ICC, their conclusion was that given the extremely high response rate each year to the survey along with the high levels of satisfaction, there would be little gain in choosing improvement in family outcomes for the SSIP.

### Child Outcomes (APP/APR Indicator C-3)

The FIT Program reports child outcome data on 100% of children exiting the program who were served for at least 6 months. Child outcomes data are reviewed at least annually. Child Outcome Summary Form average ratings are compared to previous year's average rating for each provider and with national data to determine significant variations.

New Mexico's performance on Child Outcomes aggregate data is consistent with national averages. Performance reported from year-to-year has had only small fluctuations, which is as expected. Comparing New Mexico's Child Outcome Data with national data from 2007 through 2012, the FIT Program's Summary Statement 1 was consistently within 1 standard deviation of the national average. Summary Statement 2 is generally higher for all three outcomes, but was still within 1 standard deviation for Outcomes 1 and 3. However, Outcome 2, FFY 12 results moved slightly higher than one standard deviation. The broad eligibility in the FIT Program (at least a 25% delay in one domain) accounts for this slight variation. Also, the data in the actual progress categories (a-f) for each outcome fell well within the expected patterns. See attachment "Indicator 11-NM Data Quality Report-Part C."

While the aggregate data follows the national trends, Stakeholders were not clear if being "above the national average" is acceptable for the FIT Program. Should the national average be the benchmark? National averages have changed very little in 6 years of reporting. Never-the-less, Stakeholders chose to pursue analysis further.

### Child Outcome Data Quality Concerns

In 2011, the FIT Program began work on data analysis for OSEP's "Results" project. New Mexico chose "Child Outcomes Data Quality" as the topic for this project. As stated earlier, New Mexico's aggregate data for child outcomes corresponds with national data. However, when the data is disaggregated by local provider agencies, concerns arose regarding data quality. There were substantial differences in reported progress categories and summary statement percentages from statewide agencies serving similar populations. Attempting to learn of the reason for this data disparity entailed disaggregating child outcomes data (Indicator C-3) in every manner possible. The conclusion from this project, which continues its work today, is that there were significant issues statewide related to the actual collection of the data and reporting itself.

Summary Statement One: Since 2011, a great deal of work has been done around the state to investigate data quality issues and begin improvement. FFY 13 data generally saw a slight reduction in percentages reported for Summary Statement 1 (children who made significant improvement). These lower percentages align more closely with national averages being found, and reflect a higher level of confidence in the data reported. While there are still several outliers in the data patterns, in FFY 2013 there was less

Summary Statement 2 (children functioning within age expectations at exit) continues to increase. However, in New Mexico, where eligibility is quite broad, Summary Statement 2 is a less useful measure for analysis because many children with only a 25% delay in one domain may enter the program at age expectations in one or more of the outcomes and, therefore, exit at age expectations. Because of this, higher than national averages in Summary Statement 2 were not concerning.

To address data quality, focus groups were organized with provider agencies across the state to review child outcome data collection and reporting practices. Technical assistance was then provided to ensure agencies understood the intentions and the process related to measuring child outcomes. An extensive online training was developed to assist provider agencies, and this training has been widely utilized.

Based on the results of focus group discussions, the common challenges of child outcomes data collection process were identified. Barriers to reliable data collection were such things as failure to use the ECO Center's child outcomes rating decision tree during the rating process, failure to adequately explain the rating process to parents who participate in the rating selection, and failure to include appropriate team input in the rating selection. Beginning in July 2015, implementation of a revised process and paperwork will assist with quality data collection.

Specific strategies to address data quality are included in the "Coherent Strategies" section of the SSIP.

Because the previous data quality issues, child outcomes data analysis for the SSIP included more recent data, including FFY 13 data, as it appears more reliable. Additionally, the FIT Program does not include in this analysis any data from the "medically/biologically at risk" population or the "environmental risk" population it serves.

#### Child Outcome Data Analysis

To guide more in-depth data analysis related to child outcomes, questions drafted by the NM ICC were:

- Are child outcomes impacted by performance on SPP/APR compliance indicators?
- Is there a difference in child outcomes data between rural and metro areas?
- Does race/ethnicity have an impact on child outcomes?
- Does length of time in service impact child outcomes on exit?
- Does providing services in natural environments yield better child outcomes?
- In light of the low quality results the FIT Program has found from 10 of the 12 IFSP Quality Reviews conducted with provider agencies, do functional routines based outcomes and strategies on IFSPs impact child outcomes?

#### Child Outcomes Data Comparison to Other APR Indicators

Using data that was readily available, child outcomes data was compared to data from other indicators. A comparison to Indicator 2, Natural environments is detailed later in this analysis. Indicator 8, Transition, seemed unlikely to have an effect on child outcomes. Therefore, the remaining analysis included an analysis of the impact of Indicator 1 (Timely Service Delivery) and Indicator 7 (Timely Initial IFSP) on child outcomes. Certainly, if compliance dropped significantly on a compliance indicator, it is expected that child outcome performance would slip, as well. Another issue, however, could be whether the focus on compliance would interfere with the quality of services for the family and the family's experience in early intervention. The analysis on Indicators 1 and 7, however, demonstrated the compliance with these indicators has fluctuated so little in the last 5 years, it was impossible to determine if compliance on either indicator directly impacted child outcomes. Each provider agency performs so high on both of these indicators, it was not possible to do any comparison in child outcomes based on performance in Indicators 1 and 7.

Provider members of the stakeholder group concluded anecdotally, that the effort involved in ensuring compliance, particularly when exceptional family reasons for not meeting timelines does not count against compliance, does not act as a barrier to improving child outcomes.

Moving to an increased depth of analysis, the child outcome progress categories and/or summary statements were specifically reviewed according to the following:

#### Urban vs. Rural Providers

In New Mexico, "urban" is a relative term. Of 31 provider agencies in the FIT network who collect child outcome data, only 11 could remotely be considered urban. For the purpose of this analysis, urban agencies were those agencies located in areas of population over 80,000, resulting in a significant difference in the access to resources and qualified service providers from rural providers. In comparing average performance between the two groups, there were no significant variations in the child outcome progress reported in FFY 2013, with the exception of Outcome #2, progress category e (children who maintained functioning at a level comparable to same-aged peers. Even here, there was only a 7% variation between the two with urban providers averaging 34% and rural providers averaging 27%. See attachment "*Child Outcomes comparison between urban and rural.pdf*" for a graphic representation.

#### Race/Ethnicity

The most recent 618 data for New Mexico Part C showed a point in time breakdown of ethnicities of children being:

- Hispanic/Latino 64.35%
- American Indian 9.52%
- White (non-Hispanic) 22.67%
- Asian, African American and Pacific Islanders make up the remaining 3.45%.

The FIT-KIDS database report for measuring progress in child outcomes does not distinguish the ethnicity of children. However, it is possible to review the ethnicities of populations served within each agency. The analysis grouped agencies by those which served Native American children and their families more than 70%, between 20% and 70%, and below 20% of their total served population (children with IFSPs in FFY 2013). Interestingly, the percentage of children who substantially increased their rate of growth (Summary Statement 1) in all three outcomes by the time they exited the program were the agencies that served over 70% American Indian. The next highest category was for agencies that served less than 20% American Indian, followed finally by the agencies that served between 20% and 70%. The differences in child outcomes was significant, ranging from 9-22% between agencies serving over 70% American Indian families and those serving between 20%-70% American Indian families.

It is unclear why agencies serving such high percentages of American Indian children and their families would have such high performance in all three child outcomes. No conclusions can be drawn based on available data. One possible cause in the differences in results is that individual agencies that serve high populations of Native Americans are typically quite small, making their average numbers suspect. One child's progress can significantly effect their agency average. Also, the largest percentage of American Indian children in New Mexico are served by a relatively small number of agencies located in pueblos or reservations. It is possible that the data disparity is a result of data collection practices at these particular agencies. This will continue to be explored in the next two years with both desk and onsite reviews of data collection methods at agencies serving American Indian children. A more permanent solution for exploring this issue will include refining filtering parameters in FIT-KIDS to better isolate and research specific ethnicities at all agencies. See attachment "*Child Outcomes comparison Child Outcomes comparison between agencies serving differing percentages of American Indian children.pdf*" for a graphic representation.

A similar review was done comparing agencies that served Hispanic children and their families. The highest percentage of children who substantially increased their rate of growth in all three outcomes by the time they exited the program were reported by the agencies that served the least percentage of Hispanic children. Again, these agencies were grouped by those which served Hispanic children and their families more than 70%, between 20% and 70%, and below 20% of their total served population (children with IFSPs in FFY 2013). On closer inspection, the agencies grouped in the category of serving the smallest number of Hispanic children were the very same agencies that served the highest percentages of American Indian children, which likely accounts for the data differences. As with the analysis for agencies serving American Indian children, further research will need to occur related to data collection methods at agencies serving large numbers of Hispanic children and their families before any conclusions can be drawn. See attachment "*Child Outcomes comparison Child Outcomes comparison between agencies serving differing percentages of Hispanic children.pdf*" for a graphic representation.

While some interesting questions have arisen related to the results of improved child outcomes based on child ethnicity to this point, the inconclusive nature of the analysis requires further study.

#### Length of time between entry and exit data

The next area of data analysis considered the impact the length of time the child receives services has on the child's outcome. Provider agencies have reported that more than 6 months between entry and exit is needed to demonstrate substantial improvement in child outcomes.

Removing all children except those eligible for developmental delay and exiting in FFY 2013, children's outcome data was separated into lengths of time in service beginning at 6-12 months, at 12-24 months and over 24 months. In most cases the percentage of children who substantially improved their skills in all three outcomes was for those children served between 12 and 24 months. One would assume the highest percentage of children who substantially increased their rate of growth would be the children served the longest, more than 24 months. Again, the differences between the three groups were hardly significant and may have more to do with the quality of the entry data being collected 3.5 years ago when these children, who were served the longest were enrolled, rather than providing information on the impact of sustained service delivery. See attachment "*Child Outcomes comparison Child Outcomes comparison between length of time between entry and exit.pdf*" for a graphic representation.

#### Services in Natural Environments

This area of data analysis was related to children served primarily in natural environments. Once again, FIT-KIDS does not readily relate natural environments data with entry and exit data for child outcomes. However, the FIT Program is able to view agency performance related to natural environments to determine if their overall practices have an impact on child outcomes.

Most FIT Provider agencies provide all services in natural environments. However, a few providers will occasionally provide the majority of a family's services in their center. In FFY 2013, only three providers performed below 90% in the provision of services in natural environments. Regardless, because this is such an important element to service delivery, the stakeholder group asked for child outcome data comparisons based on natural environments. The three agencies that performed at less than 90% in the provision of natural environments in the last fiscal year were compared to the remaining higher performing agencies. For each group, child outcome performance was calculated, and the results were that agencies that served more children in the home or community based setting had a higher percentage of children who substantially increased their rate of growth in all three child outcomes by the time they exited the program (Indicator C3, Summary Statement 1). Outcome 1 (social emotional skills) was almost 7% higher and Outcome 2 (acquisition of knowledge and skills) was 8% higher for agencies serving more children in natural environments. See attachment "*Child Outcomes comparison between agencies serving differing percentages of children in natural environments.pdf*" for a graphic representation. As with all data related to child outcomes, there may be unaccountable variables that are impacting these results; however, given the overwhelming evidence based recommendations that supports and services be provided "in natural and inclusive environments during daily routines and activities" (DEC Recommended Practices in Early Intervention/Early Childhood Special Education 2014), the results of this analysis must be seriously considered.

#### Functional Routines Based IFSP Outcomes and Strategies

FIT-KIDS does not collect information on specific outcomes and strategies. Only by reviewing actual IFSP documents can one learn the actual outcomes and strategies and their quality in terms of being functional and routines based. It is, however, possible to compare the results of the three functional child outcomes (SPP/APR Indicator C3) across agencies who have received a quality IFSP onsite review.

The reviews completed in the last three years have shown a significant number of low quality IFSPs, most often in the areas of incorporating strategies into the family's everyday routines and activities or utilizing a coaching/mentoring model to build family capacity. 12 agencies have been reviewed, and only 2 of these agencies had high quality IFSPs.

While the data is limited, the child outcomes for the 2 agencies that had high quality IFSPs were compared to the child outcomes for the other 10 agencies. The respective year's child outcome percentages for the low quality IFSPS review agencies was lower than those of the agencies that had high quality IFSP reviews, by as much as 7% for Outcome 2, Summary Statement 1. (See attachment, "*Child Outcomes comparison between agencies with acceptable vs unacceptable IFSP reviews*" for more detail.)

Technical assistance related to the development of IFSPs focusing on functional outcomes with routines based strategies and

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utilization of the transdisciplinary team approach was provided to each agency following the IFSP review if their IFSPs were determined low quality. To date 5 agencies whose reviews showed their IFSPs to be low quality, received at least a full year of technical assistance. (The other 5 agencies are receiving but have not completed their full year of technical assistance to date.)

Follow up IFSPs were submitted to the FIT Program for review, and three of the agencies made significant improvement in the IFSPs developed after they received feedback from the review and technical assistance following the review. Of the two agencies that did not improve in IFSP quality, technical assistance was provided to a lesser degree due to agency staff unavailability. Both of these agencies were having serious staffing and other internal issues. The three agencies that participated in ongoing technical assistance saw improvement in both summary statements for all three outcomes, as follows:

- Outcome 1, Summary Statement 1: Increased an average of 10.70%
- Outcome 1, Summary Statement 2: Increased an average of 5.80%
- Outcome 2, Summary Statement 1: Increased an average of 0.70%
- Outcome 2, Summary Statement 2: Increased an average of 7.15%
- Outcome 3, Summary Statement 1: Increased an average of 8.50%
- Outcome 3, Summary Statement 2: Increased an average of 3.61%

### Results of Data Analysis

The data analysis raised questions/concerns as well as offered evidence to guide the SSIP in selecting both the SiMR and strategies. Data from FIT-KIDS were readily available and complete, easily allowing comparisons of data between providers and between reporting periods.

There is a concern about the quality of child outcomes data. A focus on this quality issue has occurred in recent years and continues to occur. Through focus groups, the child outcomes data collection process was studied, and beginning in July 2015, the process and paperwork will be revised to assist with quality data collection. Regardless, the FFY 2012 and 2013 data, when disaggregated by provider, has fewer outliers and appears to be improving in quality overall. Strategies to address data quality are reported in the “Coherent Strategies” section.

The data analysis revealed a need for standard child outcome reports in FIT-KIDS to be more refined. Additional filters should be added, such as child’s ethnicity, age at entrance, etc. While these data can be found by comparing multiple reports, a standard report should include these to make it easier for provider agencies to regularly review data.

The Data quickly revealed a sustained high performance for Family Outcomes for all provider agencies. This pointed the stakeholder group to review improved child outcome data (SPP/APR Indicator C-3) as the SiMR based on the resulting in depth analysis.

Regarding the data analysis results, additional research should be done to ensure American Indian and Hispanic children are receiving services similar to all children with similar needs. The Stakeholder group hypothesized the differences in child outcomes reported for both groups was related to the small numbers of agencies serving the largest percentage of American Indian children (and those agencies conversely impacting the child outcomes results for Hispanic children) and specific agency practices related to child outcome data collection. However, desk and onsite monitoring will be conducted to determine the actual cause in child outcome differences.

The child outcome results based on length of time in service was perplexing. The stakeholder group suspected the surprising results (More children who were served between 12-24 months substantially improved their rate of growth by the time they exited the program than children who were served more than 24 months) were related to previous data quality issues for those children with entry data in 2011, prior to addressing data quality issues statewide. Data will continue to be collected during FFY 2014 and 2015 for this variable for further study.

The strength of the analysis was in having such a quantity of both quantitative and qualitative data to assist in the analysis. Several years’ worth of data were easily accessible and manageable.

The analysis provided evidence (improved child outcomes) to support quality practices. Agencies who provide services to a higher percentage of families in natural environments demonstrate higher percentages of children who substantially increased their rate of growth in all three child outcomes by the time they exited the program. Also, given the recent emphasis by the FIT Program to

review the quality of IFSPs, the evidence suggests that there is a strong correlation between IFSP quality and child outcomes.

## Conclusions

Based on the data analysis and the federal requirements around selection of the SiMR, the FIT Program chose to *increase the percentage of infants and toddlers who substantially increase their rate of growth by the time they exit the FIT Program in the areas of:*

- *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.*

The choice to narrow the SiMR to Summary Statement 1 (infants and toddlers who substantially increase their rate of growth by the time they exit) was due to the in-depth data analysis regularly showing this statement being most impacted by practice. Also, as stated earlier, the FIT Program's broad eligibility criteria (only 25% delay in one domain) for developmental delay already causes the FIT Program to be higher than the national average for Summary Statement 2.

The SiMR was further narrowed by removing children eligible due to "established condition." Often, as children with established conditions age, the delay resulting from their established condition becomes more pronounced and the gap in their rate of growth and that of a typically developing child broadens, regardless of the services/practices provided.

In disaggregating child outcome data by provider agencies, there continues to be data outliers. Until quality data can be more reliable for all provider agencies, the SiMR only includes 8 providers statewide. These providers were chosen to be representative of all providers statewide and based on the confidence the FIT Program had in the reliability of their child outcomes data. The children served by these 8 agencies represents 40% of all children served in the FIT Program statewide.

Finally, while the quantitative data was not conclusive regarding length of time between entry and exit data, it did support the Stakeholders' and other providers' qualitative data that more than 6 months was needed to expect substantial improvement in child outcomes. Therefore, the SiMR was further narrowed. The strategies to improve results will be implemented with all children being served for at least one year by the 8 identified providers.

The analysis not only assisted in the choice and narrowing of the SiMR, but led the Stakeholder group toward strategies that would clearly improve results for infants and toddlers. Clearly the quality of IFSPs, particularly those with functional outcomes and strategies embedded in families' everyday routines and activates and appropriate services delivered by a transdisciplinary team, clearly improve child outcomes for infants and toddlers with disabilities.

## Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

*The information provided below represents the conclusions of the analysis that pertains to and assisted in the choice of the FIT Program's State Identified Measurable Result of improvement in all three child outcomes (APR Indicator C-3) and the strategy of developing and implementing higher quality IFSPs to achieve that result.*

The Family Infant Toddler (FIT) Program conducted a broad analysis of programmatic and departmental systems, primarily to review strengths and weaknesses of each system in relation to improving results for infants and toddlers with disabilities. Each system was thoroughly researched and analyzed with a resulting detailed written description of its structure, its strengths and its weaknesses. These systems included governance, fiscal, data, quality standards, monitoring and accountability, professional

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development, and technical assistance. This was a valuable exercise in identifying areas for improvement and determining areas that currently support the sustainability of evidence based practices to improve results for infants and toddlers with disabilities and their families.

Once these systems were analyzed individually, the FIT Program reviewed the broad analyses to determine how the individual systems were coordinated, how they were aligned, and how to utilize the strengths and address the weaknesses in moving forward with a more in depth analysis related to the state systemic improvement plan.

As the analysis progressed, the FIT Program sought additional input.

- Developmental Disabilities Support Division (DDSD) representatives outside the FIT Program, reviewed the FIT Team's infrastructure analysis and provided greater detail regarding the safeguards within the state's system.
- The Center for Excellence, at the University of New Mexico Center for Development and Disability also provided a great deal of input. The FIT Program contracts with the Center's Early Childhood Learning Network (ECLN) to provide training and technical assistance statewide to FIT Provider Agencies. This group has been instrumental in planning around the State Systemic Improvement Plan, particularly in supporting FIT Providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities.
- Finally, the NM ICC developed a smaller ad hoc committee to work directly on the SSIP and to inform and make recommendations to the entire council at quarterly ICC meetings. This group, who meets more frequently with the FIT Program and ECLN staff, reviewed the infrastructure analysis and provided additional input before presenting it to the larger ICC. The NM ICC has representation from parents, provider agencies, parent organizations, universities, tribal, state agencies, state supported schools and many others.

A description of each of these systems, in relationship to the SiMR, follows:

### Governance:

#### Strength: Decision Making within New Mexico FIT Program

The FIT Program, which oversees the provision of early intervention services in New Mexico, is a program within the Developmental Disabilities Supports Division (DDSD) of the Department of Health. Early intervention services in New Mexico are contracted by the FIT Program to local provider agencies. While the FIT Program has a small staff, all staff members assist in decision making related to the early intervention program.

Regarding ongoing governance of the FIT Program, decision making is guided primarily through the Individuals with Disabilities Education Act and state statutes which are most often reflections of those federal requirements. All decisions must comply with these federal and state mandates. Additionally, annual service standards and definitions provide clarifications related to regulations, provide guidance on billing for services, explain administrative requirements, etc. Updating information in the service standards is most frequently where decision making regarding the development and implementation of policies, programs and practices related to improving results for infants and toddlers with or at-risk for disabilities in the FIT Program occurs.

#### Strength: Stakeholders in Decision Making:

In addition to the FIT Program's and other State entities' involvement in decision making, a number of other stakeholders participate.

- ICC: New Mexico has a strong, very active Interagency Coordinating Council (ICC) with multiple committees. The ICC is always co-chaired by a parent and a provider to ensure multiple perspectives in the leadership. In addition to regularly making recommendations to the FIT Program, the ICC is informed prior to making decisions regarding the development and implementation of policies, programs and practices related to improving results for infants and toddlers with or at-risk for disabilities, so that the council may advise. Additionally, the ICC has a number of smaller committees made up of ICC members, FIT Program staff, and representatives from community early intervention provider agencies. These smaller, more directed groups meet frequently, work more intensely, and make highly informed recommendations to the full ICC at their quarterly meetings. The ICC will then vote to accept, modify or deny their recommendations, and this feedback is heavily relied upon by the FIT Program when decisions are made.
- ECLN: The University of New Mexico Early Childhood Learning Network (ECLN) mentioned previously, frequently participates in

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decision making. This group is particularly informed about provider program's capacity to implement quality practices. ECLN is involved in decision making on the implementation of all initiatives related to quality practices to improve results for infants and toddlers.

- Service Providers and Parent Support Agencies: Proposed changes in service standards are presented at the end of each fiscal year at a large meeting of service provider agencies. Also attending are two organizations dedicated to supporting parents of children with developmental delays, Parents Reaching Out (PRO) and Education for Parents of Indian Children with Special needs (EPICS). The FIT Program has a strong relationship with the parent organizations, as well as service providers statewide. These entities have an opportunity to hear and respond to the proposed changes, and these responses are considered before the service standards are finalized.

### Strength: Alignment of Agency Priorities, Initiatives, and Activities across New Mexico

One of the advantages of having an active ICC is that representatives from numerous state and private agencies serving infants and toddlers across New Mexico participate. As discussions occur at the ICC prior to decision making regarding development, implementation or modification of policies and practices related to improving results for infants and toddlers with or at-risk for disabilities, members and guests assist to ensure alignment, reduce duplication, leverage resources and maximize results for children across the state. The ICC has been heavily involved in all Phase I activities of the State Systemic Improvement Plan (SSIP), and will continue its involvement in the next phases.

The FIT Program is also one of the state agencies involved in the Race To the Top-Early Learning Challenge (RTT-ELC) awarded to New Mexico to develop and support a coordinated system of early learning and development. In fact, the FIT Program Director is on the leadership team for the New Mexico RTT-ELC initiative. The statewide initiative is designed to align programs serving young children statewide to improve results for children. Key representatives in this initiative meet regularly to review the statewide plan that transforms disconnected, siloed programs that historically have labeled and segregated children because of categorical funding streams into a coordinated system that focuses on the building of high-quality, comprehensive programs with a continuum of integrated services. The FIT Program's SSIP will be aligned with part of the Tiered Quality Rating and Improvement System (TQRIS) being developed by the FIT Program as part of this initiative. Measuring the quality of the IFSP will be one of the quality elements that provider agencies will review as part of the TQRIS, thus ensuring the sustainability of the SSIP's focus on quality IFSP development.

### Strength: Shifting FIT Program Priorities to Quality

The FIT Program spent many years focusing primarily on compliance. In the last three years, the focus has moved more to quality in compliance. For example, the initial evaluation is a requirement; however the manner in which this activity is being conducted is regularly examined to ensure functional assessment with parent involvement. Similarly, while IFSPs are required, the quality of the IFSP written document and the IFSP process is being examined carefully to incorporate best practices.

The FIT Program is committed to improving functional outcomes for children under the age of three who received routines based early intervention services utilizing a transdisciplinary team approach. Improved outcomes in the areas of positive social-emotional skills, acquisition and use of knowledge and skills and use of appropriate behaviors to meet needs, has been emphasized in recent years. Previously, this emphasis has been around improving data quality by examining each provider agency's data collection methods to learn the barriers to successful collection and reporting. Considerable success has occurred from this examination, and the child outcomes data collection process continues to be modified, provider agencies have received additional training and technical assistance, and the data itself appears more reliable.

### Area for Improvement and how this will be addressed: Delays in Decision Making

The FIT Program staff is crucial in the development of systemic improvements in the FIT Program. This includes the FIT Program Coordinator, Quality Assurance Manager, TQRIS Manager and 4 Regional Provider Managers. The FIT Program collaborates closely with its contracted training and technical assistance group, the Early Childhood Learning Network at University of New Mexico's Center for Development and Disability. This group is also crucial in planning and implementing systemic improvements. Finally, the Interagency Coordinating Council is integral in this process due to its statewide representation of state agencies, parents and providers.

The benefit of the large number of stakeholders is ensuring the issue is reviewed from multiple perspectives, particularly regarding fiscal and implementation impact. The challenge of this kind of involvement in decision making is the length of time it requires to come to decisions. Division and Department staff availability can be a challenge. However, particularly difficult is the timing of



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community involvement. The NM ICC only meets quarterly, and at those meetings, they require education on the topic, discussion, and a vote, all of which must be added to a full agenda already. They may choose to delay the decision making until the next meeting, allowing them more time to consider. This 6 month delay in coming to a decision from this important entity is extremely challenging.

In order to expedite decision making, smaller ICC committees, who meet more frequently, have often taken on the role of researching issues, problem solving, and making recommendations to the larger ICC. Continued use of these small committees will assist in the future as the program moves forward in improving results for children with or at risk for developmental delays.

## Fiscal

### Strength: Funding Sources

The primary funding sources for the Family Infant Toddler (FIT) Program are: State General Funds; Federal Medicaid funds; Private insurance; and IDEA Part C grant funds. Reimbursement of providers is on a fee-for-service basis. Provider agencies have a Provider Agreement with the Department of Health and a Medicaid agreement.

Based on budget availability, the FIT Program utilizes a variety of these funding sources (State General Funds, Federal Medicaid funds, Private insurance or IDEA Part C funds), in order maximize resources to fund improvement strategies.

NM is one of 19 states awarded a Race To the Top - Early Learning Challenge grant. Of the \$37.5 million award, the FIT Program received over \$4 million primarily to implement a Tiered Quality Rating and Improvement System (TQRIS) and to build an Early Childhood Integrated Data System. The FIT Program is working with national consultants in this effort.

### Strength: Leveraging Funds to Support the Implementation of the Focus Area Improvement Strategies

In calendar year 2015 and 2016 the FIT Program has access to Race To the Top - Early Learning Challenge (RTT - ELC) grant funds for improvement strategies, including those under the SSIP, as long as they are related to the goals of the RTT - ELC grant. The improvement strategy being proposed in the SSIP to improve the development of quality routines-based and functional IFSPs is in strong alignment with the goals of the Tiered Quality Rating and Improvement System (TQRIS) under the RTT - ELC. RTT - ELC funds are able to be utilized for revising and validating an IFSP Quality Rating Scale that can be used in the SSIP work.

Another fiscal resource that could be leveraged to support the implementation of the focus area improvement strategies is the IDEA Part C funds the FIT Program utilizes to fund the University of New Mexico - Early Childhood Network to provide training and technical assistance. There is currently a strong focus on the training and technical assistance on the IFSP, after the launch in September 2014 of a revised statewide IFSP.

### Areas for Improvement and how these will be addressed: Extra Cost of Providing High Quality Services

The FIT Program will have to address the issue of sustainability, as the Race To the Top - Early Learning Challenge funds will end December 2016, with a no cost extension likely to be approved through June 2017. Also, provider agencies are concerned that additional requirements, including those related to implementing quality practices, increase the cost of providing services.

The FIT Program is responding to provider concerns and the issue of sustainability by considering conducting a rate study to determine the appropriate rates for FIT Program services that takes into account the increased continuous quality assurance activities under the planned Race To the Top Tiered Quality Rating and Improvement System (TQRIS). This would include the increased time providers would need to assess and address the quality of IFSPs being developed by staff (as part of the strategy in the SSIP). This additional revenue could assist with sustaining evidence-based practices to improve results for children with disabilities.

Prior to the end of the Race To the Top - Early Learning Challenge funds ending, providers will receive additional funds to assist agencies with initial costs involved in developing processes to improve quality associated with the Race To the Top TQRIS (hiring Quality Assurance personnel, developing Quality Assurance plans, additional training and TA on IFSP quality, etc.).

## Quality Standards

### Strength: Existing Standards

The FIT Program maintains standards for all aspects of the program, including the development and writing of quality IFSPs and the collection of child outcomes data. It updates and clarifies the standards to remain aligned with federal and state requirements.

Personnel standards are strictly monitored and enforced to ensure service delivery to children and their families is provided by highly qualified individuals. Additionally, the NM Interagency Coordinating Council has a committee to ensure a qualified workforce. FIT Program staff are active members of the NM Early Childhood Higher Education Task Force and have influenced the development of Family Infant Toddler Studies courses that are articulated from 2 year institutions to 4 year institutions.

New Mexico has developed and recently revised its Early Learning Guidelines which include developmentally appropriate practice. The FIT Program, along with several other state agencies, is reviewing how these guidelines might be used most effectively.

### Strength: Use of DEC Recommended Practices

The FIT Program has utilized DEC's Recommended Practices as it moves forward with its emphasis on quality. In fact, the development of the Tiered Quality Rating and Improvement System is based primarily on those standards. These standards are incorporated into the TQRIS and will be used to assess provider status and needs for improvement, develop improvement plans and evaluate progress.

### Areas for Improvement and how these will be addressed:

An area of concern related to the DEC Recommended Practices relates to instructional practices. *INS5 states "Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities."* As the FIT Program reviewed agencies quality of IFSP documents, it was evident from the strategies that intervention is often not embedded into family routines and activities.

The IFSP rating tool, used, in part to assess routines based services is included as one of several measures for the TQRIS. This tool offers a critical look at the use of family routines and activities in every section of the IFSP.

## Data

### Strength: Online Data System

The New Mexico Department of Health (DOH) Family Infant Toddler (FIT) Program maintains an online data system, the "Family Infant Toddler-Key Information Data System" (FIT-KIDS). Since 2008, FIT-KIDS has been developed, maintained and operated by Maximus, Inc., who contracts with the New Mexico Department of Health to provide the FIT program with this service.

Data is entered by provider staff users from the point of referral onwards. Data collection includes demographic, diagnostic, eligibility determination and evaluation, insurance and contact information, Individualized Family Service Plan (IFSP) information, delivered service information, as well as personnel information for those delivering services.

Finally, FIT-KIDS has an elaborate array of standard reports that are available to both state level staff and provider staff. These include demographic and enrollment reports, IFSP and delivered service reports, billing reports, and personnel reports.

### Strength: Data Validity and Reliability

As part of the FIT Program's local Annual Performance Report process, each provider agency uses FIT-KIDS to complete a Data Validation Survey that compares key data elements in FIT-KIDS with the child's written record. In addition, as part of the FIT Program's quality management system, an additional Data Validation Survey is conducted by FIT Program staff during a provider's Community Based Assessment (CBA), which occurs every two to three years.

[Strength: Data Use in Informing the Development and Implementation of Improvement Strategies to Improve Results for Children with Disabilities](#)

The FIT Program uses data to make decisions on areas in which to allocate resources, from training and technical assistance to onsite monitoring. FIT Program staff routinely review data reports in FIT-KIDS both for program compliance and to implement improvement.

FIT-KIDS captures entry and exit data for the three child outcomes for every child enrolled in the FIT Program. This data is required by the system and will not allow billing to occur until the data has been entered.

The strategies related to the SSIP involve the quality of IFSPs. While FIT-KIDS tracks compliance with IFSP development and timelines, it cannot determine quality of the document or process. However, in recent years, the FIT Program has been utilizing an IFSP Quality Rating Scale originally developed by another state and modified for New Mexico. It has undergone numerous revisions and is now being validated by the University of New Mexico. Once validated, the tool will ensure high inter-rater reliability, as well. Provider agencies will be trained in its use and this data will clearly identify issues related to quality in their IFSPs. This will inform agencies where training and technical assistance are most needed.

[Strength: Leveraging the State's Data System to Improve Results for Children with Disabilities](#)

The FIT Program currently provides FIT provider agencies with Child Outcomes data once annually at the time of the local annual performance report. However, FIT Providers have access to this data at any time they wish to run the report. As the SSIP's measurable result for the FIT Program is improvement in each of the three child outcomes, provider agencies and FIT staff, both, have ready access to the data needed to determine improvement.

[Areas for Improvement and how these will be addressed: Refined Child Outcomes Data Reports from FIT-KIDS](#)

Occasionally, provider agencies see the FIT-KIDS as only a data entry and billing requirement. Provider agencies can make better use of the system for quality and compliance purposes. FIT-KIDS has a standard report with entry and exit data for APR Indicator 3: Child Outcomes, where providers may monitor child progress. As mentioned also in the "Monitoring and Accountability" section of this analysis, provider agencies will need greater access to Child Outcomes progress categories to determine overall provider performance. Whether this access occurs through built in features in FIT-KIDS or more regular sorting and dissemination to providers by FIT Program staff, will be an ongoing consideration.

Also, the FIT-KIDS needs further refinement of the reporting on child outcomes with the use of additional parameters, such as ethnicity, county served, etc. This will assist in determining if specific populations have better outcomes than others. The database developer is making these revisions to the database, which should be completed by November 2015.

[Areas for Improvement and how these will be addressed: Child Outcome Data Quality](#)

Data Quality issues continue to effect the analysis of child outcomes data. While there has been considerable improvement, several programs statewide continue to have questionable data results, identified through outliers and analysis tools discussed in the data analysis section. Because of this, sites involved in Phase 1 of the SSIP were selected, in part, based on the quality of their reported child outcomes and their reported practices used to collect these data. Prior to statewide roll out of the SSIP, all providers must have acceptable quality data related to child outcome results. All agencies will be regularly monitored to ascertain data quality. Poor data quality is currently being addressed through regular on-site focus groups, training and technical assistance, and revisions to the child outcome data collection process.

## [Monitoring and Accountability](#)

[Strength: Established Protocols for Monitoring](#)

The FIT Program conducts a Community Based Assessment (CBA) with all contracted provider agencies every 2-3 years. The CBA looks at 4 key areas: (1) Annual Performance Report (APR) verification, (2) Data Validation, (3) Review of billing and documentation,

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and (4) Review of Child Record Documentation. The FIT Program also, when necessary, conducts a focused review related to particular concerns, primarily in the areas of transition activities and evaluation/eligibility. Programs receive focused monitoring based on FIT Regional Manager observations and concerns, feedback from Early Childhood Learning Network (technical assistance consultants), low APR performance, or desk audits of FIT-KIDS data.

### Strength: Shift in Monitoring from Compliance to Quality

Closely aligned with the SSIP strategy of improving the quality of IFSPs, which will lead to improved child outcomes, the FIT Program also monitors IFSP quality. This review of quality is a break from the usual compliance monitoring, and FIT Providers have offered feedback that it is extremely helpful.

In the last year, on-site activities for this IFSP quality monitoring have shifted. The FIT Program has begun engaging agency staff in the actual review of their IFSPs instead of only FIT Program staff conducting the review and providing feedback on findings. The first day of the onsite visit now involves training agency staff on how to use the IFSP Quality Rating Scale currently used by the FIT Program in monitoring activities. The intention is for provider agency staff to learn to use this tool with the support and guidance of the FIT Program in identifying concerning trends in their agency's IFSPs. Remaining with the provider agency for at least two days conducting side by side reviews of the agency's IFSPs, inter-rater reliability is improved through immediate feedback and constant technical assistance. Once the onsite review is completed, providers will provide support to their staff to improve, and use the rating tool for ongoing monitoring of improvement. This Continuous Quality Improvement practice will be enhanced in a strategy to address the State Identified Measurable Result (SiMR) in the SSIP.

### Strength: System of Sanctions/Awards

When poor performance is discovered, regardless of how it comes to light, provider agencies are required to develop plans of correction, using evidence based practices for improvement and capacity building. This is also true when quality reviews have shown less than acceptable practices related to the IFSP development and resulting implementation. The IFSP Quality Rating Scale pinpoints the areas needing improvement. Trends in these areas provide indicators for a plan of correction, which usually involves considerable technical assistance and staff training individualized to the program.

Higher performing agencies are generally subject to less scrutiny by the FIT Program. Typically, they are monitored informally by their assigned FIT regional manager and receive a CBA according to a 3 year cycle. However, no focused monitoring occurs, and there are fewer desk audits for those agencies.

Additionally, the FIT Program publishes on its website an Annual Performance Report for the Public. The report includes individual report cards for all FIT Program provider agencies indicating their performance, comparing it with targets and with the statewide performance. Specific to the SSIP, this report also lists provider performance on child outcomes. The publication of this report also acts as a sanction or award depending on agency performance.

### Strength: Leveraging the TORIS Monitoring System in Relation to the SiMR

The TORIS currently being developed as part of the Race To the Top-Early Learning Challenge grant, will be implemented statewide. As mentioned previously, this system will include assessment of the quality of IFSP development. As the system is designed, it will be heavily reliant on provider agencies conducting ongoing self-assessments with FIT Program staff conducting onsite monitoring to verify the reliability and frequency of the self-assessments. Results from these self-assessments and verifications will determine the rating an agency will receive as part of the TORIS. The FIT TORIS Stakeholder group is also exploring an additional system of rewards for participating in the TORIS system.

### Areas for Improvement and how these will be addressed: Low Quality of IFSP development and implementation

While FIT Program provider agencies continue to reach higher levels of compliance due to ongoing monitoring activities by the FIT Program, the level of quality used in some activities is a significant concern. This is particularly true in the development and implementation of the IFSP. In the majority of programs receiving IFSP quality reviews, their IFSP documents have demonstrated low quality, usually in several areas. Most often, IFSP strategies did not support the use of routines based early intervention. Training has been developed and continues to be developed specific to the areas of concern on the IFSP. For example, routines based

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interviewing is being stressed in training. Also, developing strategies that are incorporated into those routines is being strongly addressed. Contract funding has been increased with ECLN to provide additional follow up with agencies to improve the quality of IFSPs.

Ongoing monitoring of this will require a standardized tool. Because multiple people will be using the IFSP Quality Rating Scale to determine quality, the tool itself will need to have high inter-rater reliability. The FIT Program is working with the University of New Mexico Health Sciences Center to validate the tool and ensure high inter-rater reliability.

### Areas for Improvement and how these will be addressed: Use of FIT-KIDS Reports for Child Outcomes

Currently FIT Provider agencies have continual access to entry and exit child outcomes data for positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavior to meet needs. However, the FIT Program sorts this data into progress categories and summary statements and disseminates this to providers only once annually. As emphasis on improvement of child outcomes increases, either FIT-KIDS will need to be modified to sort this entry and exit data into progress categories and summary statements, the FIT Program will have to conduct the sort and send it to provider agencies more frequently, or provider agencies will have to be trained in how to sort these data themselves.

### Areas for Improvement and how these will be addressed: Emphasis on a System of Awards for High Performing Agencies

While a system of sanctions for lower performing agencies is clear, the awards provided for higher performing agencies is less defined. Higher performing agencies are monitored less closely and their performance is publicized in the Annual Performance Report to the Public. However, greater recognition of high performing agencies will be through the TORIS, which has already been discussed. The FIT Program will consider other methods to recognize high performing agencies, such as public recognition at the FIT annual meeting.

## Professional Development

The Family Infant Toddler Program provides professional development via FIT Program staff, the University of New Mexico Early Childhood Learning Network (ECLN) and the provision of staff development funds for agencies to support professional development via coursework, conferences, and other appropriate methods. Staff development funds may also be used to cover travel costs associated with professional development activities.

Each year, the NM Association for the Education of Young Children (NMAEYC) hosts a conference in Albuquerque. The FIT Program is a sponsor for this conference, holds a leadership role, and runs a pre-conference strand each year. As a result, there are an increased number of infant toddler sessions leading to increased attendance at the conference by early intervention providers.

### Strength: Training Partnerships

The FIT Program partners with UNM's ECLN Program to discuss the strengths, weaknesses, and needs of each program by conducting a needs assessment. Along with on-going conversations with service providers, this helps identify each individual program's professional development needs.

The FIT Program and ECLN also frequently partner to provide professional development regionally in New Mexico. Specifically related to the SSIP strategy to improve the quality of IFSPs, a number of IFSPs trainings have been developed to address concerns recently discovered based on onsite IFSP reviews. These trainings may be tailored to meet the specific needs of providers (at their request or determined by identified need). The FIT Program contracted with ECLN to develop extensive face to face IFSP training modules. Additionally, online trainings are currently being developed by both the FIT Program and ECLN to provide ongoing training.

Family Service Coordinators are required to complete all FSC Training, offered in a combination of online and face to face sessions) within 1 year of their hire. Part of this extensive training includes the development of the IFSP. As part of the SSIP, plans are being

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made to enhance this part of the training, focusing more specifically on quality IFSP development and implementation and data collection for child outcome ratings.

### Strength: Leveraged Professional Development Resources in Relation to SSIP

ECLN currently works closely with FIT Provider agencies to improve the quality of their child outcomes data collection and reporting. This has been a focus for several years, as disaggregated data in the state indicated unexpected patterns. As the SSIP's measurable result is improvement in all three child outcomes, the quality of these data must be reliable. The work in this area has already yielded improvement, as the FFY 2013 child outcomes data had fewer outliers. The perseverance for quality data continues as the early childhood outcomes process is being reviewed and revised by the ICC Quality Committee.

As discussed previously, the IFSP trainings (both face to face and online) are directly related to the SSIP strategy to improve the quality of routines-based and functional IFSPs. These trainings can be leveraged to improve results for children in the SSIP.

### Areas for Improvement and how those will be addressed: Trainer Use of IFSP Quality Rating Scale

To improve results for children, it will be necessary that all staff providing training and technical assistance have a clear understanding of what constitutes a high quality IFSP. Additionally, these same staff will need to have high inter-rater reliability specific to use of the IFSP Quality Rating Scale. This will be necessary in order to provide consistent training and technical assistance to provider agencies. As part of the IFSP Quality Rating Scale validation process, all training and TA staff will be trained on use of the tool and will participate in inter-rater reliability.

### Areas for Improvement and how those will be addressed: Provider Use of IFSP Quality Rating Scale

Provider agencies will be need to be trained in use of the IFSP Quality Rating Scale, and this data will clearly identify issues related to quality in their IFSPs. This will inform agencies where training and technical assistance are most needed.

The University of New Mexico, who is validating the IFSP Quality Rating Scale, will assist with a training designed to ensure higher inter-rater reliability.

### Areas for Improvement and how those will be addressed: Building and Maintaining Capacity

Questions that will need to be considered related to the SSIP are in regard to building and maintaining capacity.

- Family Service Coordinator retention can be low at some agencies, and at times, FSCs may be assigned families before they have been adequately trained in the development of a quality IFSP. Guidelines will be developed regarding procedures for discovering a poor quality IFSP which is already in place for a family. For example, once a poorly written IFSP has been developed with a family, it could be disruptive to the family to require another IFSP meeting to develop a better IFSP. Guidance would need to indicate whether the current IFSP would remain in place until the 6 month review or the next annual IFSP?
- As early intervention staff become more skilled in writing high quality IFSPs, which will lead to better routines based early intervention, the FIT Program will need to incentivize retention. The ICC has a committee to address Quality Workforce, and this could be turned over to this committee for recommendations.

## Technical Assistance (TA)

Individualized TA: Similar to the Professional Development System, the FIT Program provides technical assistance in a variety of ways to FIT Providers. The most common method is simply through availability to respond to provider questions in a timely and consistent manner. TA is provided both through informal (typically phone/email) and formal (TA consultation/training sessions with agency personnel) methods provided either on an individual basis or small group setting by FIT Program staff or by contracted staff at the University of New Mexico's Early Childhood Learning Network (ECLN).

TA Manuals: The FIT Program has developed a number of technical assistance manuals. Specific to the strategy to improve the

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SiMR, a TA manual for the development of an IFSP is currently being revised to improve IFSP quality. This coincides with a recent revision to the state IFSP form that should assist in writing a quality IFSP.

### Strength: Technical Assistance in Relation to the SSIP

There are a number of individuals currently in position to provide technical assistance and coaching on writing high quality IFSPs. As provider agencies begin putting into place practices specified in the FIT Program's SSIP, skill development will continue to be supported readily by both the FIT Program and ECLN through coaching and mentoring, monitoring, and ongoing support. Regular contact and reviews will be necessary, particularly at the onset of the project, to ensure IFSPs are being developed with fidelity.

A collection of video footage is currently being collected to support understanding and use of the different sections of the IFSP and how these sections build upon each other.

As mentioned throughout the infrastructure analysis, the timing of this plan aligns perfectly with the current emphasis on quality, both through the use of the IFSP Quality Rating Scale and the TQRIS being developed. Each of these activities requires similar cycles of technical assistance provision and ongoing monitoring.

### Needed Improvements in Technical Assistance System: Regular Updates for and about Provider Agencies on SSIP

Regionally, provider agencies meet with FIT Program staff and ECLN on a quarterly basis. These meetings generally include updates from all provider agencies and announcements and clarifications from FIT Program staff. These meeting could easily include time to provide TA from the FIT Program and ECLN. Provider agencies can discuss how they are implementing new practices, including those in the SSIP and problem solve with other providers. This sharing would also assist the FIT Program and ECLN in more strategically offering TA to those provider programs that are struggling.

Finally, all FIT Program staff and ECLN Contracted staff need to have a better system of communication about provider performance and technical assistance given. Occasionally, inconsistent information is provided to Provider agencies and repair for this can be challenging. The FIT Program and ECLN are currently addressing this issue by utilizing a new software (cloud-based shared workspace) application that supports collaborative communication and project development.

### Coordination across the Infrastructure Systems:

The result of the in depth analysis found that the infrastructure systems are generally well-coordinated and aligned in their capacity to support improvement and build capacity in FIT provider programs to implement, scale up, and sustain the use of evidence based practices to improve results for infants and toddlers with disabilities and their families.

Governance (Decision making) generally involves numerous stakeholders. Funding is available through the Race To the Top-Early Learning Challenge grant to support the initial implementation, and it is clear the sources and utilization limitations of other funding stream. Implementation of decisions is supported through appropriate professional development resources and technical assistance and the existence or inclusion of additional quality standards. Data is used to assist in decision making. Once decisions are made, data is gathered to ensure implementation is according to design. Data is additionally used to assist with monitoring implementation of all decisions and the use of sanctions, if necessary.

### Strengths and Areas of Improvement within the Infrastructure System:

The infrastructure for the FIT Program is a comprehensive system that is well coordinated. The FIT Program has staff assigned to manage various aspects of the infrastructure (e.g. data, quality assurance, professional development, etc.). The FIT staff meet monthly to ensure coordination across these areas of the infrastructure system. The FIT Program staff also meet quarterly with the Early Childhood Network staff to make sure that work is aligned. The Interagency Coordinating Council has a number of committees that address aspects of the infrastructure (e.g. finance, workforce development, quality services, etc.). At times, the infrastructure can be slow in moving forward with decisions and resulting actions.

## Conclusions

The FIT Program along with the ICC and ECLN, reviewed a full analysis of data and infrastructure. While the SiMR would eventually be narrowed, the stakeholders chose *increasing the percentage of infants and toddlers who substantially increase their rate of growth by the time they exit the FIT Program in the areas of*

- *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.*

The primary strategy for improvement in the SiMR will be to ensure higher quality functional IFSP development and implementation that will focus on routines based intervention utilizing a transdisciplinary team approach.

These decisions were based on a number of factors, including the requirements set forth by the Office of Special Education in the selection of the SiMR. It must be a child- or family-level outcome in contrast to a process outcome and must be aligned with an SPP/APR indicator or component of the SPP/APR indicator. The infrastructure analysis clarified the choice of the SiMR and the strategy due to the following discoveries:

- Child outcome data quality concerns in recent years led to an emphasis of child outcomes data collection process. As data became more reliable, the focus is logically moving to improvement in each outcomes.
- IFSP quality has been reviewed for 12 of the 32 provider agencies contracting with the FIT Program. In all but two reviews, the quality of the IFSP was low in one or more major areas.
- The IFSP form required by the FIT Program underwent many changes in September 2014. Many of those changes were designed to better assist provider agencies in developing higher quality IFSPs.
- With the new IFSP form and the concerns over IFSP quality being discovered, a major initiative has been set in motion to provide statewide training on areas of the IFSP that most often were found as low quality in the reviews. This will align well with the SSIP strategy to improve IFSP quality.
- The FIT Program is part of New Mexico's Race To the Top - Early Learning Challenge. Funds from this grant will be used to develop a Tiered Quality Rating and Improvement System, and part of that system will look at IFSP quality. Also, funds from this grant are being used to validate the IFSP Quality Rating Scale for the TQRIS, and this validated tool will be used for the SSIP improvement strategies.

### State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

#### Statement

The FIT Program will increase the percentage of infants and toddlers eligible for FIT Program services due to a developmental delay and who have received services for at least one year, who substantially increase their rate of growth by the time they exit the FIT Program in the areas of

- 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.

#### Description

The state-identified measurable result (SiMR) aligns with SPP/APR Indicator 3: Infants and toddlers with IFSPs demonstrate A) positive social-emotional skills (including social relationships); B) acquisition and use of knowledge and skills (including early language/communication); and C) use of appropriate behaviors to meet their needs. NM ICC stakeholders were most involved in



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the development of the SiMR. However, ECLN stakeholders and FIT staff reviewed the SiMR and supported it. Based on this stakeholder input and supported by the data and infrastructure analysis, the SiMR has been narrowed according to the following:

- While the FIT Program serves children “at risk,” these children will not be included in the SiMR, as they are usually developing at age expectations in all three outcomes at both entry and exit. Also, children with established condition will often be enrolled at birth and the entry Child Outcome ratings will appear quite high. However, as the child matures and the condition manifests itself, the Child Outcome ratings will often drop, indicating a greater developmental disparity between the child exiting the FIT Program and a typically developing child regardless of the services provided by the FIT Program. Therefore, in an effort to focus on variables which can be controlled, the FIT Program has narrowed this SiMR to focus only on children eligible due to a developmental delay.
- The SiMR will measure progress and set targets using Summary Statement 1, children who entered the program below age expectations in an outcome but substantially increased their rate of growth by the time they exited the program.
- The FIT Program will include only children who have had an IFSP for at least one year, instead of the 6 months required by Indicator C-3. The stakeholder group strongly felt that 6 months was too little time to expect significant change. This was also supported by the data analysis where children served 12-24 months had higher percentages of substantially increasing their rate of growth than children served 6-12 months.
- Eventually the FIT Program will scale up to include all provider agencies statewide in the SiMR and the strategies to achieve it. However, in this 6 year plan, only 8 providers will be chosen to pilot the project. These 8 providers will be selected based on their representation of the entire state. There will be a mixture on metro and rural/remote agencies who provide services to populations consistent with the statewide demographics.

The infrastructure analysis, given the federal requirements around selection of the SiMR, supported the selection of this SiMR. Considerable work has been done to address data quality in child outcomes and recent work has occurred to modify the data collection and reporting process. With this emphasis on data quality, provider agencies fully expect a greater emphasis now on improving results.

The data analysis more directly supported the SiMR, in large part, as it excluded most other areas that were not appropriate for focus. Family Outcomes (APR Indicator C-4) and Child Outcomes (APR Indicator C-3) were readily available. The FIT Program has extremely high percentages of satisfaction related to family outcomes. Child outcomes, on the other hand appear to have room for improvement.

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Until recently, improvement strategies aligned with SPP/APR results indicator C-3 (child outcomes) were related to compliance. If provider agencies comply with evaluation and IFSP development timelines and deliver services in a timely manner, the results for children’s outcomes will certainly be improved. Provider agencies receive both directed technical assistance and training as well as “as needed” assistance by highly qualified training and technical assistance consultants and FIT Program staff to improve and sustain compliance. Compliance cannot be empirically attributed to the high performance in infant and toddler outcomes in the FIT Program, as a high level of compliance on all SPP/APR indicators has been sustained for many years and there is no data to compare it to poor compliance. Never-the-less, it is quite likely that high levels of compliance in SPP/APR indicators have contributed to improved child outcomes.

The improvement strategies selected for the SiMR primarily focus on improving the practice surrounding quality IFSP development and implementation. In comparing agencies that had IFSP reviews and separating the results into “acceptable” quality and “not acceptable” quality, the data analysis demonstrated the high correlation between provider agencies that had acceptable quality in their IFSPs and higher percentages of infants and toddlers who substantially increase their rate of growth by the time they exit the program. Also, the data revealed that for those agencies who had unacceptable IFSP quality reviews but had

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follow up technical assistance, their IFSP quality improved significantly as did their percentage of infants and toddlers who substantially increased their rate of growth by the time they exited their program.

Some of the improvement strategies address child outcome data quality and a few address areas of concern found in the data and infrastructure analysis.

### Improvement Strategies

1. Provide comprehensive training and technical assistance to 8 provider agencies in the development of high quality IFSPs, focusing on functional descriptions, outcomes and strategies which utilize transdisciplinary team participation.
2. Provide training and technical assistance to these 8 provider agencies on the use of the validated IFSP Quality Rating Scale, including practice rating and follow up to ensure inter-rater reliability. Additionally, all staff providing training and technical assistance will need participate in training and practice rating to have high inter-rater reliability specific to use of the IFSP Quality Rating Scale. This will be necessary in order to provide consistent training and technical assistance to provider agencies.
3. Develop protocol for the same 8 provider agencies to review newly developed IFSPs for quality to ensure ongoing quality practices are being utilized.
4. Ensure fidelity of evidence based practices. Regularly monitor/verify:
  - a. implementation of the quality IFSPs at each provider site.
  - b. service delivery is provided in accordance with IFSP outcomes and strategies
5. Utilize feedback from these 8 provider agencies to address issues of capacity as well as to refine methodology for ensuring high quality IFSPs.
6. Provide regular ongoing technical assistance and monitoring to ensure service provision is implemented in accordance with IFSP strategies supporting routines based early intervention utilizing transdisciplinary approach.
7. Regularly monitor child outcomes data (SPP/APR Indicator C-3) to determine if strategies are impacting child outcomes to all agencies statewide.
  - a. Provide ongoing technical assistance to ensure quality of child outcomes data. Monitor the agencies' process for collecting child outcomes ratings. Regularly monitor via desk and onsite audits the accuracy of child outcome ratings.
  - b. Modify the standard report in FIT-KIDS to include additional filters in order to better discern any root causes for poor performance.
  - c. Explore a "sorting" feature through FIT-KIDS that will sort child outcome data into progress categories and corresponding summary statements. This will allow provider agency "on demand" access of this data to determine if their percentages are increasing. If this feature is not feasible, determine method to more regularly conduct this sorting/analysis to disseminate on a frequent basis to provider agencies.
  - d. Explore through both desk and onsite reviews of data collection methods if there are disparities in early intervention practices for American Indian and Hispanic children served and their families.
8. Continue to utilize NM ICC committees and the ICC SSIP Ad Hoc Committee to research, review, and expedite decision making as the SSIP strategies are implemented.
9. Continue the use of the NM ICC, ECLN, and FIT Program staff (with input from the Race to the Top-Early Learning Challenge TORIS stakeholder group) as stakeholders in the SSIP process as Phase II and Phase III evolve.
10. As the Race To the Top funding ends December 2016, with a no cost extension likely to be approved through June 2017, explore methods to sustain funds related to increased costs associated with the TORIS (many of the self-monitoring activities for ensuring high quality IFSPs will be rolled into the TORIS). This will most likely occur through increased rates for services.
11. While the TORIS will eventually provide more public acknowledgement of high performing agencies, explore other methods to recognize agencies for their high performance.
12. Utilize a "cloud-based" shared workspace application to enhance communication between all staff and contractors providing training and technical assistance to provider agencies. This will assist with ensuring consistent messages to providers statewide and eliminate confusion. Also, for the same purpose, allow time at quarterly provider meetings to discuss and share issues around child outcome data collection and IFSP quality improvement.

### Process used to select improvement strategies:

The improvement strategies selected by the FIT Program's stakeholder group were based on the following reasons:

**Identified Need:** In addition to the above described correlation between IFSP practices and infant and toddler outcomes, data was provided specific to IFSP quality. To summarize, significant concerns have been raised regarding IFSP quality after the FIT Program reviewed 12 of 31 statewide provider agencies, and found most of them were developing IFSPs of low quality. The findings from these 12 programs can be extrapolated to the remaining programs as they were representative of all areas of New Mexico and all populations.

The areas most often unacceptable in quality IFSP reviews are related to family routines and activities. Most agencies are not adequately addressing the family routines in the IFSP to determine how the family's concerns, priorities and needs are impacting those routines. As a result, IFSP outcomes and strategies are frequently not written in functional terms, and strategies developed have little regard for the families' routines and activities. Often the strategies indicate primarily what the provider will do with the child instead of utilizing coaching and modeling of activities with the family to ensure early intervention occurs between provider visits. And finally, there appears to be continuing challenges regarding the appropriate use of the transdisciplinary team approach and the role of team "lead," as evidenced in the IFSP. Some agencies that have historically been "therapy driven," are challenged in accepting this evidence based practice.

Other strategies included address areas of concern noted in the data and infrastructure analysis.

**Evidence Based Practices:** The development of the IFSP is one of the most essential practices conducted in early intervention and will determine how services and supports will occur. It is crucial that the IFSP is well developed to provide appropriate guidance to the entire IFSP team, including the family. Linked to the identified need above, *The DEC Recommended Practices in Early Intervention/Early Childhood Special education 2014* recommends the following practices "based on the best-available empirical evidence as well as the wisdom and experience of the field."

- *Environment: E.1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.*
- *Family: F.5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.*
- *Family: F.6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.*
- *Instruction: INS5. Practitioners embed instruction within and across routines, activities and environments to provide contextually relevant learning opportunities.*
- *Teaming and Collaboration: TC2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan and implement interventions.*

In *Relationship of Quality Practices to Child and Family Outcome Measurement Results* (Anne Lucas, Kathi Gillaspay, Joicey Hurth and Christina Kasprzak with support and assistance from Betsy Ayankoy, Grace Kelley, and Jim Henson) published 4-29-11, includes numerous references regarding IFSP development, as an "effective practice" and its impact on the three functional child outcomes. This publication was designed for use in analyzing child outcome data to determine where improvement in program practices might be needed. While all quality practices potentially impact child outcomes, only quality practices that either have directly impacted specific outcomes were included in the publication. This document was instrumental in assisting the FIT Program in making the important linkages between the development of effective IFSPs and the resulting impact on the three child outcomes.

**Alignment with current initiatives:** The IFSP quality has been a focus for improvement since on site monitoring first revealed the prevalence of low quality IFSPs. More than a third of agencies have been reviewed for IFSP quality, and when most of them were found to be low quality, were provided extensive technical assistance to improve. Because of this, numerous trainings have been and continue to be developed to more adequately address the IFSP areas of particular concern. The state mandated IFSP form was also recently revised to assist in capturing pertinent data.

IFSP quality reviews will also be part of NM Race to the Top-Early Learning Challenge Tiered Quality Rating and Improvement System

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(TQRIS). While it will be only a part of the TQRIS, it allows the FIT Program to leverage funds and other resources for the TQRIS to more effectively strategize for the SSIP.

**Available Resources and Supports:** In addition to the alignment with the TQRIS and its leveraged resources, the FIT Program works closely with contracted technical assistance consultants through University of New Mexico Early Childhood Learning Network (ECLN). These consultants are strategically located around the state and assigned specific agencies in order to ensure adequate access to and from provider agencies. Both the FIT Program staff and ECLN are committed to providing ongoing support and resources to ensure improvement in the development of IFSPs.

Provider agencies will also have access to specific trainings designed to improve the quality of IFSPs.

- **Training in IFSP Development:** The FIT Program has recently developed a comprehensive package of face to face IFSP training modules for onsite delivery and is now in the process of providing these across the state. These IFSP trainings focus on: 1) routines based interviewing; 2) present abilities strengths and needs (revised to match the three functional child outcomes in SPP/APR Indicator C-3); 3) Functional IFSP Outcomes I (writing measurable functional outcomes; and 4) Functional IFSP Outcome II (embedding strategies into daily routines and activities). These trainings are provided onsite at the agency's request, and most agencies have requested all four trainings. Additionally online trainings, similar to the face to face content, are in the process of development.
- **Training on IFSP Quality Rating tool:** Once the IFSP Quality Rating Tool is validated, training can begin on the use of the tool and assurance of inter-rater reliability.

In addition to the resources to improve the quality of the IFSP, data quality related to the measurement of child outcomes have been and continue to be addressed. New data collection forms for both entry and exit child outcome ratings have been developed along with some revisions in the process. Implementation of the new process and forms will be required by the FIT Program in July 2015, when the new fiscal year service standards are published. Training is being developed to support providers in implementing the new process. It is anticipated these will assist in providing a higher quality of data. Child outcomes data collection training and technical assistance will be increased in coordination with the release of the new forms and procedures.

**Ability to Replicate:** The SSIP will focus on 8 programs whose child outcomes data are statistically reliable and who adequately represent the mix of urban and rural providers statewide. Based on evaluation of the methods used to support these programs to improve the quality of their IFSPs and eventually the percent of children who substantially increase their rate of growth by the time they exit the respective programs, the FIT Program anticipates that replication throughout the state will be quite manageable.

Because of the TQRIS, all programs will eventually be required to address the quality of their IFSP development and implementation, and this alignment will support replication of the strategies for the SSIP.

**Capacity to Implement:** To date, providers who have received IFSP reviews have welcomed the feedback and willingly accepted technical assistance to move toward levels of "best practice." As IFSP trainings focusing on quality have been offered, FIT Provider agencies throughout the state have signed up, and additional contracted staff have been helping deliver training to meet the need based on the overwhelming response. Provider agencies want this information.

It is anticipated that the next step of having provider agencies regularly monitor the quality of their IFSPs will not be as voluntary. The eight provider agencies participating in the SSIP will be provided with additional funding for the first two years of implementation under the Race To the Top - Early Learning Challenge grant, in order for them to provide the FIT Program with information to help decide how many and how often the IFSP quality rating tool must be used to monitor IFSPs. These agencies will also provide the FIT Program with regular feedback and suggestions related to capacity to implement. Based on this feedback, the process will be streamlined prior to replicating statewide.

**Theory of Action**

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Submitted Theory of Action:** No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

Stakeholders from the New Mexico ICC participated in developing the theory of action. Using broad stakeholder input through every step in the SSIP process, the FIT Program will make the expectation known to all FIT agencies/providers statewide that IFSP quality will be prioritized. Training and technical assistance will be provided to support providers in developing and implementing IFSPs according to evidence based practices, and provider agencies will be recognized and compensated for the additional time and effort needed to meet this expectation.

Provider agencies will then have the tools and support necessary to ensure IFSP development and implementation meets the FIT Program's expectations and will see the value of the practice. They will have incentive to practice quality IFSP development and implementation through additional compensation and recognition, as well as evident improvement in child outcomes for the children they serve.

Quality IFSPs will have clear functional IFSP strategies that will guide individual FIT Providers and their transdisciplinary teams in their service delivery, ensuring routines based early intervention. With this, children will more readily meet their IFSP outcomes and the three global outcomes of improving functioning in their social emotional skills, acquisition and use of knowledge and skills, and in taking actions to meet needs.

**Infrastructure Development**

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

**Support for EIS programs and providers Implementation of Evidence-Based Practices**

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

**Evaluation**

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

**Technical Assistance and Support**

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

**Selected:** Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

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