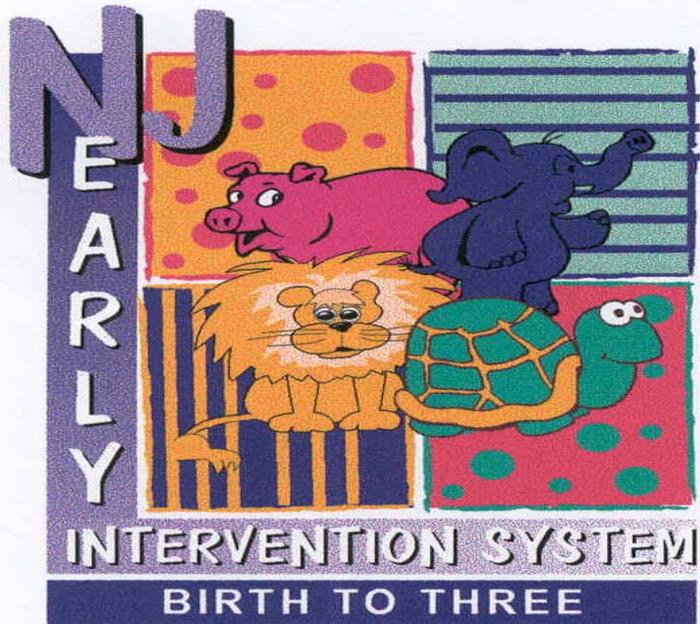


NEW JERSEY EARLY INTERVENTION SYSTEM

PART C ANNUAL PERFORMANCE REPORT



New Jersey Department of Health and Senior Services
Division of Family Health Services



**Federal Fiscal Year
2007-2008**

Submitted February 2, 2009

Overview of Annual Performance Report Development

In accordance with the Individuals with Disabilities Education Act of 2004, the New Jersey Early Intervention System (NJEIS) submitted a Part C State Performance Plan (SPP) to the U.S. Department of Education Office of Special Education Programs (OSEP) on December 2, 2005. That plan was developed based upon guidance from OSEP and with broad stakeholder involvement and input. The NJEIS Part C State Performance Plan was disseminated to the public through posting to the website (<http://nj.gov/health/fhs/eis/index.shtml>) and the Regional Early Intervention Collaboratives (REICs) website (<http://www.njeis.org>). The SPP was also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council (SICC), state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State.

The Part C Steering Committee met on January 8, 2009 to advise and assist in the development of this NJEIS Annual Performance Report (APR). Stakeholders reviewed available data and analyzed the status of the state Part C system, as well as local systems, related to measurable and rigorous targets established in the State Performance Plan. For each of the indicators in the State Performance Plan, the stakeholder group compared current data to baseline data and engaged in discussion about progress and slippage.

Stakeholder members reviewed improvement activities, timelines and resources for each indicator to determine which were completed, to examine the efficacy of each, and to make recommendations about any necessary revisions or additions to the activities, timelines and resources.

Based upon guidance from the Office of Special Education Programs (OSEP), progress data and improvement activities for Indicator 3 were included as a revision to the State Performance Plan for the Part C system in New Jersey.

New Jersey's updated/revised Part C State Performance Plan (SPP) and this Annual Performance Report (APR) will be disseminated to the public through posting to the DHSS-NJEIS webpage (<http://nj.gov/health/fhs/eis/index.shtml>) and the Regional Early Intervention Collaboratives website (<http://www.njeis.org>). The updated/revised Part C SPP and APR will also be disseminated to all of the above individuals electronically for distribution through their dissemination mechanisms (e.g. newsletters, websites, list serves, etc) throughout the State. These documents will be disseminated to representatives of state agencies (Department of Education, Department of Children and Families, Department of Human Services) electronically for distribution throughout the State.

FFY 2006 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements were disseminated and posted at <http://www.state.nj.us/health/fhs/eis/report.shtml>. The FFY 2007 reports will be prepared and disseminated in 2009.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

<p>Monitoring Priority: Early Intervention Services In Natural Environments</p>
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Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

<p>Measurement:</p>

<p>Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.</p>
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<p>Account for untimely receipt of services.</p>
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FFY	Measurable and Rigorous Target
2007 (2007-2008)	100% percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2007:

For FFY 2007, 88.17% (231/262), of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner. Family reasons are included in the numerator and denominator.

231 children (173+58 with family reasons for delay) of 262 children received timely provision of services as monitored by the lead agency through the procedures described below.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- The FFY 2007 compliance of 88.17% compared to the FFY 2006 compliance of 93.2% represented a slippage of 5.03%.
- However, it is important to note that a comparison of the FFY 2007 data to the last APR of FFY 2006 represented a cohort of different counties.
- When the same cohorts (10 counties) are compared using their FFY 2005 APR data compared to their FFY 2007 data, the data documents that these 10 counties made progress by moving from 82.3% reported for FFY 2005 to 88.17% for FFY 2007.
- As the NJEIS data system has evolved, so has the understanding that NJEIS can and should strengthen procedures to ensure statistically sound methodology in the selection of records used to measure county performance. Therefore, NJEIS moved from using census data to implementation of a more rigorous sampling methodology in conducting data desk audits for FFY 2007. This change to a more rigorous methodology likely contributed to the slippage in the compliance percentage for FFY 2007.

- The sampling methodology was implemented to ensure that the NJEIS population, which varies widely for each county, is appropriately represented based on the population size of the county. Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.
- Monitoring begins with a data desk audit based on a stratified random sample of three months of FFY 2007 services data.
- Data represented all active child records for the first quarter of FFY 2007 (July, August and September) for 10 (48%) of the 21 counties in New Jersey. The other eleven counties were reviewed in FFY 2006 and reported in the APR submitted February 1, 2008.
- The desk audit included 262 active child records and 403 services generated from the NJEIS data system.
- The data desk audit identified that 173 children (297 services) did receive timely services based on IFSP services authorized for and billed by NJEIS provider agencies under a service encounter verification form signed by the parent at the time of the service. In addition, parents receive an explanation of benefits to verify that the services billed are accurate in accordance with the service encounter verification form signed by the family.
- However, the NJEIS database does not capture all variables needed to determine whether a service is timely and to ensure that the data is valid and reliable. Therefore an inquiry was conducted by the lead agency monitoring staff on 89 of the 262 children and 106 of their services.
- The state monitoring team distributed the inquiry to the ten counties on the 89 children (106 services) where one or more services were identified as exceeding 30 days from the closest IFSP initial or annual. This is done to: (1) identify reasons for delays, including documentation of family reasons; (2) determine if the service was added at a subsequent IFSP team meeting not captured in the database; (3) identify root cause and ensure correction of any systemic barriers; and (4) verify that the delayed service was implemented and therefore corrected.
- The results of the inquiry identified that for 52 of the 89 children, the delays were child or family related (including child illness/hospitalization, family cancellations and requests to reschedule), an additional 6 children were found to have timely services because services were added to the IFSP at a periodic review and the service was initiated timely. The data for these children are included in both the numerator and denominator. Therefore 58 of the 89 children were determined to receive timely services and 31 children were determined to have non-compliance in timely services.
- Additional inquiry was conducted to determine primary responsibility for the non-compliance related to the 31 children. As a result of the additional inquiry, 5 findings of non-compliance were issued in FFY 2008 with Corrective Action Plans to 1 Service Coordination Unit and 4 Early Intervention Programs (EIP).
- According to the inquiry, system delays were primarily reported to be the result of practitioner availability. 23 services were delayed between 1 to 15 days and 12 services were greater than 15 days delayed.
- At least weekly the REIC monitors tracking documents that provide data on the timely provider assignment of children with signed IFSPs and ensures notice is provided to the Procedural Safeguards Office when provider assignment is approaching the 30 day timeline with no assignment.
- The NJEIS has procedures to report when no provider is available to the Procedural Safeguards Office. The Procedural Safeguards Office sends letters to each family that includes an option to obtain and receive reimbursement for services out of the NJEIS network pending assignment of an NJEIS practitioner.
- Overall 91.3% (368/403) of the services were timely including 64 services that were determined as delayed due to family reasons.
- Correction of findings on the FFY 2007 data will be reported in the February 2010 APR based on the FFY 2008 notification of findings of non-compliance and corrective action plans issued by the lead agency.

In addition, in FFY 2007, two (2) additional findings of non compliance related to timely receipt of services were issued. These instances of non compliance were identified when reviewing data sent by one county as a requirement of their CAP related to indicator one. Through this review, It was determined that two EIPs were non compliant for timely services. Letters of finding were issued to these two EIPs in FFY 2007. Correction will be reported in the 2009 APR (February 1, 2010).

Correction of noncompliance identified in FFY 2006

In response to the OSEP FFY 2006 SPP/APR Response Table, NJEIS ensures that the five counties with identified non-compliance for this indicator were successful in achieving 100% correction of non-compliance within twelve months under a corrective action plan with DHSS-NJEIS.

Improvement Activities	Status
<p>Enhance the SPOE database to record the date of the initial IFSP meetings and all IFSP reviews as a data element. This record would include the date of the meeting and the date of parental consent to any IFSP service.</p>	<p style="text-align: center;">Not Completed- FFY 2007 Update</p> <p>State fiscal concerns have increased the oversight of state contracts. A second contract extension was issued to Covansys to maintain the Central Management Office through calendar year 2009. The proposed activities remain on hold based on a decision by the State Treasury that enhancements are not allowable under the current contract with the Central Management Office (CMO) vendor and must be bid out under a new RFP. RFP preparation has been initiated to re-bid the contract during calendar year 2009. The RFP is intended to enhance the CMO performance through an on-line web-based application that will include enhancements for data collection and reporting.</p>
<p>Enhance the SPOE database to enable NJEIS to link authorizations with a specific IFSP meeting or review. By linking authorizations with these dates, timely services can accurately be measured from the IFSP consent date.</p>	
<p>Enhance the SPOE database to allow the reassignment of an authorization to a different agency or practitioner, while keeping the authorization associated with the IFSP meeting/review that added the service to the child's IFSP.</p>	
<p>Enhance the SPOE database to allow an authorization to be created before an agency/practitioner has been assigned to provide a service. This allows NJEIS to track all authorizations for timely delivery of service. Once an agency/practitioner is assigned to the service the authorization can be modified.</p>	
<p>At the completion of the enhancement to the SPOE database, monitoring activities on the provision of timely services will be conducted annually including a desk audit, inquiry to obtain additional information from counties, issuance of findings of noncompliance if necessary, implementation of corrective action plans, provision of technical assistance, and assurance of correction of noncompliance in accordance with federal requirements.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In the absence of the enhancements to the SPOE database, a desk audit was conducted using the current SPOE database and inquiry was performed on 10 counties for FFY 2007. As a result the monitoring activities needed to rely on using inquiry to obtain information.</p> <p>The remaining 11 counties were monitored during FFY 2006.</p>

Improvement Activities	Status
<p>Once the SPOE enhancement is complete, analyze data on “untimely” services to determine if patterns exist in type of service, type of discipline, variations in frequency and intensity of service need/provisions, county area, etc. to determine gaps in access and availability of necessary services. Plans to address any identified needs will be developed and implemented.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, pending the SPOE enhancement the four REICs reviewed weekly each county’s Provider Assignment Spreadsheet to ensure that families receive services in a timely & equitable manner.</p> <p>The REICs intervened & provided technical assistance to resolve issues such as:</p> <ul style="list-style-type: none"> • Ensuring that all children are assigned based upon their IFSP date; families are assigned to receive services within 30 days of the IFSP. • Ensuring that the No Practitioner Available policy is enforced when a child is approaching 25 days after the IFSP. This policy includes notifying DHSS and contacting EIPs to secure services. <p>In addition, REICs completed the following recruitment and retention activities to ensure qualified staff are available to meet IFSP needs:</p> <ul style="list-style-type: none"> • Developed a flyer on EI staffing needs with some personnel requirements to be used for recruitment and retention • Convened 6 Career Days – 2 Rutgers Career Days, Kean University, Monmouth University, & University of Delaware. • Presented to graduate OT, PT students at Seton Hall University.
<p>Continue to facilitate enrollment of new service vendor agencies to increase availability to access to services.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007 new vendors remained on hold and interested agencies were advised to consider subcontracting through an approved EIP agency. NJEIS developed a new proposal to establish and assign a primary EIP Home for eligible children and their families. The proposal was issued to the NJEIS provider agencies for comments. Comments are under consideration before releasing revised policy and procedures during FFY 2008.</p>
<p>Collaborate with the NJ Department of Education, Office of Special Education Programs (OSEP) Personnel Grant to address activities to enhance practitioner recruitment and retention.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007 NJEIS began planning activities with the NJ Department of Education, Office of Special Education Programs and the National Center for Special Education Personnel and Related Service Providers to develop a personnel recruitment video for Part C. NJEIS provided input on script development and filming of a video.</p>

Improvement Activities	Status
<p>Compensatory services are provided to families in instances in which services have not been provided in a timely manner. This is identified through informal and formal family contacts to the Procedural Safeguards Office or the NJEIS Central Management Office.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>During FFY 2007, one hundred twenty five (125) families received approximately 1,556.25 hours of compensatory services in accordance with NJEIS decisions through informal resolution by the Procedural Safeguards Office. This included 610 hours of developmental intervention (a high number of developmental intervention hours are specific to the ABA methodology for children with ASD). This also included 495.25 hours of Speech & Language Therapy, 51 hours of Physical Therapy, and 400 hours of Occupational Therapy. Three informal resolutions resulted in a sanction to an Early Intervention Program (EIP) provider agency that was required to provide 20 hours of compensatory services at their expense. In addition, one formal complaint resulted in a sanction to an EIP requiring them to reimburse NJEIS the cost of seventeen hours of service.</p>
<p>When no practitioner is available within the state provider network, a family is authorized by NJEIS to utilize a practitioner outside the state network to provide the early intervention service to ensure that services are provided within the state policy for timely services.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>The Procedural Safeguards Office sends letters to each family indicating that no practitioner has been located and offering the option to obtain and receive reimbursement for services out of the NJEIS network pending assignment of an NJEIS practitioner.</p> <p>In FFY 2007 (July 1, 2007 – June 30, 2008), in accordance with this procedure, nineteen (19) families were approved and reimbursed for early intervention services delivered by practitioners outside the NJEIS.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

FFY	Measurable and Rigorous Target
2007 (2007-2008)	99.30 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.

Actual Target Data for FFY 2007:

In FFY 2007, the 618 data reported (9,183)/9,389) 97.8% of infants and toddlers with IFSPs primarily received early intervention services in the home or programs for typically developing children.

However, OSEP provided clarification at the June data meeting and provided a July 2007 Frequently Asked Question (FAQ) document that if the state can determine the setting of the service coordination, then it can be reported in the home or community-based setting category. Therefore, an additional 138 families were determined to have received service coordination in a home setting category and should have been reported in that category. As a result, 99.3% (9183+138/9389) is the accurate percent of infants, toddlers and their families that primarily received early intervention services in the home or programs for typically developing children.

NJEIS recognizes the requirement, which designates the primary setting as the location in which the child receives most of their services, results in an underestimate of the number of services provided in community settings. NJEIS used SPOE data to obtain more accurate data on services provided in the community. In addition to the 512 children whose primary setting was services in the community, an additional 603 children, whose primary service setting was in their home, also received some services in the community.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- Based on instructions for data reporting for FFY 2007, these data include both children in several counties who received early intervention services in non-natural environments. (Disability specific programs, clinic settings, residential facilities, and hospital inpatient settings) and children who were receiving service coordination only.

- Children who received service coordination only, have been counted as "other" in previous child counts. However, in FFY 2007 the child count tables were revised to count "other" as a non-natural environment.
- One hundred thirty eight (138) children counted under other were provided service coordination only as verified with claims data as provided in a "home" setting.
- An increase in service coordination only services resulted from an August 2007 change in the NJEIS Family Cost Share which moved from a maximum monthly cost share regardless of type and amount of service to a progressive co-payment per hour of direct services provided in accordance with an Individualized Family Service Plan (IFSP).
- Children who receive services in non-natural environments must have a justification documented in their IFSP which is reviewed by the REICs to ensure compliance.
- 68 children that were counted in other (percentage of non-natural environment settings) included 5 families that received family training in the home setting and 63 that had a justification for receiving services in other than natural environments.
- The NJEIS continues to monitor and drill down to verify the justifications for services in other than natural environments. The analysis of this drill down is shared with CSPD to initiate discussions and future trainings for the NJEIS.

Improvement Activities	Status
Using the SPOE database, run and disseminate an annual report ranking the twenty-one counties' performance on this indicator based on December 1 child count.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> These data are reported in the Annual County Performance Reports and posted on the NJEIS website.
Collaborate with the Council on Developmental Disabilities (CDD) on their Part C Planning and Implementation Grants to enhance inclusive community resources and supports for families.	<p style="text-align: center;">Completed FFY 2006</p>
Review state and county data from the NCSEAM and NJEIS Regional Family Surveys to identify patterns in providing services in and/or linking families to community supports and services. Develop and implement activities based on survey results.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> NJEIS Regional Family Surveys were ended with the implementation NCSEAM Survey in FFY 06. In FFY 2007, the NCSEAM survey results were analyzed to identify areas in need of improvement activities. The NJEIS compared the results of FFY 2006 to FFY 2007 survey results regarding natural environments. The following are the results: "Early Intervention has helped me and/or my family": <ul style="list-style-type: none"> ▪ "Participate in typical activities for children and families in my community" increased from 25% to 53% (28% increase); ▪ "Know about services in the community" increased from 28% to 58% (30% increase); ▪ "Make changes in family' routines that will benefit my child with special needs" increased from 44% to 81% (37%

Improvement Activities	Status
	<p>increase);</p> <ul style="list-style-type: none"> ▪ “Feel that my family will be accepted and welcomed in the community” increased from 47% to 82% (35% increase); and ▪ “Feel that my child will be accepted and welcomed in the community” increased 47% to 84% (37% increase).
<p>Continue to review settings data from the SPOE database to inform progress in provision of service in natural environments.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>The SPOE database documented that the percentage of children receiving services in community based inclusive settings decreased from 5.88% to 5.45%. The Part C Steering Committee requested that NJEIS continue to explore possibilities for collection of data when families and children receive services in settings other than home on an intermittent basis remains under consideration.</p> <p>The NJEIS continues to monitor and drill down to verify justifications of non-natural settings. The analysis of this drill down is shared with CSPD to initiate discussions and future trainings for the NJEIS.</p>
<p>Once the new web-based enhancement to the SPOE database is available, the following information will be reviewed to inform CSPD efforts: family information, child and family outcomes, services, supports and settings.</p>	<p style="text-align: center;">Not Completed</p> <p>This activity initially scheduled to occur Summer 2007 and annually thereafter is delayed pending the web-based enhancement to the SPOE database.</p>
<p>Review the family assessment page of the IFSP, IFSP Instructions and Orientation materials to ensure that they specifically reflect the child and family outcomes developed by the Early Childhood Outcome Center.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>During FFY 2007, the Family Assessment group developed a draft routines based interview protocol & revised IFSP pages which mirror the routines based interview. This interview protocol will be piloted in FFY 2009.</p> <p>CSPD is continuing to refine & update orientation & training materials. In FFY 2008, this may include additional materials from Lee Ann Jung, PhD, University of Kentucky.</p>
<p>Enhance collaboration with community based partners to identify existing community supports, develop a plan to make connections and provide professional development. The purpose is to connect families with community supports and services that are not specifically targeted to individuals with disabilities.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>REIC Community Collaborations for FFY 2007 included:</p> <ul style="list-style-type: none"> • Forming a workgroup of various stakeholders, planning and holding a statewide Awareness to Action Conference, which focused on developing community connections & collaboration

Improvement Activities	Status
	<p>with the 17 Federally Funded Health Clinics & the Black Infant Mortality Coalition. 120 Attendees.</p> <ul style="list-style-type: none"> • Conducting a Statewide Family Childcare Conference – presentation to 50 family child care providers on EI & child development - Distribution of materials. • Participating in resource health fairs and presenting with DYFS at meetings to collaborate on CAPTA requirements & referrals and to ensure appropriate implementation of CAPTA. • Participating in grand rounds & planning a joint conference to be held in FFY 2009 with Cooper University Hospital. • Ongoing collaboration with CasaPrac/Rural Opportunities, Special Quest Training & collaboration with Tri-County & Atlantic County Head Start Teams. • Planning and implementing strategies to increase the number of children participating in inclusive childcare through Maps to Inclusive Childcare Committee. • Planning and coordinating workshops for families to be held in FFY 09 through Concerned Parents for Head Start in Paterson and through Hudson County Family Support Organization. • Collaborating with the Hispanic Outreach Committee of CCCC of Union County • Planning South Asian Health Summit Conference/Statewide Network for Cultural Competence, New Brunswick – Speaker on EI system & referral process to 250 attendees including physicians & health care providers. • Linking with: <ul style="list-style-type: none"> ▪ Wyckoff YMCA to co-host a Special Olympics Young Athletes Program; ▪ Rutherford Recreation Department to host a Family Fun Day which will include children with special needs; ▪ Wayne Public library & YM-YWHA of Northern NJ to host family support activities including an inclusive interactive story time; ▪ Maplewood, Dover, Sussex, Elizabeth, Phillipsburg, Bernardsville, New Brunswick, Perth Amboy, Lakewood, Monmouth, Somerset, , to hold ongoing events, increase the inclusion of children with special

Improvement Activities	Status
	needs in library story hours, support Early Literacy & increase the collection of books related to children with special needs.
Create links on NJEIS and advocacy organization websites to assist families in accessing services and supports identified on the "other non-required page" of the IFSP.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> During FFY 2007, continued development of the Family Matters Webpage which will be linked to the REIC & DHSS early intervention websites.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a + b + c + d + e does not sum to 100%, explain the difference.

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

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- If a + b + c + d + e does not sum to 100%, explain the difference.
- C. Use of appropriate behaviors to meet their needs:
- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
 - c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
 - d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
 - e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- If a + b + c + d + e does not sum to 100%, explain the difference.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	Not required

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

As instructed by OSEP, progress data and improvement activities for this indicator were updated in the State Performance Plan (SPP).

The SPP is posted at <http://www.nj.gov/health/fhs/eis/index.shtml>.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target	
2007 (2007-2008)	64.0%	Know their rights
	60.0%	Effectively communicate their children's needs
	73.0%	Help their children develop and learn.

Actual Target Data for FFY 2007:

- A. **67.1% (206/307)** reflects the percent of families who reported that early intervention helped them know their rights.
- B. **63.2% (194/307)** reflects the percent of families who reported that early intervention helped them communicate their child's needs.
- C. **80.8% (248/307)** reflects the percent of families who reported that early intervention helped them help their child develop and learn.

The NJEIS, for the second year, implemented the 22 item Impact on Family Scale (IFS) family survey developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM) and the Rasch measurement framework for analysis. As a result, the Part C Steering Committee revised the targets originally set in the FFY 2005 SPP which were based on a different family survey. The FFY 2006 NCSEAM survey results were used as the new baseline and targets for FFY 2006 to FFY 2010 were revised using the NCEAM target setting calculator found at www.monitoringcenter.lsuhs.edu/CALCULATOR/Calculator.html. The revised baseline and targets are reported in the table below.

INDICATOR 4 TARGETS	4A. Know their rights	4B. Effectively communicate their children's needs	4C. Help their children develop and learn
FFY 2006 -2007 Baseline	59.9%	55.6%	70.4%
FFY 2007-2008	64.0%	60.0%	73.0%
FFY 2008-2009	68.0%	64.0%	74.5%
FFY 2009-2010	71.0%	67.5%	75.5%
FFY 2010-2011	73.01%	69.88%	76.96%

The Impact on Family Scale (IFS) measures the extent to which early intervention helped families achieve positive outcomes specified in Indicator 4. The IFS was developed by NCSEAM to provide states with valid and reliable instruments to measure (a) positive outcomes that families experience as a result of their participation in early intervention and (b) families' perceptions of the quality of early intervention services.

In early August 2008, 1,699 surveys were mailed to a sample of families served by NJEIS. Cover letters as well as postage paid business reply envelopes were included with the surveys. The final cutoff date for processing surveys was extended to mid October 2008 to allow families additional time to respond.

Of the 1,699 surveys distributed across twenty one counties, 307 were returned for a response rate of 18%. All of the 307 surveys provided responses to the IFS. This number is high enough for the estimated statewide percents on the indicator to be within an adequate confidence interval (approximately +/- 5.1%, with a confidence level of 95%) based on established survey sample guidelines.

The return sample distribution for the state was representative of the race and ethnicity for the population served by the NJEIS. The county return sample distribution for the state did adequately represent the NJEIS population surveyed. To verify that the returned sample was representative of each county, a chi square test was performed. The chi square score was 3.05 which is less than the chi square value of 31.4 with a 20 degree of freedom ($P < 0.05$). This indicates that there is no significant difference between the actual number of returned surveys compared to the expected number based on the NJEIS population. The FFY 2007 chi square score of 3.05 is 5.23 less than the FFY 2006 chi square score of 8.28, which signifies that NJEIS is improving in the return rate distribution of family surveys.

Data from each of the scales were analyzed through the Rasch measurement framework. For each scale, the analysis produced a measure for each survey respondent. Individual measures can range from 0 to 1,000. For the IFS, each family's measure reflects the extent to which the family perceives that early intervention has helped them achieve positive family outcomes. The IFS measures of all respondents were averaged to yield a mean measure reflecting overall performance of the NJEIS in regard to the impact of early intervention on family outcomes. The mean measure on the IFS was 621. The standard deviation was 172, and the standard error of the mean was 9.8. The 95% confidence interval for the mean was 602.0 – 640.6. This means that there is a 95% likelihood that the true value of the mean is between these two values. The FFY 2007 standard deviation of 171 was 14 less than FFY 2006. This indicates that NJEIS results are even more closely similar to the average mean of 621 than last year. The standard error of the mean decreased by 1.0 compared to FFY 2006 signifying that NJEIS responses are more closely analogous.

While OSEP requires that the state's performance be reported as the "percent" of families who report that early intervention services helped them achieve specific outcomes deriving a percent from a continuous distribution requires application of a standard, or cut-score. The NJEIS elected to apply

the Part C standards recommended by a nationally representative stakeholder group convened by NCSEAM. The recommended standards established based on item content expressed in the scale were as follows:

- For Indicator 4A, know their rights, a measure of 539. The percent of families who reported that early intervention services helped them *know their rights* (Indicator 4A) was 67.1%. The 95% confidence interval for the true population percentage is 61.7% – 72.1%. This means that there is a 95% likelihood that the true value of the state percentage for Indicator 4A is between these two values.
- For Indicator 4B, effectively communicate their children’s needs, a measure of 556. The percent of families who reported that early intervention services helped them *help them effectively communicate their child’s needs* (Indicator 4B) was 63.2%. The 95% confidence interval for the true population percentage is 57.7% - 68.4%.
- For Indicator 4C, help their children develop and learn a measure of 516. The percent of families who reported that early intervention services helped them *help their child develop and learn* (Indicator 4c) was 80.8%. The 95% confidence interval for the true population percentage is 76.0% - 84.8%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- Responses were received from all twenty-one counties in New Jersey.
- Survey responses were received from 307 families, representing an 18% return rate (307/1699). This return rate was higher than most other states and resulted in achieving a 95% confidence interval. Piedra Data Services reported that the average return rate for Part C NCSEAM surveys is 15-18%.
- The targets were achieved for 4A, 4B and 4C.
- Survey results were shared with the SICC SPP/APR Committee on January 8, 2009 for their review and recommendations
- The following business rules were applied in the selection of families to receive the family survey.
 - Children must have been in the system for at least 9 months from referral; and
 - Children that had an active IFSP or exited early intervention 3 months or less from the population selection date.
- The analysis of NJEIS data using the above business rules identified a total population size of 3703 families as documented by the table below.

CountyName	African America n/ Not Hispanic	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic	White/ Not Hispanic	Grand Total
ATLANTIC	19		2	21	59	101
BERGEN	20	1	25	65	226	337
BURLINGTON	24		3	10	141	178
CAMDEN	45		5	25	142	217
CAPE MAY	4		1	4	20	29
CUMBERLAND	21			24	22	67
ESSEX	116	1	3	55	110	285
GLOUCESTER	10	1		6	136	153
HUDSON	22	2	12	88	56	180
HUNTERDON			3	3	36	42
MERCER	30	1	16	29	75	151
MIDDLESEX	24		47	55	157	283
MONMOUTH	12	1	2	29	240	284

MORRIS	4		12	23	120	159
OCEAN	17		1	46	441	505
PASSAIC	23	1	6	87	128	245
SALEM	4			4	14	22
SOMERSET	5	3	15	21	97	141
SUSSEX	4		1	3	41	49
UNION	35		2	63	127	227
WARREN	2		2	2	42	48
Grand Total	441	11	158	663	2430	3703

Sampling Plan

NJEIS conducted a two year analysis of historic NJEIS family survey data to identify a potential return rate in an effort to prevent a high margin of error. The NJEIS return rate in FFY 2006-2007 was 15%. Historically, Hispanic and African American (AA/H) families have lower return rates than other race groups (W/A/AI). This difference was documented in the analysis of the 2005-2006 family survey return rates. Therefore, the NJEIS over sampled these two race groups. NJEIS population varies widely for each county. A minimum and maximum sample size was set to ensure that the sample size from small and densely populated counties was appropriately represented.

NJEIS not only wanted to examine the results from the overall population, but also wanted to understand the differences between key demographic subgroups within the population. In order to be certain to obtain a sample that is representative of the NJEIS population and based on analysis results from previous family surveys, NJEIS implemented the use of a county stratified random sampling without replacement, unequal allocation (Hispanic and African American race group will be pulled at higher percentages than other race groups). The detailed plan follows:

Step 1: Target number of survey returns per county.

- The sampling plan is a county stratified random sample without replacement, unequal allocation.
- The sampling rate is 10% with a minimal county stratum size of 20 and a maximum county stratum size of 75. This would be a sample size of 500.
- The margin of error (MOE) per county varied from 7% to 21%. The margin of error for 16 out the 21 counties is about 18%.

Step 2: Calculate outgoing sample.

To compensate for a projected lower response rate from African American and Hispanic race groups, an additional sample was drawn in each of the county stratum. With a 30% expected return rate, the actual number of family surveys mailed was 1,699 for the NJEIS population of 3703 as documented by the table below.

Step 3: Analysis Weights

Both stratification and differential response cause samples to deviate from representativeness and therefore weights were adjusted for both. As part of the analysis, a weight inverse was implemented to the:

- Sampling fraction (s.f.) (including all differentials in target n and field sampling rate); and
- Response rate.

CountyName	expected returns				sample out			total
	N	s.f.	MOE	W/A/AI	f.s.r.	AA/H	f.s.r.	
ATLANTIC	20	20%	20%	40	66%	40	99%	80
BERGEN	34	10%	16%	85	34%	43	50%	128
BURLINGTON	20	11%	21%	54	37%	19	56%	73
CAMDEN	22	10%	20%	50	34%	35	51%	85
Cape May	20	69%	12%	21	100%	8	100%	29

CUMBERLAND	20	30%	18%	22	100%	45	100%	67
ESSEX	29	10%	17%	39	34%	87	51%	126
GLOUCESTER	20	13%	20%	60	44%	10	65%	70
HUDSON	20	11%	21%	26	37%	61	56%	87
HUNTERDON	20	48%	16%	39	100%	3	100%	42
MERCER	20	13%	20%	41	44%	39	66%	80
MIDDLESEX	28	10%	18%	67	33%	39	49%	106
MONMOUTH	28	10%	18%	80	33%	20	49%	100
MORRIS	20	13%	20%	55	42%	17	63%	72
OCEAN	51	10%	13%	149	34%	32	50%	181
PASSAIC	25	10%	19%	46	34%	56	51%	102
SALEM	20	91%	7%	14	100%	8	100%	22
SOMERSET	20	14%	20%	54	47%	18	71%	73
SUSSEX	20	41%	17%	42	100%	7	100%	49
UNION	23	10%	19%	44	34%	50	51%	93
WARREN	20	42%	17%	44	100%	4	100%	48
Grand Total	500	14%	4.1%	1071	41%	642	58%	1713

Promotion of the Survey and Follow-Up

Families mailed the completed survey directly to an outside agency to analyze the survey results. A unique child identification number was documented on each survey to provide demographic information. The outside agency conducting the analysis only provided a listing of the child identification numbers of families responding to the survey back to the NJEIS. This enabled the NJEIS to conduct follow-up activities to obtain a representative sample. At no time did the outside agency share information with NJEIS on how any individual family responded.

To ensure NJEIS received the representative sample, the following was implemented:

1. In FFY 2007 the survey was redesigned to provide the impact questions on one form with English on one side and Spanish on the other side so that all families in the sample received the survey in both languages.
2. Families who had not identified English as their primary language were identified through the demographic data and the NJEIS would provide:
 - a. Families with a translated version of the survey (if available); or
 - b. Offer to conduct a phone survey with the family.
3. To improve response rates, the lead agency reviewed and verified family addresses with the Service Coordination Units prior to the initial mailing of the survey.
4. Returned mail and phone contacts with families resulted in a second survey mailed to a confirmed address.
5. Reviewed the response rate and determined that there was sufficient response before closing the survey.

Improvement Activities	Status
Calculate the outgoing sample by county and race/ethnicity including as part of the analysis, apply a weight inverse to the sampling fraction (including all differentials in target number and field sampling rate); and response rate.	Ongoing Activity 2006-2011 For FFY 2007, 1699 families were mailed surveys. The outgoing sample plan is described above.

Improvement Activities	Status
Develop a letter to accompany the Family Survey co-signed by the Part C Coordinator and SPAN Co-Director.	Completed for 2006
Contract with a vendor to (1) print and distribute the NCSEAM Survey; (2) For completed surveys conduct scanning and data analysis.	Ongoing Activity 2006-2011 For FFY 2007, the NJEIS contracted with Piedra Data services to coordinate the preparation, mailing, return and analysis of the survey.
Contracted Vendor prints and mails to families the surveys including a unique child identification number that can be used to aggregate demographic data on responders and enable the NJEIS to ensure that a representative sample was achieved.	Ongoing Activity 2006-2011 In FFY 2007, 1699 families were mailed surveys. The survey was coded with a unique identifier that allowed the NJEIS to aggregate demographic data on responders and conduct follow-up with non-responders.
Families mail the completed survey directly to the Contracted Vendor for survey processing (opening, scanning, data verification). Families who have not identified English as their primary language can be identified through the demographic data and the NJEIS will provide the family with a translated version of the survey (if available), or phone survey the family utilizing SPAN (PTI) families to assist with the completion of the survey.	Ongoing Activity 2006-2011 In FFY 2007 the survey was redesigned to provide the impact questions on one form with English on one side and Spanish on the other side so that all families in the sample received the survey in both languages.
Follow-up efforts: Contracted Vendor provides a listing of the child identification numbers of families responding to the survey back to the NJEIS for follow-up as needed to ensure a good return. At no time will the Contracted Vendor share information with NJEIS on how any individual family responded.	Ongoing Activity 2006-2011 In FFY 2007, forty four (44) surveys were returned to DHSS-NJEIS as undeliverable. Staff followed up on all returned mail and was able to resend twenty two (22) surveys to a corrected address.
Determine which families did not respond within a set time period and follow-up by mailing a reminder post-card and/or phone call.	Ongoing Activity 2006-2011 In FFY 2007, the lead agency conferred with the contracted vendor and determined that there was a sufficient return rate to close the survey without further follow-up. The high response rate may have been achieved due to the pre-verification of the family addresses with the Service Coordination Units prior to mass mailing.

Improvement Activities	Status
<p>Database creation, data definition file, Rasch analysis and State-level report containing figures reportable for February 2008 APR.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, Piedra Data Services created the database, data definition file and Rasch analysis. Piedra contracted with Batya Elbaum, Ph.D. and Randall D. Penfield, Ph.D. to prepare the state report.</p>
<p>Provide targeted technical assistance as needed in counties with low response rates or disproportionate responses from subgroups of the total population served in NJEIS.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, survey results were shared with the SICC SPP/APR Committee in March 2008 and in January 2009 with the Part C Steering Committee for review and recommendations.</p>
<p>Review family outcome survey results and revise procedural safeguards training as needed to address concerns identified.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, survey results were shared with the SICC SPP/APR Committee in March 2008 and in January 2009 with the Part C Steering Committee for review and recommendations.</p> <p>The NJEIS compared the results of FFY 2006 to FFY 2007 survey results regarding Procedural Safeguards issues. The following are the results to the question of “Early Intervention has helped me and/or my family”:</p> <ul style="list-style-type: none"> ▪ “Know about my child’s and family’s rights concerning EI services” increased from 55% to 91% (36% increase); ▪ “Feel that I can get the services and supports that my child and family need” increased from 46% to 81% (35% increase) and; ▪ “Understand how the EIS works” increased from 52% to 90% (38% increase).
<p>Provide information and guidance to Service Coordination Units and EIP agencies on identifying strategies that are supportive of families participating in early intervention services and designed to build upon family strengths and capacity to exercise their rights, effectively communicate their children’s needs and help their child learn and develop.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, survey results were shared with the SICC SPP/APR Committee in March 2008 and in January 2009 with the Part C Steering Committee for review and recommendations.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

<p>Monitoring Priority: Effective General Supervision Part C / Child Find</p>
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Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

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

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

<p>Measurement:</p>

- | |
|--|
| <ul style="list-style-type: none"> A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions. B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data. |
|--|

FFY	Measurable and Rigorous Target
2007 (2007-2008)	0.62 percent of infants and toddlers birth to 1 will have IFSPs

Actual Target Data for FFY 2007:

- A. For FFY 2007 (2007-2008), New Jersey served 0.65% (728/111,931) of infants, birth to one, with IFSPs, compared to states with similar moderate eligibility (as of November 12, 2008 at <http://spp-apr-calendar.rfcnetwork.org/explorer/view/id/555>) whose average was 0.97% (10,858/1,121,917).
- B. For FFY 2007 (2007-2008), New Jersey served 0.65% (728/111,931) of infants, birth to one, with IFSPs, compared to the national (USA, DC, Puerto Rico and outlying areas) average of 1.05% (45,367/4,313,294).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- Data used for comparison to the states with similar eligibility and the national average is from 2007 posted by OSEP at <http://spp-apr-calendar.rfcnetwork.org/explorer/view/id/555> as of January 2009.
- New Jersey exceeded the target by 0.03% for this indicator as set by stakeholders for this reporting period.
- When compared with FFY 2006, the New Jersey state percentage of children birth to one year increased by 0.02% whereas the national percentage increased by only 0.01%.
- As of December 1, 2007, 0.65% of all infants less than 12 months of age was enrolled in NJEIS. 61.9% (13/21) of the twenty-one NJEIS counties met or exceeded the target of 0.62%.

- The number of children birth to one year on December 1, 2007 increased 7.69% (child count increased by 52 (676 to 728) children).
- The total number of referrals of children birth to age one year received from July 1, 2007 through June 30, 2008 increased 7.1% (3521 to 3771) than the number received from July 1, 2006 through June 30, 2007.
- The number of referrals from July 1, 2007 through June 30, 2008 examined by age and outcome identified that 3.36% (3,771/112,166) of live births (preliminary resident births as of December 2008) were referred to NJEIS. The ineligibility rate for children referred birth to age one increased from 30% in FFY 2006 to 32% in FFY 2007.
- The correction for prematurity in determining eligibility may be contributing to the high ineligibility rate. The Department received comment during the public comment period for NJ Rules. The Department considered eliminating the correction for prematurity a substantive change in rules. Therefore, this change will be issued as a proposed amendment to the rules with a request for public comment. Any change could not be effective until next year.
- The Department of Health and Senior Services (DHSS), New Jersey Early Intervention System (NJEIS) is transitioning the System Point of Entry for the NJEIS from twenty-one county Service Coordination Units (SCUs) to four Regional Early Intervention Collaboratives (REICs) effective July 1, 2008. A statewide toll free number for referral will replace twenty-one local numbers. The toll free number is expected to improve child find since it will eliminate the need to constantly update and redistribute public awareness materials that resulted in the past as telephone numbers changed. The Regional System Point of Entry (SPOEs) will be responsible for the referral through eligibility determination. This will improve timely data entry which is done at the REIC and provide the lead agency with more up-to data on 45 day timeline data. Eligible children will be transitioned to an on-going service coordinator at a county SCU for a Family Information Meeting, Initial IFSP meeting, service(s) assignment, ongoing periodic/annual IFSP and transition. The transition of referral calls from the twenty-one counties to the Regional SPOEs will occur over FFY 2008 as the new toll free number is distributed and used by referral sources. The DHSS shifted resources from the twenty-one county SCUs to the Regional SPOEs when planning the SCU caseload for the FFY 2008 (SFY 2008) grants. Referral procedures and forms were standardized for use across the four regions. Regional SPOE Service Coordinators and Service Coordinator Associates were hired by the REICs and received five days of training in preparation for the July 1, 2008 effective date.

Age	FFY 2006 Referral	FFY 2007 Referrals	FFY 2007 % Growth	FFY 2006 Ineligible	FFY 2007 Ineligible
0 – 1	3521	3,771	7.1%	30%	32%
1 – 2	6034	6,726	11.5%	22%	23%
2 – 3	5583	6,052	8.4%	26%	25%
Total	15,138	16,549	9.3%	25.2%	25.7%

Improvement Activities	Status
<p>Run and rank county performance on percentage of children birth to one served based on the December 1 count compared to county census data.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>County data ranged from a low of 0.36% to 1.73%. Eight of twenty-one counties were below the 0.65% statewide average. The data are included in the Annual County Performance Reports.</p>
<p>Select counties with low performance and prepare available data on these counties including referral sources, birth registry data, and diagnosed conditions.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>County data are prepared and shared with the REICs and SICC committees assigned to assist with this indicator.</p>
<p>REICs work with identified counties to analyze data, locate community resources and develop targeted child find and public awareness plans to increase the percentage of children birth to one in the identified county.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>Targeted child find plans were developed and implemented by the four REICs. Outreach and child find events included:</p> <ul style="list-style-type: none"> • Development of a statewide EI brochure entitled "Your Child's Development: Important Milestones". • The REICs formed a stakeholder's workgroup, planned & held a statewide Awareness to Action Conference which focused on developing community connection & collaboration with the 17 Federally Funded Health Clinics, & the Black Infant Mortality Coalition. 120 Attendees. • Presented at conferences and meetings including: <ul style="list-style-type: none"> ▪ Statewide Family Childcare Conference ▪ Regional Panel Presentations with Child Health Regional Networks ▪ ARC of Mercer County ▪ Six DYFS District Offices ▪ St. Peter's Medical Center including NICU, special care follow up & pediatric sub- specialist staff ▪ Capital Health Hospital systems to NICU families & staff ▪ Bergen County Office for Children Annual Child Care Event. ▪ Cumberland Agencies Linking Families including 30 community organizations ▪ South Asian Health Summit Conference/Statewide Network for Cultural Competence ▪ Trenton EI & You Working Together presentation for teenage mothers & staff

Improvement Activities	Status
	<ul style="list-style-type: none"> ▪ Quarterly Meetings with Tri-County, Atlantic County Head Start programs and other community partners. • Interviewed on South Asian radio station in East Brunswick about NJEIS & related questions on child development. • Disseminated materials through: <ul style="list-style-type: none"> ▪ Targeted mailings to NICUs and physicians ▪ National Caregivers Conference ▪ Multicultural Healthcare conference, Leonia Annual Health Fair ▪ Passaic Special Needs Resource Fair ▪ Disabilities Resource Fair ▪ Trenton El Centro De Recursos Para Familias Health Fair ▪ Lakewood FACES Health Fair ▪ Edison Health Fair ▪ NJ DDD Provider Fair ▪ NAEYC week of the Young Child Fair ▪ Healthy Mothers/Healthy Babies Fair
<p>Continue ongoing meetings between NJEIS and the Division of Youth and Family Services (DYFS) to develop policy and procedures to ensure appropriate referral of children under Child Abuse Prevention and Treatment Act (CAPTA) and/or potentially eligible children.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007 the Department of Health and Senior Services and Department of Children and Families (DCF) established a work group to design CAPTA training. The DCF assigned their Training Academy to work with DHSS consultants to complete training protocols and implement training for FFY 2008.</p>
<p>NJEIS and DYFS facilitation of regional and local collaboration with Child Welfare Planning Councils.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>REICs conducted outreach to six (6) DYFS district offices through presentations and discussion meetings-185 attended.</p>
<p>Collaborate with SPANs NICU Project to provide information to families about early intervention.</p>	<p style="text-align: center;">Completed FFY 2006</p>
<p>Collaborate with the Family Support Committee of the SICC on activities to increase early identification and referral to NJEIS.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2006, the SICC passed a motion recommending that the lead agency remove the corrected age from the eligibility criteria.</p> <p>In FFY 2007, the Department received comment during the public comment period for NJ Rules. The Department considered eliminating the correction for prematurity a substantive change in rules. Therefore, this change will be issued as a proposed amendment to the rules with a</p>

Improvement Activities	Status
	<p>request for public comment. Any change could not be effective until next year.</p> <p>Family Support Coordinators continue to work with the Family Support committee.</p>
<p>Complete two Physician Trainings through the State Improvement Grant to encourage early identification and referral of children to NJEIS.</p>	<p>Completed FFY 2005</p>
<p>Explore opportunities to collaborate with a NJ Immigration Project (NJIPN) that is reaching out to, collecting information on, and conducting outreach to immigrant families and health services.</p>	<p>Ongoing Activity</p> <p>In FFY 2007, SPAN shared information on early intervention and services for infants, toddlers, and children with disabilities with the NJ Immigration Policy Network. SPAN also submitted an application to the Robert Wood Johnson NJ Health Initiatives program in collaboration with the NJ Immigration Policy Network for funding to work intensively with immigrant families of children with special needs to help them access needed services including early intervention.</p>
<p>Plan presentations at grand rounds and business meetings of hospitals statewide.</p>	<p>Completed in 2006</p>
<p>Conduct a session at St. Joseph's Hospital in Paterson, an inner city community with typically underserved populations. Links are being forged with the Pediatric Council on Research and Education (PCORE), the charitable foundation of the American Academy of Pediatrics/NJ Chapter (AAP/NJ).</p>	<p>Completed FFY 2006</p>
<p>Develop training that will be implemented at physician's offices for office staff that meet the needs of patients and families. This will include the exploration of a link with the ongoing EPIC Children's Futures project, in which PCORE participates, addressing the developmental and psychosocial needs of children 0-3 years of age in the city of Trenton.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, the lead agency continued to participate in the review of curriculum used for educating child welfare workers and physicians. The curriculum components include Suspected Child Abuse and Neglect and Developmental Anticipatory Guidance including information on NJEIS.</p> <p>In FFY 2007 NJEIS entered into contract discussions with PCORE to design and implement an interdisciplinary panel presentation for nine (9) Children's Hospitals across NJ for FFY 2008. The presentations would be offered to link with existing business meetings, residency workshops, and Grand Rounds. In addition, PCORE would provide follow-up with connecting training participants</p>

Improvement Activities	Status
	to other related PCORE educational opportunities (e.g. Medical Home, Developmental Screening, Partnering with Parents, etc...).
Explore collaboration with ongoing home visiting training projects through Prevent Child Abuse and NJ Academy for Home Visitation Training regarding screening and potential referrals to NJEIS.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007 the Department of Health and Senior Services and Department of Children and Families (DCF) established a work group to design CAPTA training. The DCF assigned their Training Academy to work with DHSS consultants to complete training protocols and implement training for FFY 2008.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
2007 (2007-2008)	2.31 percent of infants and toddlers birth to 3 will have IFSPs

Actual Target Data for FFY 2007:

- A. For FFY 2007 (2007-2008), New Jersey served 2.84% (9,389/330,032) of infants and toddlers, birth to three, with IFSPs, compared to states with similar moderate eligibility (as of October 21, 2008 at <http://spp-apr-calendar.rrfcnetwork.org/>) whose average was 2.99% (98,768/3,307,219).
- B. For FFY 2007 (2007-2008), New Jersey served 2.84% (9,389/330,032) of infants and toddlers, birth to three, with IFSPs, compared to the national (USA, DC, Puerto Rico and outlying areas) average of 2.53% (321,894/12,719,727).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- Data used for comparison to the states with similar eligibility and the national average is from 2007 as posted by OSEP at <http://spp-apr-calendar.rrfcnetwork.org/> as of January 2009.
- New Jersey exceeded the target for this indicator as set by stakeholders for this reporting period.
- When compared to FFY 2006, the percentage of infants, birth to three, with IFSPs in New Jersey increased by 0.04%.
- The total number of children enrolled in NJEIS on December 1, 2007 (9,389) increased 0.85% from December 1, 2007 (9,310).
- The total number of referrals birth to three years received July 1, 2007 through June 30, 2008 increased 9.3% (15,138 to 16,549) compared to FFY 2006.

- As of December 1, 2007, New Jersey served 2.84% of infants and toddlers, birth to three, with IFSPs.
- 81% (17/21) of NJEIS counties met or exceeded the target of 2.31%
- The Department of Health and Senior Services (DHSS), New Jersey Early Intervention System (NJEIS) is transitioning the System Point of Entry for the NJEIS from twenty-one county Service Coordination Units (SCUs) to four Regional Early Intervention Collaboratives (REICs) effective July 1, 2008. A statewide toll free number for referral will replace twenty-one local numbers. The toll free number is expected to improve child find since it will eliminate the need to constantly update and redistribute public awareness materials that resulted in the past as telephone numbers changed. The Regional System Point of Entry (SPOEs) will be responsible for the referral through eligibility determination. This will improve timely data entry which is done at the REIC and provide the lead agency with more up-to-date 45 day timeline data. Eligible children will be transitioned to an on-going service coordinator at a county SCU for a Family Information Meeting, Initial IFSP meeting, service(s) assignment, ongoing periodic/annual IFSP and transition. The transition of referral calls from the twenty-one counties to the Regional SPOEs will occur over FFY 2008 as the new toll free number is distributed and used by referral sources. The DHSS shifted resources from the twenty-one county SCUs to the Regional SPOEs when planning the SCU caseload for the FFY 2008 (SFY 2009) grants. Referral procedures and forms were standardized for use across the four regions. Regional SPOE Service Coordinators and Service Coordinator Associates were hired by the REICs and received five days of training in preparation for the July 1, 2008 effective date.

Improvement Activities	Status
Run and rank county performance on percentage of children birth to three served based on the December one count compared to county census data.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, a ranking of the December 2007 child count compared to 2007 census data was completed.</p>
Select counties with low performance and prepare available data on these counties, including referral sources, birth registry data, and diagnosed conditions.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, County data were prepared and shared with the REICs and SICC committees assigned to assist with this indicator.</p>
REICs work with identified counties to analyze data, locate community resources and develop targeted child find and public awareness plans to increase the percentage of children birth to three in the identified county.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, the county/regional data were analyzed to direct regional/county child find efforts.</p> <p>A statewide poster and EI brochure entitled "Your Child's Development: Important Milestones" was developed in English and Spanish for dissemination to announce a new statewide, toll free phone number for referral to the NJEIS.</p> <p>Targeted child find plans were developed & implemented by the four REICs. Outreach & child find events included:</p> <ul style="list-style-type: none"> ▪ The REICs formed a stakeholder's workgroup, planned & held a statewide Awareness to Action Conference, which

Improvement Activities	Status
	<p>focused on developing community connections, child find, outreach & collaboration with the 17 Federally Funded Health Clinics, & the Black Infant Mortality Coalition. 120 Attendees.</p> <ul style="list-style-type: none"> ▪ Presentation in collaboration with the ARC of Mercer County on EI & Sibling Issues, including Annotated Bibliography on Siblings - 25 families attended. ▪ 6 DYFS District Office presentations & discussion meetings – 185 attendees ▪ Presentation at Capital Health Hospital systems in Trenton to NICU families & staff on Early Intervention, Parent to Parent & developmental milestones. ▪ Presentation at St. Peter’s Medical Center in New Brunswick to medical staff including NICU, special care follow up & pediatric sub specialists to enhance understanding of EI system & referral process- 100 attendees ▪ Statewide Family Childcare Conference – presentation to 50 family child care providers on EI & child development – Display table for distribution of materials. ▪ South Asian Health Summit Conference/Statewide Network for Cultural Competence, New Brunswick – Speaker on EI system & referral process to 250 attendees including physicians & health care providers. ▪ EI & You Working Together presentation in Trenton to teen mothers & staff at their school based program & child care site on EI including developmental milestones. ▪ Quarterly Meetings with Tri-County, Atlantic County Head Start programs & other community partners. <p><u>Mailing of Materials</u></p> <ul style="list-style-type: none"> ▪ 4 informational mailings to NICU ▪ 19 Physician and sub specialty mailings ▪ Disseminate information to 500 attendees of the National Caregivers Conference. ▪ Disseminate information to 300 attendees of the Multicultural Healthcare conference ▪ Disseminate materials to 700 attendees of the annual Health Fair in Leonia. ▪ Special Needs Resource Fair in Passaic County- 150 attendees. ▪ Disabilities Resource Fair- 200 attendees

Improvement Activities	Status
	<ul style="list-style-type: none"> ▪ Presentations to Bergen County Office for Children annual Childcare Conference. ▪ Distribute information NJ DDD provider fair- 300 attendees. ▪ Distribute information- Lifeline for theJourney-15 attendees. ▪ Cumberland Agencies Linking Families – attending ongoing meetings along with 30 community organizations. ▪ NAEYC Week of the Young Child Fair- Burlington County. 100 families attended. ▪ Healthy Mothers/Healthy Babies Health Fair-distributed information to 75 families ▪ Interviewed on South Asian radio station in East Brunswick about NJEIS & related questions on child development.
<p>Continue ongoing meetings between NJEIS and the Division of Youth and Family Services (DYFS) to develop policy and procedures to ensure appropriate referral of children under Child Abuse Prevention and Treatment Act (CAPTA) and/or potentially eligible children.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007 the Department of Health and Senior Services and Department of Children and Families (DCF) established a work group to design CAPTA training. The DCF assigned their Training Academy to work with DHSS consultants to complete training protocols and implement training for FFY 2008.</p>
<p>NJEIS and DYFS facilitation of regional and local collaboration with Child Welfare Planning Councils.</p>	<p style="text-align: center;">Completed for 2006</p>
<p>Collaborate with the Family Support Committee of the SICC on activities to increase referral to NJEIS.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, the REIC Family Support Coordinators continued to liaison with the SICC Family Support Committee specifically on the changes to the System Point of Entry for referral, child find materials and activities. The committee was also instrumental in planning activities for an EI week in May 2008.</p>
<p>Complete two physician trainings through the State Improvement Grant to encourage referral of children to NJEIS.</p>	<p style="text-align: center;">Completed for 2006</p>

Improvement Activities	Status
<p>Expand use of bilingual service coordinator associates (SCAs-paraprofessionals) to facilitate communication with families who are non-English-speaking.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>In FFY 2007 the planning for a FFY 2008 regional System Point of Entry included hiring of bi-lingual SPOE service coordinators, provided additional bi-lingual staff already located at REIC offices and contracting with "language line" services for more immediate access to an interpreter while a family is on the telephone.</p>
<p>NJEIS Autism Project Specialist follows national research and incorporates the information into NJEIS recommended practice for the early identification of children on the autism spectrum.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>In FFY 2007, the DHSS-NJEIS continued to employ a full time Autism Project Specialist that advises and serves as a resource to the NJEIS, Department of Health and Senior Services and Governor's Office.</p> <p>The Autism Project Specialist was appointed by the Commissioner of DHSS to serve a three year term on the Governor's Council for Medical Research and Treatment of Autism. In addition the Autism Project Specialist was selected as the Commissioner's designee to the NJ Adults with Autism Task Force.</p> <p>The Service Guidelines for Children with Autism in the NJEIS are under revision to reflect systemic and best practice changes since the initial publication in 2003.</p> <p>NJ legislation in 2007 required the DHSS-NJEIS to create guidelines for use by healthcare professionals in NJ to improve the early identification and referral of children with or suspected of having autism. This included a revision to the DHSS Special Child Health Needs Registry, which now includes mandatory autism reporting.</p> <p>The Autism Project Specialist continued to provide technical assistance, as needed, to practitioners and families to assist with the development of appropriate IFSPs.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

<p>Monitoring Priority: Effective General Supervision Part C / Child Find</p>
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Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

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

<p>Measurement:</p>

<p>Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.</p>
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<p>Account for untimely evaluations.</p>
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FFY	Measurable and Rigorous Target
2007 (2007-2008)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Actual Target Data for FFY 2007:

For FFY 2007, 92.77% (603/650) of eligible infants and toddlers with IFSPs received an evaluation and assessment and had an initial IFSP meeting conducted within Part C's 45-day timeline. Family reasons were included in both the numerator and denominator.

603 children of 650 children had an IFSP meeting within 45 days of referral as monitored by the lead agency through the procedures described below.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- NJEIS performance for this indicator decreased 3.03% from 95.8% in FFY 2006 to 92.77% in FFY 2007.
- NJEIS implemented a new rigorous sampling methodology to monitor this indicator. In previous fiscal years, NJEIS used census data and did not use a sampling methodology.
- As the NJEIS data system has evolved, so has the understanding that NJEIS can and should strengthen procedures to ensure statistically sound methodology in the selection of records used to measure county performance. Therefore, NJEIS moved from using census data to implementation of a more rigorous sampling methodology in conducting data desk audits for FFY 2007.
- The sampling methodology was implemented to ensure that the NJEIS population which varies widely for each county, is appropriately represented based on the population size of the county.

Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.

- Monitoring begins with a data desk audit based on a stratified random sample of three months of FFY 2007 data.
- Data reported for this indicator are taken from the NJEIS data system and reflect actual days from the date of referral to the date of the initial IFSP meeting for every eligible child who received an IFSP.
- Data are collected for all twenty-one counties.
- Of 650 children whose initial IFSPs were developed during the months of October, November and December of 2007, 603 of the IFSPs were in compliance with 45 calendar days including the 106 initial IFSP meetings that were delayed because of family reasons.
- The 106 family-initiated reasons were included in the calculations and documented in service coordinator notes and NJEIS data system. Family reasons include family moving, child illness or hospitalization, family response time, failure to attend scheduled appointments, and family requested delays.
- 47 IFSP meetings were delayed for systems reasons. Twenty-two (3.4%) delays resulted from untimely evaluation, twenty-four (3.7%) were due to service coordination delay and one (0.2%) was due to an EIP delay.
- Two factors are important to note related to the slippage in performance on this indicator:
 - Four (4) agencies were still under a CAP from previous years when the monitoring for FFY 2007 was completed. Therefore, the data from these four agencies reflected previously identified noncompliance that was currently under correction.
 - 48.9% (23/47) of the system delays are attributable to one large urban county. In fact, without the data from this county, there would be no slippage in NJEIS performance for this indicator. The FFY 2007 performance would be 96.02% (579/603). This county was sanctioned due to uncorrected noncompliance and given at-risk status in SFY 2008. In January 2009, this county's status was upgraded to high-risk due to continuing noncompliance.
- Based on FFY 2007 monitoring data, three counties were issued corrective action plans in FFY 2007.
- The CAP for one county was successfully completed, correction verified and the CAP was closed by September 2008. The remaining counties are making progress as of January 2009 and are expected to achieve 100% compliance within twelve months of the identified finding.
- In addition to sanctions, one additional strategy being used to address statewide slippage is moving the Single Point of Entry (SPOE) out of the SCU and placing it at the REIC so that the process from referral to eligibility occurs at the REIC level. At that point, children who are found eligible are identified to the SCU to initiate the IFSP meeting.

Correction of noncompliance reported in the February 2008 APR

- Based on FFY 06 monitoring data and findings, Corrective Action Plans (CAPs) were issued to five counties. Three of the five CAPs were successfully completed, correction verified and the CAPs closed within twelve months of the identification of the finding. Of the two remaining CAPs that did not correct timely, one was corrected within 18 months and one was corrected in 24 months (1/23/08 and 7/16/08).

Improvement Activities	Status
Track progress of individual referrals through SPOE data and as necessary address potential delays.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> In FFY 2007, the NJEIS lead agency and REICs monitored referral data through the state database and, as needed, addressed potential delays.

Improvement Activities	Status
	<p>Specific activities included:</p> <ul style="list-style-type: none"> • Planned and implemented a training for the new EI System Point of Entry (SPOE) service coordinators including the acquisition of a new statewide toll free number, creation of new referral form, uniform welcome packets for all new families & other support materials. • Developed training materials, recruited, hired & trained 18 REIC staff and developed uniform practices to ensure consistent implementation across the state. • Developed internal process for each REIC to track referrals and timely follow through of all processes including ongoing review of referrals to check for completeness.
<p>Complete a competitive Request for Proposal to increase the number of Targeted Evaluation Teams (TETs) and ensure back-up TETs in each county.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>Targeted evaluation team (TET) request for proposal (RFP) was finalized in FFY 2006 to facilitate timely eligibility evaluation in all counties. Additional TETs were awarded for:</p> <ul style="list-style-type: none"> ▪ Essex county - April 2007 ▪ Bergen, Passaic, Hudson -March 2007 ▪ Middlesex - November 2008 ▪ Morris and Sussex - November 2008
<p>Conduct monitoring activities on the 45 day requirement annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.</p>	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>The desk audit on the 45 day requirement was conducted based on October, November and December 2007 IFSPs. Corrective Action Plans were issued and correction is being monitored.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

<p>Monitoring Priority: Effective General Supervision Part C / Effective Transition</p>
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Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

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

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

<p>Measurement:</p>

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

FFY	Measurable and Rigorous Target
2007 (2007-2008)	A. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services.
	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a transition conference, if the child is potentially eligible for Part B.

Actual Target Data for FFY 2007:

Indicator 8A

For FFY 2007, 99.2% (363/366) of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services.

363 children of 366 children's IFSPs contained transition steps and services as monitored by the lead agency through the procedures described below.

Indicator 8B

For FFY 2007, 98.7% (313/317) of all children exiting Part C and potentially eligible for Part B received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including notification to the local education agency (LEA).

313 children of 317 children exiting Part C had notification to the LEA as monitored by the lead agency through the procedures described below.

Indicator 8C

For FFY 2007, 95.0% (361/380), of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B. Family reasons were included in both the numerator and denominator.

361 children of 380 children had a timely Transition Planning Conference as monitored by the lead agency through the procedures described below.

121 families did not provide approval to conduct the transition conference and were not included in the numerator or denominator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- Data were reported for all twenty-one counties.
- Data reported for 8A and 8B were collected through the annual self-assessment process. The DHSS-NJEIS requires that local agencies institute self-improvement plans based on self-identified findings for these indicators and ensures that the local agencies demonstrate 100% compliance by January through the improvement plan. Agencies that do not self correct and demonstrate 100% compliance by January are issued corrective action plans by DHSS-NJEIS for correction within twelve months of the initial self-identified findings submitted for September 1, 2008.
- 8C was obtained through a desk audit and inquiry using the NJEIS data system.

Indicator 8A

- NJEIS made progress on this indicator moving from 96.5% reported for FFY 2006 to 99.2% for FFY 2007.
- Self-assessment data were reported for twenty-one counties during the FFY 2007.
- The 99.2% calculation is based on 363/366 records in compliance.

Correction of noncompliance identified in FFY 2006 and reported in the February 2008 APR

- In response to the OSEP FFY 2006 SPP/APR Response Table, NJEIS ensures that the seven counties that self-identified non-compliance for this indicator were successful in achieving 100% correction of the non-compliance within twelve months (by September 2008) as verified through monthly reports to the REIC and DHSS-NJEIS.

Indicator 8B:

- Self-assessment data were reported for twenty-one counties during FFY 2006.
- The 98.7% calculation is based on 313/317 records in compliance.
- NJEIS made progress on this indicator moving from 98.4% reported for FFY 2006 to 98.7% for FFY 2007.
- By September 2008 two counties self-identified non-compliance and implemented improvement plans. The counties were required to report monthly to the REICs and correct non-compliance by

January 1, 2009. As of January 2009, the two counties did document 100% compliance. The counties were not issued corrective action plans by DHSS-NJEIS.

Correction of noncompliance identified in FFY 2006 and reported in the February 2008 APR

- In response to the OSEP FFY 2006 SPP/APR Response Table, NJEIS ensures that the two counties that self-identified non-compliance for this indicator were successful in achieving 100% correction of the non-compliance within twelve months (by September 2008) as verified through monthly reports to the REIC and DHSS-NJEIS.

Indicator 8C:

- NJEIS performance for this indicator slipped slightly from 95.2% in FFY 2006 to 95.0% in FFY 2007.
- As the NJEIS data system has evolved, so has the understanding that NJEIS can and should strengthen procedures to ensure statistically sound methodology in the selection of records used to measure county performance. Therefore, NJEIS moved from using census data to implementation of a more rigorous sampling methodology in conducting data desk audits for FFY 2007.
- The sampling methodology was implemented to ensure that the NJEIS population, which varies widely for each county, is appropriately represented based on the population size of the county. Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.
- Monitoring begins with a data desk audit based on a stratified random sample of three months of FFY 2007 data.
- For FFY 2007, 95.0% (361/380) of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B when excluding from the numerator and denominator the 121 families who did not provide approval to conduct the transition conference for family reasons.
- Data were reported for all twenty-one counties.
- A data desk audit was conducted on 501 children that turned 3 during December, January and February of FFY 2007.
- Out of the 501 children, 121 families declined the TPC, reducing the total number of records monitored to 380 children.
- Of the 380 children, 278 were timely, 83 were delayed due to family reasons and 19 untimely due to NJEIS and LEA. Family reasons were included in both the numerator and denominator.
- The 83 family-initiated reasons were included in the calculations and documented in service coordinator notes. Family reasons include family vacations, family out of the country, child illness or hospitalization, family response time, family failure to attend scheduled appointments, and family requested delays.
- 95.0% (361/380) of those children had TPCs in compliance with Part C requirements.
- Based on FFY 2007 monitoring data, four counties were issued corrective action plans.
- The CAP for one county was successfully completed, correction verified and the CAP was closed by November 2008. The remaining counties are making progress as of January 2009 and are expected to achieve 100% compliance within twelve months of the identified finding.

Correction of noncompliance identified in FFY 2006 and reported in the February 2008 APR

- In response to the OSEP FFY 2006 SPP/APR Response Table, NJEIS ensures that the four counties with identified non-compliance for this indicator were successful in achieving 100% correction of the non-compliance within twelve months under a corrective action plan with DHSS-NJEIS.

Improvement Activities	Status
<p>Conduct monitoring activities on the transition planning conference requirements and exiting data annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance and assure correction of noncompliance in accordance with federal requirements.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, the desk audit on the TPC requirement was conducted based on December, January and February children exiting the NJEIS at age three. Corrective Action Plans were issued requiring 100% compliance as soon as possible but no later than one year.</p>
<p>Revise the self assessment tool to collect LEA notification information.</p>	<p>Completed FFY 2006</p>
<p>Track transition activities through monthly self-assessment record reviews and as necessary address issues for improvement.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, contracted agencies conducted monthly self-assessment record reviews and, as necessary, initiated improvement plans. The annual self-assessment results were reported to the REICs in September 2008. On November 5, 2007, NJEIS clarified the number of transition record reviews required under the self assessment. Effective with the record reviews conducted for Jan-June 2008, at least 12 records must be on children who are in or have gone through transition.</p>
<p>Conduct review of self-assessment data and any county developed improvement plans annually, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.</p>	<p>Ongoing Activity 2006-2011</p> <p>Agencies requiring correction from FFY 2007 self-assessment related to transition activities were required to submit monthly self-assessment findings to REICs for up to the first six months (January 2009) as a sanction. REICs tracked improvement and advised the lead agency that no additional sanctions were needed.</p>
<p>Enhance SPOE to allow REICs and Service Coordination Units to run reports to track status of transition planning conferences.</p>	<p>In Process-FFY 2007 Update</p> <p>State fiscal concerns have increased the oversight of state contracts. A second contract extension was issued to Covansys to maintain the Central Management Office through calendar year 2009. The NJEIS is working with Covansys to improve the current SPOE Software to collect additional information related to the LEA notification and family "opt-out" option and Transition Planning Conference (TPC). This additional information will assist the NJEIS in ensuring appropriate notice is provided and assists</p>
<p>When the enhancement to SPOE is completed, track transition planning conference data through SPOE data report and as necessary address potential issues in meeting the requirements.</p>	

Improvement Activities	Status
	<p>the NJEIS monitoring staff to drill down on data during data desk audits, inquiries and verification of correction.</p> <p>New Jersey rules allow parents to decline notice regarding their child to the LEA. The current SPOE Software does not provide an option for recording information related to the LEA notification and the family's decision. In order to collect this information, the NJEIS requested that the SPOE Software be modified to include a designation of the family's choice regarding the notice to the LEA.</p> <p>The NJEIS has also requested a change to the program that is similar to the existing functionality associated with the 45-day timeline requirements to collect the reason why a Transition Planning Conference did not occur or was delayed. For the 45-day requirement associated with the development of the initial Individualized Family Service Plan (IFSP), the SPOE Software allows a reason for the delay in meeting the timeline to be entered into the database. Therefore Covansys has agreed to add new fields to the database that will provide TPC data including the date of the conference and the reason the date exceeded 90 days prior to the child's third birthday. The date field will be manually entered by the REIC after receiving documentation that the meeting was completed. If the date exceeds 90 days prior to the third birthday, the REIC will be required to enter a comment from a drop-down box. The system will automatically detect if the date entered is within the 90-day window prior to the child's third birthday.</p> <p>The reasons being made available are:</p> <ul style="list-style-type: none"> ▪ Family delayed TPC including illness/hospitalization, vacation, out-of-country, scheduling conflicts, inclement weather, awaiting CST Participation and referred to NJEIS within 90 days of 3rd Birthday ▪ System delayed TPC including SCU vacancies, SCU TPC cancellation, SCU missed timelines and LEA TPC cancellation.

Improvement Activities	Status
	<ul style="list-style-type: none"> ▪ Family declined TPC including CST non-participation, no interest in meeting, has sufficient decision making information and information not available.
Create and implement a Transition Planning Page for the IFSP form and process.	Completed FFY 2006
Continue availability of workshops for families at the regional collaborative offices and transition trainings conducted in collaboration between Parts B & C.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, Part B/C collaborative workshops, “Turning Three-Transition from Early Intervention Services”, were conducted. The average attendance per workshop was 50-60 people.</p> <ul style="list-style-type: none"> ▪ 36 transition to preschool presentations were provided to families – 398 attendees ▪ 7 presentations were provided to school personnel & EI personnel – 350 attendees ▪ 3 Transition to Preschool Training refreshers were provided to SCHS staff to address issues of noncompliance – 36 attendees ▪ Two “Connecting the Dots” related to presentation and discussion of documentary “Including Samuel” & focusing on family centered outcomes – 80 attendees.
Plan for and conduct a statewide training on Transition requirements.	<p style="text-align: center;">Not Completed for 2007</p> <p>Delays in final C regulations delayed this activity. The revised timeline for this activity is FFY 2009.</p> <p>The NJEIS convened a Transition Training Workgroup to develop and conduct statewide training on transition. The Workgroup includes CSPD, REIC Training & Technical Assistance Coordinators, Family Support Coordinators, and Monitoring staff.</p> <p>The Workgroup has met 6 times during September 2008 through January 2009 and has developed a full day interactive training focused on all transitions that may occur while a family is involved with the NJEIS. It is anticipated that regional trainings will be held in the Spring of 2009.</p>

Improvement Activities	Status
Revise and disseminate the Transition Booklet for families.	<p style="text-align: center;">In progress</p> Delays in final Part B and C regulations delayed this activity. Revisions have been made and the booklet is being finalized for release in FFY 2008.
Discuss with NJDOE-OSEP the opportunity for collaboration between the Part C and Part B stakeholders regarding transition activities and issues.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> NJEIS and NJDOE-OSEP continued a longstanding collaboration regarding transition activities and issues. This group of regional Parts B and C trainers is led by the co-chairs - EI CSPD and 619 Coordinator. Relationships and plans are now so solidified that state meetings are only necessary annually. Regional representatives handle issues as they arise, plan trainings, and conduct county meetings. Ongoing local meetings and networking between EI and special education staff have decreased the number of issues and especially those that needed to rise to the state monitoring or procedural safeguards complaint level.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

<p>Monitoring Priority: Effective General Supervision Part C / General Supervision</p>

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

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

<p>Measurement:</p>

Percent of noncompliance corrected within one year of identification:

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

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

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

FFY	Measurable and Rigorous Target
2007 (2007-2008)	100% of findings will be corrected as soon as possible but in no case later than one year of identification.

Actual Target Data for FFY 2007:

91.3% ((21/23) * 100%) of findings of non-compliance were corrected in a timely manner.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- 21 out of 23 findings were corrected within one year of identification.
- Two counties did not correct the non-compliance within one year of the finding in indicator 7. The corrective actions were to be completed by August 2007. Both counties were demonstrating progress but did not achieve 100% compliance within the one year timeline.
- The two counties that did not correct within one year were sanctioned. Sanctions included the designation of the county agencies as at-risk grantees and the county agencies were required to submit a status report and plan to NJEIS documenting the actions they had taken and would take to identify issues and develop solutions to ensure compliance with timely initial IFSP meetings.
- Both counties identified staff recruitment and retention as the root cause to the non-compliance.
- Both counties have met 100% compliance. One within 17 months (January 23, 2008) of the finding and the other county within 23 months (July 16, 2008).

Correction of noncompliance according to FFY 2006 Response Table

The remaining finding of noncompliance from FFY 2005 was corrected and verified on July 16, 2008.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	If over one year from identification, date of correction
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	5	
	Dispute Resolution: Complaints, Hearings	0	0	0	
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	
	Dispute Resolution: Complaints, Hearings	0	0	0	
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	
	Dispute Resolution: Complaints, Hearings	0	0	0	
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	
	Dispute Resolution: Complaints, Hearings	0	0	0	

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	If over one year from identification, date of correction
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	
6. Percent of infants and toddlers birth to 3 with IFSPs		Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	3	<ul style="list-style-type: none"> ▪ 1/23/08 ▪ 7/16/08
	Dispute Resolution: Complaints, Hearings	0	0	0	
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	7	7	
	Dispute Resolution: Complaints, Hearings	0	0	0	

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	If over one year from identification, date of correction
<p>8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:</p> <p>B. Notification to LEA, if child potentially eligible for Part B</p>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2	
	Dispute Resolution: Complaints, Hearings	0	0	0	
<p>8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:</p> <p>C. Transition conference, if child potentially eligible for Part B.</p>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4	
	Dispute Resolution: Complaints, Hearings	0	0	0	

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	If over one year from identification, date of correction
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	
	Dispute Resolution: Complaints, Hearings	0	0	0	
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	
	Dispute Resolution: Complaints, Hearings	0	0	0	
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	
	Dispute Resolution: Complaints, Hearings	0	0	0	
Sum the numbers down Column a and Column b			23	21	

Percent of noncompliance corrected within one year of identification = $21/23 * 100 = 91.3\%$
(column (b) sum divided by column (a) sum) times 100

Improvement Activities/Timelines/Resources:

Improvement Activities	Status
Conduct Annual Desk Audits with SPOE data to identify potential non-compliance, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implementation of	Ongoing Activity 2006-2011 Desk audits and inquiries were conducted in FFY 2007 that identified non-compliance and initiation of corrective action plans. In addition, corrective action plans issued

Improvement Activities	Status
corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	during FFY 2006 were tracked to ensure completion.
Conduct Incident Report inquiry with provider agencies to determine if individual child/family issues raised with the Procedural Safeguards Office are indicative of a systemic problem and, if yes, cite a finding of noncompliance, implement a corrective action plan, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>During FFY 2007, one hundred twenty five (125) families received approximately 1,556.25 hours of compensatory services in accordance with NJEIS decisions through informal resolution by the Procedural Safeguards Office. This included 610 hours of developmental intervention (a high number of developmental intervention hours are specific to the ABA methodology for children with ASD). This also included 495.25 hours of Speech & Language Therapy, 51 hours of Physical Therapy, and 400 hours of Occupational Therapy. Three informal resolutions resulted in a sanction to an Early Intervention Program (EIP) provider agency that was required to provide 20 hours of compensatory services at their expense. In addition, one formal complaint resulted in a sanction to an EIP requiring them to reimburse NJEIS the cost of seventeen hours of service.</p>
Identify potential non-compliance issues through annual self-assessment data analysis, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, self-assessment identified two counties that required correction. The counties were required to submit monthly self-assessment improvement plan reports related to transition activities (8B) to the REICs through December 2008 to track correction. Both counties corrected under an improvement plan.</p> <p>REICs provided technical assistance (TA) to the two county SCUs targeted for SCU administrators and service coordinators. TA addressed recruitment for staff shortages and review of NJEIS policies & procedures.</p>
Conduct on-site focused monitoring visits based on incident reports, procedural safeguards complaints, self-assessment data and concerns identified through ongoing review of system point of entry (SPOE) database.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>NJEIS state staff conducted three onsite focused monitoring visits as follow-up to agencies with ongoing compliance issues. Two agencies were under at risk sanctions and one agency was placed in at risk status as a result of the focused monitoring.</p>

Improvement Activities	Status
<p>Identify areas for additional professional development using data from Procedural Safeguards Office reports and implement professional development activities as needed to ensure compliance.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, technical assistance was provided by the lead agency at a statewide and regional provider meetings. The meetings clarified and provided technical assistance on the (1) NJEIS proposed rules; (2) assignment of EIP agencies to provide timely direct services; and (3) on the identification/implementation of no provider available policies and procedures.</p>
<p>Review information from procedural safeguards workshops to identify area on which clarification of law, regulations, policies and procedures are needed to ensure compliance. Issue and disseminate clarifications as needed.</p>	<p>Ongoing Activity 2006-2011</p> <p>There were no specific clarifications necessary during this year.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

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

Actual Target Data for FFY 2007:

In FFY 2007, no requests for complaint investigation needed to be resolved with reports issued since all four requests were withdrawn or dismissed.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- During FFY 2007, four signed written complaints were received and all four were withdrawn or dismissed within the 60-day timeline. Therefore, full compliance is noted.
- One request for complaint investigation was included with a request for a hearing and a mediation. There was resolution through a mediation agreement and no complaint investigation was necessary.
- Three requests for complaint investigation were included with a request for mediation. Two requests for mediation and complaint investigation were withdrawn and the other was dismissed because the Procedural Safeguards Office determined that the request was not related to a Part C requirement.
- Therefore, no complaint investigations were necessary.

Improvement Activities	Status
Maintain a procedural safeguards database to track requests for alternative dispute resolution.	Ongoing Activity 2006-2011 In FFY 2007, a procedural safeguards database continued to be maintained and enhanced as needed.

Improvement Activities	Status
<p>Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2005, the training was modified and moved under the responsibility of the REIC Training & Technical Assistance Coordinators. This will provide additional training days across the state. It is anticipated that additional modifications will be needed when the final Federal Part C Regulations are published.</p> <p>In FFY 2007, NJEIS began development of an online version of procedural safeguards training with the Northeast Regional Resource Center (RRC) and a national consultant, Larry Edelman.</p>
<p>Conduct periodic procedural safeguards trainings in each region for practitioners and families.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, thirty procedural safeguards trainings were conducted and attended by 529 practitioners/administrators. The trainings were offered in each region on a monthly or as needed basis to ensure access statewide.</p> <p>Planning was implemented to move the procedural safeguards training to on-line modules using "Articulate". NJEIS will work with the NERRC and Larry Edelman to develop the online training during FFY 2008. This training will initially be developed for practitioners and then be modified for families.</p> <p>SPAN has offered to work with the NJEIS in FFY 2008 to provide opportunities for families to receive procedural safeguards training through toll free conferencing or access to pre-recorded information.</p>
<p>Link the REIC data regarding informal complaints by families resolved at regional level with the state procedural safeguards database.</p>	<p>This activity is now scheduled to occur Summer 2009</p> <p>This activity has been delayed due to insufficient staffing resources.</p> <p>Currently, the REICs collect and compile data related to informal complaints by county and according to 19 topical issues. These data are submitted to the Procedural Safeguards Office on a quarterly basis.</p> <p>A format that will allow collection of regional data that will be comparable to state procedural safeguards data will be</p>

Improvement Activities	Status
	<p>developed in the summer of 2009. Training for the REICs on this reporting format is planned for the summer 2009. It is expected that by the Fall of 2009, the REICs will begin using this new reporting format consistently.</p> <p>The lead agency will continue to explore the feasibility of a database that can link the REIC data with the lead agency database.</p>
<p>Explore the feasibility of developing online training and other innovative learning opportunities for families and practitioners.</p>	<p>Ongoing Activity 2006-2011</p> <p>During FFY 2007, the REIC Training & Technical Assistance Coordinators began to modify training materials for use on-line. In addition, NJEIS began development of an online version of procedural safeguards training with the Northeast Regional Resource Center (RRC) and a national consultant, Larry Edelman.</p>
<p>Revise Family Rights Handbook.</p>	<p>Completed FFY 2006</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

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

Actual Target Data for FFY 2007:

In FFY 2007, no due process hearings were conducted since all six requests received were resolved without a hearing within the required timeline.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

- During FFY 2007, six requests for a due process hearing were received and all six were resolved without a hearing. Therefore, full compliance is noted.
- Three requests for a due process hearing were included with a request for mediation. These were resolved through a mediation agreement and no hearing was necessary.
- The Procedural Safeguards Office determined that three requests for due process hearings were not related to a Part C requirement.
- Therefore the six requests were resolved without a hearing and full compliance is noted.
- As a result of the promulgation of N.J.A.C. 8:17 in November 2008, the hearing panel was replaced with a judges from the Office of Administrative Law. In the future all due process hearings will be heard by an administrative law judge.

Improvement Activities	Status
Maintain a procedural safeguards database to track requests for dispute resolution.	Ongoing Activity 2006-2011 In FFY 2007, a procedural safeguards database continued to be maintained and enhanced as needed.
Link the REIC data regarding informal complaints by families resolved at regional level with the state	This activity is now scheduled to occur Summer 2009 This activity has been delayed due to insufficient staffing resources.

Improvement Activities	Status
procedural safeguards database.	<p>Currently, the REICs collect and compile data related to informal complaints by county and according to 19 topical issues. These data are submitted to the Procedural Safeguards Office on a quarterly basis.</p> <p>A format that will allow collection of regional data that will be comparable to state procedural safeguards data will be developed in the summer of 2009. Training for the REICs on this reporting format is planned for the summer 2009. It is expected that by the Fall of 2009, the REICs will begin using this new reporting format consistently.</p> <p>The lead agency will continue to explore the feasibility of a database that can link the REIC data with the lead agency database.</p>
Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2005, the training was modified and moved under the responsibility of the REIC Training & Technical Assistance Coordinators. This will provide additional training days across the state. It is anticipated that additional modifications will be needed when the final Federal Part C Regulations are published.</p> <p>In FFY 2007, NJEIS began development of an online version of procedural safeguards training with the Northeast Regional Resource Center (RRC) and a national consultant, Larry Edelman.</p>
Conduct bi-annual or more frequently as needed, training for Hearing Officers.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>NJEIS rules were finalized in November 2008 and hearing officer training is planned on the new rules in FFY 2008.</p>
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>In FFY 2007, thirty procedural safeguards trainings were conducted and attended by 529 practitioners/administrators. The trainings were offered in each region on a monthly or as needed basis to ensure access statewide.</p>
Continue recruitment of hearing officers to ensure adequate coverage for hearings requested.	<p style="text-align: center;">Ongoing Activity 2006-2011</p> <p>This is an ongoing activity as needed. In FFY 2007 there were adequate numbers of hearing officers available and no additional recruitment was necessary.</p>

Improvement Activities	Status
Revise Family Rights Handbook.	Completed FFY 2006

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
	Not applicable for New Jersey Part C system because Part B due process procedures have not been adopted by NJEIS.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Effective General Supervision Part C / General Supervision
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Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

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

FFY	Measurable and Rigorous Target
2007 (2007-2008)	NJEIS had less than ten mediations; therefore no targets have been set for this indicator.

Actual Target Data for FFY 2007:

For FFY 2007 (2007-2008), New Jersey's Part C system received eleven requests for mediation. Of these eleven mediation requests:

- Seven mediations were held and agreements reached. Four of these related to due process and three were not related to due process.
- Four of the eleven mediations requested were not held. Two of the requests were withdrawn by the family and the Procedural Safeguards Office determined that the other two requests were not related to Part C requirements.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

- Since the number of mediations was less than ten, targets were not established.

Improvement Activities	Status
Maintain a procedural safeguards database to track requests for dispute resolution.	Ongoing Activity 2006-2011 The database continues to be used to track informal and formal requests for assistance and/or dispute resolution. The data is used by the monitoring team and Procedural Safeguards Office to identify potential issues and trends within counties, regions or statewide. Data analysis is conducted when preparing for data verification visits, focused monitoring visits, incident investigations, and corrective actions.
Link the REIC data regarding informal complaints by families resolved at regional level with the state procedural safeguards database.	This activity is now scheduled to occur Summer 2009 This activity has been delayed due to insufficient staffing resources. Currently, the REICs collect and compile

Improvement Activities	Status
	<p>data related to informal complaints by county and according to 19 topical issues. These data are submitted to the Procedural Safeguards Office on a quarterly basis.</p> <p>A format that will allow collection of regional data that will be comparable to state procedural safeguards data will be developed in the summer of 2009. Training for the REICs on this reporting format is planned for the summer 2009. It is expected that by the Fall of 2009, the REICs will begin using this new reporting format consistently.</p> <p>The lead agency will continue to explore the feasibility of a database that can link the REIC data with the lead agency database.</p>
<p>Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2005, the training was modified and moved under the responsibility of the REIC Training & Technical Assistance Coordinators. This will provide additional training days across the state. It is anticipated that additional modifications will be needed when the final Federal Part C Regulations are published.</p> <p>In FFY 2007, NJEIS began development of an online version of procedural safeguards training with the Northeast Regional Resource Center (RRC) and a national consultant, Larry Edelman.</p>
<p>Conduct bi-annual or more frequently as needed, training for Mediators.</p>	<p>Ongoing Activity 2006-2011</p> <p>NJEIS rules were finalized in November 2008 and hearing officer training is planned on the new rules in FFY 2008.</p>
<p>Conduct periodic procedural safeguards trainings in each region for practitioners and families.</p>	<p>Ongoing Activity 2006-2011</p> <p>In FFY 2007, thirty procedural safeguards trainings were conducted and attended by 529 practitioners/administrators. The trainings were offered in each region on a monthly or as needed basis to ensure access statewide.</p>

Improvement Activities	Status
Conduct recruitment of mediators to ensure adequate coverage for hearings requested.	<p align="center">Ongoing Activity 2006-2011</p> This is an ongoing activity as needed. In FFY 2007 there were adequate numbers of mediators available and no additional recruitment was necessary.
Revise Family Rights Handbook.	<p align="center">Completed FFY 2006</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2007-2008

Overview of the Annual Performance Report Development: See overview description on page one

Monitoring Priority: Effective General Supervision Part C / General Supervision
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Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

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

- | |
|--|
| <ul style="list-style-type: none"> A. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and B. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met). |
|--|

FFY	Measurable and Rigorous Target
2007 (2007-2008)	<ul style="list-style-type: none"> ▪ 100% of state reported data including 618, SPP and APR will be timely. ▪ 100% of state reported data including 618, SPP and APR will be accurate.

Actual Target Data for FFY 2007:

14a. **100%** of state reported data including 618, SPP and APR are timely.

14b. **100%** of state reported data including 618, SPP and APR are accurate.

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	NA	NA	NA
13	1	1	2
		Subtotal	28
APR Score	Timely Submission Points (5 pts for		5

Calculation	submission of APR/SPP by February 2, 2009)	
	Grand Total	33

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/08	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/08	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/08	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/08	1	1	1	N/A	3
				Subtotal	14
				Weighted Total (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)	35
Indicator # 14 Calculation					
			A. APR Total	33	33
			B. 618 Total	35	35
			C. Grand Total	68	68
Percent of timely and accurate data = (C divided by 68 times 100)			(C) / (68) X 100 =		100%

In FFY 2007 (2007-2008) 100% of New Jersey's APR data were timely and accurately reported. The child specific electronic database, standardized state paperwork, and REIC responsibility for data entry assist in ensuring the integrity of data reported.

In FFY 2007 (2007-2008) 100% of New Jersey's 618 data were timely and accurately reported. The child specific electronic database, standardized state paperwork, and REIC responsibility for data entry assist in ensuring the integrity of data reported.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

NJEIS has implemented a number of measures to ensure data reflects compliance with requirements to report both timely and accurate data.

618 Data - EIS has developed and distributes reports that monitor a number of business rules to help identify child records that may need to be updated or closed. A combination of the child count reports and possible closed reports assist in ensuring accurate data by identifying specific records that require review, holding counties responsible for the accuracy of the database, greatly improving the accountability of the early intervention system, verifying that the database contains accurate data, and ensuring that reports generated from the database are reliable.

- The NJEIS database includes a drop down list for race/ethnicity, closed reasons, and settings that limits choices, provides standard data collection and reduces data entry input errors.
- NJEIS data reports are provided to the Service Coordination Units (SCU) at least twice per year for data clean-up and verification to ensure that the December Tables are valid and accurate.
 - Aged out Active - Children who have reached their third birthday without an exit date or exiting reason recorded in the SPOE child record
 - Intake greater than 90 Day - Records that have been open for more than 90 days without an Initial IFSP being recorded
 - Active No IFSP - Children who have not been closed and have no active IFSP recorded in the SPOE child record
 - No Authorizations - Children with an active IFSP but no authorizations for services for 60 days
 - No Direct Services - Children with an active IFSP and authorization however, no services received in the last 60 days
- NJEIS provides instructions and technical assistance to the counties to help them identify the corrections required. In order to ensure that the changes identified are ultimately updated in the SPOE database, the counties provide a report to NJEIS on the corrections required. NJEIS then monitors the data system to ensure that the changes are made so that generated reports are accurate.
- The SCU is required to attest to an accurate December 1 reports in January of each year prior to the February 1 submission of Table 1 and 2.
- The NJEIS Data Manager conducts a final review of the child count and ensures there are no duplicates.

Monitoring Data Desk Audit - Indicators 1, 7, and 8C

- NJEIS Monitoring team uses the NJEIS database to gather a stratified random sample of three months of FFY 2007 data for a data desk audit.
- The monitoring team conducts the desk audit to identify possible non-compliance.
- A data desk inquiry is sent to the appropriate provider agency to:
 - Verify the data for accuracy;
 - Provide opportunity for data clean up;
 - Submit data corrections as appropriate;
 - Provide reasons for any non-compliance identified;
 - Provide barriers and improvement for correction of each incident of non-compliance.

Indicator 1 – Timely service data passes through a number of edit checks including that there is a valid IFSP date with a billing authorization within the IFSP period, a claim filed by the provider agency supported by a service encounter verification log signed by the parent and an explanation of benefits provided to the family as a secondary verification that the service type, date and intensity are accurate.

Indicator 2 – Covered in the 618 Data description above.

Indicator 3 – In selecting the BDI-2 to report on child outcomes, NJEIS chose a standardized tool with published reliability and validity. The use of palm pilots with BDI software eliminates common scoring errors up to 80% by guiding users through the appropriate item administration for each domain. The palm software also computes all necessary calculations including basal, ceiling, raw scores and standard scores to eliminate operator error. The electronic storing of child outcome data from the BDI is accomplished through a password protected web-based data system from the Riverside Publishing Company.

For children selected and included in indicator 3A, 3B & 3C, DHSS compares authorized evaluation date and evaluator information to ensure the BDI system and the SPOE system match prior to the inclusion of data in reporting.

Any data errors identified through a periodic audit of the BDI data base by DHSS are remanded to the targeted evaluation teams for correction.

Indicator 4 – The NJEIS used the Impact on Family Scale (IFS) family survey. This survey was developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM). The Rasch measurement framework was used for analysis and reporting. In addition, the NJEIS also instituted a chi square test to verify that the returned sample was representative of each county.

Indicator 5 & 6 – Covered in the 618 Data description above.

Indicator 7 – The NJEIS database includes the referral, evaluation and IFSP dates for each child. Edit checks for missing data that prohibits data entry to proceed if missing critical data (i.e. Initial IFSP Meeting date cannot be entered if missing eligibility determination). If the period between the referral and IFSP is greater than 45 days the database requires a delay reason. This data is then used to conduct the monitoring desk audit.

Indicator 8A & 8B – Self Assessment data is reviewed by the REIC and a rubric is used to ensure complete and accurate information is submitted.

Indicator 8C – The NJEIS uses two sources of data from the database 1) the authorization date of the TPC obtained from the team page signed by the parent and 2) the date of the TPC recorded from the service coordinator verification log. The monitoring team confirms this data through desk audit analysis. Based on these dates, and the child's date of birth, an inquiry is prepared for the county to identify possible non-compliance.

Indicator 9 – The NJEIS monitoring team maintains a tracking of all findings.

Indicator 10, 11 & 13 - The NJEIS procedural safeguards office maintains a database which includes: contacts to the procedural safeguards office, type of dispute request, and the date the request is opened and closed. This information is used to compile the data reported in indicator 10, 11 and 13.

General Procedures to Ensure Valid and Reliable Data

- NJEIS has established procedures and implemented edit checks including:
 - A data quality tracking matrix to identify and correct “funky data” including identification of inaccurate or missing information and duplicate entries.
 - Restricted drop-down lists for data fields that minimize data errors due to typographical error or submission of incorrect information.
- Data must be entered into critical fields in the NJEIS database in order to allow data entry to progress.
- REICs and SCUs have the capacity within the system to generate reports and review for errors manually.
- Ongoing on-site and remote consultation and technical assistance is provided to ensure data integrity.
- REIC responsibility for data entry and follow-up assist in ensuring the integrity of data reported.
- Providing child count reports to the counties that include a list of children between referral and initial IFSP, and children with an active IFSP. The service coordinators use these reports to verify and update the current status of child data as recorded in the data system.

Improvement Activities	Status
<p>Maintain and enhance the electronic management information business rules to eliminate data entry errors through automated checks and balances.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>In FFY 2007 the DHSS-NJEIS state staff completed several minor updates to the NJEIS database to automate checks and balances. Additional enhancements are pending the successful re-bid of the Central Management Office contract in FFY 2008.</p>
<p>Conduct periodic data runs of SPOE database to identify and as needed correct missing and/or questionable data.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>In FFY 2007 the NJEIS state staff continued to use a data matrix to audit and identify missing or questionable data (funky data).</p>
<p>Maintain a data entry check list and conduct follow-up of missing data or potential data errors.</p>	<p align="center">Ongoing Activity 2006-2011</p> <p>In FFY 2007 the REICs continue to implement a state developed checklist to identify missing or potential data errors when entering data from paper to the electronic data system. The REICs issue "OOPS tickets" to agencies to follow-up on corrections.</p>
<p>Continue enhancements of SPOE Database as described throughout the SPP.</p>	<p align="center">Not Completed</p> <p>State fiscal concerns have increased the oversight of state contracts. A second contract extension was issued to Covansys to maintain the Central Management Office through calendar year 2009. The proposed activities remain on hold based on a decision by the State Treasury that enhancements are not allowable under the current contract with the Central Management Office (CMO) vendor and must be bid out under a new RFP. RFP preparation has been initiated to re-bid the contract during calendar year 2009. The RFP is intended to enhance the CMO performance through an on-line web-based application that will include enhancements for data collection and reporting.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

No revisions to targets, improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the State Lead Agency. Timelines were modified as noted under status.

TABLE 4
 REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
 INDIVIDUALS WITH DISABILITIES EDUCATION ACT
 2007-08

SECTION A: WRITTEN, SIGNED COMPLAINTS	
(1) Written, signed complaints total	4
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timelines	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	4
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: MEDIATION REQUESTS	
(2) Mediation requests total	11
(2.1) Mediations	7
(a) Mediations related to due process	4
(i) Mediation agreements	4
(b) Mediations not related to due process	3
(i) Mediation agreements	3
(2.2) Mediations not held (including pending)	4
SECTION C: HEARING REQUESTS	
(3) Hearing requests total	6
(3.1) Resolution meetings (For States adopted Part B Procedures)	-9
(a) Settlement agreements	-9
(3.2) Hearings (fully adjudicated) (For all states)	0
(a.1) Decisions within timeline - 30 day Part C Procedures	0
(a.2) Decisions within timeline - 30 day Part B Procedures	-9
(a.3) Decisions within timeline - 45 day Part B Procedures	-9
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures)	-9
(3.3) Resolved without a hearing	6