**State Performance Plan / Annual Performance Report: Part C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on
FFY 2021**

**New Mexico**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The New Mexico Early Childhood Education and Care Act was signed into law in March 2019 by Governor Michelle Lujan Grisham. See NMSA 1978, § 9-29-1, et seq. (2019). This statute created the Early Childhood Education and Care Department (ECECD) in July 2020 by bringing together various programs and agencies that previously resided within other agencies of government. The Family Infant Toddler (FIT) Program, previously part of the New Mexico Department of Health (DOH), is one of the programs that transitioned to the new Department. ECECD is committed to creating a cohesive, equitable, and responsive prenatal to five early childhood system that supports families, strengthens communities, and enhances child health, development, education, and wellbeing. The vision of the department is that all New Mexican families and young children are thriving. ECECD’s mission is to optimize the health, development, education, and well-being of babies, toddlers, and preschoolers through a family driven, equitable, community-based system of high quality prenatal and early childhood programs and services. The Department seeks to provide quality care and education to infants and young children, believing that early intervention, care, and monitoring are New Mexico’s best tools to address systemic issues such as social determinants of health, juvenile justice, social/economic inequality, and generational poverty. ECECD’s - FIT Program is the lead agency for the Individuals with Disabilities Education Act (IDEA) Part C. FIT is managed by nine (9) state staff, three (3) of positions are currently vacant. New Mexico early intervention, Part C Program consists of thirty-four (34) statewide provider agencies and includes the New Mexico School for the Blind and Visually Impaired and the New Mexico School for the Deaf. During FFY21, the ECECD issued Provider Agreements with each agency that clearly state the scope of work required by the IDEA Part C, including child find and public awareness activities.

Additional information related to data collection and reporting

Family Infant Toddler – Key Information Data System (FIT-KIDS) is the online data and billing system for New Mexico’s early intervention, Part C, FIT Program. Agencies that provide early intervention and service coordination services to infants and toddlers and families within FIT enter data on the services provided into FIT-KIDS. Data entered includes: referrals, multi-domain assessments with age equivalence, child eligibility category and date, medical diagnosis; Individual Family Service Plans (IFSPs) including procedural safeguard dates, monthly fee information, IFSP outcomes and goals, family concerns, priorities, and resources, and IFSP amendment information; service delivery information including service category, service provider, frequency, duration, intensity, setting, and service mileage, reviews (annual, 6 month, and on-going reviews), child visits (services provided, individual providing the service, and the setting). FIT providers may run individual reports for their agency to review data points throughout the year. In addition, reports are run at the state level to review compliance and create reports to the public. State level reports are run monthly, quarterly, annually to review compliance and create reports to the public.

COVID-19 Requirements Applicable During the Reporting Period

Throughout the reporting period, the following requirement was in place: In order for a provider to visit a family inside of their home, the provider had to be up to date on all available COVID-19 vaccines. This policy was necessary given the vulnerability of many of the infants and toddlers served by New Mexico’s Early Intervention system. At times, this policy created challenges in service provision, particularly in parts of the state where COVID-19 vaccination rates were lower.

**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 that FIT monitors for compliance and corrects non-compliance and includes a sanctions matrix. The General Supervision Manual is on file with Office of Special Education Programs (OSEP) and can be found online on the ECECD/FIT website: https://www.nmececd.org/early-childhood-professionals/fit-program/

Policies and Procedures
The FIT Program complies with and enforces state and federal regulations, and Medicaid rules. FIT entered into memorandum of understanding agreements (MOUs) with related early childhood state agencies and partner organizations. FIT has established MOUs with: The New Mexico Public Education Department (NMPED), The New Mexico School for the Deaf, and The University of New Mexico (UNM) Early Childhood Evaluation Program. FIT Service Definitions and Standards, clarify, and operationalize requirements. In addition, the New Mexico Register/Volume XXIII, Number 12, NMAC 8.9.8, updated July 2021, provides more specific state rules and regulations for compliance. All provider agencies are required to comply with both the Service Definitions and Standards and NMAC 8.9.8.

Quality and Compliance
The local Annual Performance Report (APR) data is collected in a variety of methods to ensure improved compliance. In FFY20, local providers began submitting quarterly performance reports based on the federal annual compliance indicators. Data collected is submitted for review to the FIT Program and when necessary additional information is requested to verify data submitted. Data is collected in the following ways to ensure ongoing compliance for performance and compliance indicators. Every provider agency completes an annual APR which addresses Indicator 1, 2, 3, 4, 5, 6, 7, 8. In addition, providers submit narrative reports explaining any reasons for non-compliance and proposed plans of correction. Data for the Local Provider APR requires each agency to analyze and correct their data, set annual targets, and describe improvement activities (with timelines and resources). Data is collected through a combination of agency self-audits, FIT-KIDS (New Mexico’s statewide database), and surveys.

Monitoring
While monitoring activities are routinely done informally and/or through desk audits. The FIT Program 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 Regional Coordinator who is responsible for compliance oversight, compliance support, and provides technical assistance as needed. FIT cites all areas of non-compliance and develops a correction plan with specific needs and timelines to meet. The FIT Provider Agreement cites NMAC 8.9.8 and the New Mexico State Standards and Definitions; all of which are requirements for compliance with IDEA Part C.

Community Based Assessment (CBA)

 All FIT provider agencies receive a CBA on a three-year cycle to ensure compliance with all policies, current service definitions, standards and to: 1) determine validity of data ; 2) verify the methodology used to audit child records for the local Annual Performance Report and validate the results reported; 3) audit billing and documentation; 4) conduct a review of child records to determine compliance with IDEA Part C related requirements; and, 5) validate MOU's and staff credentials. FIT presents a review of all findings to the provider agency, and the FIT Program General Supervision Manual outlines the timelines for reports, plans of correction, etc. In addition, the New Mexico FIT Program has a CBA Manual that outlines the process and protocols.

Focused Review

FIT selects providers to receive a focused review based on poor performance, such as low ranking in the priority indicators (1,7,8), and public complaints and filed grievances. The purpose of the review is to determine the root cause of the non-compliance and develop a Directed Plan of Correction. The review team analyze child records, agency policies, and quality assurance procedures. FIT conducts interviews with staff, parents, and community partners. FIT composes a Directed Plan of Correction, reviews it with the provider agency, and conducts follow-up visits with the agency to ensure that corrective action is being taken and that compliance is reached in the designated timelines. In addition, the New Mexico FIT Program has a Focused Review Manual that outlines the process, timelines, and protocols.

Improvement, Corrections, Incentives and Sanctions
FIT utilizes an online data and billing system, FIT-KIDS, which collects all data related to APR and contains numerous report options for data collection. These reports support the provider agencies to anticipate timelines and plan accordingly. The FIT Program runs regular reports for APR indicators along with other data reports to determine compliance and for other management and planning purposes. If a finding of noncompliance is issued, the FIT staff assure that the program corrects the noncompliance within one year timeline, both at the systems and the individual child level consistent with the OSEP Memo 09-02. FIT-KIDS ensures that billing only occurs for qualified children and that services are included on the Individualized Family Service Plan (IFSP) along with other requirements that are programmed into the application. Provider fiscal audits are conducted as part of the CBA and may be conducted by ECECD or Medicaid and it is based on a complaint or referral for a more detailed audit if needed.

Self-Analysis and Plans of Correction
FIT requires provider agencies performing less than 100 percent on any APR compliance indicator (and agencies that are unable to demonstrate correction of noncompliance prior to a finding being issued) to conduct a self-analysis and correct noncompliance within one year of the date of the finding. FIT creates plans of correction, monitors the plans, and tracks performance frequently throughout the fiscal year. FIT requires all provider agencies performing less than 100 percent to submit subsequently collected data showing progress towards 100 percent compliance (Prong 1). For all individual instances of noncompliance (Prong 2), the FIT Program verifies that each child received the service on the site delivery is verified through FIT-KIDS and during the onsite monitoring.

Directed Technical Assistance
FIT requires that any agency performing below 95 percent compliance on a compliance indicator, and that have been issued a finding because of inability to demonstrate corrected noncompliance, to receive additional technical assistance through the University of New Mexico Early Childhood Learning Network (UNM–ECLN) and FIT Program staff at the state level. Continued noncompliance may result in sanctions in accordance with the sanctions matrix in the General Supervision Manual, including termination of the agency's’ Provider Agreement.

Effective Dispute Resolution
The FIT Program requires that all contracted providers give families a copy of their rights, procedural safeguards, inform families of their options for dispute resolution, and have a system in place to provide for complaint investigations, mediations, and due process hearings. FIT provides families a Procedural Safeguards document and the “Family Handbook: A Guide to Early Intervention in New Mexico,” developed in collaboration with the Parents Reaching Out (PRO) program, New Mexico's Parent Training and Information Center. PRO developed numerous documents to support parents understand their rights and advocate for their children. In addition, FIT charges the Family Service Coordinator (FSC) with ensuring that families know their rights and assists families with the dispute resolution process. The Part C Coordinator monitors all concerns, grievances, and follows up in accordance with the law.

**Technical Assistance System:**

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

The FIT Program contracts with the UNM (an Association of University Centers on Disabilities, (AUCD), University Center for Excellence) – Center for Development and Disabilities Early Childhood Learning Network (UNM CDD ECLN) to provide training and technical assistance (TA) to community provider agencies statewide. FIT assigns each provider agency a consultant who works closely with the FIT Regional Coordinator to develop and implement a technical assistance plan based on the assessed provider agency needs. Additional training and TA are available upon request, and 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 Regional Coordinators who, as state staff, oversee provider agency agreements and ensure compliance with state and federal regulations. Further, New Mexico has an extensive TA system for transition monitoring and support. The Quality Assurance Coordinator position leads the CBAs along with the data manager who monitors timelines and data quality. The FIT Program staff regularly provide technical assistance for both compliance issues and issues surrounding quality. FIT ensures that training in both compliance and quality early intervention practices occur as required. Through desk audits and onsite audits, the FIT team ensures the IFSP includes routines based functional outcomes, and strategies. When additional support is needed, IFSP training is available on the UNM CDD website.

In addition, the UNM CDD ECLN maintains a website of all trainings and documents that support early intervention practices in New Mexico. FIT reflects New Mexico's commitment to ensuring both quality practices and compliance with timelines by reviewing IFSPs to ensure that they are completed timely and accurately according to regulations.

**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 the Family Service Coordination and Developmental Instruction, FIT delivers all services by licensed professionals in accordance with the discipline-specific regulations. Provider agreements issued to the provider agencies specifically list all IDEA Part C services and require all professionals to maintain licensure with the New Mexico State Regulatory Board. During the Community Based Assessments (CBA) visits, the FIT Program audits service providers’ licenses to ensure they are current.

Family Service Coordination Training

The FIT Program requires that all new service coordinators attend service coordination training within one year of hire. A portion of this training is conducted online, while other portions require in person or virtual attendance. The online portion of this training allows staff to access the training at any point for a refresher. The virtual and synchronous two-day training includes training from a family/parent who has received early intervention services, an early interventionist from the New Mexico School for the Deaf and the New Mexico School for the Blind and Visually Impaired. One day of the training is dedicated to the transition process. New Mexico's Family Service Coordination training includes quality practices and innumerable hands-on practice activities. In addition, New Mexico is a member of the University of Connecticut's Early Childhood Personnel Center (UCONN ECPC) Service Coordination cohort and the National Service Coordination group and receives technical assistance from national experts in this area of practice.

Developmental Specialist Certification

In addition to educational prerequisites, FIT requires Developmental Specialists to develop and complete an annual competency-based Individualized Professional Development Plan (IPDP). The IPDP identifies the professional development to be completed to meet the seventy-five (75) hour minimum to recertify. Development Specialists identify workshop/conference attendance, in-service training, one-on-one mentoring, college courses, distance learning, web-based courses and other strategies used to meet the seventy-five (75) hour minimum to re-certify every three years. All ongoing professional development must relate to FIT Program competencies. The UNM CDD - Early Learning Network developed a comprehensive list of trainings directly related to early intervention services such as assessment/evaluation practices, Family Guided Routines Based Interviews (FGRBI), Early Childhood Outcomes (ECO) scoring, etc. These trainings are maintained on a web portal for easy access. The FIT Program is a member of University of Connecticut's Early Childhood Personnel Center (UCONN ECPC) cohort 4 team to address Comprehensive System of Personnel Development (CSPD) needs. In addition, New Mexico has a Workforce Development and Professional Support Interagency Coordinating Council (ICC) subcommittee that works to support the professional development system for early intervention within the State. The FIT program also has a liaison that attends the State’s Higher Education task force meetings, and that works with local institutions of higher education on supporting the workforce with the development of early intervention skills.

Technical Assistance Documents

The FIT Program posts numerous, detailed technical assistance documents on the FIT website to assist in providing effective services that improve results for infants, toddlers with disabilities and their families. More recently, the New Mexico FIT program launched a professional development initiative focused on improving quality services and resources for state's providers. This professional development initiative is a model based on implementation science. This model is designed to solve problems that arise when implementing interventions. Within FIT, the model involves supporting professional development leadership teams within each agency who will be responsible for staff orientation and ongoing training. FIT developed a comprehensive self-assessment for the leadership teams to use a combined technical assistance/professional development document for the leadership team to guide ongoing agency review.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**Apply stakeholder input from introduction to all Part C results indicators. (y/n)**

YES

**Number of Parent Members:**

7

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parent members on the Interagency Coordinating Council (ICC) are engaged throughout the year. Target setting was discussed during two of the four quarterly ICC meetings and at the retreat. The targets were reviewed and discussed at length during the yearly ICC retreat. Multiple touchpoints for target setting with parents and stakeholders provide more opportunity to give input and to gain knowledge about early intervention, IDEA, Part C services and the importance of each indicator. Data points and program improvement strategies are discussed at all ICC meetings via the Lead Agency Report. Two subcommittees of the ICC, Quality and Workforce Development also discussed and analyzed the data in order to inquire areas of improvement in exploring opportunities or paths to improve early intervention within New Mexico.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

The FIT program has opportunities via the ICC and its subcommittees to explore different avenues of improving New Mexico’s statewide early intervention system. New Mexico ICC also has a parent panel at every ICC meeting, inviting parents in different regions of the state to discuss their experience with early intervention describing what went well and what areas need improvement from the referral process to transition. This level of engagement with families informs FIT’s continuous quality improvement process including identifying short and long-term goals that will improve and streamline services with a focus on equitable access, quality, and cultural sensitivity. Following the parent panel, the ICC has rich reflective discussions on what was learned.

The FIT program also works with two parenting programs within New Mexico, Parents Reaching Out (PRO), New Mexico’s Parent Training and Information Center and Education for Parents of Indian Children with Special Needs (EPICS) to conduct focus groups at various times throughout the year to hear from parents what their experiences are/have been within the FIT program. Furthermore, FIT offers interpretation and translation services to allow full participation from families and ensure that information provided is understandable and accessible of participants primary languages. Documentation and information material developed by the program is offered in English and Spanish languages. All early intervention providers offer access to other spoken and sign languages via interpretation and translation services.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

FIT introduced the topic of setting targets at the June 9, 2021, ICC public meeting. The targets were discussed at length with all members of the ICC in September 2021, with the support of two ECTA center partners. The targets were then discussed, further input solicited and a vote on targets occurred on November 18, 2021, at the public ICC meeting. Data is shared via the Lead Agency report on COVID-19 trends, referrals, children served, eligibility categories, age of children served, fiscal data, race/ethnicity, and county level data. The Lead Agency report is distributed via a list serve.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

The results of the target setting, data analysis, improvement strategies, and evaluation are first presented during the public ICC meeting that occurs in January each year. The FFY20 APR results were made available to the public at the January ICC meeting which occurred on January 19, 2022. The minutes from the ICC meeting are uploaded to ECECD website for public access and review. All information is also shared via FIT list serves. Minutes from all ICC meetings can be found here: https://www.nmececd.org/interagency-coordinating-council-icc/

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 performance of each EIS Program 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 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, 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 such 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: https://www.nmececd.org/early-childhood-professionals/fit-program/.
The report can be found on the page entitled FIT Materials Library, under the section on Quality Assurance and Monitoring.

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

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

**Instructions**

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 81.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.76% | 96.55% | 96.52% | 96.36% | 96.06% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,621 | 6,583 | 96.06% | 100% | 94.20% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The reporting period for this indicator was July 1, 2021, through March 31, 2022. During this time the field experienced a 16 percent turnover rate and Early Intervention Program Coordinators reported significant challenges in recruiting and retaining Speech and Physical Therapists. The FIT Family Outcome Survey also reflected this issue. Of the families who recommend changes to the Early Intervention system, 17 percent recommended that more staff be hired to support and strengthen the needs of children The difficulty of achieving the target of 100 percent in this indicator was spread evenly across rural, urban, and suburban regions. Of the early intervention providers who had lower than expected compliance levels, 31.71 percent served rural areas, 21.43 percent served suburban areas, and 42.86 percent served urban areas.

In addition, the requirement related to COVID-19 vaccination made service provision more challenging. Providers often reported that the requirement that all early interventionists who enter a family's home must be up to date on COVID-19 vaccines created an extra layer of difficulty in finding qualified, specialist professionals and therapists, in an already understaffed workforce.

**Number of documented delays attributable to exceptional family circumstances**

***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.***

580

**Provide reasons for delay, if applicable.**

This year, the most common reasons for delayed services that were not related to exceptional family circumstances were related to the following provider-related challenges: staffing shortages and a lack of understanding of existing staff about the requirements related to this indicator. These two challenges are related in terms of Family Service Coordination because the 35.5% average turnover rate for Family Service Coordinators meant provider agencies were burdened with assigning high caseloads to existing Family Service Coordinators in order to ensure coverage for all children and with adequately training new family service coordinators. That situation resulted in many Family Service Coordinators who did not fully understand or were not able to meet the requirements of Indicator 1. In addition to Family Service Coordination, providers reported significant challenges in recruiting and retaining Physical, Occupational, and Speech Therapists. This challenge resulted in instances of non compliance related to a shortage of service providers.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

The federal IDEA Part C criteria is used for timely receipt of services, 30 days from the service start date listed on the child's IFSP. Only family reasons and inclement weather count as acceptable reasons for delay in the start of services.

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

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).**

07/01/2021-03/31/2022

**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, 2021 through March 31, 2022) is representative of the data for the full reporting period because IFSP development and service delivery units do not fluctuate significantly throughout the year.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 7 | 7 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

In instances where non compliance continued after the pre-finding period of April 2021 through June 2021, targeted technical assistance was provided. This TA occurred during the summer and fall of 2021, however, due to restrictions on in-person encounters due to COVID-19 and significant staff turnover on the FIT State Team, no on-site monitoring occurred to assist the agencies where non-compliance was found. In absence of on-site monitoring, regular phone calls occurred from FIT State Team Regional Coordinators to provider agencies in need of support. At the time, the FIT State Team had two Regional Coordinators instead of the four that were needed at the time. This meant that each Regional Coordinator was covering more regions than usual. In addition, one of the Regional Coordinators had begun working in May of 2021 and was still learning the Early Intervention system during this time. This meant that four of the seven programs struggling with compliance did not have access to an easily available person with deep and broad knowledge of early intervention in New Mexico.

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

Prong 2: New Mexico found that 227 children had not received timely services in FFY2020. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies did provide services for all children, although late for children within the jurisdiction of the program. Verification occurred for 220 children during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Seven (7) findings were issued to agencies when they did not provide services to the children as required and did not demonstrate- 100 percent compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required service/activity unless the child is no longer within the jurisdiction of FIT.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

FIT identified 227 instances of noncompliance during FFY 2020 via desk review monitoring. For all individual instances of noncompliance found in FFY 2020, the Early Intervention Service (EIS) 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, desk audit/review, and during onsite CBA monitoring when allowed due to Public Health Emergency. Using the FIT-KIDS database and desk audits, FIT verified that each of the children who were still in the jurisdiction of the EIS program had received each service on their IFSP.

The FIT Program issued a “finding” and completed a two-pronged correction of noncompliance process for the provider agency within one year of the date of the finding.

Prong 1: Related to a finding of noncompliance found with Indicator 1, the FIT program verified that the noncompliant agency is correctly implementing the timely service or activity requirements (i.e., achieved 100% compliance). When noncompliance is found, subsequent data through FIT-KIDS is monitored until the agency demonstrates 100 percent compliance for at least a one-month period of time. The agency may also submit 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, FIT verified that the provider with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

Prong 2: For all individual instances of noncompliance found, FIT verified that each child did receive the required service/activity, unless the child is no longer within the jurisdiction of the FIT Program. Service delivery/completion of required activities is verified through FIT-KIDS, and during onsite Community Based Assessment (CBA) monitoring. Using the FIT-KIDS database and desk audits, the FIT Program verified that each child who is still in the jurisdiction of the early intervention provider has received each service on their IFSP.

## 1 - 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, 2021- June 30, 2022).
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 the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2020: 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.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 7 uncorrected findings of noncompliance identified in FFY 2020 were corrected.
When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

**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)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 93.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 95.50% | 95.75% | 95.75% | 95.75% | 95.75% |
| Data | 98.07% | 98.90% | 98.99% | 98.82% | 99.48% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.75% | 96.00% | 96.00% | 96.00% | 96.00% |

**Targets: Description of Stakeholder Input**

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 5,261 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 5,280 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,261 | 5,280 | 99.48% | 95.75% | 99.64% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**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)

**Data Source**

State selected data source.

**Measurement**

Outcomes:

 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.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

*Sampling of****infants and toddlers with IFSPs****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the 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), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**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)? (yes/no)**

YES

**Targets: Description of Stakeholder Input**

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

At-risk infants and toddlers

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2008 | Target>= | 67.50% | 68.00% | 69.00% | 69.00% | 69.00% |
| **A1** | 68.70% | Data | 72.12% | 71.45% | 73.71% | 75.95% | 73.32% |
| **A1 AR** | 2017 | Target>= |  |  | 70.00% | 70.00% | 73.00% |
| **A1 AR** | 72.70% | Data |  |  | 77.11% | 85.06% | 76.56% |
| **A2** | 2008 | Target>= | 63.20% | 63.30% | 63.50% | 63.50% | 63.50% |
| **A2** | 62.60% | Data | 64.19% | 63.46% | 56.27% | 54.88% | 48.71% |
| **A2 AR** | 2017 | Target>= |  |  | 64.00% | 64.00% | 64.00% |
| **A2 AR** | 62.90% | Data |  |  | 72.31% | 69.38% | 65.71% |
| **B1** | 2008 | Target>= | 71.00% | 72.00% | 72.50% | 72.50% | 73.00% |
| **B1** | 72.20% | Data | 73.96% | 75.21% | 78.11% | 79.34% | 76.63% |
| **B1 AR** | 2017 | Target>= |  |  | 73.00% | 73.00% | 76.25% |
| **B1 AR** | 76.00% | Data |  |  | 78.47% | 84.44% | 79.23% |
| **B2** | 2008 | Target>= | 61.50% | 62.00% | 62.50% | 62.50% | 62.50% |
| **B2** | 62.30% | Data | 62.88% | 65.15% | 58.61% | 57.23% | 50.42% |
| **B2 AR** | 2017 | Target>= |  |  | 63.00% | 63.00% | 63.50% |
| **B2 AR** | 63.40% | Data |  |  | 73.29% | 71.32% | 66.43% |
| **C1** | 2008 | Target>= | 72.20% | 72.40% | 72.60% | 72.60% | 72.60% |
| **C1** | 71.40% | Data | 73.42% | 75.82% | 77.81% | 78.46% | 77.84% |
| **C1 AR** | 2017 | Target>= |  |  | 73.00% | 73.00% | 77.50% |
| **C1 AR** | 77.20% | Data |  |  | 81.40% | 80.90% | 82.16% |
| **C2** | 2008 | Target>= | 61.00% | 61.50% | 62.00% | 62.00% | 62.00% |
| **C2** | 61.50% | Data | 64.93% | 64.50% | 57.63% | 55.83% | 50.32% |
| **C2 AR** | 2017 | Target>= |  |  | 63.00% | 63.00% | 63.00% |
| **C2 AR** | 61.80% | Data |  |  | 72.64% | 72.09% | 66.79% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 70.50% | 71.00% | 71.00% | 71.00% | 71.00% |
| Target A1 AR >= | 73.50% | 74.00% | 74.00% | 74.00% | 74.00% |
| Target A2 >= | 63.50% | 63.50% | 63.50% | 63.50% | 63.50% |
| Target A2 AR >= | 64.00% | 64.00% | 64.00% | 64.00% | 64.00% |
| Target B1 >= | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| Target B1 AR >= | 76.50% | 77.00% | 77.50% | 77.75% | 78.00% |
| Target B2 >= | 62.50% | 62.50% | 62.50% | 62.50% | 62.50% |
| Target B2 AR >= | 63.50% | 63.50% | 63.50% | 64.00% | 64.50% |
| Target C1 >= | 73.00% | 73.00% | 73.00% | 73.00% | 73.00% |
| Target C1 AR >= | 78.00% | 78.00% | 78.00% | 78.50% | 78.50% |
| Target C2 >= | 62.00% | 62.00% | 62.00% | 62.00% | 62.00% |
| Target C2 AR >= | 63.00% | 63.50% | 63.50% | 63.50% | 64.00% |

**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

2,779

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Not including at-risk infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 30 | 1.19% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 565 | 22.45% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 793 | 31.51% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 863 | 34.29% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 266 | 10.57% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 3 | 1.28% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 31 | 13.25% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 35 | 14.96% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 84 | 35.90% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 81 | 34.62% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 1,656 | 2,251 | 73.32% | 70.50% | 73.57% | Met target | No Slippage |
| 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 | 1,129 | 2,517 | 48.71% | 63.50% | 44.85% | Did not meet target | Slippage |

**Provide reasons for A2 slippage, if applicable**

The FFY 2021 data indicates New Mexico missed its target of 63.5 percent by 34.43 percent and saw a decline in the A.2 indicator of 8.25 percent from FFY20. In FFY15 there was a Statewide launch of a revised IFSP with the Early Childhood Outcomes (ECO) embedded on the Present Abilities, Strengths, and Needs (PASN) page of the IFSP and training/technical assistance to assist agencies in creating higher quality functional outcomes for children. In FFY16, the process and paperwork for ECO collection were revised to assist with quality data collection. New Mexico has experienced a downward trend since FFY2014, similar to the national downward trend on this indicator. This trend was due to more accurate data being collected as a result of increased knowledge of the ECO process by early interventionists. New Mexico introduced additional training in FFY17 and FFY18 on Family Guided Routines Based Intervention (FGRBI). This approach to early intervention services supports and integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. The FGRBI approach strengthens the early interventionist’s ability to gather information about family routines and build the family’s capacity to use evidence-based strategies during their daily life with their child. When practiced with fidelity, FGRBI helps the family and the interventionist have more clear conversations about the child’s functioning in the three ECO areas, leading to more accurate data being collected. Early intervention practitioners report an increase in their comfort level discussing a child’s ECO scores with families when the score reflects a developmental delay. They believe the score for the ECO is more reflective of the child’s abilities whereas at times before they were not comfortable discussing with the parent the score being less than a child’s typically developing peer. This may be leading to more accurate data being collected as a result of deeper conversations regarding functional outcomes early in the process.

The Child Outcome Summary (COS) process was impacted by less frequent observation, difficulty with digital connectivity and difficulty connecting with parents. In addition, New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI, and Child Development. New ECO training was introduced in July 2021 and a mandate for all early interventionist to complete the training during the fiscal year 2022 was issued. The ICC voted to keep the current target until the trend begins to turn upward.

One factor in the slippage to be explored further is the impact of the COVID-19 Pandemic. Although service providers were allowed to visit families in their homes as of June 1, 2021, this was only the case if the provider was up to date on all available COVID-19 vaccines. Eighteen (18) percent of services were delivered via telehealth throughout the reporting period. In addition, the field experienced a 12 percent cancellation rate, the majority of which were cancelled by families. Feedback from providers included struggling to locate therapists who were up to date on vaccines and therefore able to provide in-home visits in regions of the state where vaccination rates were lower, compounding the existing staffing shortage. When given the opportunity to provide feedback on the effectiveness of their early intervention services on the annual Family Outcome Survey, 28 percent of respondents recommended changes. Two examples of common suggestions for improvement were to offer more in-person services and to hire more staff so families could be seen more frequently. This suggests that the challenges related to the efficacy of telehealth and the overall staffing shortage may have impacted the overall effectiveness of services.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 119 | 153 | 76.56% | 73.50% | 77.78% | Met target | No Slippage |
| 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 | 165 | 234 | 65.71% | 64.00% | 70.51% | Met target | No Slippage |

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

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 28 | 1.11% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 511 | 20.30% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 768 | 30.51% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 996 | 39.57% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 214 | 8.50% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 3 | 1.28% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 32 | 13.68% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 39 | 16.67% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 87 | 37.18% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 73 | 31.20% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 1,764 | 2,303 | 76.63% | 75.00% | 76.60% | Met target | No Slippage |
| 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 | 1,210 | 2,517 | 50.42% | 62.50% | 48.07% | Did not meet target | Slippage |

**Provide reasons for B2 slippage, if applicable**

The FFY 2021 data indicates New Mexico missed its target of 62.5 by 26.10 percent and saw a decline in the B.2 indicator of 4.77 percent from FFY20. In FFY15 there was a Statewide launch of a revised IFSP with the Early Childhood Outcomes (ECO) embedded on the Present Abilities, Strengths, and the Needs (PASN) page of the IFSP and training/technical assistance to assist agencies in creating higher quality functional outcomes for children. In FFY16, the process and paperwork for ECO collection were revised to assist with quality data collection. New Mexico has experienced a downward trend since FFY2014, similar to the national downward trend on this indicator. This trend was due to more accurate data being collected as a result of increased knowledge of the ECO process by early interventionists. New Mexico introduced additional training in FFY17 and FFY18 on Family Guided Routines Based Intervention (FGRBI). This approach to early intervention services supports and integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. The FGRBI approach strengthens the early interventionist’s ability to gather information about family routines and build the family’s capacity to use evidence-based strategies during their daily life with their child. When practiced with fidelity, FGRBI helps the family and the interventionist have more clear conversations about the child’s functioning in the three ECO areas, leading to more accurate data being collected. Early intervention practitioners report an increase in their comfort level discussing a child’s ECO scores with families when the score reflects a developmental delay. They believe the score for the ECO is more reflective of the child’s abilities whereas at times before they were not comfortable discussing with the parent the score being less than a child’s typically developing peer. This may be leading to more accurate data being collected as a result of deeper conversations regarding functional outcomes early in the process.
The Child Outcome Summary (COS) process was impacted by less frequent observation, difficulty with digital connectivity and difficulty connecting with parents. In addition, New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI, and Child Development. New ECO training was introduced in July 2021 and a mandate for all early interventionist to complete the training during the fiscal year 2022 was issued. The ICC voted to keep the current target until the trend begins to turn upward.

One factor in the slippage to be explored further is the impact of the COVID-19 Pandemic. Although service providers were allowed to visit families in their homes as of June 1, 2021, this was only the case if the provider was up to date on all available COVID-19 vaccines. Eighteen (18) percent of services were delivered via telehealth throughout the reporting period. In addition, the field experienced a 12 percent cancellation rate, the majority of which were cancelled by families. Feedback from providers included struggling to locate therapists who were up to date on vaccines and therefore able to provide in-home visits in regions of the state where vaccination rates were lower, compounding the existing staffing shortage. When given the opportunity to provide feedback on the effectiveness of their early intervention services on the annual Family Outcome Survey, 28 percent of respondents recommended changes. Two examples of common suggestions for improvement were to offer more in-person services and to hire more staff so families could be seen more frequently. This suggests that the challenges related to the efficacy of telehealth and the overall staffing shortage may have impacted the overall effectiveness of services.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 126 | 161 | 79.23% | 76.50% | 78.26% | Met target | No Slippage |
| 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 | 160 | 234 | 66.43% | 63.50% | 68.38% | Met target | No Slippage |

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

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 21 | 0.83% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 516 | 20.50% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 833 | 33.09% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 964 | 38.30% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 183 | 7.27% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 3 | 1.28% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 31 | 13.25% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 38 | 16.24% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 94 | 40.17% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 68 | 29.06% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 1,797 | 2,334 | 77.84% | 73.00% | 76.99% | Met target | No Slippage |
| 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 | 1,147 | 2,517 | 50.32% | 62.00% | 45.57% | Did not meet target | Slippage |

**Provide reasons for C2 slippage, if applicable**

The FFY 2021 data indicates New Mexico missed its target of 62 by 30.55 percent and saw a decline in the C.2 indicator of 9.91 percent from FFY20. In FFY15 there was a Statewide launch of a revised Individualized Family Service Plan (IFSP) with the Early Childhood Outcomes (ECO) embedded on the Present Abilities, Strengths, and Needs (PASN) page of the IFSP and training/technical assistance to assist agencies in creating higher quality functional outcomes for children. In FFY16, the process and paperwork for ECO collection were revised to assist with quality data collection. New Mexico has experienced a downward trend since FFY2014, similar to the national downward trend on this indicator. This trend was due to more accurate data being collected as a result of increased knowledge of the ECO process by early interventionists. New Mexico introduced additional training in FFY17 and FFY18 on Family Guided Routines Based Intervention (FGRBI). This approach to early intervention services supports and integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. The FGRBI approach strengthens the early interventionist’s ability to gather information about family routines and build the family’s capacity to use evidence-based strategies during their daily life with their child. When practiced with fidelity, FGRBI helps the family and the interventionist have more clear conversations about the child’s functioning in the three ECO areas, leading to more accurate data being collected. Early intervention practitioners report an increase in their comfort level discussing a child’s ECO scores with families when the score reflects a developmental delay. They believe the score for the ECO is more reflective of the child’s abilities whereas at times before they were not comfortable discussing with the parent the score being less than a child’s typically developing peer. This may be leading to more accurate data being collected as a result of deeper conversations regarding functional outcomes early in the process.
The Child Outcome Summary (COS) process was impacted by less frequent observation, difficulty with digital connectivity and difficulty connecting with parents. In addition, New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI, and Child Development. New ECO training was introduced in July 2021 and a mandate for all early interventionist to complete the training during the fiscal year 2022 was issued. The ICC voted to keep the current target until the trend begins to turn upward.
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One factor in the slippage to be explored further is the impact of the COVID-19 Pandemic. Although service providers were allowed to visit families in their homes as of June 1, 2021, this was only the case if the provider was up to date on all available COVID-19 vaccines. Eighteen (18) percent of services were delivered via telehealth throughout the reporting period. In addition, the field experienced a 12 percent cancellation rate, the majority of which were cancelled by families. Feedback from providers included struggling to locate therapists who were up to date on vaccines and therefore able to provide in-home visits in regions of the state where vaccination rates were lower, compounding the existing staffing shortage. When given the opportunity to provide feedback on the effectiveness of their early intervention services on the annual Family Outcome Survey, 28 percent of respondents recommended changes. Two examples of common suggestions for improvement were to offer more in-person services and to hire more staff so families could be seen more frequently. This suggests that the challenges related to the efficacy of telehealth and the overall staffing shortage may have impacted the overall effectiveness of services.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 132 | 166 | 82.16% | 78.00% | 79.52% | Met target | No Slippage |
| 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 | 162 | 234 | 66.79% | 63.00% | 69.23% | Met target | No Slippage |

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 3,890 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 1,019 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

New Mexico uses a decision-making rubric based on the ECO crosswalk developed by the OSEP ECO center to determine ECO scores. The evaluation team meets and scores the ECO using the rubric guide; information is gathered from the family in a routines-based interview, observation, and the IFSP process. The team comes to a consensus regarding the scores. Scores are entered into the FIT-KIDs data base. New Mexico requires that initial and exit data be entered into the database. This information is validated during program audits.

**Provide additional information about this indicator (optional).**

The reason for the discrepancy in the denominator in our calculation of the percent of infants and toddlers functioning at age expectations (2,517) and the total number of children assessed (2,779) is because the state reports on children eligible for an at-risk category separately from children eligible due to developmental delay or established condition. Therefore, the denominators for each calculation will be less than the total number assessed.

In addition, our denominators may vary slightly due to the fact that on occasion, a provider was not able to collect exit COS data due to exceptional family circumstances. This can cause slight variations in how many children were assessed in each outcome area.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State reported 2517 as the denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program. However, the State reported 2779 infants and toddlers with IFSPs were assessed. The State explained this discrepancy.

## 3 - Required Actions

In the FFY 2022 SPP/APR submission, the State must explain any discrepancies between the FFY 2022 total number assessed and the FFY 2022 denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program.

# Indicator 4: Family Involvement

**Instructions and Measurement**

**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)

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

*Sampling of****families participating in Part C****is allowed.* *When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year’s response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2006 | Target>= | 94.50% | 94.80% | 95.00% | 97.00% | 97.00% |
| A | 84.50% | Data | 98.70% | 98.99% | 98.85% | 97.79% | 94.95% |
| B | 2006 | Target>= | 94.50% | 94.80% | 95.00% | 97.00% | 97.00% |
| B | ###C04BBASEDATA### | Data | 99.27% | 99.72% | 99.27% | 99.33% | 99.01% |
| C | 2006 | Target>= | 96.40% | 96.80% | 97.00% | 97.00% | 97.00% |
| C | 89.50% | Data | 99.84% | 99.72% | 99.74% | 99.56% | 99.34% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 97.00% | 97.00% | 97.00% | 97.00% | 97.00% |
| Target B>= | 97.00% | 97.50% | 97.50% | 98.00% | 98.00% |
| Target C>= | 97.50% | 97.50% | 98.00% | 98.00% | 98.00% |

**Targets: Description of Stakeholder Input**

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 3,639 |
| Number of respondent families participating in Part C  | 1,163 |
| Survey Response Rate | 31.96% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 1,113 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 1,135 |
| 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 | 1,126 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 1,130 |
| 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 | 1,125 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 1,130 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 94.95% | 97.00% | 98.06% | Met target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 99.01% | 97.00% | 99.65% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 99.34% | 97.50% | 99.56% | Met target | No Slippage |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool?  | YES |
| If your collection tool has changed, upload it here. | SurveyMonkey English 05102022 |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

The State of New Mexico used the Early Childhood Technical Assistance (ECTA) Center Representativeness Calculator to analyze the responses received from families surveyed for FFY 2021. New Mexico achieved representation from the state’s Native Hawaiian/Pacific Islander population only. New Mexico did not achieve representation with Black or African American, Asian, Native Americans or white demographic population. For Black/African American, Asian, and Native American respondents, there was an over-representation as compared to the population enrolled in Part C by an average of 2 percent. For white respondents to the survey, there was an underrepresentation by 7 percent. This suggests that there may be an imbalance in the way the FIT Program communicates about the survey to families based on their race. Race and ethnicity are captured by the FITKids database and reported to stakeholders, and although parents who complete the survey are asked to identify their ethnic and racial information, many families chose to leave that section blank. FIT can work with early intervention (EI) providers to encourage families to complete the survey and answer the demographic population question by determining race and ethnicity.

FIT will engage in the following strategies to improve representativeness: 1.) FIT will work with providers to ensure all eligible families are informed of the survey; 2.) EI providers will be instructed to hand-deliver the survey or provide the link to the electronic survey individually rather than sending it out in a large recipient email group; 3.) The FIT state team will provide feedback to provider agencies on return rates and demographics at the mid-way mark of the open survey to ensure the providers have information on response rates and the demographic makeup of the responses received; and 4.) Parents will be required to complete the demographic fields; Furthermore, the NM ICC will be engaged to support the FIT state team in developing strategies to improve representativeness.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 32.35% | 31.96% |

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

To capture accurate demographic representation the state sends an annual survey to all families who have been active with the FIT Program for at least six months. The family surveys are provided in Spanish and English and are accessible electronically, online. The FIT-KIDS database collects racial and ethnic information for all families served and numbers are reported to stakeholders. This year, FIT built the survey so that the section for identification of race/ethnicity was a required field. However, one of the options was “prefer not to provide.” 53 parents preferred not to give their child’s race/ethnicity compared to 65 skipped responses in FFY20 and 141 skipped responses in FFY19. The overall response rate decreased slightly this year; however, fewer families were surveyed. The COVID-19 Pandemic impacted the number of children being served and thus the number of parents to survey. In prior years, providers would give parents a copy of the survey with an envelope and due to the pandemic, the survey was collected via Survey Monkey in FFY20, unless the parent asked for an emailed version of the survey. This practice was maintained in FFY21. It is important to offer the survey on paper and delivered to the family due to the digital divide that exist in New Mexico. Technology is not available for all families due to varied resources throughout the state. Based on the most recent survey results, FIT plans to have the family survey accessible in Spanish and English languages, be available electronic and paper format, and encourage early intervention (EI) providers to provide technical assistance and other supports to increase the return rate and full completion of the survey by family and caregiver.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

Upon clarifying the definition of non-response bias via our TA consultants and OSEP Lead, FIT conducted further analysis of potential non-response bias. One important finding was related to the way the survey was structured. The two questions asking participants to identify their race and ethnicity were questions number 24 and 25. This meant that if a participant stopped completing the survey prior to questions 24 and 25, their race and ethnicity were not collected. Therefore, the percentages listed below only include respondents who completed the survey through question 25. Below is a listing of the number and percent of each race/ethnicity for respondents who reported their race:

121/11.28% American Indian/Alaska Native
27/2.54% Asian
59/5.36% Black/African American
0/0% Native Hawaiian/Pacific Islander
891/77.82% White
63/5.4% Unknown
0/0% Prefer not to Answer
53/4.5% Skipped

It is important to note that almost 10% of surveys did not contain race information due to the participant skipping the question or marking "unknown".

Because not all of the surveys collected by the FIT team were completed by respondents, FIT analyzed the likelihood of completion by race and ethnicity. It was noted that respondents who identified as white, American Indian/Alaskan Native, or Unknown had an average of 7% likelihood of skipping a question or not completing the survey in its entirety. Notably, respondents who identified as Black or African American had a 46.16% likelihood of skipping a question or not completing the survey in its entirety. This is important, as it could suggest that our Black/African American constituents did not feel the survey was relevant to them, or may have been otherwise hesitant to complete it. In addition to a higher likelihood of survey non-completion, respondents who identified as Black/African American also reported less favorable experiences in Part C than the responses from the whole survey respondent population. For example, if a respondent self-identified as Black or African American, there was a 25% likelihood of using at least one negative response such as disagree or strongly disagree, as compared to the general respondent population where there was an 18% likelihood of using at least one negative response such as disagree or strongly disagree. Further analysis needs to be conducted as we build our analysis tools for the 2023 survey, which was launched on April 17, 2023. In addition, the state FIT Team could potentially benefit from training and other types of engagement that can help build skills for meeting the needs of New Mexico's Black/African American population.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.** **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

The State of New Mexico used the Early Childhood Technical Assistance (ECTA) Center Representativeness Calculator to analyze the responses received from families surveyed in FFY 2021. Based on the representativeness calculator, for families of Hispanic origin there was a target representation of 70 percent, and the actual representation among survey respondents was 70 percent; the target representation for non-Hispanic was 30 percent with an actual representation of 30 percent among survey respondents. As stated above, the State of New Mexico did not achieve representation with any race category except for the Native Hawaiian-Pacific Islander population. The State currently sends out surveys to all families who were active in the FIT Program for a minimum of six months at the time of the survey. The family surveys are in Spanish and English as well on-line to support the family in completing a survey. The FIT-KIDS database captures racial and ethnic information for all families served and can produce a data set sorted by length of time in service and children's age group. These data are reported to stakeholders.

This year, parents were asks to disclose the age of their child and how long they have been receiving early intervention services. In these new data points, there was a higher rate of return from families who had children 25-36 months (53%) and there was a higher rate of return from families in the program 13-24 months (44%). During the next FFY FIT will explore these new areas more thoroughly.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

New Mexico uses the ECTA Center representativeness calculator. According to the ECTA Center, the calculator uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90 percent confidence intervals for each indicator (significance level = .10).

The following quote comes from the calculator itself:

"This product is an Excel-based calculator that uses statistical formulas to determine if the overall distribution of survey responses across subgroups is similar to the distribution of those subgroups in the population. If the calculator finds the distribution of subgroups from the survey is significantly different than the distribution of those subgroups in the population, it will perform a follow-up analysis to compare the population and survey percentages for each subgroup to determine if the two percentages are meaningfully different within each subgroup (i.e., % of surveys received versus % of families in target population). The user enters the values by subgroup and the calculator computes the overall statistical significance of the table. Then, if the overall test is statistically significant (i.e., distribution of survey responses is meaningfully different from the population), the calculator then computes the difference between the two percentages within each subgroup and highlights significant differences. Instructions about how to enter data into the calculator appear at the top of each tab. "

The fact that the calculator uses a meaningful difference metric to determine whether or not a sample is representative of the target population is useful to the state in that it helps to understand how well we are supporting families in all race/ethnicity categories to complete the survey.

**Provide additional information about this indicator (optional).**

New Mexico's Family Survey was released via an electronic survey as the COVID-19 public health emergency continued. New Mexico saw a slightly increased rate of return in FFY20 at 32.35 percent but saw a slight decrease in FFY21 for a return rate of 31.96 percent. This rate of return continues to be a much lower return rate than in pre-pandemic years. For example, in FFY18 the return rate was 57 percent. Families were given the option of a paper survey to complete or a link to an electronic survey. The majority of respondent families completed the electronic survey.

## 4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

**Response to actions required in FFY 2020 SPP/APR**

New Mexico changed the format of the family survey to require parents to provide the race/ethnicity of their child. The State did allow parents to select if they would prefer not to answer the question. Fifty-three (53) families did not wish to provide race/ethnicity information. Two additional data points were included this year: length of time with early intervention and age of child. Early Intervention providers have reported that they have families who do not wish to share the level of demographic information being requested. FIT values all answers to the family survey questions and will to continue to allow parents the option to opt out of providing demographic information instead of choosing not to complete the survey. In the future, FIT will provide an opt out option to ensure parent voice is represented in the data collected.

In FFY21, there were over-representations of three (3) race categories and an under-representation in another. This fiscal year, FIT is exploring the possible causes for the non-representativeness and plans to assist the field in better understanding why non-representativeness may be occurring. When analyzing the representativeness of the children enrolled in early intervention as compared to the demographics of the state, there was representativeness except for African American/Black families and White families. African American/Black families were over-represented by two percent. In addition, the representativeness of white families is unclear because FIT does not collect race and ethnicity in a way that allows us to separate the following: White - Hispanic/Latino and White-non-Hispanic/Latino. In the coming year, the New Mexico Early Intervention system will need to obtain training and ongoing professional development opportunities for outreach, referrals, eligibility determination, and service provision.

In order to gain better data on representativeness for White and Hispanic/Latino families, FIT will need to begin to collect data more strategically. This will involve changes to data collection practices for Early Intervention providers and changes to the FIT-KIDS database that will allow more granular reporting capabilities as it relates to the differences between race and ethnicity.

## 4 - OSEP Response

The State did not analyze the response rate to identify potential nonresponse bias and identify steps taken to reduce any identified bias to promote response from families participating in early intervention services, as required by the Measurement Table.

## 4 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

In addition, in the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

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

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 2.08% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.60% | 2.60% | 2.60% | 2.60% | 2.60% |
| Data | 3.97% | 3.65% | 4.02% | 4.17% | 3.35% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.60% | 2.60% | 2.60% | 2.60% | 2.60% |

Targets: Description of Stakeholder Input

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 929 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 21,836 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 929 | 21,836 | 3.35% | 2.60% | 4.25% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

Over the past 5 - 8 years, FIT has maintained a consistent public awareness campaign. This campaign involves educating pediatricians, child care providers, public health offices, etc. about FIT services and encourages such professionals to refer children at a young age. Notably, on July 1, 2020, FIT’s Part C program moved from the New Mexico Department of Health (DOH) to the New Mexico Early Childhood Education and Care Department (ECECD). This was a valuable opportunity to include early intervention in current public awareness campaigns managed by ECECD and expand FIT’s visibility in the community. ECECD includes FIT in all communications about the spectrum of early childhood services, further bolstering FIT’s public awareness campaign.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations . The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 3.58% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% |
| Data | 7.43% | 7.54% | 8.72% | 8.90% | 6.68% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% |

Targets: Description of Stakeholder Input

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 5,280 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 67,209 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,280 | 67,209 | 6.68% | 5.00% | 7.86% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

Over the past 5 - 8 years, FIT has maintained a consistent public awareness campaign. This campaign involves educating pediatricians, child care providers, public health offices, etc. about FIT services and encourages such professionals to refer children at a young age. Notably, on July 1st of 2020, FIT’s Part C program moved from the New Mexico Department of Health (DOH) to the New Mexico Early Childhood Education and Care Department (ECECD). This was a valuable opportunity to include early intervention in current public awareness campaigns managed by ECECD and expand FIT’s visibility in the community. ECECD includes FIT in all communications about the spectrum of early childhood services, further bolstering FIT’s public awareness campaign.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**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)

**Data Source**

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

**Measurement**

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) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

**Instructions**

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 63.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 96.80% | 93.68% | 96.63% | 94.06% | 78.48% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,618 | 4,174 | 78.48% | 100% | 95.59% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

**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.**

1,372

**Provide reasons for delay, if applicable.**

This year, the most common reasons for delayed services that were not related to exceptional family circumstances were related to the following provider-related challenges: staffing shortages and a lack of understanding of existing staff about the requirements related to this indicator. These two challenges are related in terms of Family Service Coordination because the 35.5% average turnover rate for Family Service Coordinators meant provider agencies were burdened with assigning high caseloads to existing Family Service Coordinators in order to ensure coverage for all children and with adequately training new family service coordinators. That situation resulted in many Family Service Coordinators who did not fully understand or were not able to meet the requirements of Indicator 7. In addition to Family Service Coordination, providers reported significant challenges in recruiting and retaining staff with the qualifications necessary to complete evaluations for eligibility. This challenge resulted in instances of non compliance related to a shortage of service providers.

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

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).**

7/1/2021-3/31/2022

**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, 2021 through March 31, 2022) is representative of the data for the full reporting period because IFSP development and service delivery units do not fluctuate significantly throughout the year.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 4 | 4 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

In instances where non compliance continued after the pre-finding period of April 2021 through June 2021, targeted technical assistance was provided. This TA occurred during the summer and fall of 2021, however, due to restrictions on in-person encounters due to COVID-19 and significant staff turnover on the FIT State Team, no on-site monitoring occurred to assist the agencies where non-compliance was found. In absence of on-site monitoring, regular phone calls occurred from FIT State Team Regional Coordinators to provider agencies in need of support. At the time, the FIT State Team had two Regional Coordinators instead of the four that were needed at the time. This meant that each Regional Coordinator was covering more regions than usual. In addition, one of the Regional Coordinators had begun working in May of 2021 and was still learning the Early Intervention system during this time. This meant that four of the seven programs struggling with compliance did not have access to an easily available person with deep and broad knowledge of early intervention in New Mexico.

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

New Mexico found that 672 children had not received an IFSP within the 45-day timeline in FFY2020. It is important to note that 603 of those children had delayed IFSPs due to the COVID-19 pandemic and 69 children had delayed IFSPs for agency-related reasons not related to the pandemic. FIT did not issue findings to local programs for delayed IFSPs related to the COVID-19 pandemic. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies did complete an IFSP for 668 children, although late for children within the jurisdiction of the FIT program. This verification occurred during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Four findings were issued to agencies when they did not complete an IFSP on time and did not demonstrate- 100 percent compliance for at least one month period during the “pre-finding” period.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

FIT identified 672 instances of noncompliance during FFY 2020 via desk review monitoring for indicator 7. For all individual instances of noncompliance found in FFY 2020, the Early Intervention Service (EIS) 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, desk audit/review, and during onsite CBA monitoring when allowed due to public health emergency. Through these processes, FIT verified that each of the children who were still in the jurisdiction of the EIS program had received an IFSP although late.

The FIT program completed a two-pronged correction of noncompliance process for the provider agency within one year of the date of the finding.

Prong 1: Related to a finding of noncompliance found with Indicator 7. FIT verified that the noncompliant agency is correctly implementing the timely service or activity requirements (i.e., achieved 100% compliance). When noncompliance is found, subsequent data through FIT-KIDS is monitored until the agency demonstrates 100 percent compliance for at least a one-month period of time. The agency may also submit 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 verified that the provider with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

Prong 2: For all individual instances of noncompliance found, FIT verified that each child did receive the required service/activity, unless the child is no longer within the jurisdiction of the program. Service delivery/completion of required activity is verified through FIT-KIDS, and during onsite Community Based Assessment (CBA) monitoring. Through these processes, the FIT Program verified that each child who is still in the jurisdiction of the early intervention provider has received and IFSP.

Findings were issued to agencies where non-compliance was not corrected within a pre-finding period of 90 days following the APR data time period identified as July-March of each year.

## 7 - 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, 2021- June 30, 2022).
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 the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020: (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.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 4 uncorrected findings of noncompliance identified in FFY 2020 were corrected.
When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

**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 State educational agency (SEA) and the local educational agency (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)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have 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 their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 80.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.69% | 97.66% | 95.38% | 93.83% | 95.23% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,786 | 2,105 | 95.23% | 100% | 96.48% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**
**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.**

245

**Provide reasons for delay, if applicable.**

This year, the most common reasons for delayed services that were not related to exceptional family circumstances were related to the following provider-related challenges: staffing shortages and a lack of understanding of existing staff about the requirements related to this indicator. These two challenges are related in terms of Family Service Coordination because the 35.5% average turnover rate for Family Service Coordinators meant provider agencies were burdened with assigning high caseloads to existing Family Service Coordinators in order to ensure coverage for all children and with adequately training new family service coordinators. That situation resulted in many Family Service Coordinators who did not fully understand or were not able to meet the requirements of Indicator 8a.

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

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).**

07/01/2021-03/31/2022

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

Transition service delivery units fluctuate insignificantly throughout the year, this nine-month period (July 1, 2021 through March 31, 2022) of reporting reflects the data for the full reporting period.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

In instances where non compliance continued after the pre-finding period of April 2021 through June 2021, targeted technical assistance was provided. This TA occurred during the summer and fall of 2021, however, due to restrictions on in-person encounters due to COVID-19 and significant staff turnover on the FIT State Team, no on-site monitoring occurred to assist the agencies where non-compliance was found. In absence of on-site monitoring, regular phone calls occurred from FIT State Team Regional Coordinators to provider agencies in need of support. At the time, the FIT State Team had two Regional Coordinators instead of the four that were needed at the time. This meant that each Regional Coordinator was covering more regions than usual. In addition, one of the Regional Coordinators had begun working in May of 2021 and was still learning the Early Intervention system during this time. This meant that four of the seven programs struggling with compliance did not have access to an easily available person with deep and broad knowledge of early intervention in New Mexico.

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

New Mexico identified 105 instances of non-compliance in FFY2020. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday (i.e., achieved 100% compliance). Verification occurred for 102 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Seven findings were issued to agencies when they did not provide a transition plan to children as required and did not demonstrate 100 percent compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive a transition plan although it was late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

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) correctly implementing the compliance indicator (i.e., achieved 100% compliance) and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the program.

Prong 1: Related to the findings of noncompliance found with Indicator 8A, the FIT program verified that each agency is correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100 percent 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. If the agency did not verify the non-compliance was corrected, a finding was issued.

Prong 2: For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required transition plan, unless the child is no longer within the jurisdiction of FIT. FIT identified the correction of noncompliance during FFY 2020 via FIT-KIDS monitoring and/or desk review monitoring. Through these processes, the FIT Program verified that each of the children who were still in the jurisdiction of the EIS program had received transition planning, although late. Agencies have an opportunity to correct non-compliance without a finding being issued if the correction occurs during the 90 days following the APR data period (July-March).

## 8A - 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, 2021- June 30, 2022).
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 the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020: (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.

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 3 findings of noncompliance identified in FFY 2020 were corrected.
When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

**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 State educational agency (SEA) and the local educational agency (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)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have 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 their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.98% | 97.14% | 98.48% | 96.00% | 97.28% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

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

YES

| **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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 343 | 345 | 97.28% | 100% | 99.42% | Did not meet target | No Slippage |

**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.**

0

**Provide reasons for delay, if applicable.**

The reasons for delays in notification were due to Part C administrative and service coordination staff not having a clear understanding about the need to notify the LEA or the systems in place to do so. For example, one provider agency hired a new Program Coordinator who was well versed in Part C service provision but had never managed an agency. The new coordinator was not provided training and therefore was not aware that the agency has a long-standing Memorandum of Understanding (MOU) with the local school district that provides detailed instructions for how and when to notify the school district of children approaching their third birthday. With technical assistance provided by the state Part C team, this issue has been resolved.

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

The FIT-KIDS statewide database generates reports for notification to LEAs of children turning three within one year of the date of the report. The report includes all children who are potentially eligible for Part B. Provider agencies can easily develop reports in FIT-KIDS of the children in each school district turning three years old 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. In determining compliance with LEA notification, FIT Providers conducted a self-audit of a 10 percent (or minimum of 10) random selection of children who turned three between July 1, 2021, and March 31, 2022, 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 significantly 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 years old within one year. Notification at the state level occurred for 100 percent of children potentially eligible for Part B.

**Do you have a written opt-out policy? (yes/no)**

NO

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All FIT Providers conducted a self-audit of a 10 percent (or minimum of 10) representative selection of children who turned three between July 1, 2021, and March 31, 2022, for whom LEA notification was required (potentially eligible for Part B).

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

In instances where non compliance continued after the pre-finding period of April 2021 through June 2021, targeted technical assistance was provided. This TA occurred during the summer and fall of 2021, however, due to restrictions on in-person encounters due to COVID-19 and significant staff turnover on the FIT State Team, no on-site monitoring occurred to assist the agencies where non-compliance was found. In absence of on-site monitoring, regular phone calls occurred from FIT State Team Regional Coordinators to provider agencies in need of support. At the time, the FIT State Team had two Regional Coordinators instead of the four that were needed at the time. This meant that each Regional Coordinator was covering more regions than usual. In addition, one of the Regional Coordinators had begun working in May of 2021 and was still learning the Early Intervention system during this time. This meant that four of the seven programs struggling with compliance did not have access to an easily available person with deep and broad knowledge of early intervention in New Mexico.

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

New Mexico identified 13 instances of non-compliance in FFY2020. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing appropriate processes to ensure that notification to the LEA occurs at least 90 days prior to the child's third birthday. Verification occurred for 7 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Five findings were issued to agencies when they did not notify the LEA as required and did not demonstrate- 100 percent compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that notification was sent to the LEA for each child, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

New Mexico identified 13 instances of non-compliance in FFY2020. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing appropriate processes to ensure that notification to the LEA occurs at least 90 days prior to the child's third birthday. Verification occurred for 7 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Five findings were issued to agencies when they did not notify the LEA as required and did not demonstrate- 100 percent compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that notification was sent to the LEA for each child, although late.

## 8B - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020: (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.

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 5 findings of noncompliance identified in FFY 2020 were corrected.
When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

**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 State educational agency (SEA) and the local educational agency (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)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have 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 their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 83.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 96.99% | 96.17% | 96.15% | 93.83% | 93.44% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred 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** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,487 | 2,197 | 93.44% | 100% | 94.81% | Did not meet target | No Slippage |

**Number of toddlers for whom the parent did not provide approval for the transition conference**

**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.**

0

**Number of documented delays attributable to exceptional family circumstances**

**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 not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

596

**Provide reasons for delay, if applicable.**

This year, the most common reasons for delayed services that were not related to exceptional family circumstances were related to the following provider-related challenges: staffing shortages and a lack of understanding of existing staff about the requirements related to this indicator. These two challenges are related in terms of Family Service Coordination because the 35.5% average turnover rate for Family Service Coordinators meant provider agencies were burdened with assigning high caseloads to existing Family Service Coordinators in order to ensure coverage for all children and with adequately training new family service coordinators. That situation resulted in many Family Service Coordinators who did not fully understand or were not able to meet the requirements of Indicator 8c.

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

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).**

07/01/2021-03/31/2022

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

Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine- month period of reporting reflects the data for infants and toddlers with IFSPs for the full reporting period.

**Provide additional information about this indicator (optional).**

New Mexico FIT identified 596 toddlers with disabilities exiting Part C who had documented conference delays attributable to exceptional family circumstances, bringing a total of 1,487 toddlers with disabilities exiting Part C where the transition conference occurred 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. New Mexico Part C identified 2,197 toddlers with disabilities exiting Part C who were potentially eligible for Part B, minus children whose parents/guardians did not provide approval for the transition conference (0).

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 6 | 6 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

In instances where non compliance continued after the pre-finding period of April 2021 through June 2021, targeted technical assistance was provided. This TA occurred during the summer and fall of 2021, however, due to restrictions on in-person encounters due to COVID-19 and significant staff turnover on the FIT State Team, no on-site monitoring occurred to assist the agencies where non-compliance was found. In absence of on-site monitoring, regular phone calls occurred from FIT State Team Regional Coordinators to provider agencies in need of support. At the time, the FIT State Team had two Regional Coordinators instead of the four that were needed at the time. This meant that each Regional Coordinator was covering more regions than usual. In addition, one of the Regional Coordinators had begun working in May of 2021 and was still learning the Early Intervention system during this time. This meant that four of the seven programs struggling with compliance did not have access to an easily available person with deep and broad knowledge of early intervention in New Mexico.

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

New Mexico identified 128 instances of non-compliance in FFY2020. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday (i.e., achieved 100% compliance). Verification occurred for all 154 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Six findings were issued to agencies when they did not provide a transition plan to children as required and did not demonstrate- 100 percent compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive a transition conference although it was late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

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) correctly implementing the compliance indicator (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. Related to the noncompliance found with Indicator 8C, FIT verified that each agency is correctly implementing transition conferences at least 90 days and, at the discretion of all parties, not more than nine months prior to the toddler’s third birthday. When non-compliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100 percent compliance for a specified period. The agency also submitted narrative reports accounting for each specific instance of non-compliance and providing steps to ensure that the reasons for non-compliance are being addressed to prevent future recurrences. For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required transition conference unless the child is no longer within the jurisdiction of FIT. FIT identified the correction of noncompliance during FFY 2020 via FIT-KIDS monitoring and/or desk review monitoring. Through these processes, the FIT Program verified that each of the children who were still in the jurisdiction of the EIS program had received transition conferences, although late. Agencies have an opportunity to correct non-compliance without a finding being issued if the correction occurs during the 90 days following the APR data period (July-March).

As discussed, New Mexico identified 128 instances of non-compliance in FFY2020. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months prior to the toddler’s third birthday (i.e., achieved 100% compliance). Verification occurred for all 128 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Six findings were issued to agencies when they did not provide a transition plan to children as required and did not demonstrate 100 percent compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive a transition plan although it was late.

## 8C - 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, 2021- June 30, 2022). 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 the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020: (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.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 6 findings of noncompliance identified in FFY 2020 were corrected.
When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

**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 under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

New Mexico has not adopted Part B dispute resolution process and procedures for the Part C program and therefore this indicator is not applicable under section 639 of the IDEA.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

**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)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |

**FFY 2021 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

**Instructions**

***Baseline Data:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

***Targets:*** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

The FIT Program State-identified Measurable Result (SiMR) is to increase the number of children who make significant progress in their development in all three functional developmental areas:
• ECO Outcome 3A Positive social emotional skills (including positive social relationships);
• ECO Outcome 3B Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
• ECO Outcome 3C Use of appropriate behaviors to meet their needs.

Numerator: Number of infants and toddlers who reported progress
Denominator: Infants and Toddlers with an IFSP who received early intervention services for at least six months before exiting the Part C program.

New Mexico captures data for all three ECO areas for summary statement 1. The chart below does not capture the data for indicator 3C.
2013 Baseline Data; 3C 73.03 FFY 2019 Data 78.46 FFY 20 Data 78.46 FFY21 Data C Numerator: 1,951 Denominator 2,779
Target Data Outcome C
FFY2020 72.60%
FFY2021 73.00%
FFY2022 73.00%
FFY2023 73.00%
FFY2024 73.00%
FFY2025 73.00%

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

The FIT Program provides early intervention services for children with or at risk for developmental delay. FIT uses the subset of data for children who have a twenty-five (25) percent or greater developmental delay and not using the data for children who are “At-Risk” of delay.

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

YES

**Please provide a description of the changes and updates to the theory of action.**

When New Mexico first developed the State Systemic Improvement Plan (SSIP), there were plans to fully implement specific practices to improve IFSP writing by early intervention team members. Although many parts of the plan were fully realized, including changing the structure of the IFSP and providing training on how to write functional child and family outcomes, the Quality Rating Scale (QRS) originally designed for provider agencies to use to evaluate the quality of their IFSPs was never fully implemented. In 2018, the training and technical assistance support shifted to use of caregiver coaching within the Family Guided Routines Based Intervention (FGRBI) framework.

**Please provide a link to the current theory of action.**

https://www.nmececd.org/wp-content/uploads/2022/01/FIT-SSIP\_Jan-2022.pdf

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

YES

**Historical Data**

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| A | 2013 | 68.50% |
| B | 2013 | 71.02% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 70.50% | 71.00% | 71.00% | 71.00% | 71.00% |
| Target B >= | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | Numerator | Denominator | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| A | 1,656 | 2,251 | 73.32% | 70.50% | 73.57% | Met target | No Slippage |
| B | 1,764 | 2,251 | 76.63% | 75.00% | 78.37% | Met target | No Slippage |

**Provide the data source for the FFY 2021 data.**

Data for the Early Childhood Outcomes (ECO) scores were entered into the FIT-KIDS database. Previously, pilot provider sites were asked to upload and track their IFSP-QRS data in a separate database. The request to upload and enter additional data into a separate database was burdensome for providers and did not result in usable data for programs. This practice was stopped in FFY2019 and FIT now pulls the ECO data from the FIT-KIDS database for all early intervention providers in New Mexico.

**Please describe how data are collected and analyzed for the SiMR**.

Data is captured at two intervals - at the initial Individualized Family Service Plan (IFSP) and at the exit from early intervention services. Early Intervention providers have 30 days to complete the initial ECO and complete the exit ECO when the child exits from program. State Annual Performance Report (APR) Indicator 3 ECO data is reviewed to determine ECO scores and comparisons to the standards set by the ICC, as well as national standards. Data is collected via FIT-KIDS database and analyzed utilizing the Child Outcome Summary (COS) calculator and the meaningful difference calculator provided by the Early Childhood Technical Assistance (ECTA) center.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

For the data review of ECO scores, data from the current Fiscal Year was used. In general, ECO ratings have decreased when compared to the sample collected in the Year 3 Phase 1 SSIP. The FIT team hypothesizes that the decrease can be attributed to an increase in accuracy of scoring the ECO.

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

For the data review of ECO scores, data from the current Fiscal Year was used. It was noted that there was downward change in the scores for the three reviewed outcomes. In general, ECO ratings have decreased when compared to the sample collected in the Year 3 Phase 1 SSIP. Prior to COVID-19 the FIT team hypothesized that the decrease seen in the ECO scores was attributed to an increase in accuracy of scoring the ECO. It is also likely that the high turnover rate particularly within the Family Service Coordinator (FSC) position is impacting data quality as new FSCs are not fully trained in the COS process. At the beginning of 2022, a survey indicated the turnover rate for the FSC position was approximately 42 percent from 01/01/2021-01/01/2022. The turnover rate, along with the need to provide consistent, accessible training have led to the creation of a web-based training for all early interventionists. The new training was released in July 2021 and was required for all current early interventionist to complete by June 2022. Because the field was trained again in the COS process in state fiscal year 2022, FIT expects to achieve higher levels of inter-rater reliability in the COS data.

Section B: Implementation, Analysis and Evaluation

**Please provide a link to the State’s current evaluation plan.**

https://drive.google.com/file/d/1b4L-GJwK5bAKkQACdJFRwcYrlMdR8FEb/view

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

Although FIT had planned to change the SSIP Evaluation Plan in Fiscal Year 2022, those changes did not occur. Due to continuing impacts of the COVID-19 pandemic, the ICC Quality Committee was not able to review the current evaluation plan to recommend changes. In addition, FIT was not able to hire a data manager, therefore, the Quality Assurance Coordinator who was hired needed to focus much of their time on balancing data and quality needs. This year, the ICC Quality and Workforce committees will review the current evaluation plan in order to provide input on how changes to the plan could align with the adoption of caregiver coaching within the FGRBI framework in order to achieve the SiMR. Changes made to the evaluation plan last year are still in effect.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

At this time the evaluation plan is being revised and is currently under development due to the recognition the current evaluation plan is no longer valid for the reasons described above. FIT, in consultation with the ICC and other stakeholders is in the process of identifying if the evaluation plan will be developed internally or in partnership with a contracted entity.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

New Mexico utilized a virtual training platform to focus on evidence-based coaching for early intervention practices through the FGRBI framework, including the Setting the Stage-Observation and Opportunity to practice-Problem solving and Planning-Reflection and Review (SSOOPPRR,). A redesign of the ECO training occurred and was launched in July 2021 for all early interventionists. All early interventionists were required to take the redesigned ECO training by June 30, 2022.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

The ECO training redesign supports the FIT program’s efforts to maintain a sustainable ongoing professional development system The training is web based and includes supporting materials for early interventionists to utilize as they determine Child Outcome Summary (COS) scores for children. The training was mandated for all early interventionists to complete by June 2022 This training supports data quality and the professional development of early interventionists. Stakeholders will review ECO scoring data and the ICC Quality Committee will be reviewing input from early interventionists regarding their experience with the course during the upcoming year. Achievement of the State identified Measure Results (SiMR) will be determined after data is reviewed from ECO scoring and the review of the web-based ECO course has occurred. FIT launched the training effort statewide to support the learning of all practitioners in all regions.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

The first set of steps for the FIT program’s infrastructure improvement strategy will be to implement a survey to be completed by all early interventionists who received the newly revised ECO web-based training. The ICC Quality committee has incorporated this step into their strategic plan. FIT anticipates the ECO scores data to stabilize and the downward trend to be less as the field is trained with consistent information. Data from the practitioner ECO survey and the ECO data itself will be reviewed for practice, process, and system implementation implications.

The next step is to build a sustainable training system for caregiver coaching within the FGRBI framework that provides a diverse set of training experiences. The training set must meet the needs of newly hired early interventionists, seasoned interventionists who are ready to deepen their coaching practice, and interventionists that are ready to become mentors or trainers to their colleagues. This will require a shift in focus in FIT’s existing professional development system and additional funding to add components to the system such as the development of an introductory training by national experts on FGRBI.

The final step will be to implement a system of fidelity measurement for FGRBI so that FIT can evaluate how well the system is being implemented. This will require researching fidelity measurement tools and likely implementing measurement for a subset of the provider population prior to implementing a statewide measurement system.

**List the selected evidence-based practices implemented in the reporting period:**

Caregiver coaching using Family Guided Routines Based Intervention (FGRBI) as a framework; within FGRBI, providers use the SSOOPPR model to structure their early intervention sessions. FIT is implementing some of the techniques of a primary provider model of service delivery including Transdisciplinary Teaming Approach (TTA) meetings.

**Provide a summary of each evidence-based practice.**

New Mexico utilized a virtual training platform to focus on evidence-based coaching for early intervention practices (Family Guided Routines Base Intervention, including the SSOOPPRR)

Coaching allows the early interventionists to join in the caregiver-child interactions rather than expecting the parent to sit back and observe or to join the early interventionist and the child. Coaching in early intervention is intended to build the capacity of the adults closest to the child to enhance the learning opportunities within the family’s existing daily routines.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

Caregiver coaching within FGRBI was supported through a comprehensive training, developed by our contracted partners at the University of New Mexico’s Early Childhood Network, entitled Early Intervention Practices Training. This training has been highly effective in motivating interventionists to shift practice from a medical model to a routines-based family centered model of service delivery. This year, in response to an increased demand for the training, the ECN team shifted from offering the training quarterly to offering it six times per year at an every-other-month cadence. The feedback on the training has been overwhelmingly positive. Participants have been able to clearly articulate how they will use coaching techniques in future early intervention sessions.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

FIT discontinued the use of the IFSP-QRS database as it did not provide the desired outcome to monitor fidelity or assess practice change. New Mexico’s FIT program does not currently have a system in place to measure fidelity of caregiver coaching within the FGRBI framework. However, in terms of data quality improvement, all FIT early interventionists were trained in the COS process via the redesigned ECO training in State Fiscal Year 2022.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

No additional data collected

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

Anticipated Outcome: Early interventionists will be more confident in their ability to coach caregivers to help their children meet goals, support their develop, and learn newly acquire skills.

Continue the implementation of Early Intervention Practices Training and add a foundational FGRBI training for newly hired early interventionists.

Anticipated Outcome: Providers will build professional development infrastructure to support personnel in early intervention evidence- based practices.

ECO results will be provided to SSIP sites and subsequent training will follow to provide deeper understanding of ECO results.

Anticipated Outcome: Providers will have a better understanding of the ECO data and revise internal onboarding and ongoing training as needed to correct identified areas of concern.

ECO data will be provided quarterly to all Provider Agency Coordinators by FIT Regional Coordinators. Regional Coordinators will assist Provider Agency Coordinators in understanding strengths and opportunities for process improvement indicated by their ECO data.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

Although the FIT Program made changes to support quality within programs and strengthen sustainability of high-quality practices, there were numerous challenges, barriers identified, and adjustments needed to move forward successfully. The main challenges FIT has encountered are a need for measuring the fidelity with which coaching is implemented and the ability to capture quantitative data as it relates to the IFSP. This area will be for consideration for the stakeholder groups to determine how to gather the necessary data from providers to support the SSIP. It is anticipated there will be modifications made to the SSIP and the evaluation plan, however, stakeholders would like more time to gather information and review data that is now being seen which reflects early intervention during the pandemic.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

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 was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan (SSIP). Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT leadership. To support stakeholders who may have been less familiar with engaging in conversations related to technical Part C topics such as target setting, the FIT state team engaged parent representatives and partner state agency leaders during ICC public meetings and during subcommittee meetings in conversations that helped clarify our data collection systems. The conversations were rich and varied and included discussion on existing systems of data collection such as the way data is collected in FITKids and ways FIT might consider collecting data in the future. One example was a conversation that occurred in the fall of 2021 with parents on the ICC. During this conversation, two parents expressed interest in collecting more data, specific to child progress, that could help us better understand the data collected for Indicator three including finding a way to collect data on progress toward specific IFSP outcomes. This conversation led to many additional conversations about what data our stakeholders hope for us to collect and how they would like for it to be presented at ICC meetings. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to FIT via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the SSIP. The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an Individualized Family Service Plan Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents/caregivers receiving early intervention services.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

This year FIT utilized planned meetings with the ICC to engage stakeholders to advise and assist on the SSIP. FIT had opportunities throughout the year both planned and unplanned to discuss with practitioners their thoughts on coaching and on FGRBI practices. Increased involvement in the ICC by parents helped us better understand the impact of early intervention services during and after the COVID-19 pandemic. This has influenced the FIT team’s thinking in the following ways: what kinds of data will be most useful to provide when discussing the efficacy of early intervention services and service delivery strategies that have been most useful to families. However, FIT and the ICC were not able to analyze the SSIP evaluation plan this year and plan to do so during the upcoming reporting period.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholders have expressed their concerns regarding the SSIP process. As new members have entered the stakeholder group, questions have been asked regarding the past IFSP-QRS process and how this impacted the ECO outcome data. The limited ability to bring the IFSP-QRS system to scale statewide and the lack of feasibility for providers to enter data into another database has raised the questions what types of data will be most useful to us as a statewide early intervention system including how to best evaluate the validity of ECO scores and whether the ECO scores could be used to help us evaluate the quality of IFSPs. Members have expressed their concerns regarding the activities that have occurred in previous years and if the activities conducted in previous year are useful now to support the SiMR. More involvement by stakeholders is requested and will be honored by the FIT program. The difficulties with scheduling due to the pandemic and the vacancy of the FIT Data Manager have impacted the programs capacity to hold the focus groups to reevaluate the current SiMR and evaluation process.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

The state will continue providing the new online ECO training. There have been technical concerns with the online training that are being addressed by the host, UNM-Early Learning Network. The state also plans to add additional requirements and professional development opportunities for all early interventionists to support their use of caregiver coaching within the FGRBI framework and their use of high-quality ongoing assessment practices to support caregivers and children in tracking child progress.

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

At the request of the ICC and upon reviewing ECO data, FIT will began analyzing data on a more frequent basis. The implications of the COVID-19 pandemic on the number of children to review who are in the Early Intervention program over six months are unclear. FIT There has been an increase in children remaining less than six months due to family needs. This ECO data will be reviewed at the program level and the meaningful difference calculator used for programs to see where their data may show a meaningful difference from the state level data.

**Describe any newly identified barriers and include steps to address these barriers.**

The FIT program has experienced turnover and transitions with key staff. The Data Manager transitioned from their role with the program in June of 2021. Furthermore, during this reporting period, two Regional Coordinators and the FIT Bureau Chief transitioned from their positions, one an internal promotion while the others moved into other state roles. As of this writing, those positions are being filled. This decreased the capacity within in the FIT program to offer support to providers on the issues that were more complex and systemic.

COVID-19 continued to be a barrier during this reporting period. The shift back to in-person service delivery was challenging as the FIT team and the provider agencies navigated vaccine requirements, parent choice, and location of services. Many services had to occur in an outdoor location due to the vaccination status of the provider. Families who did not want services to be provided by a person who was not up to date on their vaccines, or who wanted services to occur inside their home, sometimes had to wait for services given the difficulty of finding fully vaccinated providers in some parts of the state. This caused disruptions in service delivery that may have impacted the quality and effectiveness of the services.

**Provide additional information about this indicator (optional).**

The FIT Program has access to a broad array of supports and technical assistance in the ECECD including professional development, consultation, and technical assistance supports. New Mexico anticipates accessing these valuable resources in the coming year for support on data analysis and evaluation and continued SSIP implementation activities. ECTA (EBP) resources and the OSEP calls also provide helpful guidance and support for the SSIP and federal guidelines for Part C system implementation.

## 11 - Prior FFY Required Actions

The State must provide the required targets for Target C for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

The State must provide the required numerator and denominator descriptions within the data table in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

Numerator: Number of infants and toddlers who reported progress
Denominator: Infants and Toddlers with an IFSP who received early intervention services for at least six months before exiting the Part C program.

New Mexico captures data for all three ECO areas for summary statement 1. The chart above does not capture the data for indicator 3C.
2013 Baseline Data; 3C 73.03 FFY 2019 Data 78.46 FFY 20 Data 78.46 C Numerator 2215 Denominator 2717
Target Data Outcome C
FFY2020 72.60%
FFY2021 73.00%
FFY2022 73.00%
FFY2023 73.00%
FFY2024 73.00%
FFY2025 73.00%

## 11 - OSEP Response

The State did not provide numerator and denominator descriptions in the FFY 2021 data table.

## 11 - Required Actions

The State did not provide numerator and denominator descriptions in the FFY 2021 data table. The State must provide the required numerator and denominator descriptions for FFY 2022 in the FFY 2022 SPP/APR.

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**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.**

**Select the certifier’s role**

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.**

**Name:**

Elizabeth Groginsky

**Title:**

Cabinet Secretary, New Mexico Early Childhood Education and Care Department

**Email:**

elizabeth.groginsky@ececd.nm.gov

**Phone:**

505 231-2997

**Submitted on:**

04/24/23 7:06:01 PM

# Determination Enclosures

## RDA Matrix

**New Mexico**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 83.93% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 6 | 75.00% |
| **Compliance** | 14 | 13 | 92.86% |

**2023 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 2,779 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 4,061 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 68.43 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 1 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 73.57% | 44.85% | 76.60% | 48.07% | 76.99% | 45.57% |
| **FFY 2020**  | 73.32% | 48.71% | 76.63% | 50.42% | 77.84% | 50.32% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 94.20% | NO | 1 |
| **Indicator 7: 45-day timeline** | 95.59% | NO | 2 |
| **Indicator 8A: Timely transition plan** | 96.48% | NO | 2 |
| **Indicator 8B: Transition notification** | 99.42% | NO | 2 |
| **Indicator 8C: Timely transition conference** | 94.81% | NO | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **2,779** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 30 | 565 | 793 | 863 | 266 |
| **Performance (%)** | 1.19% | 22.45% | 31.51% | 34.29% | 10.57% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 28 | 511 | 768 | 996 | 214 |
| **Performance (%)** | 1.11% | 20.30% | 30.51% | 39.57% | 8.50% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 21 | 516 | 833 | 964 | 183 |
| **Performance (%)** | 0.83% | 20.50% | 33.09% | 38.30% | 7.27% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 15 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.*

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 73.57% | 44.85% | 76.60% | 48.07% | 76.99% | 45.57% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 6 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 2,552 | 73.32% | 2,251 | 73.57% | 0.25 | 0.0128 | 0.1976 | 0.8434 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 2,717 | 76.63% | 2,303 | 76.60% | -0.03 | 0.0120 | -0.0274 | 0.9781 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 2,717 | 77.84% | 2,334 | 76.99% | -0.85 | 0.0118 | -0.7208 | 0.4711 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 2,995 | 48.71% | 2,517 | 44.85% | -3.86 | 0.0135 | -2.8633 | 0.0042 | YES | 0 |
| **SS2/Outcome B: Knowledge and Skills** | 2,995 | 50.42% | 2,517 | 48.07% | -2.34 | 0.0135 | -1.7346 | 0.0828 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 2,995 | 50.32% | 2,517 | 45.57% | -4.75 | 0.0135 | -3.5186 | 0.0004 | YES | 0 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **4** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **1** |

## Data Rubric

**New Mexico**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 12 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
|  **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part C 618 Data**

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution  | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)