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

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

**For reporting on   
FFY 2019**

**New Mexico**

U.S. Department of Education seal

**PART C DUE   
February 1, 2021**

**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 Family Infant Toddler (FIT) Program was located in the New Mexico Department of Health during FFY19 and was the lead agency for the New Mexico Individuals with Disabilities Education Act, Part C Program. The FIT Program consists of 33 provider agencies state wide, and includes the New Mexico School for the Blind and Visually Impaired and the New Mexico School for the Deaf. During FFY19, the Department of Health issued Provider Agreements with each of the provider agencies that clearly states the scope of work required by the IDEA Part C, including child find and public awareness activities  
  
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 ECECD in July 2020 by bringing together various programs and agencies that previously resided within other agencies of government. The FIT Program, previously part of the New Mexico Department of Health, is one of the programs that transitioned to the new Department. ECECD’s mission is to ensure that all New Mexican families and young children have access to high-quality and safe early child care opportunities. Specifically, ECECD 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 juvenile justice, social and economic inequality, and generational poverty.

Additional information related to data collection and reporting

**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 Family Infant Toddler Program (FIT) General Supervision Manual outlines the multiple and interrelated ways the FIT Program monitors for compliance and corrects non-compliance, and includes a sanctions matrix. This manual has been submitted previously to OSEP and can be found online at https://www.nmececd.org/early-childhood-professionals/fit-program/.  
  
Policies and Procedures   
The FIT Program complies with, and enforces, a number of policies and standards, including state and federal regulations, Medicaid rules and a has entered into a number of MOU's with related state agencies. The FIT Program Service Definitions and Standards, which are updated annually, clarify, and operationalize requirements. In addition, the New Mexico Register/Volume XXIII, Number 12, NMAC 7.30.8, last updated June 2012, 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 7.30.8.  
  
Quality and Compliance  
Local Annual Performance Report: Data is routinely collected in a variety of methods to ensure improved compliance. Data for the Local Provider Annual Performance Report (APR) requires that each provider agency analyze and correct their data, set annual targets, and describe improvement activities (with timelines and resources). Every provider agency completes an APR which addresses Indicator 1, 2, 3, 4, 5, 6, 7, 8. In addition, providers submit narrative reports that explain any reasons for non-compliance and proposed plans of correction. Data is collected through a combination of agency self-audits, the FIT Program's statewide database called FIT-KIDS (Key Information Data System), and surveys. In addition, the FIT Program has a designated data manager who ensures data quality and compliance on a regular basis.  
  
Monitoring  
While monitoring activities are routinely done informally and/or through desk audits, the General Supervision Manual discusses in detail the two formal methods of onsite monitoring, Community Based Assessments (CBAs) and Focused Reviews. Each provider is assigned a 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 plan of correction with specific needs and timelines to meet. The FIT Provider Agreements cites NMAC 7.30.8 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:  
  
i. Determine validity of data entered into the electronic FIT-KIDS database;  
ii. verify the methodology used to audit child records for the local Annual Performance Report and   
validate the results reported;  
iii. audit billing and documentation;   
iv. conduct a review of child records to determine compliance with IDEA Part C related   
requirements, and;  
v. validate MOU's and staff credentials.  
  
FIT presents a review of all findings to the provider agency and the 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 reviews, such as low ranking in the priority indicators (1,7,8), and public complaints/filed grievances. The purpose of this review is to determine the root cause of the non-compliance and develop a directed plan of correction. The team reviews child/family records, agency policies and procedures, and quality assurance procedures. FIT conducts interviews with staff, parents, and community partners. FIT writes 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  
The FIT Program utilizes an online data and billing system known as FIT-KIDS (Key Information Data System) which collects all data related to APR and contains numerous report options for data. 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, both at the systems level 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 the Department of Health – Office of Internal Audits or Medicaid based on a complaint or referral for a more detailed audit if neededSelf-Analysis and Plans of Correction  
FIT requires provider agencies performing at less than 100 percent compliance on any APR compliance indicator (and who 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 detailed plans of correction, monitors them closely, and tracks performance frequently throughout the fiscal year. Additionally, FIT requires all provider agencies performing at less than 100 percent to submit subsequently collected data showing progress towards 100 percentcompliance (Prong 1). For all individual instances of noncompliance (Prong 2), the FIT Program verifies that each child received the service on the site delivery verified through FIT-KIDS and during the onsite monitoring.  
  
Directed Technical Assistance   
FIT requires agencies performing below 95 percent compliance on a compliance indicator, and 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 and FIT Program staff at the state level. Continued noncompliance may result in other sanctions in accordance with the sanctions matrix in the General Supervision Manual, including termination of their 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. Families are able to access PRO for additional support and guidance. PRO developed numerous documents to help parents understand their rights. In addition, FIT charges the Family Service Coordinator 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. The Part C Coordinator has received technical assistance from our National Center for Systemic Improvement (NCSI) TA consultant regarding how to handle any disputes.

**Technical Assistance System:**

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

The FIT Program contracts with the University of New Mexico (an Association of University Centers on Disabilities, AUCD ,University Center for Excellence) – Center for Development and Disability’s Early Childhood Learning Network (UNM CDD ECLN) to provide training and technical assistance 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 specific technical assistance plan based on the assessed provider agency needs. Additional training and TA is available upon request, but may also be directed, based on agency performance in the APR and/or based on the results of monitoring visits. Additionally, the FIT Program employs Regional Coordinators who, as state staff, oversee provider agency agreements and ensure compliance with state and federal regulations. Further, NM has an extensive TA system for transition monitoring and support. One of the Regional Coordinator positions is designated as the lead for the Community Based Assessments (CBAs) along with the data manager monitor timelines, and data quality. The FIT Program staff regularly provide technical assistance for both compliance issues and issues surrounding quality. The FIT Program ensures that training in both compliance and quality early intervention practices occur as required. 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. Also, the FIT Program ensures the IFSP has routines based functional outcomes, and strategies. IFSP training is available on the UNM CDD website.

**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 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 attendance. The online portion of this training allows staff to access the training at any point for a refresher. The two-day in-person 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 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 attend the Higher Education task force and is working 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 Program 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 our state's providers. This professional development innitative 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.

**Stakeholder Involvement:**

**The mechanism for soliciting broad stakeholder input on 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 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. 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 program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC then approved targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program 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 State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP 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 receiving early intervention services.   
  
Due to the COVID-19 health emergency, stakeholder meetings that scheduled in March through June were rescheduled into the next fiscal year to allow participants to respond to the more immediate needs within their agencies, communities, and families.

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

YES

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 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 2018 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 2018 APR in 2020, 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:   
  
The FFY 2015 report can be found at: https://www.nmececd.org/wp-content/uploads/2020/07/FIT-ReportCard-Provider-FY16.pdf  
  
The FFY 2016 report can be found at: https://www.nmececd.org/wp-content/uploads/2020/07/FIT-ReportCard-Provider-FY17.pdf  
  
The FFY 2017 report can be found at: https://www.nmececd.org/wp-content/uploads/2020/07/FIT-ReportCard-Provider-FY18.pdf  
  
The FFY2018 report can be found at: https://www.nmececd.org/wp-content/uploads/2021/01/FIT-Provider-Report-Card-FFY18.pdf  
  
The FFY2018 SPP/APR report can be found at: https://www.nmececd.org/wp-content/uploads/2021/01/State-Performance-Plan-C-FFY2018-2019.pdf

## Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State’s capacity to improve its SiMR data.

**Response to actions required in FFY 2018 SPP/APR**

## 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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.75% | 97.84% | 97.76% | 96.55% | 96.52% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,477 | 6,563 | 96.52% | 100% | 96.36% | Did Not Meet Target | No Slippage |

**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.***

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**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).**

July 1, 2019 through March 31, 2020 (9 months)

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

This nine month period of reporting (July 1, 2019 through March 31, 2020) is representative of the data for the full reporting period because IFSP development and service delivery units do not fluctuate significantly throughout the year.

**If needed, provide additional information about this indicator here.**

As indicated above, 847 IFSPs were found to have documented reasons of delay for exceptional family reasons bringing the total number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner to 6,324. Delays noted which do not fall into exceptional family reasons or inclement weather were EIS program reasons, such as staff shortages or staff cancellations.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 2018 Findings of Noncompliance Verified as Corrected**

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

The FIT Program has a two pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in compliance with statutory/regulatory requirements (20 U.S.C 1416(a)(3)(A) and1442) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with OSEP Memo 09-02. Prong 1: Related to the four (4) findings of noncompliance found with Indicator 1, the FIT program verified that each agency is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance). When noncompliance was found, FIT-KIDS monitored subsequent data until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of noncompliance and provided steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By conducting ongoing monitoring, the FIT Program has verified that the EIS programs with noncompliance under this indicator are correctly implementing the specific regulatory requirements.

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

One (1) EIS program accounted for the four findings of noncompliance was issued for Indicator 1 during FFY2018 from the onsite Community Based Assessment (CBA) monitoring. Prong 2:For all individual instances of noncompliance found in FFY 2017, the FIT Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had received each service on their IFSP.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

None

## 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, 2019-June 30, 2020). 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.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 EDFacts 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 95.25% | 95.50% | 95.50% | 95.75% | 95.75% |
| Data | 98.64% | 98.26% | 98.07% | 98.90% | 98.99% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= | 95.75% |

**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. 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 program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC then approved targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program 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 State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP 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 receiving early intervention services.   
  
Due to the COVID-19 health emergency, stakeholder meetings that scheduled in March through June were rescheduled into the next fiscal year to allow participants to respond to the more immediate needs within their agencies, communities, and families.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 6,180 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 6,254 |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,180 | 6,254 | 98.99% | 95.75% | 98.82% | 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. 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 program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC then approved targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program 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 State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP 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 receiving early intervention services.   
  
Due to the COVID-19 health emergency, stakeholder meetings that scheduled in March through June were rescheduled into the next fiscal year to allow participants to respond to the more immediate needs within their agencies, communities, and families.

**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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A1** | 2008 | Target>= | 66.50% | 67.00% | 67.50% | 68.00% | 69.00% |
| **A1** | 68.70% | Data | 71.85% | 70.21% | 72.12% | 71.45% | 73.71% |
| **A1 AR** |  | Target>= |  |  |  |  | 70.00% |
| **A1 AR** |  | Data |  |  |  |  | 77.11% |
| **A2** | 2008 | Target>= | 63.00% | 63.00% | 63.20% | 63.30% | 63.50% |
| **A2** | 62.60% | Data | 68.83% | 67.87% | 64.19% | 63.46% | 56.27% |
| **A2 AR** |  | Target>= |  |  |  |  | 64.00% |
| **A2 AR** |  | Data |  |  |  |  | 72.31% |
| **B1** | 2008 | Target>= | 70.50% | 70.50% | 71.00% | 72.00% | 72.50% |
| **B1** | 72.20% | Data | 74.40% | 72.64% | 73.96% | 75.21% | 78.11% |
| **B1 AR** |  | Target>= |  |  |  |  | 73.00% |
| **B1 AR** |  | Data |  |  |  |  | 78.47% |
| **B2** | 2008 | Target>= | 60.00% | 61.00% | 61.50% | 62.00% | 62.50% |
| **B2** | 62.30% | Data | 69.46% | 68.31% | 62.88% | 65.15% | 58.61% |
| **B2 AR** |  | Target>= |  |  |  |  | 63.00% |
| **B2 AR** |  | Data |  |  |  |  | 73.29% |
| **C1** | 2008 | Target>= | 72.00% | 72.00% | 72.20% | 72.40% | 72.60% |
| **C1** | 71.40% | Data | 75.43% | 73.69% | 73.42% | 75.82% | 77.81% |
| **C1 AR** |  | Target>= |  |  |  |  | 73.00% |
| **C1 AR** |  | Data |  |  |  |  | 81.40% |
| **C2** | 2008 | Target>= | 60.00% | 60.50% | 61.00% | 61.50% | 62.00% |
| **C2** | 61.50% | Data | 70.41% | 69.10% | 64.93% | 64.50% | 57.63% |
| **C2 AR** |  | Target>= |  |  |  |  | 63.00% |
| **C2 AR** |  | Data |  |  |  |  | 72.64% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1 >= | 69.00% |
| Target A1 AR >= | 70.00% |
| Target A2 >= | 63.50% |
| Target A2 AR >= | 64.00% |
| Target B1 >= | 72.50% |
| Target B1 AR >= | 73.00% |
| Target B2 >= | 62.50% |
| Target B2 AR >= | 63.00% |
| Target C1 >= | 72.60% |
| Target C1 AR >= | 73.00% |
| Target C2 >= | 62.00% |
| Target C2 AR >= | 63.00% |

**FFY 2019 SPP/APR Data**

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

3,736

**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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 530 | 20.11% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 659 | 25.01% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,015 | 38.52% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 431 | 16.36% |

| **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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 26 | 10.08% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 53 | 20.54% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 95 | 36.82% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 84 | 32.56% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 1,674 | 2,204 | 73.71% | 69.00% | 75.95% | 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 | 1,446 | 2,635 | 56.27% | 63.50% | 54.88% | Did Not Meet Target | Slippage |

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

The FFY 2019 data indicates New Mexico missed its target of 63.5 percent by 8.62 percent and saw a decline in the A.2 indicator of 1.39 percent from FFY18. In FFY15 there was a Statewide launch of a revised IFSP with the ECO embedded on the Present Abilities, Strengths, and Needs (PASN) page 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 ECOs by early interventionists. One factor in the slippage seen in Indicator A2 in FFY19 appears to be connected to another new training initiative. 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 interventionists interviewing skills with families around routines within the home supporting open conversations concerning scoring of the ECO.Early intervention practitioners report they feel 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 early intervention process. The FIT program completed the meaningful difference report this year on the data and reflected that 17 of the 33 provider agencies had a meaningful difference when compared to the State in Statement A2. This new approach to early intervention in New Mexico is not the only identified caused of slippage. New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI and Child Development. Change in how training is conducted (webinar vs classroom), and an increase in children with complex needs. In reviewing the ECO significant difference report with this year’s data, agencies who did not have a significant difference with the state in previous years, are now showing a significant difference in their data compared to state-wide data. The significant difference for these agencies with the State’s data did not occur until the new early intervention practices-FGRBI initiative trainings began. The FIT program needs to do a deeper analysis to understand if this was due to a training issue or if there has been a change in the agency’s census related to diagnosis and/or the time within early intervention and services provided. The Interagency Coordinating Council discussed the slippage in a meeting held on January 20, 2021 and council members recognized that, while there was slippage in this area, family surveys reflected high percentages of families reporting that early intervention services helped the family help their children develop and learn. The ICC voted to keep the current target until the trend begins to turn upward.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 148 | 174 | 77.11% | 70.00% | 85.06% | 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 | 179 | 258 | 72.31% | 64.00% | 69.38% | 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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 473 | 17.95% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 654 | 24.82% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,162 | 44.10% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 346 | 13.13% |

| **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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 28 | 10.85% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 46 | 17.83% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 106 | 41.09% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 78 | 30.23% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 1,816 | 2,289 | 78.11% | 72.50% | 79.34% | 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 | 1,508 | 2,635 | 58.61% | 62.50% | 57.23% | Did Not Meet Target | Slippage |

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

The FFY 2019 data indicates New Mexico missed its target of 62.5 percent by 5.27 percent and saw a decline in the indicator B.2 of 1.38 percent from FFY18. In FFY15, there was a Statewide launch of a revised IFSP with the ECO embedded on the Present Abilities, Strengths, and Needs (PASN) page 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 ECOs by early interventionists.One factor in the slippage seen in Indicator B2 in FFY19 appears to be connected to another new training initiative. 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 interventionists interviewing skills with families around routines within the home supporting open conversations concerning scoring of the ECO.Early intervention practitioners report they feel 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 early intervention process. The FIT program completed the meaningful difference report this year on the data and reflected that 17 of the 33 provider agencies had a meaningful difference when compared to the State in Statement B2. This new approach to early intervention in New Mexico is not the only identified caused of slippage. New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI, and Child Development. Change in how training is conducted (webinar vs classroom), and an increase in children with complex needs. In reviewing the ECO significant difference report with this year’s data, agencies that did not have a significant difference with the state in previous years, are now showing a significant difference in their data compared to state-wide data. The significant difference for these agencies with the State’s data did not occur until the new early intervention practices-FGRBI initiative trainings began. The FIT program needs to do a deeper analysis to understand if this was due to a training issue or if there has been a change in the agency’s census related to diagnosis and/or the time within early intervention and services provided. The Interagency Coordinating Council discussed the slippage in a meeting held on January 20, 2021 and council members recognized that, while there was slippage in this area, family surveys reflected high percentages of families reporting that early intervention services helped the family help their children develop and learn. The ICC voted to keep the current target until the trend begins to turn upward.  
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| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 152 | 180 | 78.47% | 73.00% | 84.44% | 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 | 184 | 258 | 73.29% | 63.00% | 71.32% | 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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 505 | 19.17% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 659 | 25.01% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,181 | 44.82% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 290 | 11.01% |

| **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 | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 34 | 13.18% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 38 | 14.73% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 106 | 41.09% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 80 | 31.01% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 1,840 | 2,345 | 77.81% | 72.60% | 78.46% | 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 | 1,471 | 2,635 | 57.63% | 62.00% | 55.83% | Did Not Meet Target | Slippage |

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

The FFY 2019 data indicates New Mexico missed its target of 62 percent by 6.62 percent and saw a decline in the indicator C.2 of 1.8 percent from FFY18. In FFY15, there was a Statewide launch of a revised IFSP with the ECO embedded on the Present Abilities, Strengths, and Needs (PASN) page 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 ECOs by early interventionists. One factor in the slippage seen in Indicator C2 in FFY19 appears to be connected to another new training initiative. 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 interventionists interviewing skills with families around routines within the home supporting open conversations concerning scoring of the ECO.Early intervention practitioners report they feel 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 early intervention process. The FIT program completed the meaningful difference report this year on the data and reflected that 17 of the 33 provider agencies had a meaningful difference when compared to the State in Statement C2. This new approach to early intervention in New Mexico is not the only identified caused of slippage. New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI, and Child Development. Change in how training is conducted (webinar vs classroom), and an increase in children with complex needs. In reviewing the ECO significant difference report with this year’s data, agencies who did not have a significant difference with the state in previous years, are now showing a significant difference in their data compared to state-wide data. The significant difference for these agencies with the State’s data did not occur until the new early intervention practices-FGRBI initiative trainings began. The FIT program needs to do a deeper analysis to understand if this was due to a training issue or if there has been a change in the agency’s census related to diagnosis and/or the time within early intervention and services provided. The Interagency Coordinating Council discussed the slippage in a meeting held on January 20, 2021 and council members recognized that, while there was slippage in this area, family surveys reflected high percentages of families reporting that early intervention services helped the family help their children develop and learn. The ICC voted to keep the current target until the trend begins to turn upward.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 144 | 178 | 81.40% | 73.00% | 80.90% | 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 | 186 | 258 | 72.64% | 63.00% | 72.09% | 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 | 3,736 |
| 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. | 843 |

| **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 at program audits.

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

New Mexico saw slippage in the areas of A2, B2, and C2 during FFY19. The meaningful difference calculator revealed 12-13 programs showed a meaningful difference compared to 6-8 programs in FFY18. A review of the data shows questions around the exit scores for children who exited early intervention abruptly at the beginning of the COVID-19 public health emergency. Programs did rely on the ongoing assessment, but have indicated that the scores may not be as adequate as they would

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# 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.

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

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2006 | Target>= | 93.50% | 94.00% | 94.50% | 94.80% | 95.00% |
| A | 84.50% | Data | 99.67% | 98.76% | 98.70% | 98.99% | 98.85% |
| B | 2006 | Target>= | 93.50% | 94.00% | 94.50% | 94.80% | 95.00% |
| B | 88.40% | Data | 100.00% | 98.96% | 99.27% | 99.72% | 99.27% |
| C | 2006 | Target>= | 95.70% | 96.00% | 96.40% | 96.80% | 97.00% |
| C | 89.50% | Data | 100.00% | 99.70% | 99.84% | 99.72% | 99.74% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A>= | 97.00% |
| Target B>= | 97.00% |
| Target C>= | 97.00% |

**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. 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 program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC then approved targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program 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 State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP 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 receiving early intervention services.   
  
Due to the COVID-19 health emergency, stakeholder meetings that scheduled in March through June were rescheduled into the next fiscal year to allow participants to respond to the more immediate needs within their agencies, communities, and families.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 3,079 |
| Number of respondent families participating in Part C | 930 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 883 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 903 |
| 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 | 895 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 901 |
| 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 | 899 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 903 |

| **Measure** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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) | 98.85% | 97.00% | 97.79% | 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) | 99.27% | 97.00% | 99.33% | 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) | 99.74% | 97.00% | 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? | NO |
| The demographics of the families responding are representative of the demographics of infants, toddlers, and families 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.**

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. FIT’s database collects the racial and ethnic breakdown of individuals served and numbers are reported to stakeholders. Although, FIT does encourage parents who complete the survey to identify their ethnic and racial background, many families chose to leave that section blank. In the future, FIT will place a greater emphasis on EI providers to work along with parents to respond to the demographic portion of the survey. Of the FFY2019 survey collected,141 respondents either did not answer the demographic section or the status is unknown. This is an area where the FIT program can work with its EI providers to offer key strategies, and other alternative methods for the collection of New Mexico’s demographic presentation.

**Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

The State of New Mexico used the ECTA Center Representativeness Calculator to analyze the responses received from families surveyed for FFY 2019. Based on the data, the State of New Mexico met its target representation with an actual representation of 70 percent Hispanic; it also met its target representation of 30 percent for Non-Hispanic with an actual representation of 30 percent. NM did not achieve representativeness in African American, Native American, Asian or White with our family survey. The target representation for African American was 7 percent with an actual representativeness of 4 percent. The target representation for Native American is 19 percent with actual representation of 8 percent. The target representation for Asian families was 4 percent with an actual representativeness of one percent. The target representation of White families was 64 percent with an actual representation of 86 percent exceeding representation in this area by 22 percent. 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. FIT’s databases capture the racial and ethnic breakdown of the individuals it serves and is reported to our stakeholders. Although FIT does ask parents who complete the survey to identify their ethnic and racial information, many families chose to leave that section blank. The demographic data of children served is consistent with our state population demographics.

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

New Mexico's Family Survey was released on April 13, 2020, during the COVID-19 public health emergency. New Mexico saw a decline in return rate from 57 percent in FFY2018 to a 30 percent return rate in FFY2019. This decline in return rate is likely due to the public health emergency. Although on-line surveys were available, families may not have had the technology available to complete the survey. This will be explored more with provider agencies in the future.

## 4 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 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 2018 SPP/APR**

## 4 - OSEP Response

## 4 - Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 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.

# 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 compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 2.50% | 2.50% | 2.60% | 2.60% | 2.60% |
| Data | 3.57% | 3.73% | 3.97% | 3.65% | 4.02% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 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. 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 program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC then approved targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program 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 State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP 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 receiving early intervention services.   
  
Due to the COVID-19 health emergency, stakeholder meetings that scheduled in March through June were rescheduled into the next fiscal year to allow participants to respond to the more immediate needs within their agencies, communities, and families.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 1 with IFSPs | 960 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 1 | 23,014 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 960 | 23,014 | 4.02% | 2.60% | 4.17% | Met Target | No Slippage |

**Compare your results to the national data**

New Mexico's is above the national average for infants and toddlers’ birth to age 1 with IFSPs. In New Mexico FFY 2019, FIT served 4.17 percent of children birth to age 1 with an IFSP, while the national average is 1.25 percent. New Mexico is third in the nation in this area.The FFY19 percentage of 4.17 percent is slightly higher than FFY2018 of 4.02 percent.

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

Over the past 5 - 7 years, FIT has maintained a consistent public awareness campaign called Ready Set Grow. 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 is 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, many of which likely reach more families than it previously had at DOH.

## 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 compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 4.90% | 4.90% | 5.00% | 5.00% | 5.00% |
| Data | 6.39% | 6.76% | 7.43% | 7.54% | 8.72% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 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. 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 program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC then approved targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program 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 State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP 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 receiving early intervention services.   
  
Due to the COVID-19 health emergency, stakeholder meetings that scheduled in March through June were rescheduled into the next fiscal year to allow participants to respond to the more immediate needs within their agencies, communities, and families.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 3 with IFSPs | 6,254 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 3 | 70,297 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,254 | 70,297 | 8.72% | 5.00% | 8.90% | Met Target | No Slippage |

**Compare your results to the national data**

FFY2019 Indicator 6  
New Mexico served 8.90 percent of infants and toddlers’ birth to age 3 with IFSPs in FFY19. This percentage is higher than the national average. New Mexico is third in the nation in this category. The data indicates that in New Mexico the population of infants and toddlers’ birth to age 3 decreased; however, the number of infants and toddlers with an IFSP increased. The national data indicates there is an upward trend in children birth to age 3 with an IFSP. New Mexico has seen a growth in serving children birth to 3 from 7.54 percent in FFY17 to 8.72 percent in FFY18 and 8.90 percent in FFY2019.

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

Over the past 5 - 7 years, FIT has maintained a consistent public awareness campaign called Ready Set Grow. 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 is 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, many of which likely reach more families than it previously had at DOH.

## 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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.25% | 98.89% | 96.80% | 93.68% | 96.63% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,552 | 4,193 | 96.63% | 100% | 94.06% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

In FFY19, New Mexico saw slippage in the area of children receiving an initial evaluation, assessment, and receiving an initial IFSP meeting within 45 days. Upon review of the data, 176 children did not have an evaluation and initial IFSP within 45 days because of staff shortage or scheduling. One agency contributed to 38 percent of the 176 children due to staff shortage. This delay reason resulted in a 4.02 percent decrease, from 98.26 percent to 94.06 percent resulting in slippage. The state-wide shortage in early intervention personnel has been recognized by New Mexico’s ICC who have a sub-committee to address workforce development, which includes the current shortage being seen in the field within New Mexico. As indicated above, 1,392 children had documented reasons of delay attributable to exceptional family reasons. Further review of delay reasons showed 249 delays not related to exceptional family reasons. These delays were due to Staff Shortage (41); Staff Scheduling (135); Staff Medical (7); Insufficient information-unable to contact family (4) and Agency Other (62).

**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.**

1,392

**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).**

July 1, 2019 through March 31, 2020 (9 months)

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

This nine-month period of reporting (July 1, 2019 through March 31, 2020) 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)**

As indicated above, 1,392 children had documented reasons of delay attributable to exceptional family reasons. This is a slight increase from FFY2018 of 1,361 children. This slight increase in exceptional family reasons appears to be primarily due to the COVID-19 Public Health Emergency. NM EI programs indicated 249 delays not related to exceptional family reasons. These delays were due to Staff Shortage (41); Staff Scheduling (135); Staff Medical (7); Insufficient information-unable to contact family (4) and Agency Other (62).

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 2018 Findings of Noncompliance Verified as Corrected**

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

In accordance with the Office of Special Education Programs (OSEP) Memo 09-02, FIT Staff verified timely correction of all instances of child-specific noncompliance from FFY 2018 for four programs that were issued findings. Verification included review of the data system, reports, and IFSPs to validate that the services listed on the IFSP occurred, although late, or that the child was no longer within the jurisdiction of the EIP (for example, when the child exited the state's Part C program due to age or other reasons). All programs demonstrated timely correction of child-specific noncompliance within a year. Verification of the source of noncompliance implementing regulatory requirements was completed by the FIT program verifying that each agency is correctly implementing an initial evaluation, initial assessment, and an initial IFSP meeting within Part C’s 45-day timeline requirements (i.e., achieved 100% compliance). This verification occurs through on-site monitoring, desk audits, and reviews of data with our FIT-KIDS database. When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. Each EIS program submitted narrative reports accounting for each specific instance of noncompliance and providing steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By conducting ongoing monitoring, the FIT Program has verified that the EIS programs with noncompliance under this indicator are correctly implementing the specific regulatory requirements.

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

The FIT Program identified a total of 7 cases of noncompliance which occurred within four agencies. For all individual instances of noncompliance found in FFY 2018, the FIT Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite CBA monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had received each service on their IFSP.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

**Response to actions required in FFY 2018 SPP/APR**

## 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, 2019-June 30, 2020). 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.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.67% | 97.48% | 97.69% | 97.66% | 95.38% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,883 | 2,592 | 95.38% | 100% | 93.83% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

It is believed the high turnover rate and limited availability of Early Interventionist Specialists within New Mexico led to the slippage in FFY19. Of the 162 agency reasons for delay, 52 (32 percent) can be attributed to staff schedule and staff shortage. Agencies identified “Agency Other” as the top reason for delay (45 percent). The state will explore more with the EIPs to ensure the reason of “Agency Other” is being utilized correctly and data entry error has not occurred.

**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.**

549

**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).**

July 1, 2019 through March 31, 2020 (9 months)

**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, 2019 through March 31, 2020) of reporting easily reflects the data for the full reporting period.

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

As indicated above, 549 children had documented delays attributable to exceptional family circumstances. With the inclusion of these children with exceptional family circumstances as delays, New Mexico had 2432 children with disabilities exiting Part C who have an IFSP with transition steps and services. Total toddlers exiting Part C with disabilities were 2,592. Delays which were not attributed to exceptional family circumstances were delay reasons of staff schedule/staff shortage 52 and delay reason “Other” was utilized 73 times.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 2018 Findings of Noncompliance Verified as Corrected**

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

New Mexico identified four(4) 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 (i.e., achieved 100% compliance). 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. By conducting ongoing monitoring, the FIT Program verified that the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements. Targeted Transition TA was provided to each of the programs that were found in noncompliance.

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

There were four (4) findings of noncompliance within two (2) agencies. For all individual instances of noncompliance found in FFY 2018, the FIT Program verified that each child received the required transition planning (IFSP with transition steps and services), unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database, FIT-KIDS, and during onsite CBA monitoring. The NM FIT Program reviews IFSP's during our CBA's to see if this data is on the IFSP and, if it is not, then the agency needs to demonstrate how they have corrected the problem and submit IFSP's with this section completed.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

**Response to actions required in FFY 2018 SPP/APR**

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.48% | 98.79% | 97.98% | 97.14% | 98.48% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 312 | 325 | 98.48% | 100% | 96.00% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The review of the data to exam the cause of slippage for 8b revealed that two (2) EIP did not submit notification in a timely manner for children to the LEA in their areas. These agencies have reported that they were delayed due to staff shortages. State regional coordinators will work with these identified agencies to provide technical assistance and training in this area.

**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

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

The FIT-KIDS statewide database generates reports for notifications to LEAs turning three within one year of the date of the report. The report includes all children 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, 2019 and March 31, 2020 for whom LEA notification was required (children potentially eligible for Part B). The audit consisted of indicating the agency had documentation that LEA notification occurred at least 90 days prior to the toddler's third birthday for those children. Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine-month period of reporting accurately reflects the data for infants and toddlers with IFSPs for the full reporting period. SEA notification occurs quarterly for all children turning three 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, 2019 and March 31, 2020 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 2018**

| **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 2018 Findings of Noncompliance Verified as Corrected**

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

In FFY2018, five (5) findings of noncompliance were identified within 5 agency. In accordance with the Office of Special Education Programs (OSEP) Memo 09-02, FIT Staff verified timely correction of all instances of child-specific noncompliance from FFY 2018. Related to the five (5) findings of noncompliance found with Indicator 8b, the FIT program verified that each agency is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance). The agencies also submitted narrative reports accounting for each specific instance of noncompliance and provided steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By reviewing data in the state database and conducting ongoing monitoring, the FIT Program has verified that the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

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

For all individual instances of noncompliance found in FFY 2018, the FIT Program verified that effect transition including notification to LEAs did occur, although was late, unless the child was no longer within the jurisdiction of the FIT Program. Completion of a plan was verified through the state database, FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program had a completed transition plan.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**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 2019 SPP/APR, the data for FFY 2018), 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** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.69% | 96.75% | 96.99% | 96.17% | 96.15% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,881 | 2,592 | 96.15% | 100% | 93.83% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

**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.**

551

**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).**

July 1, 2019 through March 31, 2020 (9 months)

**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 Part C identified 551 toddlers with disabilities exiting Part C who had documented delays attributable to exceptional family circumstances, bringing a total of 2,432 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 2,592 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). Delays which were not attributed to exceptional family circumstances were due to Staff Medical (1), Staff Schedule and Staff Shortage (52), Insufficient information or resources (20) and Agency-Other (89).

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **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 2018 Findings of Noncompliance Verified as Corrected**

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

In accordance with the Office of Special Education Programs (OSEP) Memo 09-02, FIT Staff verified timely correction of all instances of child-specific noncompliance from FFY 2018 for the two (2) programs identified as being non-compliant. Verification included review of the data system, reports, and IFSPs to validate that the transition conference occurred, although late, or that the child was no longer within the jurisdiction of the EIP (for example, when the child exited the state's Part C program due to age or other reasons). Both of the programs demonstrated timely correction of child- specific noncompliance within a year.   
  
Related to the four (4) findings of noncompliance found with Indicator 8c, the FIT program verified that the agencies are correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance). The agency submitted narrative reports accounting for each specific instance of noncompliance and provided steps being taken to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. Verification of corrected noncompliance is achieved by monitoring subsequent data through FIT-KIDS until the agency demonstrated 100 percent compliance for a specified period of time.   
  
By reviewing data in the state database and conducting ongoing monitoring, the FIT Program has verified that the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

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

For the four (4) instances of noncompliance found in FFY 2018, the FIT Program verified that each children received a transition conference, although late, unless the child is no longer within the jurisdiction of the FIT Program. Transition conferences are validated during CBA monitoring. Additionally, programs are required to submit to the FIT Program copies of transition conference documentation for the children found in noncompliance. Through these processes, the FIT Program received verification that each child who was still in the jurisdiction of the EIS program that had not received a transition conference received a conference even though it was late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

None

## 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, 2019-June 30, 2020). 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.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# 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 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 EDFacts 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

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# 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 EDFacts 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.

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 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1 Mediations held | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 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. 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 program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC then approved targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program 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 State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP 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 receiving early intervention services.   
  
Due to the COVID-19 health emergency, stakeholder meetings that scheduled in March through June were rescheduled into the next fiscal year to allow participants to respond to the more immediate needs within their agencies, communities, and families.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= |  |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 2019. 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 – Part C SSIP Indicator



# 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:**

Kathey Phoenix-Doyle

**Title:**

Family Infant Toddler Program Bureau Chief (Part C Coordinator)

**Email:**

kathey.phoenixdoyle@state.nm.us

**Phone:**

505-604-7285

**Submitted on:**

04/27/21 1:13:11 PM

# ED Attachments

  