



# Annual Performance Report

## (APR)

### 2003-2004

# **New Jersey Early Intervention System (NJEIS)**

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**2003-2004**

### **Cluster Area CI: General Supervision**

#### **State Goal (July 1, 2003 through June 30, 2004)**

The Lead Agency ensures effective general supervision of Part C of the Individuals with Disabilities Education Act (IDEA) in New Jersey through the utilization of mechanisms that result in all eligible infants and toddlers having an opportunity to receive early intervention services in natural environments.

#### **Performance Indicator GS.I**

The general supervision instruments and procedures (including monitoring, complaint, and hearing resolution, etc.) used by the lead agency identify and correct Part C IDEA noncompliance in a timely manner.

#### **Performance Indicator GS.II**

Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions.

#### **1. Baseline/Trend Data**

##### **NJEIS Structure**

- The New Jersey Department of Health and Senior Services (DHSS) is designated by the State of New Jersey as the lead agency for early intervention for children, birth to age three, with developmental delays/disabilities and their families. As such, DHSS is ultimately responsible for implementing its general supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families in accordance with the Part C requirements under IDEA.
- DHSS has a structure in place to support significant activities that promote the implementation and enhancement of the early intervention system. Through contract mechanisms, DHSS supports four Regional Early Intervention Collaboratives (REICs) that are responsible for local planning, development, and implementation of the early intervention system and for ensuring that families have a voice in decision-making on Regional Boards. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are staffed by a parent of a child with a disability.
- DHSS is committed to maximizing family involvement in each step of the New Jersey Early Intervention System (NJEIS). As part of ensuring parent involvement in decision-making and maintaining the partnerships so critical to the success of the program, DHSS highly

recommends that all parties work together and use informal means to resolve disagreements that may arise.

- The NJEIS implements a general supervision system that identifies deficiencies, ensures correction in a timely manner and promotes enhanced performance and results for children and families. This is accomplished through the procedural safeguards system, Central Management System data performance analysis, agency self-assessment, family surveys, incident reports, improvement plans, corrective actions, on-site focused monitoring, training, technical assistance, and enforcement.
- The established regional CSPD system provides ongoing and continued availability of targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.

### **Monthly and Annual Data Management**

- NJEIS collects, reviews and utilizes data for general supervision that:
  - Ensures an unduplicated count for federal reporting;
  - Verifies data;
  - Establishes and utilizes trend data for improvement planning; and
  - Identifies issues and concerns for targeted actions.
- Every month, each SCHS-Case Management Unit submits a standard service coordination data report to the REICs for aggregation and submission to the state. The information is reviewed at the regional and state level and issues are targeted for immediate response and resolution.
- Data information is compiled, reported and reviewed at the regional and state level to target county, regional and state systemic trends and issues. Data include:
  - Referral;
  - New and cumulative IFSPs;
  - Service Coordination Caseloads;
  - Timely provision of IFSP services;
  - Age at referral;
  - Primary Diagnosis;
  - Primary Referral Source;
  - IFSP Service Hours by Type;
  - 45 day timeline;
  - Exiting Reasons; and
  - Transition
- Data reported for SFY 2004 (July 1, 2003- June 30, 2004) in this annual performance report is based on service coordination paper submission of a monthly data report.
- Data reported for December 1 child count are from a REIC audit of every IFSP.
- Data are used to identify potential areas of non-compliance that are then targeted for follow-up by telephone, record submission or site visit.

### **Procedural Safeguards System**

- The Procedural Safeguards Office was established in 1998 to ensure the effective implementation of procedural safeguards by each public agency and private provider in the state involved in the provision of early intervention services.

- The Procedural Safeguards Office has helped to ensure that parents receive and understand their rights and have access to formal, as well as informal systems of dispute resolution, as needed.
- Formal mechanisms, as required under the Individuals with Disabilities Education Act, Part C (IDEA), are described below.
- Procedural safeguards are available to all families and are described in the booklet entitled "Family Rights in the New Jersey Early Intervention System".
- Parent liaisons are available through the Procedural Safeguards Office to advise parents of their rights under the Early Intervention System and help them understand the options available to them when disputes arise. Parents can work with staff from the REICs, service providers, and the system's parent liaisons to resolve concerns in an attempt to avoid formal procedures whenever possible.
- **Informal Dispute Resolution**  
 Herein is a description of informal dispute resolution processes adopted by the Procedural Safeguards Office.
  - The Procedural Safeguards Office and designated consultant parent liaisons respond to parent issues/concerns and document contacts on state logs for review and analysis.
  - Parents can contact the Procedural Safeguards Office through a toll-free hotline and the nature and scope of their concerns are gathered by a consultant parent liaison within two (2) business days.
  - Complainants who call are always advised of their right to file a request for formal dispute resolution at any time.
  - Most informal matters are resolved within ten (10) business days and only on rare occasions, where the Procedural Safeguards Office is awaiting documentation to support/dispel the complainant's allegations, does the matter go unresolved beyond ten (10) business days from the date of the complainant's call to the hotline.
  - The Procedural Safeguards Coordinator directly intervenes to resolve an informal dispute if the matter cannot be resolved within ten (10) business days, the family specifically requests that the Procedural Safeguards Coordinator directly investigate the matter, or the consultant family liaison determines that the Procedural Safeguards Coordinator should resolve the matter due to the complexity of the dispute.
  - If a complainant requests formal dispute resolution, the Procedural Safeguards Office explains to the complainant how to download the Formal Dispute Resolution Request form off the Procedural Safeguards Office website or arranges to mail the forms, and provides families with flowcharts describing the formal dispute resolution processes to help families to understand the processes and timelines for dispute resolution.
- **Formal Dispute Resolution**  
 The Procedural Safeguards Office received twenty-one (21) requests for formal dispute resolution during SFY 2004. Five (5) of the twenty-one (21) requests were for multiple types (mediation, hearing, administrative complaints) of dispute resolution.
  - Ten (10) requests were made for complaint investigation, of these:
    - Seven (7) requests were withdrawn and resolved informally;
    - One (1) complaint requesting speech therapy was deemed to have no findings; and
    - Two (2) complaints, one (1) involving a delay in services and one (1) involving a complaint about the type of services provided had findings.

- Ten (10) mediation requests were received, of these:
  - Six (6) were not related to a hearing request;
  - Four (4) related to a hearing request; and
  - All of the requests, most of which related to missed services were resolved informally through the provision of make-up services, were withdrawn.
  - No hearings were conducted. Although, there were five (5) requests for due process hearing, of these requests:
    - One (1) request was denied because the time limit for requesting a hearing had lapsed;
    - Three (3) requests pertained to missed services and were resolved informally through compensatory services; and
    - One (1) request pertained to a delay in starting services and was resolved informally through compensatory services.

**Self-Assessment**

- A revised self-assessment process was implemented for all providers in this reporting period. This process requires monthly observations and record review with annual submission of data in November of each year.
- The self-assessment data from this reporting period will be reported in the next APR.

**Family Surveys**

- NJEIS in collaboration with the REICs and Steering Committee developed a new series of four family surveys that replaced the old regional postcard process, creating a statewide uniform family survey system.
- The Family Surveys were finalized in November 2004 and implemented in February 2005. The four surveys are designed to assess family perspectives at different points in the service delivery process. These include: (1) Evaluation-Not Eligible; (2) Initial Evaluation and IFSP; (3) Receiving Services and Family Support; and (4) Transition.
- Data will be aggregated and reported by state, region and county (if parents identify the county). The surveys provide parents the opportunity to identify personal information if they want to be contacted by the REIC. The surveys encourage families to contact the REIC Family Support Coordinator to discuss any issues or questions. Ongoing analysis of survey data is being used by the REICs and Lead Agency to identify opportunities for improvement, training and technical assistance. In addition, county data will be reviewed as one component of ongoing general supervision.
- Three of the four family survey categories were mailed in February 2005 and responses received as follows:

<b>Family Survey</b>	<b>Mailed</b>	<b>Responses</b>
Initial Evaluation and IFSP	204	21.1%
Receiving Services and Family Support	233	20.6%
Transition	543	14.9%

**On-site Focused Monitoring**

On-site focused monitoring is one component of the NJEIS general supervision system. Decisions to conduct on-site focused monitoring visits may be made under the following circumstances: (1) Annually four to six visits are made based on ranked performance data

related to priority indicators; (2) As needed based on incident reports or procedural safeguards complaints; and (3) Concerns identified through on-going review of system point of entry (SPOE) or self-assessment data. Any findings identified from an on-site visit result in improvement and/or corrective action planning.

## **2. Targets (July 1, 2003 - June 30, 2004)**

- NJEIS will prepare and ensure promulgation of state regulations for the Early Intervention System by January 2005.
- NJEIS will revise Early Intervention Policies and Procedures by January 2005 as necessary in accordance with the development of regulations.
- NJEIS will finalize procedures for onsite focused monitoring, including the tracking of improvement and corrective action plans.
- NJEIS will begin implementation of focused on-site monitoring that includes review of data in the targeted area such as informal and formal disputes, family surveys, corrective actions, improvement plan activities and other information available through the Central Management Office (CMO).
- The first targeted area for focus will be selected and sites identified.
- Three onsite focused visits will be completed, reports written and, as appropriate, improvement/corrective action plans will be finalized. NJEIS review and analysis of data will point to the areas/agencies requiring focused monitoring
- NJEIS will design and pilot a sample record review process to focus on targeted areas such as parent rights and transition.
- NJEIS will revise and implement state procedures for ensuring tracking of corrective action plans that result from formal or informal complaint investigations. These new procedures, designed to ensure enforcement, will include a state project officer responsible for developing and monitoring the plan according to the specific timelines established for correction. New procedures will be implemented as of February 2004.
- NJEIS will continue to ensure training on procedural safeguards for families, provider agencies and practitioners. These are scheduled regionally throughout the state on an ongoing basis.

## **3. Explanation of Progress or Slippage (July 1, 2003 - June 30, 2004)**

- A regulations stakeholder workgroup was established and meetings conducted from April - October 2004 to assist the NJEIS in the development of state regulations. Draft regulations were submitted to the Commissioner's Office in March 2005 for review prior to submission for publication for public comment.
- NJEIS has implemented a new format and process for regularly reviewing and updating specific policies and procedures that include designated review timelines and the responsible party. Policies and procedures as revised are issued to contracted provider agencies.
- NJEIS has developed procedures for selecting an agency for onsite focused monitoring. An agency may be selected as a result of an incident report, procedural safeguards complaint, desk audit of performance data, or ranking on selected indicators.
- The first focused monitoring visit occurred in December 2004 to Bergen County as a result of a desk audit performance review of IFSP and transition data. As a result of the site visit

findings, a report was issued to the agency on February 10, 2005 requiring completion of a corrective action plan. The proposed corrective action plan was received by the lead agency and is pending approval by NJEIS.

- During this reporting period, primary resources were directed at ensuring inputting of accurate child specific data in order to conduct performance desk audits. This required data entry and clean-up on over 15,000 records. This necessitated the lead agency delaying implementation of the on-site focused monitoring on transition.
- Transition was selected as the first priority area for on-site focused monitoring. The indicators selected were (1) whether a transition planning conference was documented in SPOE and (2) did the transition planning conference occur at least ninety before the child's third birthday. County performance on these indicators was ranked and three counties are being identified for onsite focused monitoring visits. Three onsite visits are scheduled for July - September 2005.
- NJEIS designed and piloted a record review form on transition in Bergen County.
- NJEIS revised and implemented an electronic database to track activities and corrective actions related to formal dispute resolution.
- A set of procedures have been established to follow-up on specific issues identified by parents, provider agencies, or practitioners to ensure that an individual incident is not indicative of a systemic problem. The lead agency implemented the use of an incident report in August 2004. The incident report requires a provider agency to document that the specific incident is not an indicator of a systemic problem. If the provider agency submits insufficient/non-conclusive documentation or identifies performance issues, the lead agency proceeds with an appropriate next step that may include: desk audit performance review, on-site focused monitoring, improvement plan or corrective action plan.
- NJEIS continued to ensure training on procedural safeguards for families, provider agencies and practitioners. Trainings are scheduled regionally throughout the state on an ongoing basis.

#### **4. Projected Targets (July 1, 2004 - June 30, 2005 and ongoing)**

- An electronic data system will replace the paper data collection system.
- System Point of Entry (SPOE) data will be used to conduct desk audits of performance indicators
- Incident reports and SPOE data will be used for selecting onsite site focused monitoring.
- Statewide uniform family surveys will be implemented.
- NJEIS regulations will be approved through the lead agency.
- A revised format for NJEIS policy and procedures will be implemented.
- Self assessment findings will identify areas needing improvement planning or corrective action.

<p style="text-align: center;"><b>5.</b> <b>Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing</b></p>	<p style="text-align: center;"><b>6.</b> <b>Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing</b></p>
Over 15,000 child records will be entered into the System Point of Entry (SPOE) database.	January 31, 2005 EIP Agencies, Service Coordinators, REICS
At least two performance indicators will be identified and analyzed using SPOE data with required corrective action as necessary.	March 2005 Lead Agency
A revised corrective action plan format will be developed and implemented.	January 2005 Lead Agency
Incident reports/SPOE data will be used to identify agencies requiring corrective action and/or onsite focused monitoring.	January 2005 and ongoing Lead Agency
Uniform Statewide Family Surveys will be finalized.	November 2004 Lead Agency, REICs, Steering Committee
Family Surveys will be piloted statewide.	February 2005 Lead Agency, REICs
NJEIS workgroup will complete input into draft regulations.	November 2004 Lead Agency, NJEIS Regulations Workgroup
A revised policy and procedures format will be developed and implemented.	January 2005 Lead Agency, Procedural Safeguards Office
Analyze and respond to self assessment findings submitted from this reporting period including improvement planning and corrective action.	March 2005 REICS, Lead Agency

**Performance Indicator GS.III:**

Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.

**1. Baseline/Trend Data**

The data on formal dispute resolution for this reporting period are reported above in GS I & II.

**2. Targets (July 1, 2003 - June 30, 2004)**

- NJ will revise the procedural safeguards database and documentation procedures to ensure that data regarding resolutions to formal and informal issues/complaints from families are reported consistently statewide.
- NJ will conduct a review and analysis of the procedural safeguards database on a monthly basis. Information will be shared with state entities including CSPD, REICs, county units and provider agencies, as necessary to facilitate systematic training and technical assistance.

- The Procedural Safeguards office will continue to provide procedural safeguards training on a regional basis to parents and providers.
- NJEIS will develop and utilize a revised database tracking system for use by REICs, the Parent Liaisons, and the Procedural Safeguards Office to document informal and formal communications from parents by telephone, emails and/or written letters. The database will track date of request, issues, resolutions, and timelines by county. The database will provide for unique identifiers that track when informal concerns become requests for formal dispute resolution.
- NJEIS will establish a list of issue categories for statewide reporting of informal and formal disputes to ensure county/regional/statewide systemic response to issues as necessary.
- Reports will be generated monthly from the Procedural Safeguards Office and distributed to NJEIS staff, REICs, etc to ensure timely response to systemic issues.
- Procedural Safeguards Office will report quarterly to the SICC on informal and formal complaints and resulting system responses.
- Based upon evaluations and other factors, the NJEIS will revise the procedural safeguards training format and materials.
- NJ will draft revisions (format and language) of the existing Parent Rights document to make it more “user- friendly” and similar to the NJ Part B format. Consider a workgroup that includes parents.

### **3. Explanation of Progress or Slippage (July 1, 2003 – June 30, 2004)**

- NJ revised the procedural safeguards database and documentation procedures to ensure that data regarding resolutions to formal and informal issues/complaints from families are reported consistently statewide.
- NJ conducted a review and analysis of the procedural safeguards database on a regular basis. Information is shared with state entities including CSPD, REICs, county units and provider agencies, as necessary to facilitate systematic training and technical assistance.
- The Procedural Safeguards office continues to provide procedural safeguards training on a regional basis to parents and providers. During this reporting period eight regional procedural safeguards trainings were provided to agencies.
- NJEIS developed and implemented a revised database tracking system for use by the Parent Liaisons, and the Procedural Safeguards Office to document informal and formal communications from parents by telephone, emails and/or written letters. The tool tracks date of request, issues, resolutions, and timelines by county. The database provides for unique identifiers that track when informal concerns become requests for formal dispute resolution. Plans to link with existing REIC documentation of informal communications remains under consideration.
- NJEIS established a list of issue categories for statewide reporting of informal and formal disputes to ensure county/regional/statewide systemic response to issues as necessary.
- Procedural Safeguards Office reports to the SICC on informal and formal complaints and resulting system responses.
- The NJEIS placed on hold activities related to evaluating and revising the procedural safeguards training format and materials pending completion of federal regulations resulting from IDEA reauthorization.

- NJEIS placed on hold revisions (format and language) of the existing Parent Rights document to make it more “user- friendly” and similar to the Part B format pending completion of federal regulations resulting from IDEA reauthorization.
- Formal disputes were resolved timely.

**4. Projected Targets (July 1, 2004 - June 30, 2005 and ongoing)**

- The procedural safeguards database will be used to ensure timely resolution of formal requests for dispute resolution.
- Procedural Safeguards Office will maintain a sufficient number of Mediators and Hearing Officers for timely dispute resolution.
- Mediators and Hearing Officers will receive training and updates on revised policies and procedures.
- Twelve procedural safeguards trainings (3 in each region) for practitioners and families will be conducted.

5. Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing	6. Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing
A procedural safeguards database will be maintained to track requests for dispute resolution.	Ongoing Lead Agency, Procedural Safeguards Office
Training will be conducted for Mediators and Hearing Officers.	March 2005 Lead Agency, Procedural Safeguards Office REIC, Training & Technical Assistant Coordinator(s).
Twelve (12) procedural safeguards trainings (3 in each region) will be conducted for practitioners and families.	June 2004 Lead Agency, Procedural Safeguards Office REIC, Training & Technical Assistant Coordinators.
The procedural safeguards training format and materials will be evaluated and revised following completion of federal regulations resulting from IDEA reauthorization.	June 2004 and ongoing Lead Agency, Procedural Safeguards Office REIC, Training & Technical Assistant Coordinators.

**Performance Indicator GS.IV**

There are sufficient numbers of administrators, service coordinators, service providers, including paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

## 1. Baseline/Trend Data

### **New Jersey's Comprehensive System of Personnel Development (CSPD)**

In New Jersey the CSPD is designed as a statewide network of regional training and technical assistance coordinators (T&TA) who work at the regional/local provider level under the guidance of the REICs and state CSPD Coordinator.

- The goal of the CSPD System for early intervention is to enable infants and toddlers with special needs and their families to participate in high quality early intervention services by ensuring that services are provided by qualified, competent personnel in all disciplines listed in Part C of IDEA. The system utilizes current guiding principles and best practice in the field of early intervention, family-centered practices, adult learning, and behavior change in the development, implementation and assessment of materials and learning opportunities.
- CSPD works on behalf of NJEIS to promote staff recruitment, preparation, qualification, support, and retention in order to assure an adequate supply of qualified, capable and skilled early intervention personnel.
- The CSPD team creates, provides, and coordinates ongoing training and technical assistance opportunities in the field of early intervention so that participants can learn new information, acquire new and advanced skills, and internalize best practice philosophy, resulting in quality services for children and families.
- The four REIC T&TA Coordinators provide technical assistance and in-service training, including activities such as needs assessment, on-site technical assistance and training, regional networking meetings, and information dissemination products. One CSPD Project Specialist designs new learning opportunities and evaluation products for implementation.
- CSPD provides training for a variety of early intervention practitioners, including service coordinators and paraprofessionals; families; and primary referral sources. It ensures that training relates specifically to understanding the basic components of early intervention services, the federal Part C requirements, and how to coordinate transition services for infants and toddlers with disabilities from early intervention to a preschool program under Part B of IDEA or to other early childhood services, if needed.
- Each individual working in NJEIS must complete the current CSPD orientation requirements implemented by the regional training teams. The CSPD system includes off-hours scheduling options for practitioners who work in other settings and have difficulty attending weekday sessions.
- Training events are interdisciplinary, featuring information and skills relevant to early intervention practitioners across disciplines. Parent participation, both as trainers and trainees, is strongly supported and encouraged. Currently, three of the six members of the statewide CSPD team are parents of children with special needs.
- NJEIS is implementing innovative ways of providing training and technical assistance that is intended to result in change in behavior and practice. This includes a competency-based training using self-study and agency-implemented learning modules.

### **New Jersey Personnel Standards**

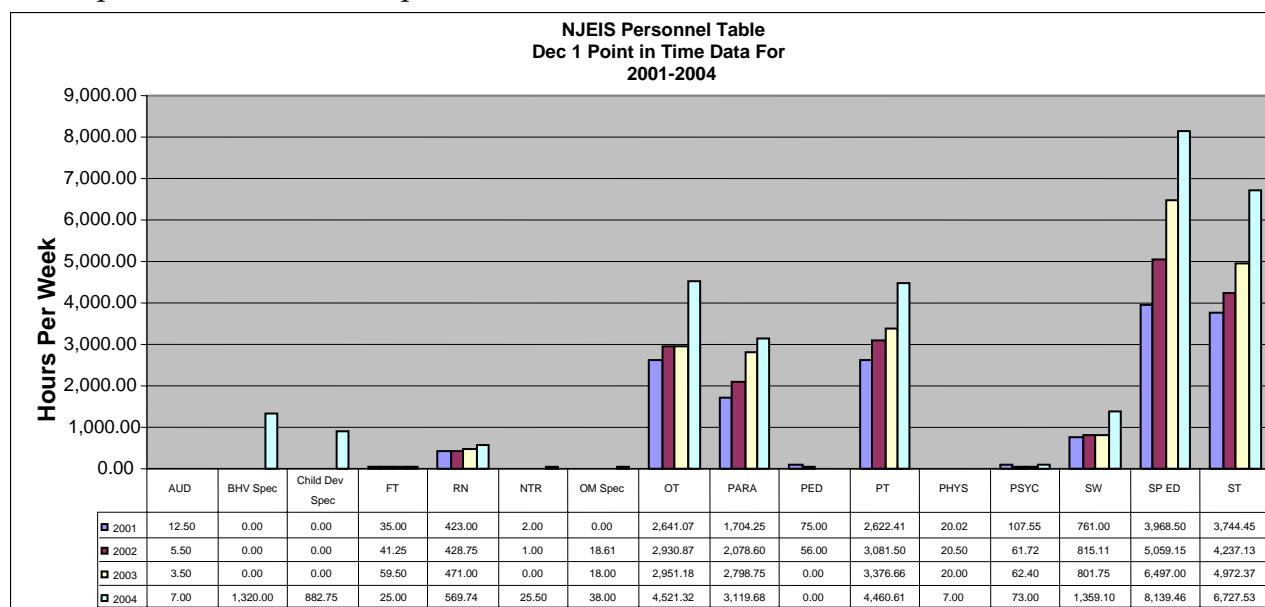
- New Jersey established, maintains, and monitors standards for all early intervention personnel, requiring educational background and licensure as appropriate for each position in the state, specifically audiologist, behavior specialist, child development associate, child

development specialist, family therapist, interpreter for the deaf, nurse, nutritionist, , occupational therapist, occupational therapist assistant, ophthalmologist, orientation/mobility specialist, optometrist, pediatrician, physical therapist, physical therapist assistant, physician, psychologist, service coordinator, service coordinator associate, social worker, special educator, special educator-hearing impaired, special educator-visually impaired, and speech-language pathologist.

- A Training and Technical Assistance Resource Library is housed at each REIC and is available to all early intervention personnel and families.

### Personnel Table

- The table below represents a count of all personnel available to provide early intervention services as of December 1 of each year reported.
- The information is obtained by the state in writing from each early intervention provider agency through submission of a Table 5 Personnel form.
- The data identifies the type of personnel and number of hours per week employed and contracted to provide early intervention services.
- The data is used to report the number of full time equivalents to the US Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs for the December 1 Table 5.
- The personnel table below documents continued growth in recruitment and availability of practitioners in all disciplines.



- NJEIS has a system in place that ensures a wide variety of disciplines are available. If a specific practitioner cannot be located, the data system allows tracking and notification to REICs/lead agency that a practitioner is not available for an identified IFSP service. This enables the lead agency to assist service coordination in locating a practitioner. When necessary, out-of-network practitioners, identified by the family, are reimbursed until an in-network practitioner can be found.

## 2. Targets (July 1, 2003 – June 30, 2004)

- NJEIS will continue to recruit new provider agencies through an expansion of service vendor contracts. This will increase the capacity to meet service needs with a focus on speech/language, autism and low incidence services.
- NJEIS practitioners will increase knowledge and skills related to children with autism spectrum disorders and their families including early identification, appropriate assessment protocols and intervention strategies as measured by pre and post data points.
- By June 2004, fifteen service coordinators will receive and begin the learning opportunity activities for the Competency-Based Orientation System (CBOS).
- CBOS learning opportunities will be field-tested and implemented with all newly hired personnel. It is expected that personnel will complete all of the CBOS learning opportunities within one year of beginning work in the NJEIS. The initial phase will be implemented with service coordinators followed by service providers.
- CBOS evaluation plan will be designed and data collection strategies will be identified.
- New Jersey Early Intervention System (NJEIS) personnel standards will be expanded and/or revised to include Child Development Associate, Interpreter for the Deaf, and Optometrist.
- The autism project specialist will review and monitor for completeness and appropriateness, all “justifications for services above 20 hours” and will provide written or verbal technical assistance to individual teams as needed.
- The Autism Project Specialist will continue to consult with teams prior to and/or attending IFSP meetings regarding procedures related to the NJEIS Service Guidelines for Children with Autism Spectrum Disorders.
- Targeted evaluation team members will receive 6 hours of training and technical assistance on evaluating and assessing a child when Autism is present or suspected.
- Service coordinators will receive training on autism spectrum disorders.
- An observation learning opportunity activity will be implemented in all 21 SCHS units.
- The self-study learning opportunity module will be implemented in all 21 SCHS units.
- A resource notebook will be printed and distributed to all provider agencies and SCHS units.
- Implement Rubric Self-Assessment Activity in all 21 SCHS units.
- Implement Guided Supervision in all 21 SCHS Case Management Units.
- Revise face-to-face orientation to early intervention and implement pilot of new training.
- Develop and implement new face-to-face training for service providers on intervention strategies.
- Implement self-study learning opportunity with providers.
- Implement observation learning opportunity with providers
- Implement rubric self-assessment activity with providers
- Implement guided supervision with service providers.
- DHSS will continue to support and participate in the National Infant & Toddler Child Care Initiative at Zero to Three spearheaded by the NJ Department of Human Services.
- DHSS will continue to participate in a statewide initiative with the Child Care Professional Development Center, IHEs, Head Start, and child care administrators to develop a credentialing system for infant toddler caregivers.

### 3. Explanation of Progress or Slippage (July 1, 2003 –June 30, 2004)

- Twenty-five agencies that had submitted requests for enrollment as an early intervention provider agency attended information meetings. These efforts significantly increased the capacity to meet service needs during SFY 2005.
- Practitioner enrollment with Covansys, the Central Management Office (CMO) for NJEIS, began in April 2004. By December 31, 2004, the collaborative efforts of the lead agency and CMO resulted in the complete enrollment of over 3,000 early intervention practitioners statewide. Each approved early intervention provider agency and service coordination unit was required to provide necessary documentation to complete enrollment for both the agency and all personnel providing early intervention services. The enrollment process served as a monitoring tool to ensure that all applicants met personnel standards. Three hundred fifteen (315) practitioners, service coordinators and program administrators increased their knowledge of Autism Spectrum Disorders by participating in training offered by the Autism Project Specialist during the year. Training topics covered the screening tool, the Modified Checklist for Autism in Toddler (M-CHAT), signs and symptoms of autism in infants and toddlers.
- Effective May 2004, the Competency-Based Orientation System (CBOS) learning opportunities were implemented with all newly hired service coordinators. It is expected that personnel complete all CBOS learning opportunities within one year of beginning work in the NJEIS. By June 2004, seven service coordinators began the learning opportunity activities for the CBOS. Between May 2004 and April 2005 forty-six service coordinator orientees completed the self-study module and on-line test.
- In January 2004, the CBOS evaluation plan was designed and data collection strategies were identified for the self-study module, introduction to IFSP face-to-face training, and service coordinator observation learning opportunity.
- A resource notebook was printed and distributed to all Lead Agency, REIC staff, and all provider agencies including SCHS-CMUs during July 2004. Updates are distributed on a regular basis.
- The CBOS rubric self-assessment and guided supervision activities were delayed due to intervening priorities and reduced personnel resources. It is expected that these activities will be implemented during FYs 05 and 06 in all 21 SCHS case management units.
- New Jersey Early Intervention System (NJEIS) personnel standards were expanded to include Child Development Associate, Interpreter for the Deaf, Optometrist, Ophthalmologist, Special Educator-Hearing Impaired, and Special Educator-Visually Impaired, effective April 2004.
- During this reporting period, 10 “justifications for services over 20 hours” were received from IFSP teams and reviewed. The review process led to revision of the justification process and an amendment to the Service Guidelines for Children with Autism Spectrum Disorders, effective February 2004.
- The Autism Project Specialist attended eight IFSP meetings throughout the state during this reporting period. In addition, the Autism Project Specialist provided technical assistance to no less than 26 teams on issues related to clinical best practice, state guidelines procedures, and general information on autism spectrum disorders.
- One-hundred eighty (180) targeted evaluation team members statewide received 6.5 hours of training on “Drawing Good Conclusions: Evaluating and Assessing when ASD is Present

or Suspected.” Training was provided by the Autism Project Specialist and the Training and Technical Assistance Coordinators during September and October of 2003.

- One-hundred five (105) service coordinators received six hours of training on autism spectrum disorders during December 2003 and January 2004. Training included information on the Modified Checklist for Autism in Toddlers (M-CHAT), signs and symptoms of ASD, diagnosing ASD, and how to talk with families about autism.
- The self-study module, observation learning opportunity, rubric self-assessment, and guided supervision for direct service providers were delayed and will be implemented during FYs 05 and 06.
- During this reporting period, 167 individuals completed a two-day orientation training, which serves as the initial activity in the early intervention orientation process for all new practitioners.
- Revision of the face-to-face orientation training continued in 04 and was implemented during March 05. The new training expanded the components on developing appropriate outcomes for children and families by incorporating materials from Robin McWilliam’s Routines-Based Interview process.
- The new face-to-face training for service providers on intervention strategies was delayed and will be implemented during FY 06.
- DHSS continued to support and participate in the National Infant & Toddler Child Care Initiative through Zero to Three spearheaded by the NJ Department of Human Services.
- DHSS continued to participate in a statewide initiative with the Child Care Professional Development Center, IHEs, Head Start, and child care administrators to develop a credentialing system for infant toddler caregivers.

#### **4. Projected Targets (July 1, 2004 - June 30, 2005 and ongoing)**

- Components of the Competency-Based Orientation System (CBOS) will be implemented with direct service providers. The activities include introduction of the self-study module, online test, observation learning opportunity, rubric self-assessment, and guided supervision.
- The rubric self-assessment and guided supervision activities will be implemented in all 21 SCHS Case Management Units.
- Revision of the face-to-face orientation training will be implemented for all newly hired early intervention personnel, including program administrators, service coordination unit coordinators, direct service providers, service coordinators, and lead agency personnel.
- Training for new and established mediators and hearing officers will be scheduled to present updates on system policies, procedures, and activities.
- DHSS will continue to support and participate in the National Infant & Toddler Child Care Initiative at Zero to Three spearheaded by the NJ Department of Human Services.
- DHSS will continue to support and participate in a statewide initiative with the Child Care Professional Development Center, IHEs, Head Start, and child care administrators to develop a credentialing system for infant toddler caregivers.

5. Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing	6. Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing
Introduce self-study module and online test for direct service providers.	February 2005 CSPD Team, Program Administrators
Introduce observation learning activity for direct service providers.	April 2005 CSPD Team, Program Administrators
Introduce rubric self-assessment for direct service providers and service coordinators.	April 2005 CSPD Team, Program Administrators
Introduce guided supervision activities for direct service providers and service coordinators.	April 2005 CSPD Team, Program Administrators
Implement one-day face-to-face orientation training on IFSP development for all new early intervention personnel.	March 2005 CSPD Team, Program Administrators
Conduct training for new and established mediators and hearing officers will be scheduled to present updates on system policies, procedures, and activities.	February 2005 CSPD Team Procedural Safeguards Office
Participate in National Infant & Toddler Child Care Initiative at Zero to Three	Ongoing CSPD Coordinator
Participate in a statewide initiative to develop a credentialing system for infant toddler caregivers.	Ongoing CSPD Coordinator

### **Performance Indicator GS.V**

State Part C procedures and practices ensure collection and reporting of accurate and timely data.

#### **1. Baseline/Trend Data**

- NJEIS has used a monthly and annual paper data collection system and began actively pursuing a move to an electronic data system in the spring of 2002.
- The paper data management included two primary means to collect review and utilize data for general supervision. These means are designed to:
  - Ensure an unduplicated count for federal reporting;
  - Verify data;
  - Establish and utilize trend data for improvement planning; and
  - Identify issues and concerns for targeted actions.
- Monthly and annual data are presented throughout this report from:
  1. Monthly Service Coordination Data Reports
    - Every month each SCHS-Case Management Unit submitted a standard service coordination data report to the REICs for aggregation and submission to the state. The information is reviewed at the regional and state level and issues are targeted for immediate response and resolution. Data include:
      - Referrals;
      - New and cumulative IFSPs;

- Service Coordination Caseloads;
  - Forty-Five day timeline;
  - Timely provision of IFSP services; and
  - Exiting Information
2. December 1 Annual IFSP Review and Data Collection
- Each year prior to July 1, 2004, the REICs conducted an audit of all children with IFSPs in connection with the December 1 Federal reporting requirements. Information was aggregated by county and submitted to the state for the region. The information was compiled for December 1 reporting and reviewed at the regional and state level to target county, regional and state systemic trends and issues. Data include:
    - Age at referral;
    - Primary Diagnosis;
    - Primary Referral Source;
    - IFSP Service Hours by Type; and
    - 45 day timeline

### **Electronic Central Data System**

- In February 2004, the NJEIS contracted to develop and implement a new and expanded electronic data management system.
- The central data system is designed to:
  - Bring together demographic, service, and claims/reimbursement information for the full population of children and families in NJEIS.
  - Enhance quality assurance by providing data, key to outcome analysis.
  - Provide data for service analysis including planned and delivered services by type and location.
  - Ensure that all practitioners are enrolled and meet the personnel requirements of the NJEIS.
  - Collect transition data by local school district (Local Education Agency-LEA).
  - Provide monthly explanation of benefits to families that will assist in verifying that services were delivered.

### **2. Targets (July 1, 2003 – June 30, 2004)**

- The Central Management Office RFP will be released in July 2003 with contract award expected in January 2004.
  - A software license agreement will be finalized with the State of Indiana.
  - An RFP will be released to solicit bid for an electronic management information system for NJEIS.
  - A Bidders conference will be held on the RFP.
  - An RFP evaluation team will complete a review and submit an evaluation on bids submitted and accepted
  - An award will be finalized and issued for the electronic management office.
  - Software modifications and enhancements will be initiated.
  - Software will be rolled out, training conducted and software piloted
  - State data collection procedures/forms will be modified to effectively implement data entry.

- The System Point of Entry database will be populated.
- Data sets available through an Early Intervention Management Information System (EIMIS) will be targeted for periodic review at all levels of the system.
- The data/record review chart will be updated to be compatible with the data provided through the CMO.
- By June 30, 2004 an expanded electronic management information system will be designed and implemented for the Early Intervention System and will include a child-specific database using CMO software. The data-base will expand and replace the paper collection system currently in place and will improve timely access to data. This will provide aggregated data that will be reviewed on an established schedule by various components of the system (REICs, lead agency, programs, and service coordinators). The data-base will provide information on demographics, timelines, referrals, evaluation, service encounters, IFSPs, transition, etc.
- A Central Management Office (CMO) will be designed to:
  - Establish a comprehensive data system that provides short and long term financial projections on the cost of early intervention services, actual utilization of services versus planned or anticipated use, and monitors statewide utilization and equity;
  - Increase accountability by establishing data triggers on performance indicators and benchmarks as criteria for monitoring;
  - Maximize funding streams;
  - Allow time and efforts of family members and providers to be focused on service provision rather than on funding issues by consolidating funding under a pay and chase system of payment;
  - Ensure timely reimbursement to providers;
  - Ensure the timely provision of services to eligible children and their family;
  - Meet the financial and data reporting needs of various federal, state, and local fund sources and avoid duplication of effort to collect, maintain and report relevant data;
  - Monitor and manage the level of early intervention resources so as not to exceed availability;
  - Provide on-line access to information using appropriate safeguards to ensure the rights of the child and family;
  - Maximize provider involvement and options through consolidated and streamlined enrollment and tracking of credential personnel; and
  - Incorporate the Individualized Family Service Plan (IFSP) as the document that establishes need, and authorizes payment for services for eligible children and their families.
  - Baseline data will be available by June 30, 2004 providing aggregated data reviewed on an established schedule by various components of the system.

### **3. Explanation of Progress or Slippage (July 1, 2003 - June 30, 2004)**

- A contract for an electronic data management system, referred to as the New Jersey Early Intervention System Central Management Office (NJEIS-CMO), was awarded on February 9, 2004 to Covansys, a vendor that is implementing similar systems in four other states.
- Implementation began immediately and, while not fully operational by June 30, 2004, significant and timely progress was made.

- NJEIS-CMO implementation tasks included system implementation for software and application; software updates/revisions; user manuals & system generated documents; training; finance management and operation; electronic interface; claims payment; fund recovery; provider enrollment/suspension/ termination; data reporting; Web-site management; and Helpdesk.
- The final data model, practitioner enrollment, help desk and service matrix web site began phase in mid April 2004.
- Software training on data entry and billing training was completed by June 30, 2004. Data entry is in process.
- As of June 30, 2004, 74 out of 96 contracted provider agencies have enrolled 2,024 practitioners.
- REICs entered over 5,000 child/family records and the first service authorizations began to reach provider agencies.

### **SFY 2005 Update**

- Data entry and cleansing continues to be a work in process. As of 1/20/05:
  - Over 100 agencies are enrolled to provide direct early intervention services.
  - Over 3,200 practitioners have been appraised and enrolled to provide services.
  - Over 19,400 child/family records have been entered by the REICs.
  - 101,640 service authorizations have been entered totaling a commitment of \$79,816,814 in service funding.
  - 339,262 claims have been filed and paid for services provided.
  - \$34,027,517 has been paid in reimbursement of claims filed.
  - \$19,219,231 has been provided as cash flow payments in advance of claims.
  - 7,790 children had IFSPs on December 1, 2004.
- A significant component of NJEIS general supervision system is the performance desk audit process that was developed and implemented using data compiled through the System Point of Entry (SPOE) database.
  - The purpose of the SPOE data desk audit is to: (1) ensure data in SPOE are accurate; and (2) to identify performance deficiencies and areas for improvement.
  - Data desk audit s began in February 2005. The following performance indicators were reviewed:
    - 45 day timeline (resulted in a request for 21 improvement plans and 6 corrective action plans); and
    - Transition planning conference (request for data verification in process).
    - All of the corrective action plans requested ensure that correction of systemic non-compliance will be achieved within six months of the issue date. Progress will be reported in the next APR.

#### **4. Projected Targets (July 1, 2004 - June 30, 2005 and ongoing)**

- The SPOE database will be implemented and provide ongoing timely and accurate data.
- SPOE reports will identify concerns regarding data integrity.
- Service coordination will respond to data concerns including identification of missing and/or inaccurate data.

- Performance data for selected priority indicators will be ranked for all counties/ provider agencies and, as needed, improvement and corrective action plans required.
- The Lead agency will identify provider agencies and conduct on-site focused monitoring and as appropriate issue requests for improvement plans and corrective actions.

5. Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing	6. Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing
SPOE data reports will be designed to conduct ongoing performance review/triggers and identify systemic non-compliance.	January 2005 and on-going Lead Agency
SPOE data reports will be reviewed to identify data entry/integrity concerns.	January 2005 and on-going Lead Agency
An inquiry response format will be developed and implemented at the local level to verify accuracy of data, request missing information and determine if barriers were appropriately addressed to correct performance deficiencies.	February 2005 Lead Agency SCHS-CMUs
Develop a statewide reporting format that will provide ranked data on specific performance indicators.	February 2005 Lead Agency
Establish performance benchmarks to determine appropriate lead agency response to performance.	March 2005 and ongoing Lead Agency
Issue requests for improvement planning and/or corrective action plans to agencies based on ranked data.	April 2005 Lead Agency
At least three on-site visits monitoring on Transition will be selected and scheduled.	June 30, 2005 Lead Agency

## Cluster Area CII: Comprehensive Child Find System

### State Goal (July 1, 2003 - June 30, 2004)

The implementation of a comprehensive, coordinated, statewide Child Find system results in the identification of all eligible infants and toddlers.

#### Performance Indicator CC.I

The percentage of eligible infants and toddlers with disabilities that are receiving Part C services in New Jersey is comparable to State and national data for the percentage of infants and toddlers with developmental delays.

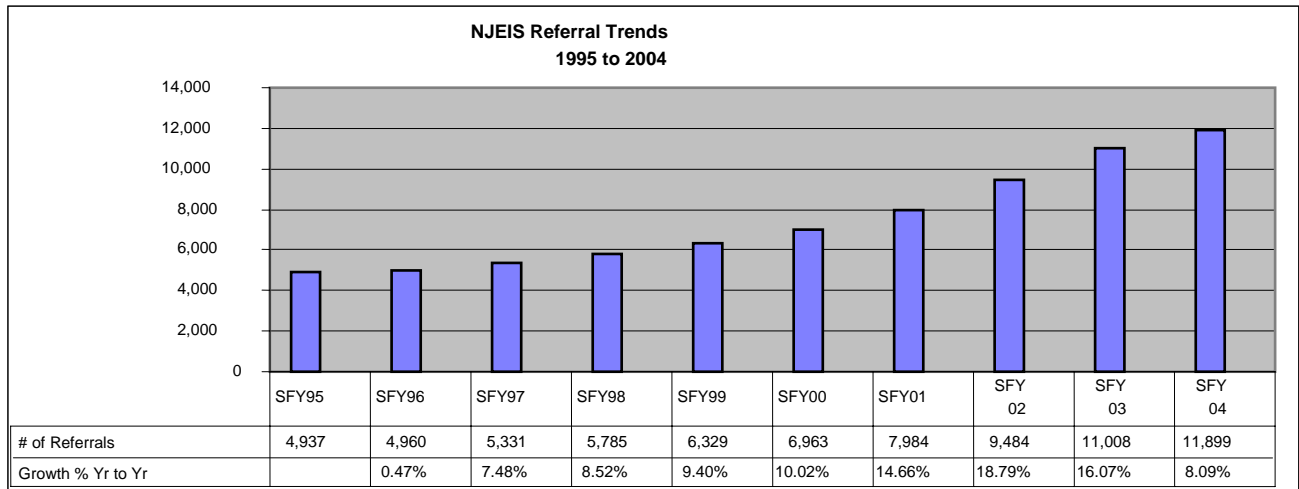
#### Performance Indicator CC.II

The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with State and national data.

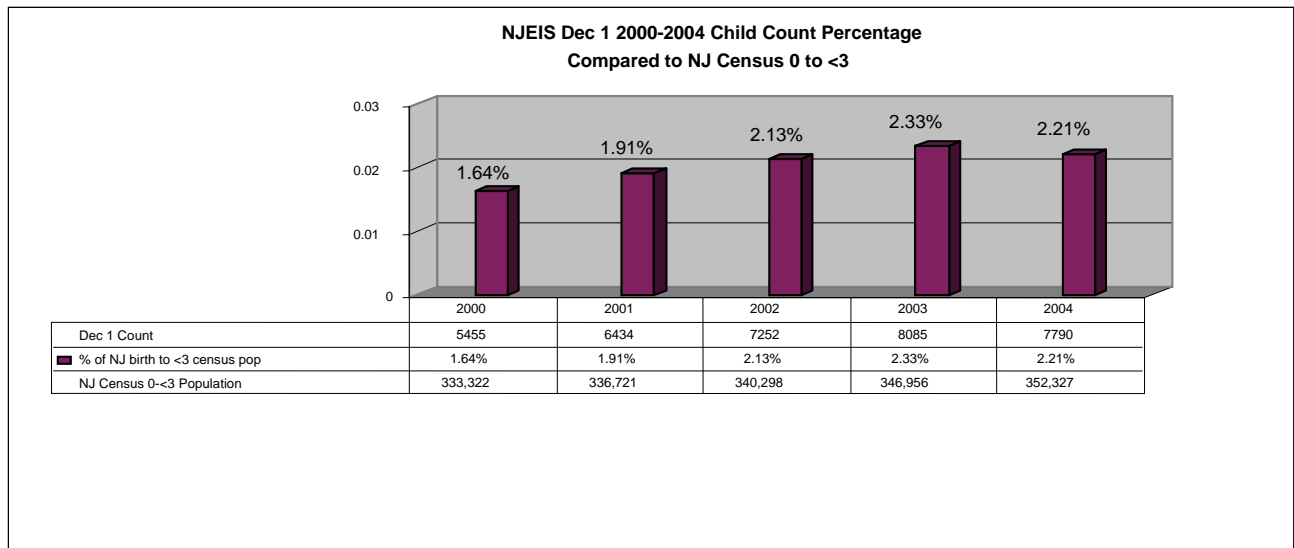
## 1. Baseline/Trend Data

### NJ Current Child Find Structure

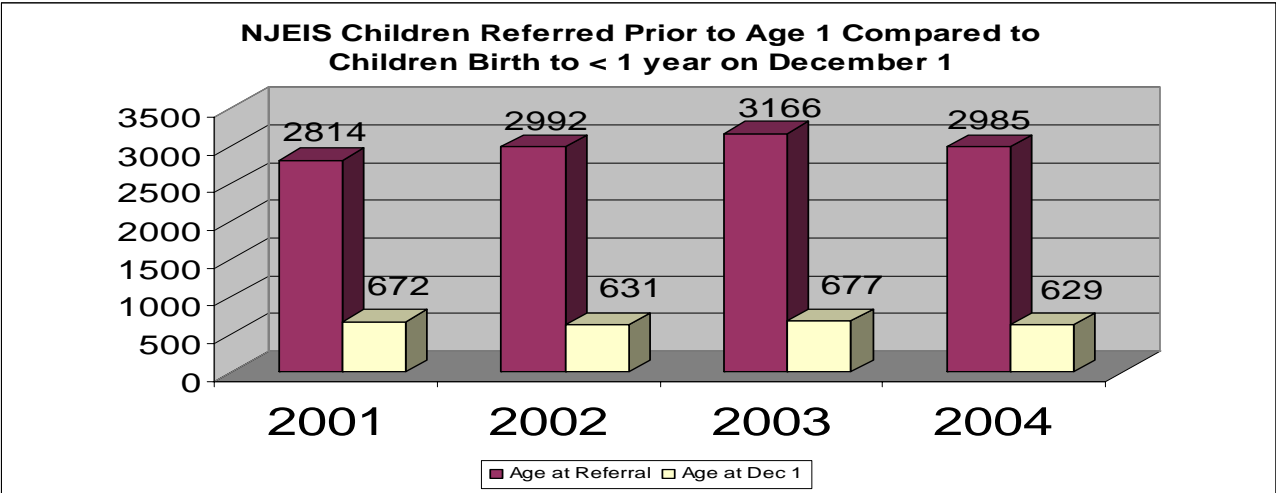
- A statewide list of SCHS-CMUs is disseminated to all primary referral sources through the New Jersey Department of Education CHILD FIND Project, Resources, the Central Directory; and Regional Early Intervention Collaboratives (REICs).
- State data show that referrals to the early intervention program are increasing (e.g. from 2002 to 2003, an increase of 16.07%; and from 2003 to 2004, an increase of 8.09%). The system received 11,899 referrals in this reporting period and approximately 75% of these referrals are found eligible for early intervention.
- DHSS continues to provide representation to the MAP to Inclusive Child Care Partners Team in order to facilitate appropriate interagency referral and availability of inclusive opportunities for children and their families. This team is providing resources and information to the NJ Dept of Human Services for ongoing review of the licensing manual for center- and home-based child care settings regarding the inclusion of young children with disabilities.
- New Jersey is one of a handful of States nationwide that has a systemic linkage between its Special Child Health Services Registry and the provision of immediate case management services. This long-standing Registry includes mandated reporting of children born with certain established medical conditions and voluntary reporting of children with other special health care needs. As children are enrolled in the Registry, parents of registered children are contacted by letter and by personnel located in county case management units. This process ensures timely referrals to Part C service coordinators housed within the case management units. The central Registry is located within DHSS.
- New Jersey has a Newborn Hearing Screening program that requires screening of newborn for hearing impairment. Since 2002, birthing facilities are required to screen all newborns electro-physiologically prior to discharge or before the newborn is one month of age regardless of the presence or absence of risk factors. In 2004 99.0% percent of newborns were screened before discharge or by thirty-days after birth. 4.5% of the babies screened were referred for additional testing.
- A tracking log of child find activities and material dissemination is maintained by Part B and C lead agencies and REICs and includes:
  - A toll-free number for child find in service 24 hours per day;
  - Media-newspapers, television and radio announcements;
  - State and regional events; and
  - Annual distribution of materials to various public and private agencies, providers, organizations, school districts, etc.
- The annual December 1 child count data is used to document referral trend data including age at referral, primary diagnosis, and referral sources.



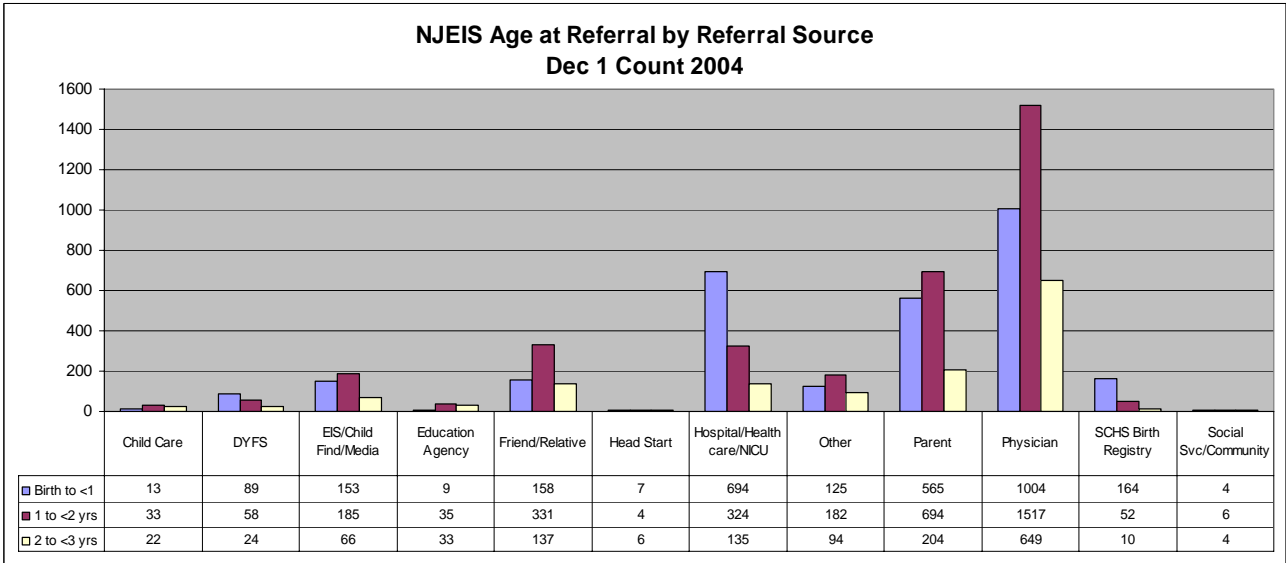
**NJEIS Referral Trends 1995 to 2004:** This table documents that NJEIS has experienced significant growth in the number of cumulative referrals received each year from 4,937 in 1995 to 11,899 in SFY 2004. NJEIS data collection system allows for the tracking and evaluation of the Child Find System to ensure the timely identification of all eligible children.



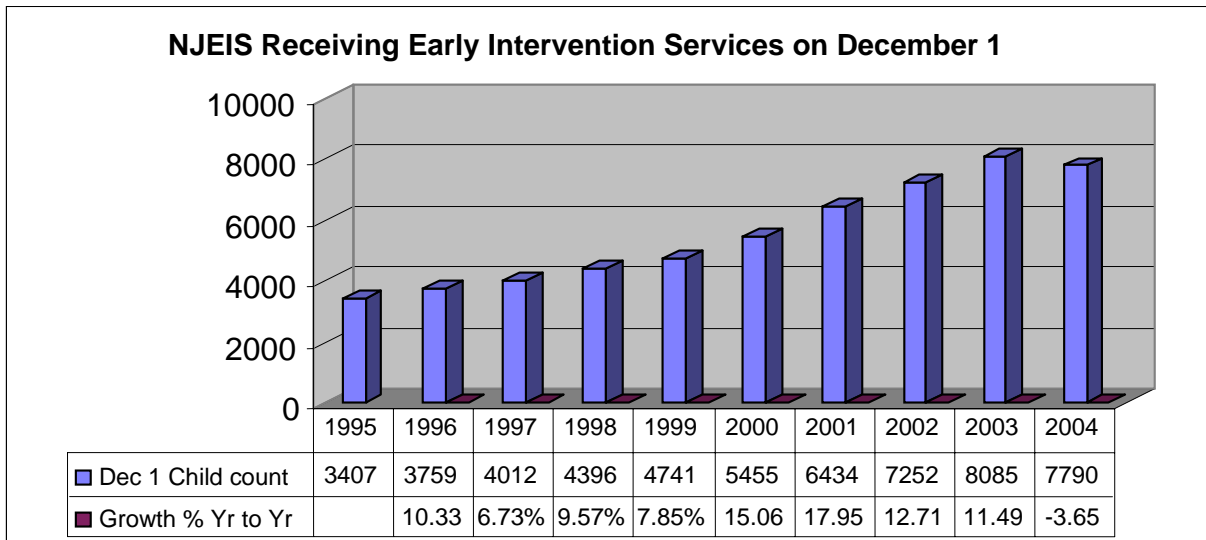
**NJEIS December 1 child count percentage compared to NJ census birth to <3 population:** State Part C systems are ranked based on the percentage of children from the December 1 child count that are under age three as an indicator of serving the birth to <3 population. The table above documents that since 2002, New Jersey has served more than 2% of their birth to <3 population based on the respective year's census data.



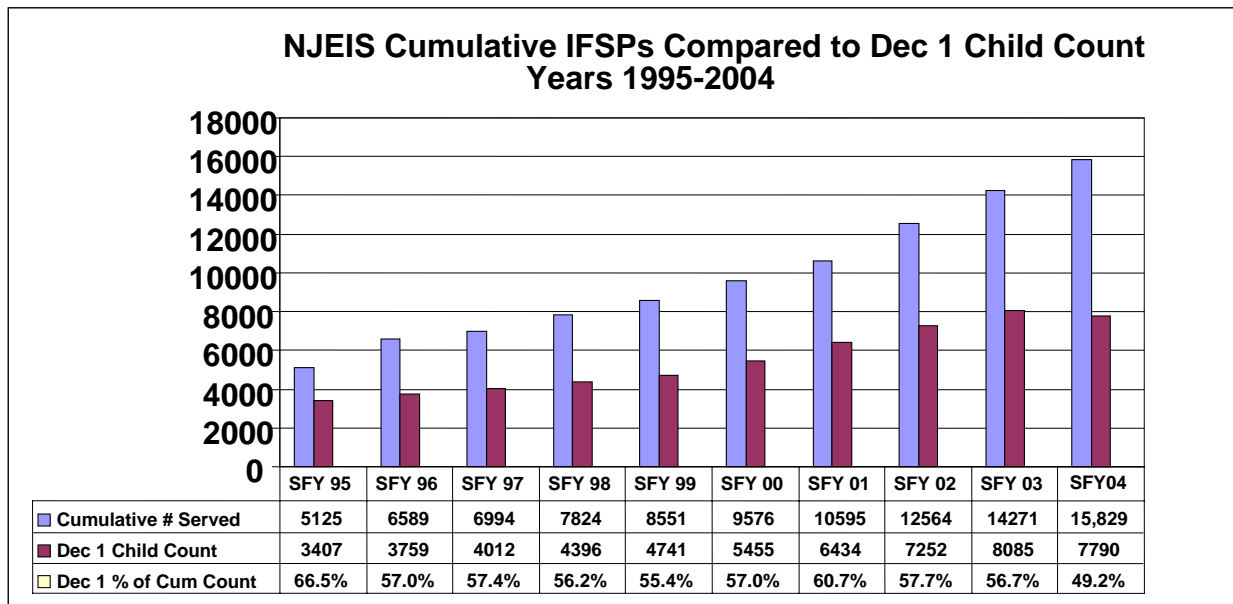
**NJEIS Children referred prior to age 1 compared to the number of children birth to <1 year on December 1:** State Part C systems are ranked based on the percentage of children from the December 1 child count that are under age one as an indicator of early identification. However, as the table above documents, age of referral is a better indicator of early identification. In New Jersey 2,985 children of the total 7,790 December 1, 2004 count were referred prior to their first birthday, while only 629 children were under age 1 on December 1, 2003. Clearly this demonstrates that age at referral is a better indicator of early identification than the percentage of children under age 1 on December 1. NJEIS noted that when state by state data was reviewed, states with a higher percentage of children <1 on December 1 are predominately states that serve an at-risk population. States that serve children initially counted as at-risk often report that many of the children demonstrate developmental delay at a future time. It is recommended that further national consideration be given to the use of this indicator as a proxy for early identification.



**NJEIS Age at Referral by Referral Source:** The table above provides baseline data on the number of children referred by age and referral source. It illustrates that physicians and healthcare providers have the highest percentage of referrals at all age levels.

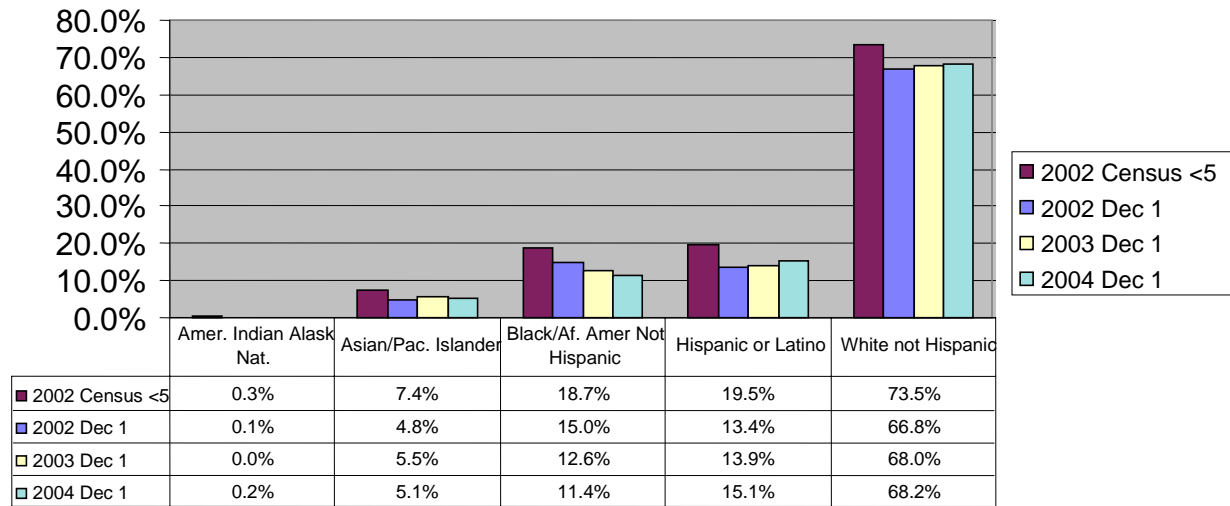


**Receiving Early Intervention Services on December 1:** NJEIS has experienced significant growth ranging from a low of 6.73% growth in 1997 and a high of 17.95% growth in 2001. The average annual growth percentage since 1995 is 11.5%. As illustrated above the December 2004 count demonstrates a slight decline that may be a result of implementation of a family cost share and/or the early implementation of a new electronic system.



**NJEIS Cumulative IFSPs: Compared to December 1 Count:** This table compares the number of all children served during a SFY compared to the December 1 point in time federal count. This documents that since 1995 the number of children served in a given year is more than double the number of children counted for federal reporting.

**NJEIS Dec 1 2002, 2003 and 2004 Child Count  
Race & Ethnicity Percentage Compared to  
2002 Census < 5 yrs (census race is duplicative)**



**Race & Ethnicity**

**NJEIS December 1, 2004 Child Count Race and Ethnicity Percentage Compared to 2002 Census < 5 years:** This table reports on the race/ethnicity of children in the NJEIS on December 1, 2004 as compared to the race and ethnicity on the 2002 Census. There appears to be a fairly proportionate representation of race and ethnicity to state demographics.

**2. Targets (July 1, 2003 - June 30, 2004)**

- In accordance with the SIG, training events for physicians will be conducted using a train-the-trainer approach and independent study modules with Continuing Medical Education credits.
- By State Fiscal Year (SFY) 2005, at least 1% of all infants, ages birth to one year, will have Individualized Family Service Plans (IFSPs) (excluding infants and toddlers who are at-risk for developmental delays under state eligibility criteria).
- Annually, the CMO database will be used to analyze and compare diagnosis and age at referral to available national prevalence data such as Center for Disease Control (CDC) and National Early Intervention Longitudinal Study (NEILS).
- Quarterly by REICs and annually by DHSS, the CMO database will be used to analyze referral sources by county/type to identify where child find efforts should be targeted by the REICs.
- By SFY 2004, primary referral source data will be available statewide and by region for analysis in order to determine gaps in sources of referrals.
- The uniform application will document referrals by Division of Youth and Family Services (DYFS) to NJEIS.

- A one-page document with general information about referral to early intervention and special education services for preschoolers will be developed and disseminated to caregivers and Unified Child Care and Resource and Referral staff statewide on a CD-ROM disk.
- A presentation will be provided at the NJ Inclusive Child Care Annual Conference to supports expansion of inclusion and child find efforts.
- Four regional seminars for pediatricians and family physicians will be conducted geographically throughout the state
- Collaboration with Information and Referral Agencies including state Departments; Developmental Disabilities Council; MAP to Inclusive Child Care, Family Support Councils; and other funded projects.
- Monitor Primary Referral Sources in order to determine underrepresented referral sources.
- Maintain and review NJEIS systemic linkages with Special Child Health Services Registries and the provision of immediate case management services will be maintained and monitored to ensure timely referral to early intervention.

### **3. Explanation of Progress or Slippage (July 1, 2003 - June 30, 2004)**

- Endorsement for the physician training project support was secured from the American Academy of Pediatrics/NJ (AAP/NJ) and NJ Academy of Family Physicians (NJAFP) chapters. An endorsement letter from each chapter president was inserted in the seminar mailing announcement and in the front of the independent study manuals. A collaborative relationship was developed between the NJ Early Intervention System, the NJDOE and the AAP/NJ and NJAFP chapters as a result of this training project.
- Thirty-five (35) participants attended a train-the-trainer session in February 2004. The group included pediatricians, a family physician, an osteopath, parents, Preschool Early Childhood Resource Consultants from NJOSEP, early intervention regional trainers, and representatives from NJDHSS. Each regional panel convened during the session to begin planning for dates and sites for their local seminar.
- Three (3) physician training seminars were conducted during the months of April, May, and June 2004, replicating the Caring for Infants and Toddlers: New Roles for Physicians model. That model was developed and outreach activities were supported through United State Department of Education Part D discretionary funds. One seminar was postponed due to insufficient numbers in that region. Continuing Medical Education Credits were granted through a medical center in NJ and the University of Virginia Medical School.
- A total of 98 health care participants attended the three seminars and were offered the independent study. This group included 69 pediatricians, 2 developmental pediatricians, 14 family physicians, 6 nurses, 3 pediatric neurologists, 1 neonatologist, 1 clinical geneticist, 1 pediatric dentist, and 1 social worker from a hospital department of neonatology. Pediatricians also cited cardiology, public health, and infectious disease as specialties. One participant was chair of the Department of Pediatrics in a hosting medical center. The evaluation ratings were very good - 96.5% of participants agreed or strongly agreed that the content met the educational objectives. Participants highlighted that "parental viewpoint" and the "multiple team participation enhanced understanding of the different aspects of the referral services and system."

- Participants cited the following as those things they had learned which they planned to implement in practice: “obtain more developmental feedback from parents”; “be more vigilant for early intervention candidates”; “not hesitate in calling EIP when suspect a problem in child’s development”; “awareness of EIP to parents – post information in office”; “personally call service coordinators in the future with questions”; and “provide family with developmental checklist”.
- Analysis and comparison of diagnosis and age at referral with Center for Disease Control (CDC) and National Early Intervention Longitudinal Study (NEILS) is delayed pending completion of data cleansing of SPOE data.
- Primary referral source data is available statewide and by region for analysis in order to determine gaps in sources of referrals.
- The lead agency conducted several planning meetings with Division of Youth and Family Services (DYFS) to develop policy and procedures to ensure the referral of children birth to three to NJEIS under CAPTA.
- A one-page document with general information about referral to early intervention and special education services for preschoolers was completed in May 2004. Dissemination of the document is pending completion of a CD-ROM-disk scheduled for dissemination during SFY 2005.
- In May 2004, the CSPD Coordinator presented a workshop at the NJ Inclusive Child Care Annual Conference on “Identifying Red Flags in Young Children and How to Talk to Families”.
- The CSPD Coordinator represented NJEIS on the MAP to Inclusive Child Care Partners Team. The Team recorded the achievements of the group since its inception in relation to original goals and objectives. The group continues to advise the Licensing Office in the NJ Department of Human Services regarding issues involving accommodations for including children with special needs in child care settings.
- Maintained and reviewed NJEIS systemic linkages with Special Child Health Services Registries and the provision of immediate case management services continue to be maintained and monitored to ensure timely referral to early intervention.

#### **4. Projected Targets (July 1, 2004 – June 30, 2005 and ongoing)**

- By State Fiscal Year (SFY) 2005, at least 1% of all infants, ages birth to one year, will have Individualized Family Service Plans (IFSPs) (excluding infants and toddlers who are at-risk for developmental delays under state eligibility criteria).
- Annually, the CMO database will be used to analyze and compare diagnosis and age at referral to available national prevalence data such as Center for Disease Control (CDC) and National Early Intervention Longitudinal Study (NEILS).
- The lead agency will continue to conduct meetings with Division of Youth and Family Services (DYFS) to develop policy and procedures to ensure the referral of children birth to three under CAPTA NJEIS.
- Provide referral and procedural information to physicians and caregivers statewide to assist families to access early childhood services.
- Continue to use SPOE database to analyze referral resources evaluate childfind efforts.

5. Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing	6. Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing
Develop and disseminate to agencies across NJ a CD-ROM-disk describing early childhood resources available to children and families statewide.	MAP Partners March 2005
Present information on early intervention to the statewide Child Care Advisory Council.	CSPD Coordinator January 2005
Convene the leadership planning workgroup to schedule additional regional seminars for pediatricians and family physicians geographically throughout the state.	CSPD Coordinator Leadership planning Workgroup May 2005

### Cluster Area CIII: Family Centered Services

#### State Goal (July 1, 2003 - June 30, 2004)

Family supports, services and resources increase each family's capacity to enhance outcomes for infants and toddlers and their family.

#### Performance Indicator FC.I:

Families' capacity to meet the developmental needs of their eligible infants and toddlers are enhanced through training/education and information dissemination, including informal community supports.

#### 1. Baseline/Trend Data

##### **NJEIS Family Outcome Data**

The following family outcome data is aggregated from the family surveys described in GS.I and II.

##### Initial Evaluation and IFSP Family Survey

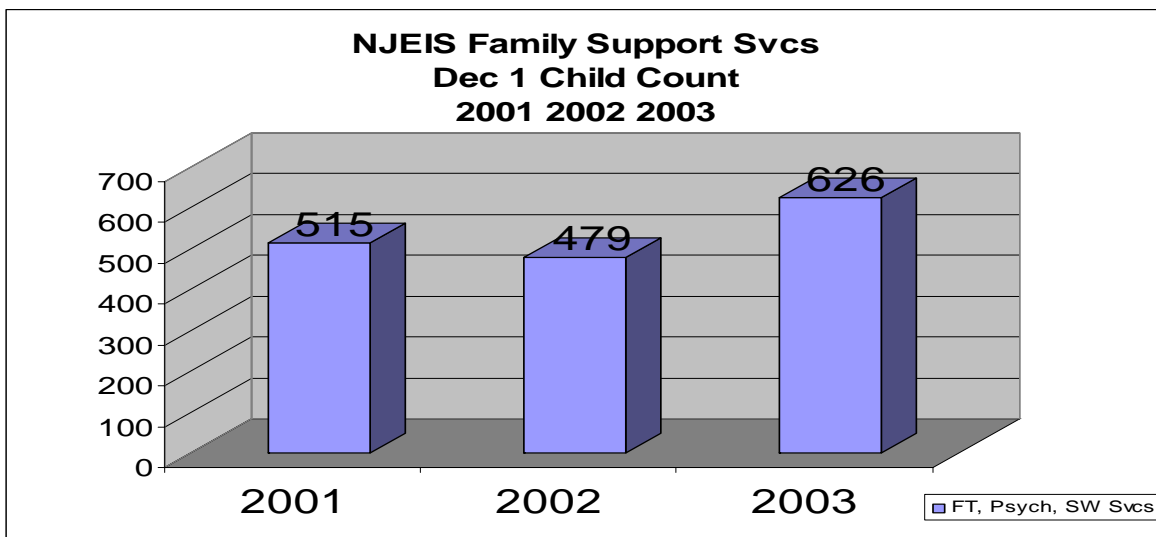
- 97.6% of families responding reported that their family was given helpful suggestions so that they could start to address their child's needs immediately following the evaluation.
- 92.9% of families responding reported that the IFSP provides a good picture of their child's strengths and needs. 4.8% disagree and 2.4% were neutral.
- Parents responding reported services were being provided for their child and family in the following locations:
  - 80.9% at home
  - 10.6% in a child care setting
  - 4.3% at parks

- 2.1% at both playgroups and recreational programs
- 56.8% of families responding reported that their child's health care provider has encouraged them to participate in the early intervention system. 16.2% disagreed and 27% were neutral.
- 50% of families responding reported that they have shared early intervention written materials about their child with their primary health care provider. 20.6% disagree and 29.4% were neutral.
- 73% of families responding reported that their child's healthcare provider(s) understand his/her special needs. 10.8% disagree and 16.2% were neutral.

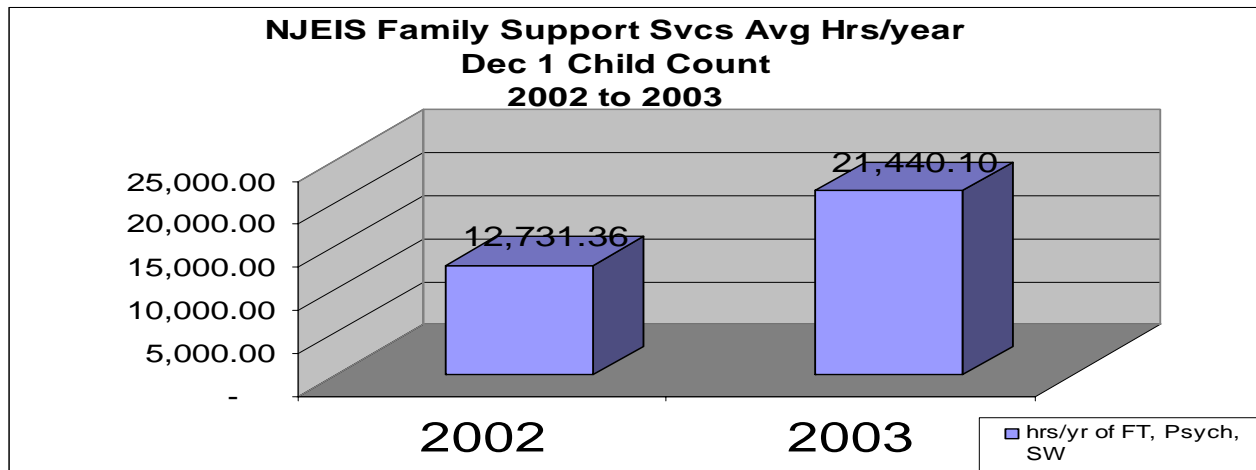
### **Receiving Services and Family Support Survey**

- 62.5% of families responding reported that IFSP services being provided to their child/family have had a positive impact on their family life. 31.3% of families disagree.
- 95.7% of families responding reported that as a result of receiving early intervention services they and their family can do more to meet their child's special needs. 2.1% disagreed and 2.1% were neutral.
- 91.7% of families responding reported that they are given ideas & activities to do with their child that can easily fit into their family's daily routines. 8.3% were neutral.
- 93.6% of families responding reported they actively participate during their child's early intervention services. 6.4% were neutral.
- 85.1% of families responding reported that as a result of receiving early intervention services they and their family know more about their child's special needs. 14.9% were neutral.
- 42.6% of families responding reported that they know about the Regional Early Intervention Collaborative and the Family Support Coordinators.
- 31.9% of families responding reported that they have accessed the NJEIS website.
- 85.4% of families responding reported that the Early Intervention System was responsive and available to them and their family. 14.6% were neutral.
- 76.1% of families responding reported that the Early Intervention System was responsive to the emotional needs of their family. 2.2% disagreed and 21.7% were neutral.
- 83.3% of families responding reported that their service coordinator helps them to understand their child and family rights in early intervention. 6.3% disagreed and 10.4% were neutral.
- 63% of families responding reported that as a result of the Early Intervention System, there was less stress in their family. 6.5% disagreed and 30.4% were neutral.
- 63% of families responding reported that as a result of the Early Intervention System, they could enjoy their family more. 2.2% disagreed and 34.8% were neutral.
- 33.3% of families responding reported that as a result of the Early Intervention System, they were able to get out more to do things for them self, or work. 36.1% disagreed and 30.6% were neutral.
- When asked if families received additional information regarding family supports outside of the early intervention system, 86.8% responding reported receiving information as follows:
  - 6.4% organizations serving persons with specific disabilities (e.g. autism, Down Syndrome, cerebral palsy)

- 6.4% other community organizations, groups or agencies
- 2.1% sibling support groups/activities
- 8.5% support groups
- 2.1% SSI/SSDI-social security disability insurance
- 6.4% DDD-Division of Developmental Disabilities
- 12.8% NJ Statewide Parent to Parent
- 2.1% Family Support Center of NJ
- 6.4% Statewide Parent Advocacy Network (SPAN)
- 4.3% NJ Protection and Advocacy
- 6.4% NJ Family Care
- 0% future planning (wills, trusts, etc)
- 58.5% of families responding reported that their child's health care provider(s) asks about how their child is doing in early intervention. 17.1% disagreed and 24.4% were neutral.
- 37.1% of families responding reported that their health care provider(s) is interested in receiving written materials about their child's early intervention services. 22.9% disagreed and 40% were neutral
- 74.4% of families responding reported that their child's health care provider(s) are knowledgeable about their child's special needs. 4.7% disagreed and 20.9% are neutral.



**NJEIS Family Support Services:** This table documents trend data for SFY 2001 - 2003 on the number of IFSPs that include family training, psychology, and social work services. NJEIS believes that this data is not an accurate representation of all family supports provided, as it does not reflect family supports provided during the provision of other early intervention services including service coordination. It also does not reflect the other supports and services the family receives as recorded on the "other services" section of the IFSP. December 2004 data were not available for submission with this APR.



**NJEIS Family Support Services Average Hours Per Year:** This table documents a trend increase in the number of family support hours identified on IFSPs active on December 1. This data is collected during the December 1 record review. December 2004 data were not available for submission with this APR.

**NJEIS Family Support Activities**

Successful efforts have been made over the years to increase training/education opportunities, information dissemination and other family supports that assist families to enhance their ability to meet the developmental needs of their child:

- A Stakeholder Service Delivery Task Force comprised of parents, providers and agencies, submitted specific recommendations with timelines to address gaps in the provision of family supports and services.
- Each REIC employs a Family Support Coordinator (FSC) who provides training and dissemination of information to families when requested or when a need is identified. The roles & responsibilities for this position are to:
  - Coordinate, facilitate & organize regional/county family support activities;
  - Distribute, summarize & update Family Satisfaction Surveys;
  - Assist & Empower families (i.e.: Parent-to-Parent, Family Support calls & home visits, Technical Assistance re: early intervention, diagnosis specific information, resources, transitions, assistive technology, etc.);
  - Represent/advocate for families interests/needs and assist with ensuring quality family-centered services in the early intervention system;
  - Mediate family complaint issues;
  - Coordinate community based outreach & Child Find activities;
  - Develop and conduct trainings/educational programs based upon need and in collaboration with state & regional staff;
  - Promote cultural sensitivity & competency within EI system;
  - Collect & share information on federal and state legislative issues, as well as facilitate and promote legislative initiatives, as appropriate;
  - Facilitate partnerships between Part C & Part B to foster a smooth transition process for families;
  - Maintain & update newsletters & websites for families & professionals;

- Participate in system training, planning, implementation & development.
- The REICS established a Website to improve communication and create opportunities to link the Regional Early Intervention Collaboratives (REICs), State early intervention office, State Web Site and increase access to information by local providers and families.
- REICs respond to parent calls requesting resource information on parent/family supports in the community.
- REICs conduct fundraising efforts to increase community support for families. For example the Southern and Northeast REIC conduct annual golf fundraising events. Revenues are used to pay for equipment and activities that support families.

## **2. Targets (July 1, 2003 – June 30, 2004)**

- NJEIS will conduct activities designed to increase the identification and inclusion of family support needs and services on the IFSP.
- By SFY 2004 all REICs will employ at least one lead Family Support Coordinator for a 35 hour work week.
- A uniform statewide family survey will be drafted, reviewed with the Steering Committee and implemented in early 2004.
- By June 2004, aggregated statewide family survey data will provide baseline information on the extent to which families report that the early intervention system meets their individualized needs.
- By June 2006, there will be a 20% increase in the number of families surveyed who report that, if desired, they have access to childcare.
- By June 2006, families surveyed will report that the early intervention system meets their child and family's individualized needs.
- The Part C Steering Committee has recommended that by SFY 2005, a statewide system for providing family support at each SCHS-CMU will be implemented. The NJEIS will review this recommendation including the implications on funding and resources needed.
- Strategies for ongoing training and information for families regarding all aspects of early intervention will be developed in a variety of user friendly formats, including a Family Handbook, training modules and bulletins on critical stages and issues in early intervention. This will be coordinated through the Family Support Workgroup in collaboration with community organizations and programs.
- Beginning in SFY '03 and thereafter, as a part of Part C provider self-assessment and monitoring activities a minimum number of IFSPs will be reviewed to determine the extent that:
  - Family's concerns, priorities and resources (CPRs) are identified through the IFSP process.
  - CPRs are reflected in initial and on-going IFSP outcomes and services.

## **3. Explanation of Progress or Slippage (July 1, 2003 – June 30, 2004)**

- To increase the identification and inclusion of family support needs and services on the IFSP, statewide forms and procedures were developed and implemented by March 1, 2005. This included the addition of a face to face family information meeting between the service coordinator and the family after a child has been determined eligible. At this meeting, information is collected on child health and medical; family concerns, family priorities,

family resources, family routines, family activities and other non-required service linkages and supports. Each of the pages used to collect this information can become part of the IFSP during IFSP development.

- All REICs employ at least one lead Family Support Coordinator for a 35 hour work week.
- A uniform statewide family survey was finalized and piloted in February 2005. Data has been included throughout this APR.
- A Family Support Vision Workgroup convened and continues to meet to develop recommendations on family support to the SICC and lead agency.
- The following materials, training and information were developed and implemented for families:
  - **107 Child Find/Community Outreach Activities** (ie: health fairs, DYFS presentations, higher education, physicians, clinics, cultural festivals, migrant groups, Immunization programs, Abbott districts, Early Head Start, Urban Leagues, Unified Child Care Agencies, Community Health Centers, Catholic Family & Community Services, Healthy Mothers-Healthy Babies, YMCA's, YWCA's, Jewish Community Centers, faith-based organizations, WIC offices, legislator offices, the Salvation Army, etc.)
  - **16 "Welcome to EI" & "EI & You, Working Together" Open Houses**
  - **37 Transition to Preschool Workshops for EI families & professionals**
  - **31 Part B/C County Transition to Preschool Workgroup Meetings**
  - **16 Family Cost Share Forums** - for families to learn about the Family Cost Participation Guidelines & EI System Changes.
  - **30 Topical Workshops** (ie: Financial & Future Planning, Medical Insurance Problem Solving, Special Education Basic Rights, Sensory Integration, Autism, Learning with Toys, Stress Reduction, Down Syndrome: The First Five Years, Seizure Recognition, LRE for Preschoolers: Making it Happen, DDD Services & Supports, Tips & Tools for the Parenting Journey, etc.)
  - **65 Family Support Activities/Events hosted for families** (ie: Motor play groups, language/socialization play groups, father's groups, Story Time, pumpkin picking & hayride, diagnosis specific support groups, holiday parties, toilet training workshops, music therapy, newsletters, websites, chat rooms, support groups for Spanish-speaking families, birthday at McDonald's, monthly breakfast club, family fun days, gymboree, etc.)
- **Family Support Coordinators Involvement:** These are some of the group/agencies that FSC have worked with and served on over the past year.
  - DD Council meetings;
  - Autism workgroup;
  - REIC board meetings;
  - SICC Vision for Family Support Committee meetings;
  - Statewide Network for Cultural Competency;
  - Middlesex County Economic Opportunity Cooperation/Early Head Start;
  - EI Family Support on IFSP Workgroup;
  - Special Olympics Young Athletes Program;
  - Women, Infant & Children, CARRI Program, Info Line;
  - Caring For Infants & Toddlers (CFIT) training panel;
  - Hudson Perinatal Consortium;
  - Hudson County Urban League

- DDD Human Rights Committee;
- “Club de Padres” of Catholic Families
- Epilepsy Foundation Co-Options Programs
- Legal Services of NJ-Domestic Violence, Kinship Navigator
- A revised self-assessment process was implemented for all providers in this reporting period. This process requires monthly observations and record review with annual submission of data in August each year. Self-assessment data from this reporting period will be reported in the next APR.
- As a part of Part C provider self-assessment and monitoring activities a minimum number of IFSPs are reviewed to determine the extent that:
  - Family’s concerns, priorities and resources (CPRs) are identified through the IFSP process.
  - CPRs are reflected in initial and on-going IFSP outcomes and services.
- NJEIS revised intake and IFSP page(s) during SFY 2005 to facilitate identifying family concerns, priorities, resources and other family information based on recommendations from the family assessment workgroup.
- NJEIS continued to follow NCSEAMs activities related to the development of family surveys for Part C. New Jersey participated in the pilot of the item validation process for the NCSEAM family survey. Over 5,000 letters were mailed to families identified through the SPOE database.
- The Specialized Population Workgroup met bi-monthly during SFY 04 to collect and organize information regarding available resources for families of children with hearing impairments. During this reporting period the New Jersey Early Hearing Detection and Intervention (EHDI) program was fully implemented. The implementation of EHDI affected some of the workgroup’s efforts and provided added resources and procedures. Therefore, the state audiologist joined the workgroup to ensure that accurate information regarding parameters of EHDI and its effect on families and the system. The workgroup started drafting a document entitled “Guidelines and Resources for Families of Children with Hearing Impairments”.
- The Autism Task Force completed their charge of developing a Family Resource Guide for Children with autism. The draft was submitted to DHSS in June 04 for review.
- A PowerPoint presentation was developed and implemented for family training.
- A family handbook is under revision to incorporate new policies and procedures.

#### **4. Projected Targets (July 1, 2004 - June 30, 2005 and ongoing)**

- By June 2006, there will be a 20% increase in the number of families surveyed who report that, if desired, they have access to childcare.
- By June 2006, families surveyed will report that the early intervention system meets their child and family’s individualized needs.
- NJEIS will review family support recommendation including the implications on funding and resources needed.
- The identification of family concerns, priorities, resources and other family information in the IFSP will increase.
- NJEIS will continue to follow NCSEAMs activities related to the development of family surveys for Part C.

- A Family Resource Guide for Children with Autism will be made available to families.
- The Guidelines and Resources for children with Hearing Impairments will be submitted to DHSS for review by the Specialized Populations workgroup.
- Develop and maintain a family handbook.

<p style="text-align: center;"><b>5.</b> <b>Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing</b></p>	<p style="text-align: center;"><b>6.</b> <b>Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing</b></p>
<p>An on-going distribution plan will be developed and implemented for statewide family surveys.</p>	<p>February 2005 REICs, Lead Agency</p>
<p>Family survey data will be analyzed to determine the extent that families report that the early intervention system meets their child and family's individualized needs including access to child care.</p>	<p>By June 2006 Lead Agency</p>
<p>A one day forum will be convened with relevant stakeholders to identify a vision for family support.</p>	<p>By March 2005 SICC Family Support Vision Workgroup</p>
<p>NJEIS will review recommendations on implementing family support from the Family Support Vision workgroup.</p>	<p>September 2005 SICC, Lead Agency</p>
<p>As a follow-up to the Beach Center training on determining family outcomes, NJEIS will establish a Family Assessment Workgroup to implement strategies for family assessment information collection.</p>	<p>November 2004 Lead Agency</p>
<p>NJEIS will revise the IFSP page(s) identifying family concerns, priorities, resources and other family information.</p>	<p>January 2005 Lead Agency Stakeholder Workgroup</p>
<p>Family surveys will be cross-walked with the NCSEAM family survey questions.</p>	<p>By May 2005 Steering Committee Workgroup</p>
<p>The Family Resource Guide for Children with autism will be reviewed by DHSS and a plan for distribution to families will be developed and implemented.</p>	<p>June 2005 Specialized Population Workgroup Lead Agency</p>
<p>A draft of the Guidelines and Resources for Children with Hearing Impairments will be completed and submitted to the lead agency.</p>	<p>June 30, 2005 Specialized Populations Workgroup</p>
<p>The NJEIS family handbook will be reviewed and revised pending the completion of IDEA reauthorization and federal Part C regulations.</p>	<p>January 2005 REICs, Lead Agency</p>

## Cluster Area CIV: Early Intervention Services in Natural Environments

**State Goal: (July 1, 2003 – June 30, 2004)**

Early intervention services are provided in natural environments that meet the unique needs of eligible infants and toddlers and their families.

### **Performance Indicator CE.I:**

All families have access to a service coordinator who facilitates ongoing, timely early intervention services in natural environments.

#### **1. Baseline/Trend Data**

##### **NJEIS Service Coordination Structure**

- The New Jersey Special Child Health Services County Case Management Units (SCHS-CMUs) provide targeted service coordination for early intervention in each county.
- A statewide list of SCHS-CMUs is disseminated to all primary referral sources through the New Jersey Department of Education Childfind Project, Resources, the Central Directory, and REICs. Once a SCHS-CMU receives a referral for early intervention, a service coordinator is appointed for the child and family within 2 days.
- In June 2001, the state required and provided funding to reduce service coordinator caseloads to a maximum of sixty to one. DHSS and REICs monitor monthly reporting of service coordination caseloads from the Special Childhood Health Services-Case Management Units.
- In order to ensure that service coordinators have the knowledge and skills necessary to provide quality service coordination for families, they are included in training and technical assistance events for early intervention personnel and they participate in quarterly SCHS-CMU meetings that provide technical assistance and topical/resource information.
- REICs are responsible for providing regional opportunities for technical assistance and support through regularly scheduled meetings.

##### **Family Survey Summary Outcome Data on Service Coordination**

The following family outcome data on service coordination is aggregated from the family surveys described in GS.I and II.

##### **Receiving Services and Family Support Survey**

- **95.6%** of families responding reported they know who their service coordinator is.
- **93.3%** of families responding reported that their service coordinator and service practitioners show respect for their family's cultural beliefs and practices. No families disagreed and only 6.7% of families were neutral.
- **83.3%** of families responding reported that they understand the procedures available to help resolve disagreements in early intervention and how to use them. 16.7% of families said they did not.
- **83.3%** of families responding reported that their service coordinator helps them understand their child and family rights in early intervention. 6.3% disagreed and 10.4% were neutral.

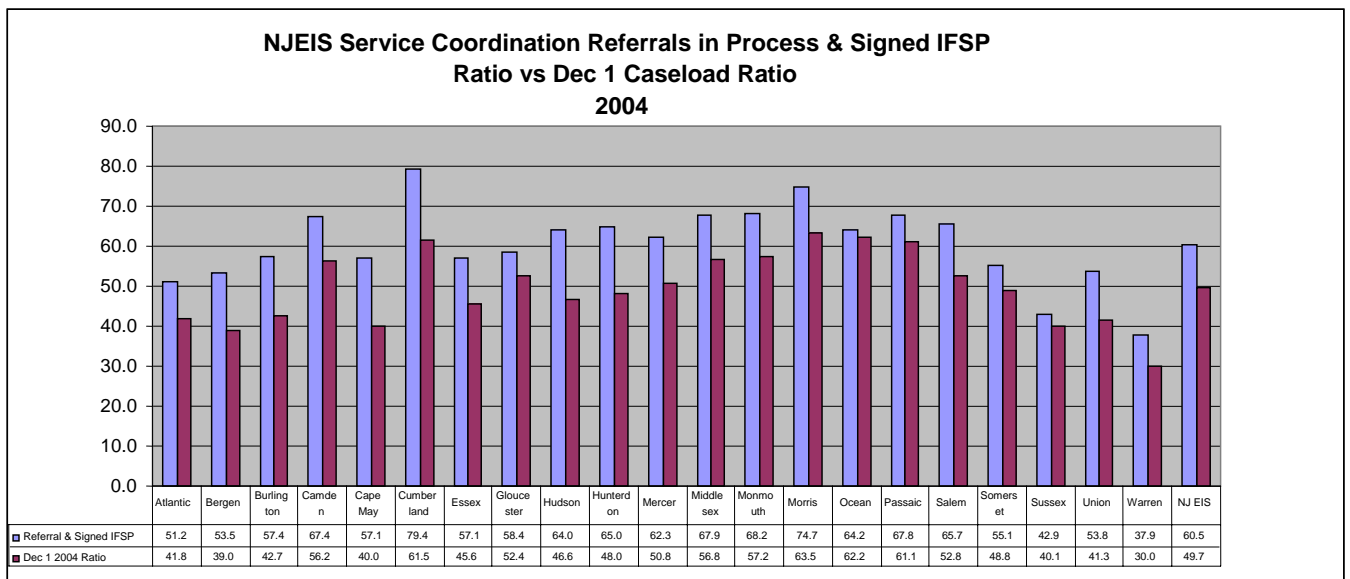
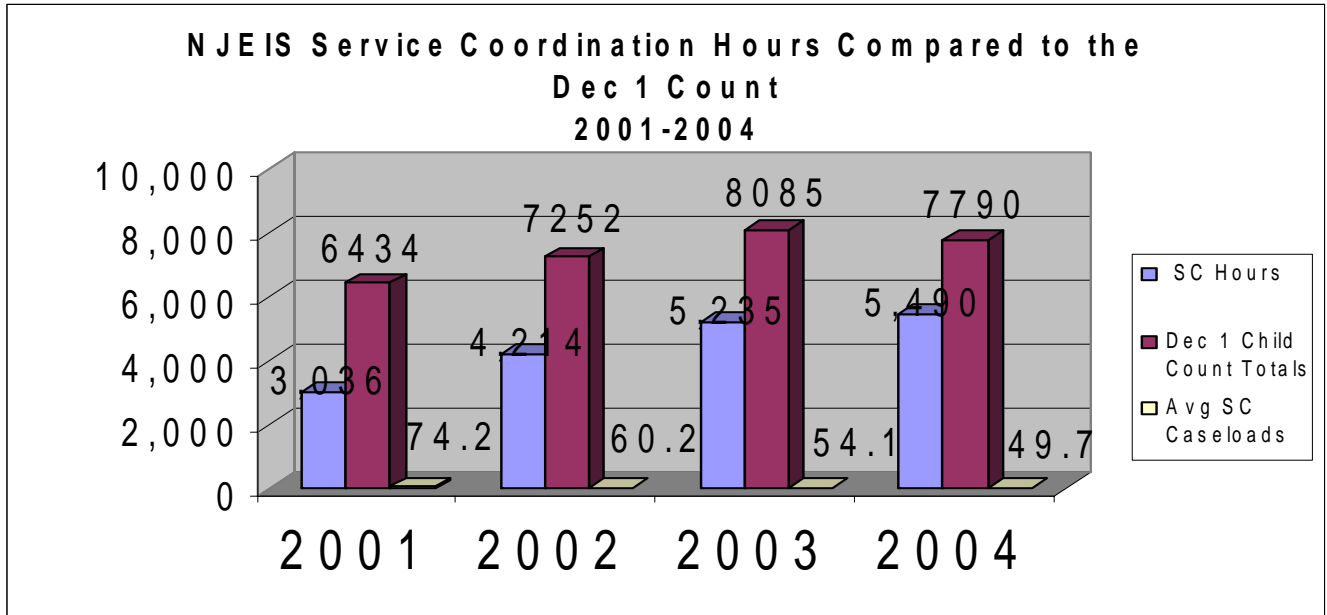
- When asked if their service coordinator and/or service practitioners had shared resources in their community with them, responding families reported receiving information as follows:
  - 4.7% library story hours
  - 14% play groups/play dates
  - 2.3% parks/playgrounds
  - 0% houses of worship, support from religious/cultural groups
  - 9.3% child care providers
  - 9.3% NJ Family Care
  - 9.3% health insurance/medical care
  - 2.3% sibling support group
  - 9.3% infant toddler classes in the community - gymnastics, swimming
  - 4.7% WIC/food stamps
  - 4.7% other children/family members on having a sibling with special needs
  - 18.6% opportunities to meet with other families with children with special needs
  - 2.3% Early Head Start/Head Start
  - 9.3% other resources
- When asked if families received additional information regarding family supports outside of the early intervention system, 86.8% responding reported receiving information as follows:
  - 6.4% organizations serving persons with specific disabilities (e.g. autism, Down Syndrome, cerebral palsy)
  - 6.4% other community organizations, groups or agencies
  - 2.1% sibling support groups/activities
  - 8.5% support groups
  - 2.1% SSI/SSDI-social security disability insurance
  - 6.4% DDD-Division of Developmental Disabilities
  - 12.8% NJ Statewide Parent to Parent
  - 2.1% Family Support Center of NJ
  - 6.4% Statewide Parent Advocacy Network (SPAN)
  - 4.3% NJ Protection and Advocacy
  - 6.4% NJ Family Care
  - 0% future planning (wills, trusts, etc)

### **Initial Evaluation and IFSP Survey**

- 92.7% of families responding reported that their service coordinator valued their family's concerns about their child and encouraged them to ask questions. 4.9% disagreed and 2.4% were neutral.
- 92.7% of families responding reported that their service coordinator answered their questions about their child's development and the early intervention system. 4.9% disagreed and 2.4% were neutral.
- 88.6% of families responding reported that their service coordinator shows respect for their family's cultural beliefs and practices. 8.6% disagreed and 2.9% were neutral.

**Service Coordination Caseload Data**

The tables below provide service coordination caseload data. The first table reflects an increase in the number of available service coordination hours as reported by SCHS-CMUs through a state personnel survey submitted collected during the December 1 federal count each year. It illustrates a continuing decrease in service coordination caseload from 74.2 in 2001 to 49.7 in 2004 for children with an IFSP. Note that these data only include children with IFSPs and do not include children in the referral process to IFSP. The second table provides comparison data by county of (1) all children as of December 1 on service coordination caseload including those children in the referral to initial IFSP process; and (2) only children on December 1 on service coordination caseload with IFSPs.



## **2. Targets (July 1, 2003 – June 30, 2004)**

- FY'04 grant applications will be reviewed to identify vacant positions and plans will be requested to address filling vacancies within 2 months. If vacancies cannot be addressed in a timely manner with technical assistance, enforcement mechanisms as authorized in Attachment C will be implemented.
- The new electronic data system will allow the state and REICs to ensure child/family assignment of a service coordinator and to run reports on individual service caseloads through the SPOE software. Service coordination data will be reviewed periodically.
- Based on periodic monthly review of service coordination data, on-site focused monitoring will be conducted and improvement planning will be developed and implemented as needed
- In the event compliance issues are identified, corrective action plans will be developed and implemented.
- Statewide family surveys will be administered to obtain base line information including service coordination activities.
- NJEIS CSPD will implement a Competency-Based Orientation System (CBOS) for all newly hired service coordinators.
- Observation learning opportunity activity will be implemented in all 21 SCHS units
- The Self-study learning opportunity module will be implemented in all 21 SCHS units.

## **3. Explanation of Progress or Slippage: (July 1, 2003 – June 30, 2004)**

- FY'04 grant applications were reviewed to identify vacant positions and plans have been developed to address filling vacancies. The lead agency is working with several counties on a regular basis to address vacancies and take action as necessary. For example, the Northeast REIC has employed a second full time service coordinator to assist a county SCHS-CMU, a second county is now fully staffed and a third county is in improvement plan.
- The new electronic data system provides the state and REICs access to data ensure child/family assignment of a service coordinator and to run reports on individual service caseloads through the SPOE software.
- Service coordination data is being used, as necessary, for ongoing improvement planning, corrective action planning and focused monitoring.
- The regional administered statewide family surveys have been implemented and include specific information from families related to service coordination activities. Family survey data is reported above under baseline.
- NJEIS CSPD implemented a Competency-Based Orientation System (CBOS) for all newly hired service coordinators. See performance GS.IV for details.
- The Self-study learning opportunity module has been implemented in all 21 SCHS units.

## **4. Projected Targets (July 1, 2004 – June 30, 2005 and ongoing)**

- NJEIS will continue to use data from family surveys, performance desk audits, incident reports, on-site focused monitoring and other components of the general supervision system to ensure that service coordination responsibilities requirements are met state wide.

<p style="text-align: center;"><b>5.</b> <b>Future Activities to Achieve Projected Targets/Results</b> <b>July 1, 2004 - June 30, 2005</b> <b>and ongoing</b></p>	<p style="text-align: center;"><b>6.</b> <b>Projected Timelines and Resources</b> <b>July 1, 2004 - June 30, 2005</b> <b>and ongoing</b></p>
<p>SPOE data and incident reports will be used to review and analyze performance on a regular basis resulting in improvement planning, corrective action and/or on-site visits as necessary.</p>	<p>Ongoing Lead Agency, REIC, SCHS-CMUs</p>
<p>Family survey data will be analyzed to determine the extent that families report that service coordination is effective and supports their family.</p>	<p>Ongoing Lead Agency, REICs, Steering Committee</p>
<p>Continue to review service coordination caseloads including intensity of service needs to ensure effective service coordination for families.</p>	<p>Ongoing Lead Agency, REICs, SCHS-CMUs</p>

**Performance Indicator CE.II:**

The timely evaluation and assessment of child and family needs leads to identification of all child needs, and the family needs related to enhancing the development of the child. See NJEIS Information contained in Family Centered Services Cluster Area CIII.

**1. Baseline/Trend Data**

**NJEIS Evaluation/Assessment Structure**

- NJEIS contracts with a minimum of one provider agency in each of the twenty-one counties to conduct targeted evaluation, assessment, determine eligibility and participate in the development of initial IFSPs.
- Following determination of eligibility the service coordinator convenes an initial IFSP meeting and locates services for the child and family.
- In SFY 2004, over 9,000 evaluations were conducted.
- All areas of development are evaluated and/or assessed and reported through standard evaluation summaries and a state IFSP form.
- Data desk audits began in February 2005. A performance indicator review of the 45 day timeline (resulted in a request for 21 improvement plans and 6 corrective action plans).

**NJEIS Family Outcome Data on Evaluation and Assessment**

The following family outcome data is aggregated from the Initial Evaluation and IFSP Family Surveys described in GS.I and II.

- **92.7%** of families responding reported that they were informed about the evaluation process for their child and understand the eligibility requirements for early intervention. 4.9% disagreed and 2.4% were neutral.
- **90.5%** of families responding reported that the evaluation was at a time and place convenient for their child and family. 7.1% disagreed and 2.4% were neutral.

- **92.9%** of families responding reported that the members of the evaluation team were professional and knowledgeable about the areas of their child's development and addressed their areas of concern. 7.1% disagreed.
- **92.7%** of families responding reported that the evaluation team answered their questions regarding their child and early intervention services. 4.9% disagreed and 2.4% were neutral.
- **88.1%** of families responding reported that the evaluation team was prepared and informed about their child and family. 4.8% disagreed and 7.1% were neutral.
- **90.5%** of families responding reported that they felt the information that they shared regarding their child was valued and useful to the team during their child's evaluation. 7.1% disagreed and 2.4% were neutral.
- **88.1%** of families responding reported that the evaluation gave a clear picture of their child's strengths and needs. 9.5% disagreed and 2.4% were neutral.
- **86.1%** of families responding reported that their evaluation team showed respect for their family's cultural beliefs and practices. 5.6% disagreed and 8.3% were neutral.
- **100%** of families responding reported that their child's evaluation was provided in a language that was understandable to their child and family.
- **95.2%** of families responding reported that they were given an opportunity to discuss the evaluation. 4.8% disagreed.
- **97.6%** of families responding reported that their family was given helpful suggestions so that they could start to address their child's needs immediately following the evaluation. 2.4% disagreed.

## **2. Targets (July 1, 2003 – June 30, 2004)**

- Maintain an appropriate number of targeted evaluation teams to ensure timely evaluation and assessment.
- At least one member of the targeted evaluation team will be knowledgeable and skilled in the primary area of concern identified through referral and intake.
- At least one member of the targeted evaluation team will be knowledgeable and skilled in early childhood development.
- By October 1, 2004, the Northeast region will complete and have a plan in place to address delays in 45 days. Minimal plan requirements will include an individualized projection for Adequate Monthly Progress (AMP), provided by state office, for full compliance by February 2005.
- By September 2004, the SPOE software will be enhanced to require a reason for any delay in the 45 day timeline. When data are available, the REICs and State will monitor delays and target for immediate corrective action.
- To ensure continued compliance, state monitoring staff will review monthly 45-day data reports and initiate immediate corrective action as needed.
- Targeted evaluation teams will increase their knowledge and skills in assessing children when autism is present or suspected.
- The targeted evaluation team contract was revised to increase accountability of team members
- Evaluation, assessment, and 45 day timeline data will be reviewed periodically

- Based on periodic monthly review of evaluation, assessment, and 45 day timeline data, improvement planning will be developed and implemented as needed
- In the event compliance issues are identified, corrective action plans will be developed and implemented
- Statewide family surveys will be administered to obtain base line information including evaluation, assessment and IFSPs.

**3. Explanation of Progress or Slippage (July 1, 2003 - June 30, 2004)**

- Based on ongoing need targeted evaluations teams have been maintained and increased to ensure timely evaluation and assessment.
- In February 2005 an additional targeted evaluation team was established in the Northeast region to address any delays in the 45 day requirement. Counties in the Northeast region are currently implementing improvement and corrective action plans as necessary.
- By September 2004, the SPOE software was enhanced to require a reason for any delay in the 45 day timeline.
- To ensure continued compliance, state monitoring staff are reviewing 45-day data reports and initiating corrective action as needed.
- Targeted evaluation teams were provided training and technical assistance to increase their knowledge and skills in assessing children when autism is present or suspected. See GS.IV for details.
- The targeted evaluation team contract was revised to increase accountability of team members.
- Statewide family surveys were administered to obtain base line information including evaluation, assessment and IFSPs.

**4. Projected Targets (July 1, 2004 - June 30, 2005 and ongoing)**

- NJEIS will continue to use data from family surveys, performance desk audits, on-site monitoring and other components of the general supervision system to ensure that timely evaluation and assessment of child and family are completed in accordance with Part C.

<p style="text-align: center;"><b>5.</b>  <b>Future Activities to Achieve Projected Targets/Results</b>  <b>July 1, 2004 - June 30, 2005 and ongoing</b></p>	<p style="text-align: center;"><b>6.</b>  <b>Projected Timelines and Resources</b>  <b>July 1, 2004 - June 30, 2005 and ongoing</b></p>
<p>Family Survey data will be analyzed to determine the extent that families report that evaluation and assessment are completed in accordance with federal state requirements.</p>	<p>By June 2005 and ongoing Lead Agency</p>
<p>SPOE data and incident reports will be used to review and analyze performance on a regular basis resulting in improvement planning, corrective action and/or on-site visits as necessary.</p>	<p>Ongoing Lead Agency, REIC, SCHS-CMUs</p>

5. Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing	6. Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing
A record review process will be developed to determine if all child and family evaluation and assessment requirements are met.	April 2005 Lead Agency
A randomized record review will be conducted with follow-up improvement planning and corrective action as needed.	June 2005 Lead Agency, REICs
The intake and IFSP form will be revised to collect integrate family information into the IFSP.	February 2005 Lead Agency, Paperwork Reduction Workgroup
A Universal Healthcare form will be implemented with family healthcare providers to facilitate the incorporation of health and medical information, including vision and hearing, on to the IFSP	February 2005 Lead Agency

**Performance Indicator CE.III**

IFSPs include all services necessary to meet the identified needs of the child and family. All services identified on IFSPs are provided.

**1. Baseline/Trend Data**

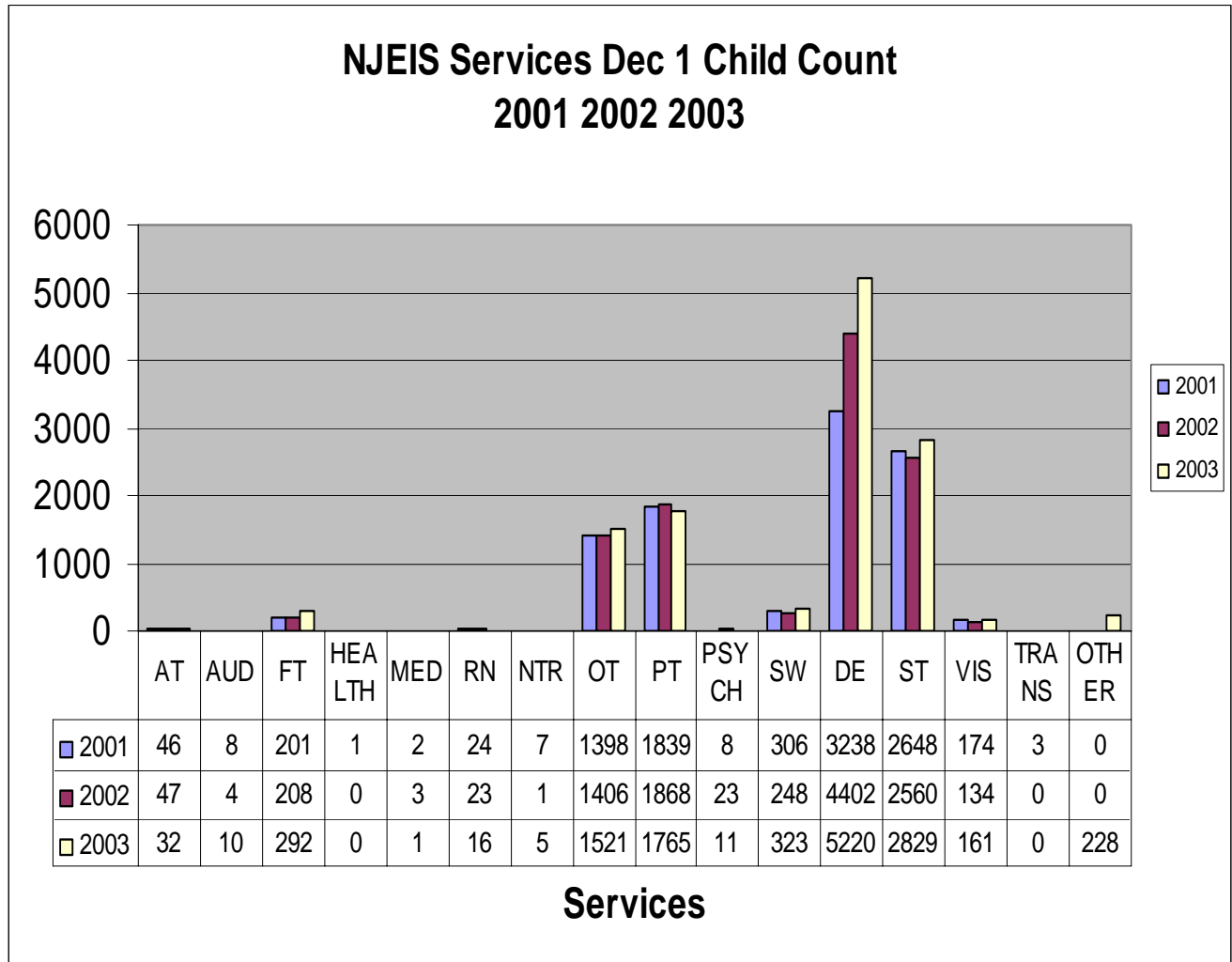
**NJEIS IFSP Service Structure:**

- All new early intervention personnel are required to receive initial orientation experiences including 2 day orientation training within 6 months of hire to enable them to appropriately develop and implement individualized IFSPs.
- In 1999, the NJEIS convened an Early Intervention Autism Task Force that included stakeholders, families and interagency representation.
- The task force was charged with enhancing the state’s capacity to provide equitable access to appropriate evaluations and services for children with autism spectrum disorders.
- The task force developed statewide collaboration with persons providing services for children with autism through diverse perspectives and identified the following priorities:
  - Individualization of IFSPs;
  - Delivery of early interention services based on evidence based practice;
  - Unbiased information sharing with families; and
  - Personnel development.
- The Autism Project Specialist provides ongoing, regularly scheduled and as needed technical assistance to IFSP teams regarding nationally identified best practice parameters for children with an autism spectrum disorder.
- All “justifications for services above 20 hours” on IFSPs for children with autism spectrum disorders are required to be submitted to the lead agency. The autism project specialist reviews for completeness and appropriateness. Written or verbal technical assistance is

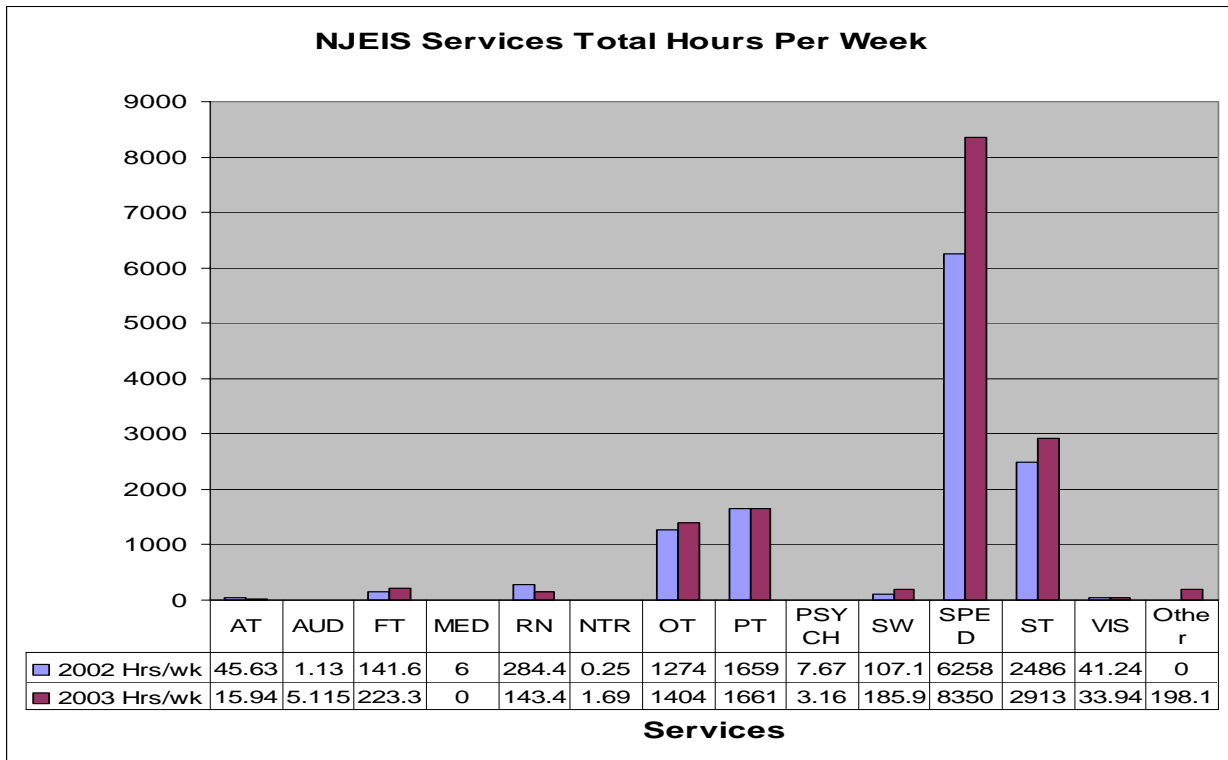
given to individual teams as needed. This review does not result in state unilateral changes to IFSPs.

- New Jersey utilizes a standard individualized family service plan (IFSP) document statewide for all enrolled children and their families.

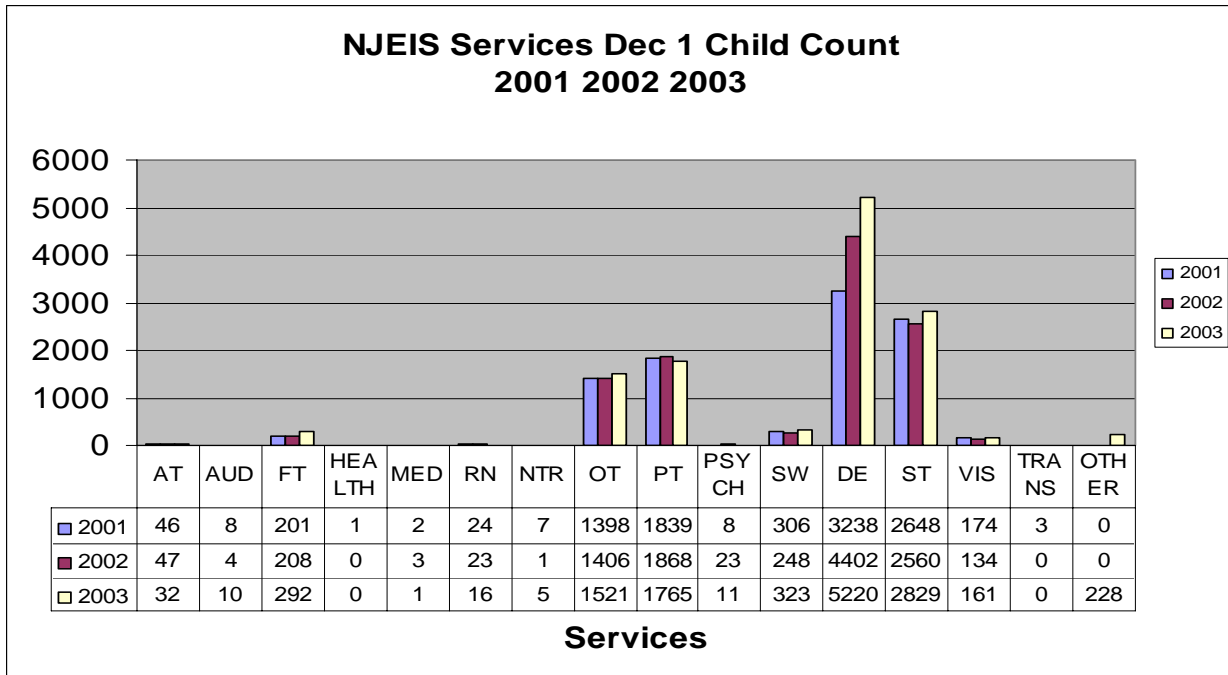
**NJEIS IFSP Service Data**



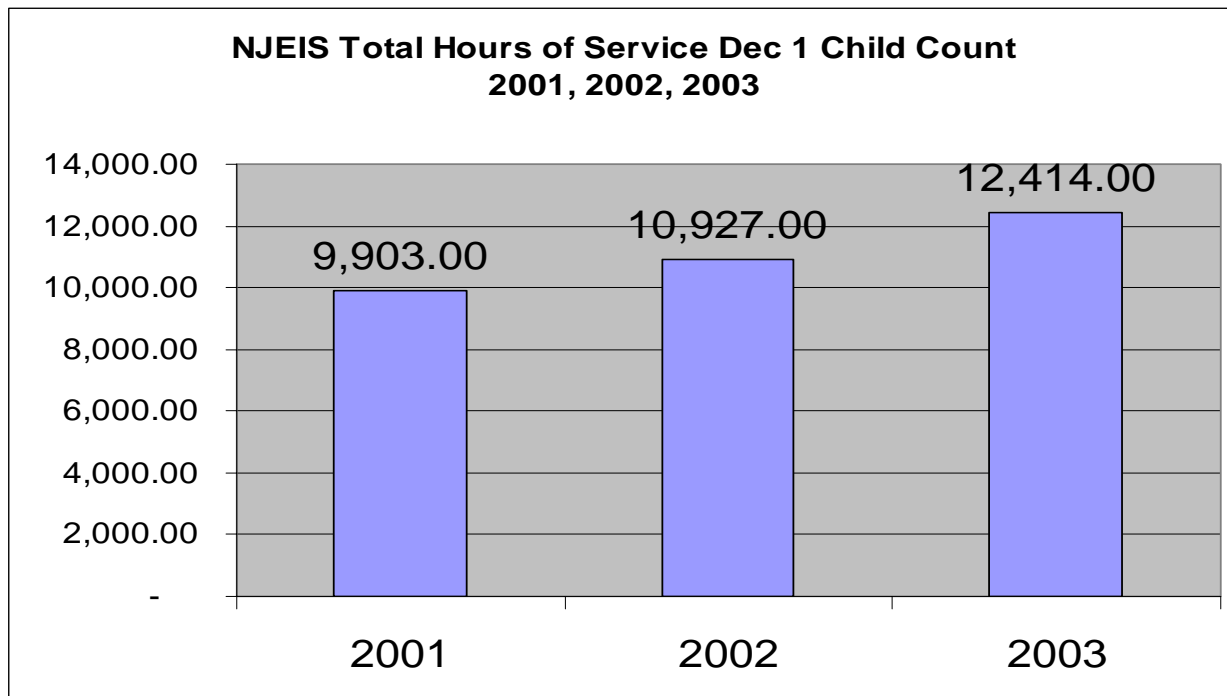
**NJEIS Services Dec 1 Child Count:** This table illustrates trend data on the number of children with IFSPs identified by service type.



**NJEIS Services Total Hours Per Week:** This table illustrates total hours per week identified by service type based on December 1 record audit.



**NJEIS Services Dec 1 Child Count:** This table illustrates trend of the number of service types identified on IFSPs based on the December 1 record audit.



**NJEIS Total Hours of Service:** This table illustrates trend of the total amount of service hours identified on IFSPs from the December 1 record audit.

## 2. Targets (July 1, 2003 - June 30, 2004)

- Twelve regional required orientation trainings are scheduled for SFY 2004.
- EIMIS data related to IFSP service encounters will document that IFSPs are being implemented as written. Initial data will be available for review as of June 2004.
- The monitoring system will verify that IFSPs are individualized and being implemented as written.
- During SFY'04 target evaluation team members will receive training and technical assistance on evaluating and assessing a child when Autism is present or suspected.
- NJEIS provider agencies and practitioners will be provided a tool to self-assess their ability to meet the "nationally identified components of effective practice" for programs serving children with autism.
- By spring 2004 a rubric will be drafted that assess a service provider's ability to meet the "8 nationally identified components of effective practice" for programs serving children with autism.
- The autism project specialist and the CSPD team will develop a statewide training to increase competence in measuring outcomes identified by the IFSP. Implementation of this training is scheduled for late 2004.
- During SFY'04, service coordinators will continue to receive training on autism spectrum disorders.
- During SFY'04, in response to specific identified agency needs, direct service personnel from specific agencies will receive in- depth training from the Autism Project Specialist on supporting families of children with an ASD.
- Establishment of fee-for-service contracts will continue to increase the availability of EIP providers in the delivery of IFSP services using statewide rates.

- During the 03-04 year the Autism Project Specialist will consult with teams prior to and/or attended IFSP meetings regarding procedures related to the EIS Service Guidelines for children with autism spectrum disorders.
- To ensure continued compliance state monitoring staff will review IFSP services monthly and initiate immediate corrective action as needed.
- NJ will implement procedural changes in how and when family assessments are completed. During the family information gathering meeting (FIG), with parental consent, families may choose to share information about their child and family, including their strengths and resources for meeting their child's needs as well as topics and areas about which they would like to receive information and/or assistance.
- IFSP service data will be available through the CMO SPOE software and claims information. IFSP service data will be reviewed periodically.
- NJ will revise the statewide IFSP form to streamline procedures and information gathering for families, to assist in designing individualized IFSPs that link to children's needs and family's CPRs and to facilitate accurate documentation for program monitoring.
- Based on periodic monthly review of IFSP service data, improvement planning will be developed and implemented as needed.
- In the event compliance issues are identified, corrective action plans will be developed and implemented
- Statewide family surveys will be administered to obtain base line information including activities.

### 3. Explanation of Progress or Slippage (July 2003 - June 30, 2004)

- Ten regional orientation trainings were provided in this reporting period.
- IFSP service encounters are being documented in the new electronic billing system; however, data entry and billing continues to be a work in progress.
- Targeted evaluation teams were provided training and technical assistance to increase their knowledge and skills in assessing children when autism is present or suspected. See GS.IV for details.
- A self-assessment rubric was developed between November 2003 and February 2004. The purpose of this tool was to measure an agency's capabilities to meet the "8 nationally identified components of effective practice" for children with autism. The rubric was piloted by the 4 Regional Early Intervention Collaboratives from March - June 2004. It was determined after this pilot, that the reliability of the instrument could not be established.
- It was determined that NJEIS and the CSPD team needed to increase their information and knowledge regarding outcome measurements before a system-wide training could be implemented. NJEIS linked with the Early Childhood Outcome Center (ECO), an OSEP grant funded project, in order to ascertain national trends in measuring outcomes. The Autism Project Specialist, CSPD Coordinator and Part C coordinator analyzed the ECO center publication Considerations Related to Developing a System for Measuring Outcomes for Young Children with Disabilities and their Families.
- One-hundred five (105) Service Coordinators received 6 hours of training on Autism Spectrum Disorders during the December 2003 and January 2004. Training included information on the Modified Checklist for Autism in Toddlers, information on diagnosing ASD, signs and symptoms of ASD and talking with families about autism.

- A self-identified area of weakness for one agency was the inclusion of families when intervention is based on Applied Behavior Analysis. During May 2004, 30 practitioners from that agency participated in 2.5 hours of training by the autism project specialist on the inclusion of families when intervention is based on Applied Behavior Analysis.
- Fee-for-service contracts continue to increase the availability of EIP providers in the delivery of IFSP services using statewide rates.
- The Autism Project Specialist is available to consult with teams prior to and/or attended IFSP meetings regarding procedures related to the EIS Service Guidelines for children with autism spectrum disorders.
- To ensure continued compliance state monitoring staff have begun to review SPOE data and initiate immediate corrective action as needed.
- NJEIS implemented procedural changes in how and when family assessments are completed. During the family information gathering meeting (FIG), with parental consent, families may choose to share information about their child and family, including their strengths and resources for meeting their child's needs as well as topics and areas about which they would like to receive information and/or assistance.
- NJEIS identified a paperwork reduction workgroup to streamline procedures and information gathering for families, to assist in designing individualized IFSPs that link to children's needs and family's CPRs and to facilitate accurate documentation for program monitoring.
- Statewide family surveys were administered to obtain base line information including activities.

#### **4. Projected Targets (July 1, 2004 - June 30, 2005 and ongoing)**

- To continue to ensure that IFSPs are individualized and respond to family concerns, priorities and resources.
- The Autism Project Specialist will continue to provide technical assistance to individual IFSP teams before, during and after the IFSP process regarding best practice for children with autism.
- Practitioners will improve their clinical decision making and service identification skills for children with autism, by submitting written justification when a team identifies a need for services above 20 hours per week. The Autism Project Specialist will continue to monitor the appropriateness of these justifications and provide technical assistance and feedback to teams as needed.
- The Autism Project Specialist will respond to specific identified agency and practitioner's needs and provide receive in-depth training related to serving children with and ASD.
- NJEIS will determine the infrastructure and conceptual components necessary to measure and aggregate information on outcome achievement.
- NJEIS will collect data, through record review, on the number of IFSPs that are individualized and respond to evaluation and IFSP team identified concerns, priorities and resources.

<p style="text-align: center;"><b>5.</b>  <b>Future Activities to Achieve Projected Targets/Results</b>  <b>July 1, 2004 - June 30, 2005</b>  <b>and ongoing</b></p>	<p style="text-align: center;"><b>6.</b>  <b>Projected Timelines and</b>  <b>Resources</b>  <b>July 1, 2004 - June 30, 2005</b>  <b>and ongoing</b></p>
<p>A record review process will be developed to determine if all (1) all developmental areas are evaluated/assessed, (2) IFSPs include all services necessary to meet child and family needs and services are provided and (3) services on the IFSP are provided.</p>	<p>April 2005 Lead Agency</p>
<p>A randomized record review will be conducted with follow-up improvement planning and corrective action as needed.</p>	<p>June 2005 Lead Agency, REICs</p>
<p>The IFSP services pages will be revised to ensure that appropriate services are identified and link to appropriate outcomes.</p>	<p>February 2005 Lead Agency, Paperwork Reduction Workgroup</p>
<p>A "Request for Proposals" will be distributed to all NJEIS providers. The RFP will provide for sustained and focused technical assistance related to intervention and IFSP development for children with autism</p>	<p>August 2004 - December 2004 Autism Project Specialist</p>
<p>Sustained and focused Technical assistance will begin for at least 2 agencies in NJEIS as a result of a successful RFP process.</p>	<p>January 2005-June 2005 and ongoing</p>
<p>NJEIS will revise the outcome and outcome review page of the IFSP in order to increase the ability to measure outcome achievement</p>	<p>March 2005- June-2005 CSPD Team, Autism Project Specialist, ECO Center,</p>
<p>The autism project specialist will continue to provide technical assistance and training in response to specific identified agency needs.</p>	<p>July 2004 and ongoing Autism Project Specialist</p>

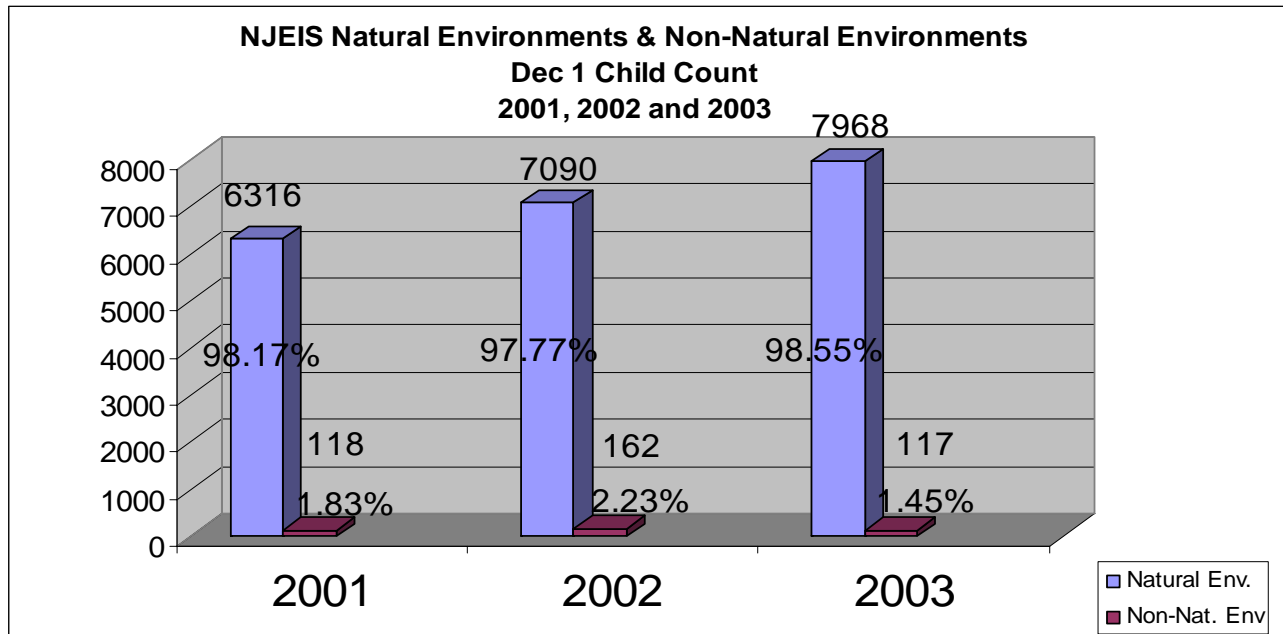
**Performance Indicator CE.IV:**

Children are receiving services primarily in natural environments and IFSPs justify any early intervention services not provided in natural environments.

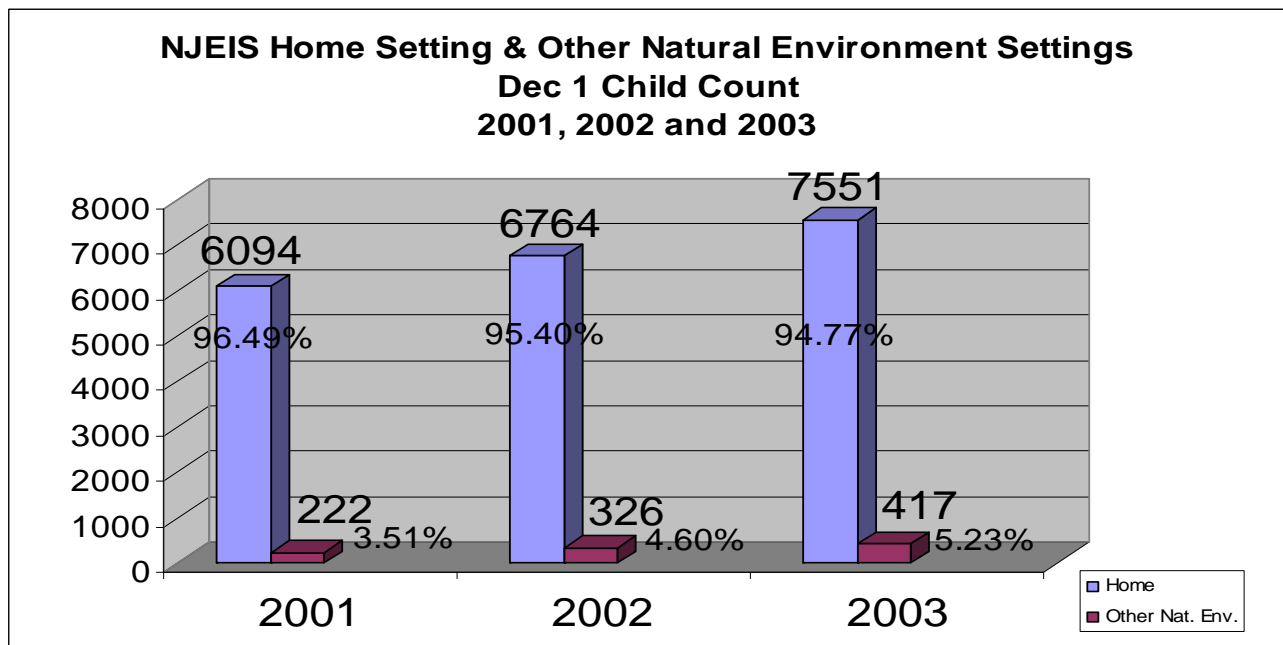
**1. Baseline/Trend Data**

- DHSS continues to provide representation to the MAP to Inclusive Child Care Partners Team in order to facilitate appropriate interagency referral and availability of inclusive opportunities for children and their families. This team is providing resources and information to the NJ Dept of Human Services for ongoing review of the licensing manual for center- and home-based child care settings regarding the inclusion of young children with disabilities.
- NJEIS is a partner in the Build initiative that is designed to help build early childhood care and learning approaches in the state, focused on children birth through age five.

- All IFSPs that are written with services provided in other than natural environments are submitted to the REICs for review of justifications and technical assistance as needed.



**NJEIS Natural Environments & Non-Natural Environment:** This table illustrates how well the NJEIS is doing in meeting the natural environment requirements.



**NJEIS Home Setting and Other Natural Environments Settings:** This table shows a comparison of services planned to be provided in the home according to the IFSP versus other community settings. This does not reflect when services planned in the home are occasionally provided in other community settings such as parks, grocery store, libraries etc.

## **Family Survey Summary Outcome Data on Natural Environments**

The following family outcome data on natural environments is aggregated from the family surveys described in GS.I and II.

### **Receiving Services and Family Support Survey**

- 91.7% of families responding reported that they were given ideas & activities to do with their child that would easily fit into their family's daily routines. 0% disagreed and 8.3% were neutral.
- 61.8% of families responding reported that early intervention has helped them include their child and family in community activities. 8.8% disagreed and 29.4% were neutral.
- Parents responding reported services were being offered for their child and family in the following locations:
  - 75.4% at home
  - 5.3% at relatives' home
  - 1.8% at library story times
  - 12.3% in a child care setting
  - 1.8% at parks
  - 2.1% at playgroups
  - 1.8% other
- 18.2% of families responding reported that as a result of their participation with the Early Intervention System, they have gotten support from other parents. 54.5% disagreed and 27.3% were neutral.
- When asked if their service coordinator and/or service practitioners had shared resources in their community with them, responding families reported receiving information as follows:
  - 4.7% library story hours
  - 14% play groups/play dates
  - 2.3% parks/playgrounds
  - 0% houses of worship, support from religious/cultural groups
  - 9.3% child care providers
  - 9.3% NJ Family Care
  - 9.3% health insurance/medical care
  - 2.3% sibling support group
  - 9.3% infant toddler classes in the community – gymnastics, swimming
  - 4.7% WIC/food stamps
  - 4.7% other children/family members on having a sibling with special needs
  - 18.6% opportunities to meet with other families with children with special needs
  - 2.3% Early Head Start/Head Start
  - 9.3% other resources

### **Initial Evaluation and IFSP Family Survey**

- Parents responding reported services were being provided for their child and family in the following locations:
  - 80.9% at home
  - 10.6% in a child care setting
  - 4.3% at parks

- 2.1% at both playgroups and recreational programs

## **2. Targets (July 1, 2003 – June 30, 2004)**

- NJEIS will continue to ensure that IFSP services are provided in natural environments as appropriate to the needs of the child in accordance with Part C.
- NJEIS will continue to increase the percentage of IFSP services provided in natural environments other than the home including Early Head Start and family and center based child care.
- NJEIS will support preparation and submission of a MCH grant proposal for developing the Early Childhood Comprehensive Systems (ECCS) Grant.
- Provider agencies will include in self-assessment strategies to increase IFSP services in community settings.
- DHSS participates in the ongoing collaboration of the MAP to Inclusive Child Care Partners Team and provides technical assistance to components of the service delivery system for young children statewide when issues arise about including children with special needs in child care settings
- Participate with Build NJ: Partners for Early Learning.
- Participate in ECCS activities
- Participate as a state team member in the NITCCI.
- Family Intake/Assessment will be revised to include asking families about child care needs.

## **3. Explanation of Progress or Slippage (July 1, 2003 – June 30, 2004)**

- NJEIS continues to ensure that IFSP services are provided in natural environments as appropriate to the needs of the child in accordance with Part C.
- NJEIS has continued to address activities that facilitate an increase in the percentage of IFSP services provided in natural environments other than the home including Early Head Start and family and center based child care.
- Family intake and assessment were revised to include asking families about their need for child care and other community resources.
- NJEIS developed family survey questions to obtain outcome data on services in Natural Environments other than home (CDD).
- NJEIS supported the preparation, submission and ongoing activities of the MCH grant proposal for developing the Early Childhood Comprehensive Systems (ECCS) Grant.
- Provider agencies were requested to develop strategies to increase IFSP services in community settings.
- DHSS participated in the ongoing collaboration of the MAP to Inclusive Child Care Partners Team and provided technical assistance to components of the service delivery system for young children statewide when issues arise about including children with special needs in child care settings
- The lead agency continues to participate with Build NJ: Partners for Early Learning.
- NJEIS participated as a state team member in the NITCCI.

**4. Projected Targets (July 1, 2004 – June 30, 2005 and ongoing)**

- NJEIS will continue to ensure that IFSP services are provided in natural environments as appropriate to the needs of the child in accordance with Part C.
- NJEIS will continue to increase the percentage of IFSP services provided in natural environments other than the home including Early Head Start and family and center based child care.
- NJEIS will continue to assist families in identifying other community services and supports through the intake, assessment and IFSP process.

<p style="text-align: center;"><b>5.</b>  <b>Future Activities to Achieve Projected  Targets/Results</b>  <b>July 1, 2004 – June 30, 2005  and ongoing</b></p>	<p style="text-align: center;"><b>6.</b>  <b>Projected Timelines and  Resources</b>  <b>July 1, 2004 – June 30, 2005  and ongoing</b></p>
<p>IFSP service pages will be forwarded to the REIC for data entry and review.</p>	<p>July 1, 2004 and ongoing  SCHS-CMUs, EIPs, REICs</p>
<p>REICs will review all IFSP service pages and ensure that justifications are written and appropriate for services provided in locations other than natural environments and provide technical assistance and improvement planning as needed.</p>	<p>July 1, 2004 and ongoing  REICs</p>
<p>SPOE performance data on natural environment locations will be analyzed at least annually, benchmarks established, agency ranked and corrective action required as necessary.</p>	<p>May 1, 2005 and ongoing.  Lead Agency</p>

**Performance Indicator CE.V**

Children participating in the Part C program demonstrate improved and sustained functional abilities. (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

**1. Baseline/Trend Data**

New Jersey recognizes the importance of collecting Early Childhood Outcome data and applied, unsuccessfully, for a GSEG grant to support this effort. As a result, NJEIS does not have baseline/trend data because there has been insufficient capacity or resources to collect and provide outcome data. NJEIS is in the process of determining how to collect this Early Childhood Outcomes data in order to meet State and Federal program needs and is monitoring the progress of states working with the OSEP-funded Early Childhood Outcome Center.

**2. Targets (July 1, 2003 – June 30, 2004)**

- In SFY 2004, NJEIS will collect baseline data, through record review, on the number of IFSPs that address outcome achievement.
- Explore options and methodologies for assessing family outcomes, including review of the work and products from the ECO Center and the National Center on Special Education Accountability Monitoring (NCSEAM).

### **3. Explanation of Progress or Slippage (July 1, 2003 – June 30, 2004)**

- A proposal for a General Supervision Enhancement Grant in collaboration with the Early Childhood Outcome Center was not awarded. As a result, additional resources were unavailable to implement the activities planned through the enhancement grant. The activities were to complement and synchronize with the new data collection system.
- A record review protocol and training of reviewers to collect data from IFSPs were completed in April 2004. Seventy-six IFSPs were reviewed as a component of a record review pilot.
  - Forty-three IFSPs had complete data on achievement of child outcomes. This represented IFSPs that were in place more than six months. Thirty-three IFSPs from the original group reviewed had not been in existence for six months and were not reviewed for outcome data. Of 108 outcomes reviewed, thirty were achieved and the other outcomes were still in progress.
  - Context of outcomes and activities: Record reviewers ranked 163 outcomes on the IFSPs of 76 children on a five point scale with 1 being “outcome is not necessary for development and activities limited” and 5 being “outcome is necessary for development and activities included in daily routines.” The mean rating for 163 outcomes was 3.6.
  - Family roles: 163 outcomes on the IFSPs of 76 children on a five point scale with 1 being “strategies exclusive to interventionist with no family or natural caregiver” and 5 being “strategies clearly support intervention by natural caregivers” The mean rating for 163 outcomes was 3.2.
  - Link between concerns and outcomes identified 334 family concerns on the IFSPs for 76 children. They also identified 183 concerns are clearly addressed in an outcome statement. The mean rating for concerns that have outcomes to address them was 60.28%.
  - Family Outcomes: Of the 75 IFSPs reviewed, 27 identified family outcomes. This results in 36% of IFSPs reviewed contained family outcome. The CSPD team will be discussing these findings and identifying if this percentage is reflective of family choice or need for technical assistance to better address family outcomes.
  - Link between outcomes and concern of the 206 outcomes identified on the IFSPs of 76 children, 149 of those outcomes related to family concerns. The mean rating for outcomes that had concerns related to them was 74.65%.
  - Link between outcomes and identified activities/strategies of the 75 IFSPs reviewed, 72 identified activities/strategies for child outcomes. This results in 96% of IFSPs reviewed contained activities and strategies for outcome achievement.
- NJEIS has closely monitored the work and products emerging from the ECO Center and the National Center on Special Education Accountability Monitoring (NCSEAM) with the expectation that direction will be provided to assist states to develop, implement and measure child outcomes effectively.

### **4. Projected Targets (July 1, 2004 – June 30, 2005 and ongoing)**

- Determine a methodology NJEIS will use to measure child outcomes and develop a work plan to ensure that baseline data will be collected.

- NJEIS will continue to closely monitor the work and products emerging from the ECO Center and the National Center on Special Education Accountability Monitoring (NCSEAM) with the expectation that direction will be provided to assist states to develop, implement and measure child outcomes effectively.

5. Future Activities to Achieve Projected Targets/Results July 1, 2004 - June 30, 2005 and ongoing	6. Projected Timelines and Resources July 1, 2004 - June 30, 2005 and ongoing
NJEIS will continue to closely monitor the work and products emerging from the ECO Center and the National Center on Special Education Accountability Monitoring (NCSEAM) with the expectation that direction will be provided to assist states to develop, implement and measure child outcomes effectively.	July 1, 2004 and ongoing Lead Agency Part C Steering Committee
General Supervision Enhancement Grant progress will be monitored with the expectation that direction will be provided to assist states to develop, implement and measure child outcomes effectively.	July 1, 2004 and ongoing Lead Agency Part C Steering Committee
NJEIS will develop a short term approach to obtain data on the percentage of children that demonstrate improved and functional abilities through IFSP goal attainment.	June 2004 Lead Agency REIC

## Cluster Area CV: Early Childhood Transition

### State Goal (July 1, 2003- June 30, 2004)

All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

### Performance Indicator CT.I

All children and families have access to timely transition activities that assist in ensuring that needed supports and services are available by the child's third birthday.

#### 1. Baseline/Trend Data

DHSS, as lead agency for Part C and the Department of Education, Office of Special Education for Part B, work collaboratively as a Transition Training Workgroup to provide training on the transition of children and families from Part C to Part B services. The workgroup includes the Part C CSPD Coordinator, the 619 Coordinator, trainers from the Part C REICs, family support coordinators from the REICs, and Regional Preschool Early Childhood Consultants from NJDOE. The Transition Training Workgroup is responsible for the ongoing development of

transition materials. Individual REICs and SPAN provide statewide transition to preschool training to families.

### NJEIS Transition Collaboration

- DHSS and NJDOE staff have built an effective collaborative working relationship to improve transition practices throughout the State. For example, staff from both agencies co-present at training events about transition. Networking between the Regional technical assistance staff and Regional preschool special education staff is occurring. A Transition Task Force comprised of parents, advocacy organizations, local education agencies, early intervention providers, Head Start, and State staff worked over two years to produce a family information booklet "Welcome to Transition."
- Families receive the Welcome to Transition booklet & the Special Education Parental Rights Booklet through service coordination.
- Trainings are provided to service coordination on Part B and Part C Procedural Safeguards.
- SPAN provides trainings to families on parental rights and transition.
- Joint training on transition began in October 1999 and continues ongoing.
- A review of all complaints, mediations, and due process requests from 2003 yielded no requests for mediation or due process related to transition filed with the Part C system in New Jersey.
- NJEIS requires monthly data reporting on children exiting the system. This data is used to monitor whether children are referred to local school districts (LEAs) within the SEA established 120 timeline. Data is shared annually with the NJOSEP on a county breakdown for review with the LEAs. Data will be available on an LEA level under the new electronic data system.

### Transition Data

	SFY2001	SFY2002	SFY2003	SFY2004
<b>Total Number of Infants and Toddlers Served on December 1</b>	6434	7252	8085	7790
<b>Total Number of Infants and Toddlers &gt; 24 months and &lt; 36 months on December 1</b>	3808	4381	5028	4820

The table below documents the number of children exiting the early intervention system at age three by SFY.

Exiting Category	SFY 2001		SFY 2002		SFY 2003		SFY 2004	
	Number	%	Number	%	Number	%	Number	%
Number of Children Eligible for Part B, determined	2,237	65%	2664	63%	2699	58%	3266	61%
Referred within timelines to Part B, eligibility information not available	465	14%	534	13%	710	15%	739	14%
Parent did not consent to referral	269	8%	439	10%	549	12%	536	10%
Referred after 120 day timeline, eligibility information not available	144	4%	165	4%	203	4%	207	4%

Exiting Category	SFY 2001		SFY 2002		SFY 2003		SFY 2004	
	Number	%	Number	%	Number	%	Number	%
Found not eligible for Part B, with referrals to other agencies	214	6%	294	7%	306	7%	355	7%
Found not eligible for Part B, with no referrals to other agencies	105	3%	154	4%	189	4%	229	4%
Total Number of Children Exiting at Age Three	3434		4250		4656		5332	

### Family Survey Summary Outcome Data on Transition

The following family outcome data on transition is aggregated from the Transition Family Survey described in GS.I and II.

- **86.3%** of families responding reported that they were appropriately advised of the timelines and procedures to help their child transition from early intervention to the school system's preschool/special education program. 8.8% disagreed and 3.8% were neutral.
- **36.7%** of families responding reported that they attended a Transition to Preschool Workshop which provided useful information and ideas. 7.6% were neutral.
- **72.5%** of families responding reported that their service coordinator helped their child and family through the transition process. 12.5% disagreed and 10% were neutral.
- **82.5%** of families responding reported that the early intervention staff helped their family prepare for their child's transition from early intervention by answering their questions and giving them useful information. 8.8% disagreed and 6.3% were neutral.
- **76.5%** of families responding reported that before their child turned three, their Early Intervention team discussed the benefits of their child receiving his/her education with his/her peers. 11.1% disagreed and 8.6% were neutral.
- **72.5%** of families responding reported that the transition for their child and family from early intervention to preschool special education services was successful. 10% disagreed and 3.8% were neutral.
- **33.3%** of families responding reported that the transition for their child and family from early intervention to other appropriate community services was successful. 8.6% disagreed and 14.8% were neutral.
- When asked if families received information from their service coordinator and/or service providers that helped them access resources in their community, 84 families responded as follows:
  - 6.0% Infant/toddler classes in the community-gymnastics, swimming
  - 8.3% Library story hours
  - 9.5% Play groups/play dates
  - 10.7% Parks/recreational activities
  - 2.4% Houses of Worship
  - 6% Childcare providers
  - 2.4% NJ Family Care
  - 4.8% WIC/Food stamps

- 7.1% Information for my other children/family members on having a sibling with special needs
- 7.1% Health Insurance/Medical Care
- 13.1% Opportunities to meet with other families with children with special needs
- 6% Early Head Start/Head Start
- 16.7% Other
- When asked if families discussed other placement options with their early intervention team during the transition process, 98 families responded as follows:
  - 28.6% Community Preschool Program
  - 5.1% Childcare Center
  - 5.1% Head Start
  - 53.1% Preschool Special Education Program
  - 8.2% Other
- 65.8% of families responding reported that their child was involved in early intervention at or before his/her 2<sup>nd</sup> birthday.
- 83.1% of families responding reported that as their child prepared to leave early intervention, an organized plan (transition plan) was written into the IFSP.
- 84.6% of families responding reported that they received a copy of the **Welcome to Transition – Family Information Handbook**.
- 77.9% of families responding reported that their Service Coordinator reviewed the information in the **Welcome to Transition – Family Information Handbook**.
- 77.2% of families responding reported that they received help from an early intervention provider or service coordinator to submit a written request for an evaluation from their local school district (120 days before my child’s 3<sup>rd</sup> birthday).
- 84.4% of families responding reported that a transition planning conference was held with their consent at least ninety days prior to my child’s third birthday.
- 80.8% of families responding reported that a member of their school district’s Child Study Team participated in the transition planning conference.
- 77.2% of families responding reported that their child was determined eligible for special education and related services.
- 62% of families responding reported that if their child was determined eligible for preschool special education, s/he was receiving services according to the Individualized Education Program (IEP) by his/ her 3<sup>rd</sup> birthday.
- 36% of families responding reported that they were offered the opportunity for their child to continue with Case Management through the Special Child Health Services after age three, if appropriate.

## 2. Targets (July 1, 2003 – June 30, 2004)

- As defined within the partnership agreement with the New Jersey Department of Education, Office of Special Education Programs, DHSS Early Intervention System will: a) translate the early intervention parent manual, Welcome to Transition, into the ten most frequently used languages in the state; b) develop a user-friendly county information resource guide for service coordinators and case managers to be used with families during the transition process; and c) develop training materials and training video on the transition planning process.

- A coordinated data management system that efficiently yields and organizes information to be shared by Part C and Part B regarding the effectiveness of the early childhood transition process will be developed and implemented.
- By SFY '04, quality indicators will be developed to enhance data collection that will be used to evaluate the strengths and areas of need for improvement of early intervention and special education programs and services.
- By July 1, 2004, a revised IFSP process and form will be implemented statewide.
- Statewide focused monitoring in SFY 2004 will address transition as follows:
  - During Part C provider self-assessment and monitoring activities a minimum number of IFSPs for children in transition will be reviewed to determine if appropriate transition outcomes and activities are included; and
  - Exiting data ranked by REIC and county will be used to select on-site monitoring visits. A workgroup (with Part B- 619 involvement) will develop the process and tools. Members of the Part B Steering Committee will attend the Part C Steering Committee after the collaborative workgroup completes its work. Members of the workgroup will share information between the two Steering Committees.
- Beginning in February 2003, six-month self-assessment reporting will include findings from review of IFSPs related to transition outcomes and activities.
- In SFY 2004, revisions to the self-assessment process will include procedures to report baseline data, ongoing activities and progress in the area of transition. REICs will continue to review and analyze of self-assessments.
- The implementation plan for comprehensive, monitoring process developed by DHSS will include IFSP review related to transition outcomes and activities.
- NJEIS will collect baseline data, through record review, on the number of IFSPs that address transition issues, the number of transition outcomes included in IFSPs, and the number of transition planning conferences conducted.
- Members of the Part B Steering Committee will be invited to join the Part C Steering Committee at least one time per year to review exiting data, strategies and progress in improving transition from Part C to Part B.
- Establish a record review protocol and train reviewers to collect data from IFSPs.
- Conduct record review and analyzed data based on state selected criteria and random geographic selection that regional representation
- Based on periodic monthly review of Transition data, improvement planning will be developed and implemented as needed.
- In the event compliance issues are identified, corrective action plans will be developed and implemented
- Statewide family surveys will be administered to obtain base line information including activities

### **3. Explanation of Progress or Slippage (July 1, 2003 - June 30, 2004)**

- Regional Family Support Coordinators conducted:
  - 16 - "Welcome to EI" & "EI & You, Working Together" Open Houses
  - 37 - Transition to Preschool Workshops for EI families & professionals
  - 31 - Part B/C County Transition to Preschool Workgroup Meetings
  - 30 - Topical Workshops (i.e.: Financial & Future Planning, Medical Insurance Problem Solving, Special Education Basic Rights, Sensory Integration, Autism, Learning with

Toys, Stress Reduction, Down Syndrome: The First Five Years, Seizure Recognition, LRE for Preschoolers: Making it Happen, DDD Services & Supports, Tips & Tools for the Parenting Journey, etc.)

- The partnership agreement with the New Jersey Department of Education, Office of Special Education Programs, DHSS Early Intervention System continues under the State Improvement Grant. An extension was granted on the translation of the early intervention parent manual, Welcome to Transition, into the ten most frequently used languages in the state pending revisions resulting from reauthorization of IDEA.
- NJEIS continues to work with NJOSEP in the development of (1) a user-friendly county information resource guide for service coordinators and case managers to be used with families during the transition process; and (2) training materials on the transition planning process.
- The NJEIS continues to work with the Department of Education under a General Supervision Enhancement Grant (GSEG) to coordinate data management systems for sharing transition data. NJEIS and NJOSEP have agreed on the data elements available through the SPOE database that will be periodically transferred from NJEIS to NJOSEP to provide information on: (1) potentially eligible referrals for preschool special education by school district, and (2) program accountability related to transition planning conferences, and exiting data.
- The Part C and 619 Coordinators presented and participated in a meeting with NJOSEP regional monitoring coordinators to review compliance monitoring instruments. Strategies were developed to assist in identifying evidence of effective transition planning through record review.
- Provider agency self-assessment was revised to require that a minimum number of IFSPs for children in transition are reviewed to determine if appropriate transition outcomes and activities are included.
- A workgroup (with Part B- 619 involvement) began development of a process for onsite focused monitoring for transition and will be reviewing the findings of the performance desk audit and family survey results. A preliminary list of transition performance indicators have been developed.
- The Part C Steering Committee has ongoing representation from Part B Steering Committee members.
- NJEIS has developed a pilot record review that addresses transition issues and the number of transition planning conferences conducted.
- A transition data desk audit began in March 2005. The purpose of the SPOE data desk audit was to: (1) ensure data in SPOE are accurate; and (2) to identify performance deficiencies and areas for improvement.
- The transition desk audit analyzed transition planning conference data based on the following performance indicators:
  - Transition planning conferences were conducted.
  - Transition planning conferences were conducted at least ninety days (90) prior to the child's third birthday.
- Transition data verification began in April 2005. Based on responses to data verification reporting by agencies, corrective action plans will be requested to ensure that correction of systemic non-compliance will be achieved within six months of the issue date. Progress will be reported in the next APR.

- Statewide family surveys were administered to obtain baseline information. Survey summary information is included under baseline for this indicator.

**4. Projected Targets (July 1, 2004 – June 30, 2005 and ongoing)**

- NJEIS will ensure that all state and federal transition requirements are met for children and families through the collection, analysis and response to performance and compliance data.
- IFSPs will include steps that support transition; the local educational agency (LEA) is notified of children whom the Part C Lead Agency identifies as potentially eligible under Part B; and with the approval of the family of the child, transition conferences are convened with the LEAs for those children eligible for Part B, and other appropriate agencies for children who are not eligible for preschool services under Part B.

5. Future Activities to Achieve Projected Targets/Results July 1, 2004 – June 30, 2005 and ongoing	6. Projected Timelines and Resources July 1, 2004 – June 30, 2005 and ongoing
Translate the early intervention parent manual, <u>Welcome to Transition</u> , into the ten most frequently used languages in the state.	September 2005 Lead Agency and NJOSEP
Develop a user-friendly county information resource guide for service coordinators and case managers to be used with families during the transition process.	September 2005 Lead Agency and NJOSEP
Develop training materials on the transition planning process.	September 2005 Lead Agency and NJOSEP
SPOE performance data on transition will be analyzed, data verification requested, benchmarks established, agency ranked and corrective action required as necessary.	June 2005 Lead Agency, Provider Agencies
Transition data on children potentially eligible for Part B by LEA will be periodically shared with NJOSEP.	February 2005 Lead Agency
Exiting data on children transitioning at age three will be shared with NJSOEP at least annually.	July 1, 2004 and ongoing Lead Agency
Transition performance indicators will be finalized for use with on-site focused monitoring visits.	June 2005 Lead Agency, NJOSEP

**Part C ATTACHMENT 1**  
**Cluster Area I: General Supervision**  
**Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data**  
 (Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ia: Formal Complaints								
(1) July 1, 2003 - June 30, 2004 (or specify other reporting period: ___/___/___ to ___/___/___)	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Set Aside Because Same Issues being Addressed in a Due Process Hearing	(7) Number of Complaints with Decisions Issued within 60 Calendar Days	(8) Number of Complaints Resolved beyond 60 Calendar Days, with a Documented Extension	(9) Number of Complaints Pending as of: ___/___/___ (enter closing date for dispositions)
<b>TOTALS</b>	10	2	1	7	0	2	0	0

Ib: Mediations					
(1) July 1, 2003 - June 30, 2004 (or specify alternate period: ___/___/___ to ___/___/___)	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: ___/___/___ (enter closing date for dispositions)
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
<b>TOTALS</b>	6	4	0	0	0

Ic: Due Process Hearings					
(1) July 1, 2003 - June 30, 2004 (or specify alternate period: ___/___/___ to ___/___/___)	(2) Number of Hearing Requests	(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued within Hearing Timeline (45 days if Part B procedures under 34 CFR §303.420(a) are adopted; 30 days if Part C procedures under 34 CFR §303.420(b) are established)	(5) Number of Decisions within Timeline Extended under 34 CFR §300.511(c) <sup>1</sup>	(6) Number of Hearings Pending as of: ___/___/___ (enter closing date for dispositions)
<b>TOTALS</b>	6	0	0	0	0

<sup>1</sup> The State may not extend the hearing timeline if it elects to establish Part C hearing procedures under 34 CFR §303.420(b).

**ATTACHMENT 2****ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:  
IDENTIFICATION AND COORDINATION OF RESOURCES**

<b>Funding Sources and Supports During the Reporting Period<sup>2</sup></b>					
<b>Sources of Funding</b>	<b>Amount of Funding</b>	<b>In-Kind Contribution</b>	<b>Services and/or Activities Supported by Each Source</b>	<b>Barriers to Accessing Funds</b>	<b>Comments</b>
<b>Federal Part C</b>	<b>\$12,511,409</b>		<b>Lead Agency Costs REIC Operations System Components (Procedural Safeguards, Child Find, CSPD, Family Support, SICC) Direct Services</b>		<b>\$10,382,287 – Direct Service Includes evaluation, service coordination, and IFSP services.  \$427,566- Family Support</b>
<b>Federal* (Specify)</b>					
<b>MCH</b>	<b>\$1,047,081</b>		<b>Direct Services</b>		
<b>Medicaid Claiming</b>	<b>\$6,375,414</b>		<b>Direct Services</b>		
<b>State* (Specify)</b>					
<b>State Appropriations</b>	<b>\$46,946,000</b>		<b>Direct Services</b>		
<b>State MIS</b>	<b>\$300,000</b>		<b>Management Information System</b>		

<sup>2</sup> When completing this table refer to the General Instructions.

\* Be sure to include all sources of Federal, State, and/or local programs, including: Maternal & Child Health (Title V), Medicaid, Developmental Disabilities, Head Start, TriCare, Part B, etc.

**ATTACHMENT 2****ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:  
IDENTIFICATION AND COORDINATION OF RESOURCES**

<b>Funding Sources and Supports During the Reporting Period<sup>2</sup></b>					
<b>Sources of Funding</b>	<b>Amount of Funding</b>	<b>In-Kind Contribution</b>	<b>Services and/or Activities Supported by Each Source</b>	<b>Barriers to Accessing Funds</b>	<b>Comments</b>
<b>Family Revenue</b>	<b>\$322,409</b>		<b>Direct Services</b>		
<b>Local* (Specify)</b>					
<b>REIC Fundraising</b>	<b>\$86,500</b>		<b>Family Support</b>		
<b>Private/Charity</b>	<b>\$2,209,843</b>		<b>Direct Services</b>		
<b>Local Program</b>	<b>\$40,958</b>		<b>Direct Services</b>		
<b>City/County Govt</b>	<b>\$1,378,097</b>		<b>Direct Services</b>		
<b>State Govt</b>	<b>\$223,906</b>		<b>Direct Services</b>		
<b>Private Insurance, Fees</b>					NJEIS has a system for assessing family fees as well as optional access of private insurance/third party payers with parent consent. To date reporting of payments by third party insurance has not been required and the data is not accessible by the NJEIS.
<b>Other(s) Non-Federal (Specify)</b>					
<b>Total Early Intervention Support</b>	<b>\$71,441,617</b>				

The total amount is based on funds budgeted to meet total costs through DHSS lead agency spending and fiscal plans. Actual costs may vary based on actual expenditure reports submitted by contracted agencies that are subject to a single audit.

**Appendix I - New Jersey**  
**FFY 2003 Annual Performance Report (APR)**  
**Submitted June 27, 2005**

- Currently, all program agencies are completing summaries of record reviews conducted as part of the self-assessment process for July 1, 2004 through June 30, 2005. EIP provider agencies are reporting on 2 indicators and Special Child Health Services Case Management Units are reporting on eleven indicators for service coordination. These summaries include required statements of steps the agency will take to address any deficiencies identified in the record reviews. All corrections must be completed no later than January 1, 2006.
- These self-assessment summaries from SFY 2005 (July 1, 2004 – June 30, 2005) will be reviewed and progress toward any necessary correction will be tracked from date of receipt by the REICs. Any items not corrected by January 1, 2006 will be referred to the lead agency for state generated corrective action. Any noncompliance will be corrected within one year. Follow-up data on these indicators will be included in the State Performance Plan (SPP) to be submitted by December 2, 2005.
- All provider agencies will continue to review child records for state fiscal year 2006 (July 1, 2005-June 30, 2006). Agencies will be reporting on performance and compliance indicators not available through desk audits using the system point of entry database.
- NJEIS uses the System Point of Entry Data to analyze performance related to ensuring the provision of individualized services for children and families. The SPOE data for May 2004 documents that a variety of types of services and range of frequencies of services are included in IFSPs. For example: In May 2004, of the 8023 children with IFSPs, (9% or 3442 children received one service type; 7% or 2700 received two service types; 3% or 1269 received three service types; 1% or 475 received four service types; 117 children received five service types; 19 received six service types and 1 received seven service types). Data from record reviews conducted as a part of the self-assessment beginning in SFY 05 are also being used to ensure that IFSP teams are making individualized decisions based upon the needs of the child and family as related to child and family assessments. The implementation of the new system point of entry data was the priority for state and regional staff during this APR reporting period to ensure that performance data on individualized services would be available.
- System Point of Entry (SPOE) data (authorized for billing) and claims information (billed services) will be used to monitor Early Intervention Program agency performance on delivering timely and ongoing services identified as needed on IFSPs. Agency performance will be reviewed statewide and responded to as necessary.
- The self-assessment record review beginning with the state fiscal year 2005 (July 1, 2004 and June 30, 2005) includes an indicator to identify the presence of transition steps on the IFSP. These data will be reported in the December State Performance Plan. In addition, revisions to the transition page in the state IFSP will be completed by November 2005. Revised procedures for use of this new IFSP page will be completed and provided as part of a statewide training on effective transitions. Training(s) will be provided in late fall of 2005 with full implementation no later than January 1, 2006.

### **45 Day Timeline to IFSP**

- NJ DHSS-EIS completed a desk audit of all twenty-one counties in the state of NJ utilizing System Point of Entry (SPOE) data of all children who had an initial IFSP meeting in the month of November 2004. These data included IFSP delayed for family reasons but the data did not reflect the reasons for delay.
- One out of twenty-one counties had 100% compliance in meeting the 45 day timeline for the month of November 2004 and therefore the county was not required to complete an Inquiry Response Chart.
- Twenty out of twenty-one counties were provided a NJ DHSS-EIS Inquiry Response Chart (attachment 1) which included names, referral dates, IFSP dates, and number of days from referral to IFSP meeting.
- These twenty counties were required to provide the reason for delay, distinguishing between administrative delays and those related to the family; the barrier that affected meeting the timeline; the agency's response to the barrier; and if the issue had been resolved.
- Each county was provided technical assistance from the Regional Early Intervention Collaborative (REIC) and the DHSS-EIS to complete the Inquiry Response Charts.
- The results of the Inquiry Response Charts indicated that fifteen out of twenty counties who completed the Inquiry Response charts were in compliance or had no systemic non-compliance.
- Six out of the twenty counties are implementing approved corrective action plans with state required targets to have full compliance reached no later than October 31, 2005.
- The six counties were offered technical assistance from REICs.
- The inquiry data indicated that 86.3% of initial IFSP meetings held during November 2004 were in compliance with 45 day requirements.
- 13.7% of initial IFSP meetings were delayed for system reasons. 64% of the delays were related to the availability of evaluations.
- The DHSS-EIS addressed this issue by 1) contracting with three new targeted evaluation teams in 3 different counties and 2) requesting that all twenty-one counties submit procedures addressing the steps and communication that would be implemented by the county and targeted evaluation teams to ensure that timely evaluations and initial IFSP meetings occur. These procedures were signed by representatives of the county and targeted evaluation teams and communicated to the REICs and DHSS-EIS.
- All counties are currently meeting all required targets and provisions of their corrective action plans.
- NJ DHSS-EIS will repeat this desk audit on a biannual basis.

### **Transition Planning Conference**

- NJ DHSS-EIS completed a desk audit of all twenty-one counties in the state of NJ utilizing System Point of Entry (SPOE) data on 423 children who turned three in the month of November 2004. These data included Transition Planning Conference (TPC) delayed for family reasons but the data did not reflect the reasons for delay.
- 1 out of 21 counties had no children born in the month of November 2004 and therefore were not required to complete an Inquiry Response Chart.
- 20 out of 21 counties were provided a NJ DHSS-EIS Inquiry Response Chart (attachment 2) which included names, date of birth, TPC dates, and number of days prior to the child's third birthday.
- These 20 counties were required to provide the reason for delay, distinguishing between administrative delays and those related to the family; and the participants at the TPC.
- Each county was offered technical assistance from the Regional Early Intervention Collaborative (REIC) and the DHSS-EIS to complete the Inquiry Response Charts.
- Of the 423 children that turned age three in the month of November 2004:
  - 155 families chose not to pursue a transition planning conference for reasons including when the child was found not eligible for Part B or a family chose to pursue private preschool or other activities.
  - It was determined that 268 transition planning conferences should have occurred.
  - There is documentation that 227 transition planning conferences did occur.

- The Inquiry Response charts were reviewed on the 41 transition planning conferences that data indicated did not occur. The review of barriers and reasons submitted indicated that data was not reliable. For example, it appears that meetings occurred but were coded as IFSP meetings and not a Transition Planning Conference. This included when an annual or periodic review was held in conjunction with a transition planning conference or when a school district did not participate at the meeting. As a result, the lead agency issued a memo to clarify and require that when a Transition Planning Conference occurs in conjunction with a periodic or annual IFSP, the two events must be recorded separately. The lead agency will continue to monitor and, as appropriate, ensure corrective action on any systemic non-compliance.
- Of the 227 Transition Planning Conferences that occurred, 142 occurred timely and 85 were reviewed to determine reasons for delays.
  - The Inquiry Response Charts were reviewed and for those Transition Planning Conferences that did not occur or occurred late:
    - 14% family reasons;
    - 14% NJEIS delays;
    - 29% LEA delays; and
    - 42% unknown
- The results of this desk audit and inquiry response from agencies identified that nine out of twenty counties were in compliance or had no systemic non-compliance.
- Eleven out of the twenty counties will have corrective action plans approved by August 15, 2005 with required targets established by the state.
- These eleven counties will be offered technical assistance from REICs through the completion of the corrective action plans.
- The DHSS-EIS has identified smooth and effective transition as a monitoring priority for on-site focused visits due to the OSEP report and desk audit findings. Therefore, four counties ranked the lowest from the desk audit findings are scheduled for on-site focused monitoring visits to be completed by December 31, 2005.
- NJ DHSS-EIS will repeat this desk audit on a biannual basis.