

New Mexico

Family Infant Toddler (FIT) Program



Part C

State Performance Plan (SPP)

(2005-2010)

Revised 02/01/08

Table of Contents

#	Indicator	Page #
	Overview of the State Performance Plan (SPP) development	3
1	Infants and toddlers receive the early intervention services on their IFSPs in a timely manner	4
2	Infants and toddlers primarily receive early intervention services in the home or programs for typically developing children	7
3	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.	11
4	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	16
5	Percent of infants and toddlers birth to 1 with IFSPs	20
6	Percent of infants and toddlers birth to 3 with IFSPs	24
7	Families of infants and toddlers referred have an evaluation / assessment and an initial IFSP meeting within 45 days	26
8	Children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services; B. Notification to LEA, if child potentially eligible for Part B; and C. Transition conference, if child potentially eligible for Part B.	29
9	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification	34
10	Signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint	41
11	Fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline	45
12	Hearing requests that went to resolution sessions	47
13	Mediations held that resulted in mediation agreements	48
14	State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate	50

Overview of the State Performance Plan Development:

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

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

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

The FIT Program is also required to submit an Annual Performance Report (APR) to the US Department of Education – Office of Special Education Programs (OSEP) that will address progress made to each of the SPP indicators. The APR is due to be submitted in February 2007. Additionally, the FIT Program must report local FIT provider and county level data for each of the indicators.

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

Additional copies of this State Performance Plan (SPP) can be obtained downloaded from the FIT Program website <http://www.health.state.nm.us/ddsd/fit/index.html> or by calling (505) 827-2578 or toll-free 1-877-696-1472. At this same website can be found the Annual Performance Report (FIT) and FIT Provider profiles.

Note: This State Performance Plan (SPP) was revised on 02/01/08 to include reporting on Indicator 3. Early Childhood Outcomes and to update improvement Activities that were included in the FFY 2006 (2006 – 2007) annual Performance Report.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Overview of Issue/Description of System or Process:

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

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

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

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

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

Annual Targets:

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

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

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Implement revised follow-up procedures to focused monitoring and utilize sanctions:</p> <p>The Family Infant Toddler (FIT) Program, the FIT Training and TA team and DHI will implement a structured follow-up process after Focused Monitoring visits to ensure improvement steps are being implemented and that compliance / performance is met. A matrix of potential sanctions has been developed to be used if the agency does not meet compliance or is not making efforts to meet compliance. Using the new FIT-KIDS online data and billing system the FIT Program will run monthly reports to determine progress and to see if the agency has reached compliance.</p>	Ongoing	NM FIT Program
<p>Facilitate regional discussions with providers regarding effective strategies to provide all</p>	By June 2008	NM FIT Program University of New Mexico

<p>services in a timely manner:</p> <p>In order for local provider agencies to learn from those providers that meet compliance in this indicator, the FIT Program and UNM-CDD Technical assistance staff will facilitate a brainstorming session and discussion at the regional provider meetings regarding effective strategies to provide services in a timely manner, including strategies to recruit and retain qualified staff.</p>		<p>– Center for Development and Disability (UNM-CDD)</p>
<p>Implement new Verification Visit and Audit procedures that will include a review of each agencies provision of services in a timely manner:</p> <p>The FIT Program has developed a new Verification Visit and Audit process; whereby 8-10 providers will be receive a visit that will include looking at documentation procedures related 30 day timeline.</p>	<p>By June 2008</p>	<p>NM FIT Program</p>
<p>Address the needs of service coordinators to understand the APR indicators and how to document appropriately:</p> <p>The FIT Program will develop periodic bulletins for services coordinators, as well as annual training / orientation to regulatory and policy changes. The FIT Program will also explore other communication methods, such as an e-mail list-serve to make sure that service coordinators are fully informed regarding federal performance indicators and other policy related matters.</p>	<p>By June 2008</p>	<p>NM FIT Program</p>
<p>The FIT Program and the Interagency Coordinating Council (ICC) will develop a funding sustainability plan:</p> <p>The FIT Program and the Interagency Coordinating Council (ICC) will develop a sustainability plan in order to present to the New Mexico legislature the annual funding needs for the FIT Program. Increased funding would allow the FIT Program to set reimbursement rates at a level that would enable provider to hire and retain highly qualified staff. Staff shortages and staff schedules were reported as factors as to why the initial IFSP couldn't be provided in 45 days.</p>	<p>By June 2008</p>	<p>NM FIT Program ICC</p>

***Revisions to State Performance Plan (02/01/07):**

The revised definition for the New Mexico FIT Program of timely is “within 30 days of the date of the IFSP (i.e. the date parent provides consent for the IFSP services)”.

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

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

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

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

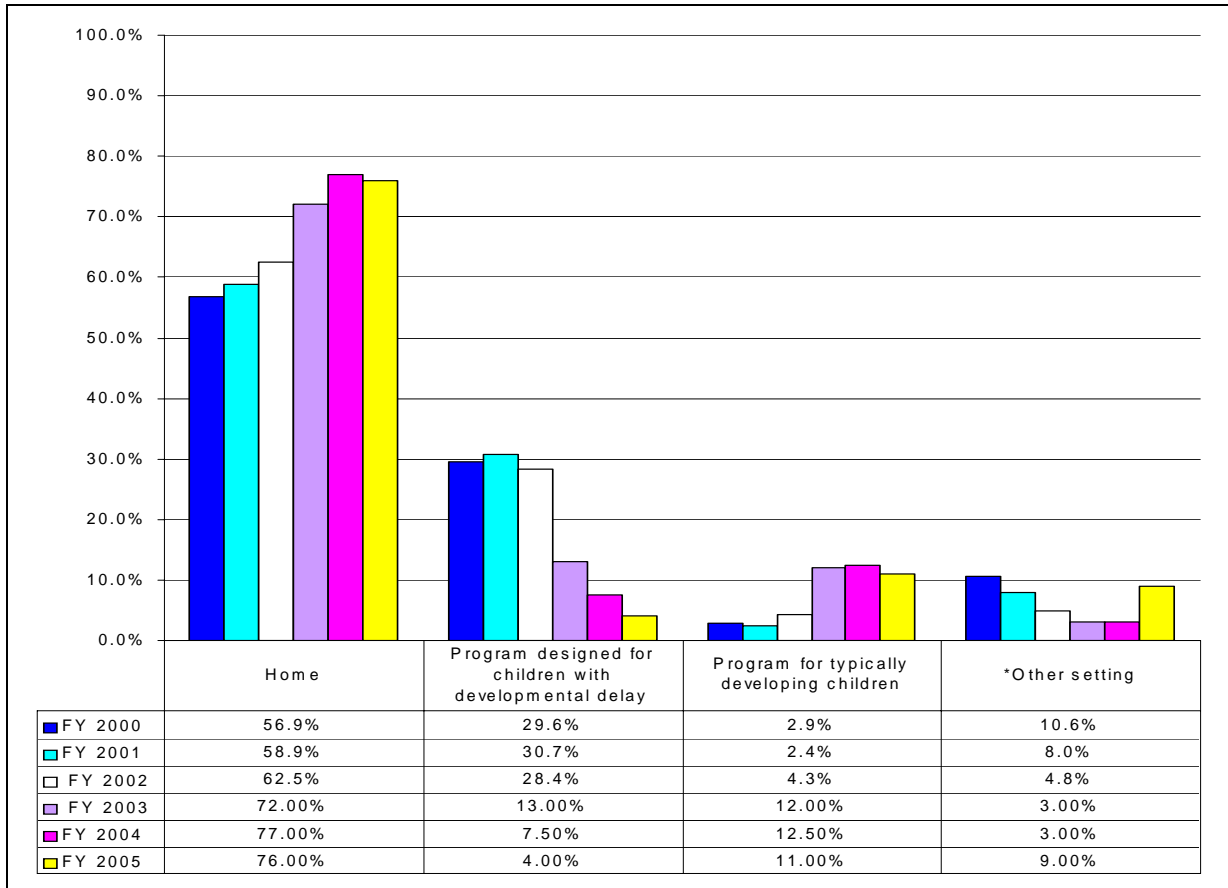
Training and technical assistance has included:

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

Baseline Data for FFY 2004 (2004-2005)

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

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



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

Discussion of Baseline Data:

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

Annual Targets:

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

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

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Inclusive child care:</p> <p>The ICC has determined that promoting inclusive childcare opportunities for families with infants and toddlers with special needs will be a priority area in their 2006 – 2009 strategic plan. A committee will be formed that will include representation from the Children, Youth & Families Department (CYFD), the NM Child Care Association, parents, FIT Providers and the University of New Mexico – Center for Development and Disability. The committee has been charged with developing an action plan as part of the ICC Strategic Plan that will draw heavily on the report commissioned by CYFD in 2004 “Quality Child Care For All”. It is expected that strategies will include training, support and funding subsidies and differentials to supports child care sites serving young children with special needs.</p>	By June 2007	<p>Children, Youth & Families Department</p> <p>ICC Inclusive Child Care committee</p>
<p>Training and technical assistance:</p> <p>As stated above, a training module “It’s Only Natural – Early Intervention Supports and Services within Everyday Routines Activities and Places” has been developed and is now offered regularly statewide. The technical assistance document “Natural Environments – Early Intervention Supports and Services within Everyday Routines Activities and Places” is available in hard copy and on the FIT website. Training and technical assistance is also available to local FIT provider agencies through the University of New Mexico and regional coordinators.</p>	Ongoing	<p>University of New Mexico</p> <p>Regional Coordinators</p>

<p>NM Annual Performance Report (APR):</p> <p>FIT provider agencies will be required to report annually on percentage of families who receive early intervention supports and services primarily in natural environments (see footnote on page 4). As part of the NM-APR, FIT Provider agencies will establish their baseline, set an annual target, and describe improvement activities, timelines and resources related to natural environments. Under performing provider agencies will receive training and technical assistance in order to improve and meet compliance with this indicator.</p>	<p>By Aug 2006</p>	<p>FIT Program staff</p>
<p>Educate families about natural environments and the provision early intervention in everyday routines, activities and places:</p> <p>Include information about natural environments and early intervention in everyday routines, activities and places in the revised Family Handbook. Also, incorporate this information in family training opportunities.</p>	<p>By June 2006</p>	<p>FIT Program staff Parents Reaching Out</p>
<p>Funding:</p> <p>The Interagency Coordinating Council (ICC) has prioritized in its 2006 – 2009 Strategic Plan to advocate for additional funding and explore alternative funding sources in order to adequately fund the FIT Program. Services provided in natural environments are costly due to the time and travel costs associated with providing early intervention services in home and community settings. The ICC is concerned that rates need to support the increased costs of providing services in these settings.</p>	<p>Ongoing</p>	<p>ICC Finance Committee</p>

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

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

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

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

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

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

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

- Use of the ECO Summary tool.
- The service coordinator is responsible for facilitating the ECO measurement being conducted.
- Use of set of assessment tools that have been cross-walked and approved by the Family Infant Toddler (FIT) Program
- ECO summary tools are completed at the time of initial IFSP, each annual IFSP and exit (unless the annual ECO was completed within 6 months of the child's exit).
- The provider enters the ECO score into the FIT-KIDS (Key Information Data System). Prior to January 2008 the FIT Program entered the data into an Access database that was not connected to the main data system.
- The exit ECO for Part C becomes the entrance ECO Score for children who transition to preschool (Part B – 619)

Baseline Data for FFY 2006 (2006-2007):

During FFY06 (2006 – 2007) the Family Infant Toddler Program collected initial Early childhood Outcomes (ECO) data on 635 children who entered the Part C system.

None of these 635 children had exit data during FFY06 and therefore there is no progress data to report.

Discussion of Baseline Data:

While there is no progress data to report for FFY06, of that initial cohort of children 635, 14 children have exited since June 30th 2007. The following data is therefore for information only and does not represent the official data for this Annual Performance Report.

Outcome 1. Positive social-emotional skills (including social relationships)	Number	Percentage
a: Children who did not improve functioning	0	0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	2	14%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	2	14%
d: Children who improved functioning to reach a level comparable to same-aged peers	6	43%
e: Children who maintained functioning at a level comparable to same-aged peers	4	29%
total	14	100%

Outcome 2. Acquisition and use of knowledge and skills	Number	Percentage
a: Children who did not improve functioning	1	7%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	1	7%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	2	14%
d: Children who improved functioning to reach a level comparable to same-aged peers	4	29%
e: Children who maintained functioning at a level comparable to same-aged peers	6	43%
total	14	100%

Outcome 3. Use of appropriate behaviors to meet their needs	Number	Percentage
a: Children who did not improve functioning	0	0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	1	7%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	2	14%
d: Children who improved functioning to reach a level comparable to same-aged peers	8	57%
e: Children who maintained functioning at a level comparable to same-aged peers	3	21%
total	14	100%

In FFY06 all provider agencies were trained regarding the process for collecting ECO scores using the Early Childhood Outcomes Summary Tool. The training was completed at the each of the provider agency site across the state and included service coordinators, developmental specialists and where possible therapists and other early intervention staff. The training was staggered over a period of six months with each provider receiving ongoing technical assistance from the FIT Program staff and the University of New Mexico.

After receiving the training each agency then began to conduct Early childhood Outcome measurements at the time of the child and family’s initial IFSP. The FIT Program required that all ECO Summary Forms be mailed in to the state office to enable a review of them for

quality assurance purposes. All providers received written feedback regarding the quality of the ECOs completed. To date over 2,500 ECO summary tools have been completed.

The FIT program had been entering the ECO scores into a Microsoft Access database. The current and all subsequent ECO scores will be entered into the FIT Program new online data and billing system (FIT-KIDS). This will enable timely reporting for the APR and because the scores are linked to the child’s demographic, enrollment and IFSP information in the database this will allow for a variety of reporting. For example “what developmental progress do children with a hearing loss make?” or “Do children that enter Part C an earlier age make more significant developmental progress?”

The FIT Program has been meeting with the Public Education Department to develop protocols for the transfer of the exit ECO scores from Part C in order for these scores to become the entry data for the preschool 619 system.

Annual Targets:

Annual targets will be determined once a baseline has been established.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	n/a
2006 (2006-2007)	n/a
2007 (2007-2008)	To be developed Feb. 2009
2008 (2008-2009)	To be developed Feb. 2009
2009 (2009-2010)	To be developed Feb. 2009
2010 (2010-2011)	To be developed Feb. 2009

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Review ECO Summary Tools for quality assurance purposes:</p> <p>The Family Infant Toddler (FIT) Program will continue to review all ECO summary tools for quality assurance. As providers demonstrate a high level of competence and consistency in completing the ECO summary tool they will be informed that they no longer have to submit them for review. For these providers the FIT staff and training and TA team members will check a sample of ECO summary forms when onsite during the Verification Visit / Audit or at other times when onsite.</p>	<p>By June 2008</p>	<p>NM FIT Program FIT Training and TA team</p>
<p>Incorporate ECO data into the new FIT on-line database:</p> <p>The FIT Program has developed a new online data and billing system, known as FIT-KIDS (Key Information Data System) The FIT staff will enter the ECO data collected prior to December 31st 2007 and providers will enter ECO data on any ECOs completed after January 01st 2008. Reporting beyond those required for the APR will be possible through this database.</p>	<p>By June 2008</p>	<p>NM FIT Program MAXIMUS (contractor)</p>
<p>Continue work with the Public Education Department to align the ECO process across Part C and Part B 619 Preschool Special Education:</p> <p>The FIT Program will meet periodically with the Public Education Department – Special Education Bureau to promote the alignment of the two measurement systems. This will include developing procedures to ensure that the exit ECO score for Part C becomes the entry score Part B – 619.</p>	<p>Ongoing</p>	<p>NM FIT Program Public Education Department</p>

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

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

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

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

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

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

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

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

Baseline Data for FFY 2005 (2005-2006):

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

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

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

Discussion of Baseline Data:

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

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

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

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

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

Annual Targets:

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

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Revised the process for distributing survey:</p> <p>The Family Infant Toddler (FIT) Program will meet with the parents and providers that are on the Family Outcome workgroup in order to develop strategies for distributing and collecting the survey in order to increase the response rate.</p> <p>The FIT Program will get technical assistance from National Center for Special Education Accountability and Monitoring (NCSEAM) regarding methods to improve response rate.</p>	<p>By April 2008</p>	<p>NM FIT Program</p> <p>Family Outcome workgroup</p> <p>National Center for Special Education Accountability and Monitoring (NCSEAM)</p>
<p>Further analyze the results of the ECO family survey:</p> <p>The data from the ECO Center Family Survey includes responses to fifteen (15) other family outcome questions beyond those used for the OSEP APR reporting. Once analyzed, these data will be shared with the ICC to determine if there is information that can be used to develop effective practices.</p>	<p>By June 2008</p>	<p>NM FIT Program</p> <p>Family Outcome workgroup</p> <p>National Center for Special Education Accountability and Monitoring (NCSEAM)</p>

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

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and**
- B. National data.**

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

Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

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

1. Public awareness materials

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

2. Child find grants

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

3. BABYNET referral line

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

4. Physician education

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

5. Outreach and education

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

Baseline Data for FFY 2004 (2004-2005):

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

New Mexico ranks 5th nationally.

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

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

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

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

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

Discussion of Baseline Data:

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

$$539 \text{ FIT children on Dec. 01}^{\text{st}} / 27,176 \text{ NM children} \times 100 = 2.0\%$$

Annual Targets:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.1% of children birth to age 1 will be served on Dec. 1 st
2006 (2006-2007)	2.3% of children birth to age 1 will be served on Dec. 1 st
2007 (2007-2008)	2.5% of children birth to age 1 will be served on Dec. 1 st
2008 (2008-2009)	2.7% of children birth to age 1 will be served on Dec. 1 st
2009 (2009-2010)	2.8% of children birth to age 1 will be served on Dec. 1 st
2010 (2010-2011)	2.9% of children birth to age 1 will be served on Dec. 1 st

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>BABYNET fax referral line:</p> <p>Based on recommendations from interviews with physicians and medical offices, the BABYNET referral line will be able to accept referrals via fax. Physicians and medical offices stated that much of their business is conducted via fax, including referrals, and that being able to fax one central number would streamline the referral process and therefore encourage more referrals to the FIT Program.</p>	<p>March 2006</p>	<p>University of New Mexico – Center for Development and Disability</p> <p>Developmental Disabilities Planning Council (DDPC)</p>
<p>Physician desk referral manual:</p> <p>The FIT Program has started the process of developing a Physician desk referral manual that will include information about the importance of early intervention, an overview of the FIT Program and how to make a referral. These will be distributed to medical offices statewide.</p>	<p>April 2006</p>	<p>Cooney Watson and Associates</p>

<p>Statewide developmental screening initiative:</p> <p>The FIT Program is working with a broad stakeholder group that includes personnel from the medical, early care and education and home visiting communities to develop standards and policy recommendations regarding the periodic screening of all children birth to age five. The goal is that no child will enter kindergarten with an undetected developmental delay.</p> <p>The recommendations will be presented to the New Mexico Children’s Cabinet, which is chaired by the Lt. Governor. The recommendations will also include funding for dissemination of screening tools and training and outreach regarding implementation of screening within a variety of service systems including medical offices.</p>	<p>Sept. 2006</p>	<p>Interagency Coordinating Council</p> <p>Early Childhood Action Network</p> <p>Pediatric Society</p> <p>Children’s Cabinet</p>
--	-------------------	--

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

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

See indicator 5. above

Baseline Data for FFY 2004 (2004-2005):

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

New Mexico ranks 8th nationally.

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

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

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

Discussion of Baseline Data:

The baseline data is the number of children birth to age one who are eligible for the FIT Program and who have an Individualized Family Service Plan on December 01st of each year. This number is then

divided by the number of children birth to age three in New Mexico, which is obtained from census data estimates.

$$2,760 \text{ FIT children on Dec. } 01^{\text{st}} / 80,714 \text{ NM children (birth to age 3)} \times 100 = 3.4\%$$

FFY	Measurable and Rigorous Target
2005 (2005-2006)	3.5% of children birth to age 3 will be served on Dec. 1 st
2006 (2006-2007)	3.6% of children birth to age 3 will be served on Dec. 1 st
2007 (2007-2008)	3.7% of children birth to age 3 will be served on Dec. 1 st
2008 (2008-2009)	3.8% of children birth to age 3 will be served on Dec. 1 st
2009 (2009-2010)	3.9% of children birth to age 3 will be served on Dec. 1 st
2010 (2010-2011)	4.0% of children birth to age 3 will be served on Dec. 1 st

Improvement Activities/Timelines/Resources:

Same as indicator 5. above

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

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

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

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

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

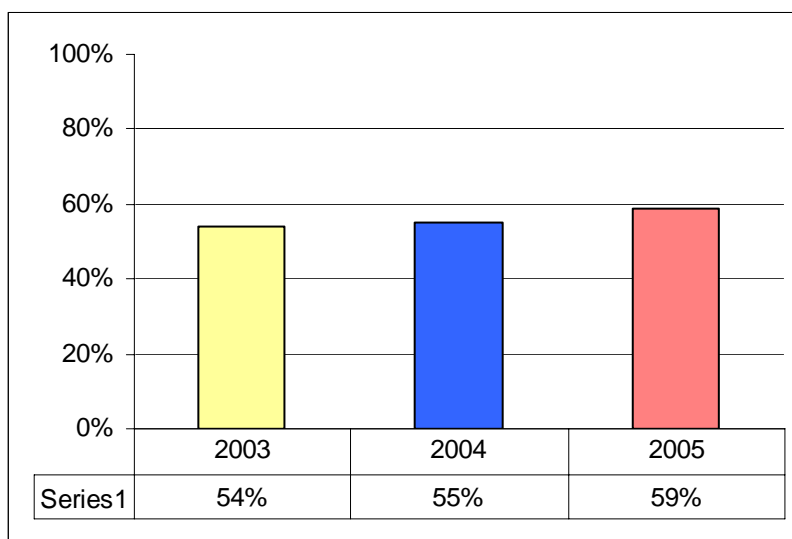
Service coordination is provided by a variety of entities including: local FIT provider agencies; state employees under Children's Medical Services, Medically Fragile Program and the Navajo Nation – Growing in Beauty Program. All service coordinators must adhere to the FIT regulations governing the timely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

Baseline Data for FFY 2004 (2004-2005):

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

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

Percent of initial IFSPs held within 45 days of referral



Discussion of Baseline Data:

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

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

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

Annual Targets:

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

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

<p>2008 (2008-2009)</p>	<p>100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline</p>
<p>2009 (2009-2010)</p>	<p>100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline</p>
<p>2010 (2010-2011)</p>	<p>100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline</p>

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Revised the process for distributing survey:</p> <p>The Family Infant Toddler (FIT) Program will meet with the parents and providers that are on the Family Outcome workgroup in order to develop strategies for distributing and collecting the survey in order to increase the response rate.</p> <p>The FIT Program will get technical assistance from National Center for Special Education Accountability and Monitoring (NCSEAM) regarding methods to improve response rate.</p>	<p>By April 2008</p>	<p>NM FIT Program</p> <p>Family Outcome workgroup</p> <p>National Center for Special Education Accountability and Monitoring (NCSEAM)</p>
<p>Further analyze the results of the ECO family survey:</p> <p>The data from the ECO Center Family Survey includes responses to fifteen (15) other family outcome questions beyond those used for the OSEP APR reporting. Once analyzed, these data will be shared with the ICC to determine if there is information that can be used to develop effective practices.</p>	<p>By June 2008</p>	<p>NM FIT Program</p> <p>Family Outcome workgroup</p> <p>National Center for Special Education Accountability and Monitoring (NCSEAM)</p>

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

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

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

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

1. Service Coordination Training Module:

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

2. Annual Transition Policy Training:

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

3. Establishing Community transition teams:

The FIT Program and the Public Education Department – Special Education Bureau fostered the development of community transition teams throughout the state. Thirty eight (38) transition teams now exist, and include the involvement of parents, all 89 LEAs, FIT providers, Head Start grantees, Regional Education Cooperatives, NM School for the Deaf

and NM School for the Blind and Visually Impaired and often includes representatives from other early care and education providers. Each team is assigned a coach (facilitator), whose role is to support the team's cohesive development, to assist the team with technical assistance needs and to foster interagency collaboration. 90% of these community-based teams have now developed Memorandums Of Understanding (MOUs) regarding transition. Each team reviews the effectiveness of the transition process in their community and they work collectively to improve the process.

4. **Transition Steering Committee**

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

5. **Technical Assistance Materials**

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

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

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

6. **Transition video:**

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

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

Sub-Indicator B, which addresses the percent of children exiting Part C and potentially eligible for IDEA Part B where notification to the LEA occurred, was relatively easy to calculate. The FIT

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

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

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

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

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

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

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

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

Annual Targets:

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	<p>100% of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:</p> <ul style="list-style-type: none"> A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B.

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

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

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Provide targeted training and technical assistance:</p> <p>The FIT Program Training and TA team will provide targeted training and technical assistance to providers with low level of compliance in the indicator. The FIT Training and TA team will meet with the Statewide transition specialist to develop a plan for who should work with which providers and when the technical assistance will occur.</p>	<p>Ongoing</p>	<p>NM FIT Program FIT Training and TA team Statewide transition specialist</p>
<p>Add the transition indicator as one of the priority areas for focused monitoring:</p> <p>The Interagency Coordinating Council (ICC), as the steering committee for focused monitoring, will consider whether to</p>	<p>By June 2008</p>	<p>NM FIT Program</p>

<p>add transition as one of the priority indicators to be reviewed as part of focused monitoring.</p>		
<p>Train providers that they can now record family exceptions to the new FIT On-line data system:</p> <p>The FIT Program has added a field in the new online data and billing system known as FIT-KIDS (Key Information Data System) that will allow them to record the family exception reason if the transition conference was not able to be held at least 90 days prior to the child’s third birthday.</p>	<p>By June 2008</p>	<p>NM FIT Program</p>
<p>Train providers that they can count the transition conference as being held if the school district does not show:</p> <p>The FIT Program will inform providers that they can count the transition conference as being held if the public school district personnel do not show for the meeting. This is in accordance with direction given by OSEP at their Verification Visit to New Mexico in September 2007.</p>	<p>By June 2008</p>	<p>NM FIT Program</p>
<p>Plan and participate in a statewide transition summit with the New Mexico Public Education Department:</p> <p>The FIT Program is participating in the planning for a 2-day summit that focuses on early childhood transition. The summit will focus on what has been accomplished by New Mexico’s transition initiative, current strengths and where we see the initiative as going in order to bring the Part C program into compliance with this indicator.</p>	<p>By June 2008</p>	<p>NM FIT Program NECTAC MPRRC UNM – CDD Transition Coordinator</p>

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

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

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

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

Overview of Issue/Description of System or Process:

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

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

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

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

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

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

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

Baseline Data for FFY 2004 (2004-2005):

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

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

Explanation:

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

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

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

Explanation:

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

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

Explanation:

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

Discussion of Baseline Data:

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

Compilation Table 9. A.

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

	Monitoring Method	# of FIT providers reviewed (2003 – 2004)	a. # of Findings (2003 – 2004)	b. # Corrected within 1 yr	% Corrected within 1 yr
5. Percent of infants and toddlers birth to 1 with IFSPs.	Self-Review				
	On-site Visit				
	Data Review	33	0	N/A	N/A

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

Compilation Table 9.B.

Indicator	Monitoring Method	# of FIT providers reviewed (2003 – 2004)	a. # of Findings (2003 – 2004)	b. # Corrected within 1 yr	% Corrected within 1 yr
1. Children receive a comprehensive multidisciplinary evaluation and a report is generated that summarizes the findings of the evaluation team.	Self-Review				
	On-site Visit	12	7	5	71%
	Data Review				
	Total:	12	7	5	71%
2. Parents have access to dispute resolution options, including informal mediation and due process hearing options.	Self-Review				
	On-site Visit	12	1	1	100%
	Data Review				
	Total:	12	1	1	100%
3. IFSPs demonstrate the coordination of services across	Self-Review				

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

Annual Targets:

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects: A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification

	<p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification</p>
<p>2006 (2006-2007)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <p>A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification</p>
<p>2007 (2007-2008)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <p>A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification</p>
<p>2008 (2008-2009)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <p>A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification</p>
<p>2009 (2009-2010)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <p>A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification</p>
<p>2010 (2010-2011)</p>	<p>New Mexico general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects:</p> <p>A. 100% of noncompliance related to monitoring priority areas and indicators within one year of identification</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators within one year of identification</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) within one year of identification</p>

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Implement revised follow-up procedures to focused monitoring and utilize sanctions:</p> <p>The FIT Program will implement more intensive follow-up to focused monitoring visits and will utilized an</p>	<p>Ongoing</p>	<p>NM FIT Program</p> <p>Division of Health Improvement (DHI)</p>

<p>approved array of sanctions where appropriate to ensure timely compliance.</p>		<p>FIT Training and TA team</p>
<p>Inform local providers of the revised General Supervision system:</p> <p>The FIT Program will inform the local provider agencies of the revised general supervision system and how the pieces “fit together”. It is important for providers to understand how they will be monitored and how the system will help the agency come into compliance, and the sanction options that may be used if compliance is not achieved. Providers will also be informed regarding how the corrective action process will be integrated in their Annual Performance Report – so that they don’t have multiple corrective action plans.</p>	<p>By June 2008</p>	<p>NM FIT Program FIT Training and TA team</p>

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

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

The FIT Program regulations include provisions that:

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

Parents receive a Family Handbook at the time of intake, which includes rights and procedural safeguards. In 2005, the FIT Program developed a statewide "Prior Written Notice" form and a

“Rights and Procedural Safeguards booklet” that are given to parents when changes are made to the provision of their early intervention services and prior to evaluation or IFSP meetings being conducted. Each of these documents is available in English and Spanish.

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

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

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

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

Annual Targets:

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint
2006 (2006-2007)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint
2007 (2007-2008)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint
2008 (2008-2009)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint
2009 (2009-2010)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a

	particular complaint
2010 (2010-2011)	100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint 100% of signed written complaints with reports issued that will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Make available procedural safeguards materials:</p> <p>The FIT Program will continue to make available Family Handbooks, Prior Written Notice forms and Rights and Procedural Safeguards booklets. The forms and booklet will be printed in English and Spanish and the forms will be in triplicate. The FIT Program will fill orders submitted by providers and these documents will also be available to be downloaded from the FIT Program website.</p>	Ongoing	FIT Program staff NM State printing
<p>Family training regarding rights and procedural safeguards:</p> <p>Ensure that families have access to training on rights, procedural safeguards, effective advocacy and parent leadership. Provider agencies will be required to develop a family support plan that includes how they will educate families on their rights and procedural safeguards in IDEA Part C and how families can make informed decisions for their child and family.</p>	Ongoing	FIT Program staff Parents Reaching Out
<p>Audit use of Prior Written Notice forms and procedural safeguards booklet:</p> <p>The FIT Program will conduct a random audit of the prior written notice forms and procedural safeguards booklet by FIT provider agencies. FIT Program staff will conduct these audits during technical assistance visits. The sample size will be at least 10% to ensure validity of the findings. If found to be non-compliant, the provider agency will be required to submit a corrective action plan.</p>	By July 2006	FIT Program staff
<p>Revise service coordination training modules:</p> <p>The Service Coordination module I “Family Centered Service Coordination” will be revised to include the new statewide Prior Written Notice forms and Rights and Procedural Safeguards booklets.</p>	By April 2006	FIT Program Staff

<p>Complete complaint log for written and telephone (informal) complaints:</p> <p>The FIT Complaint log will be completed for both telephone (informal) complaints and written IDEA complaints. The log will be used to track trends in the informal complaints received.</p>	<p>Ongoing</p>	<p>FIT Program staff</p>
--	----------------	--------------------------

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

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

The FIT Regulations include provisions that:

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

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

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

Annual Targets:

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

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

Improvement Activities/Timelines/Resources:

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

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

Not Applicable – Part B due process procedures are NOT adopted

Baseline Data for FFY 2004 (2004-2005):

NA (see above)

Discussion of Baseline Data:

NA (see above)

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

Improvement Activities/Timelines/Resources:

NA (see above)

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

Overview of Issue/Description of System or Process:

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

FIT Program regulations include that:

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

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

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

Annual Targets:

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

<p>2007 (2007-2008)</p>	<p>60% of mediations held will result in mediation agreements</p>
<p>2008 (2008-2009)</p>	<p>65% of mediations held will result in mediation agreements</p>
<p>2009 (2009-2010)</p>	<p>70% of mediations held will result in mediation agreements</p>
<p>2010 (2010-2011)</p>	<p>75% of mediations held will result in mediation agreements</p>

Improvement Activities/Timelines/Resources:

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

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

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

Overview of Issue/Description of System or Process:

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

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

Baseline Data for FFY 2004 (2004 - 2005):

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

Discussion of Baseline Data:

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

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

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

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

Annual Targets:

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

Improvement Activities/Timelines/Resources:

Improvement Activities:	Timelines:	Resources:
<p>Conduct Verification visits with local providers:</p> <p>The FIT Program will conduct verification visits with local provider agencies to determine that data entered into the database is accurate and the that data collected for their Annual Performance Report was collected in accordance with the correct criteria.</p>	June 2008	NM FIT Program Division of Health Improvement
<p>Implement the new online data and billing system:</p> <p>The FIT Program is implementing a new online data and billing system, known as FIT-KIDS (Key Information and Data System). Because the data will now be used to generate claims for reimbursement it is expected that the accuracy of data entry will increase. The FIT-KIDS application also has numerous rules and edits that promote accurate data entry. This includes required fields, prompts and certain fields that can only be entered if others are completed.</p>	Ongoing	NM FIT Program