

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The New Jersey Early Intervention System (NJEIS) is submitting this Part C State Performance Plan/Annual Performance Plan (SPP/APR), to the U.S. Department of Education, Office of Special Education Programs (OSEP) on February 2, 2015 in accordance with the Individuals with Disabilities Education Act (IDEA). The plan was developed based upon guidance from OSEP and with broad stakeholder involvement and input.

New Jersey (NJ) is a geographically small northeastern state with a diverse population of 8,938,175 according to the July 1, 2014 estimate by the U.S. Census Bureau. Despite its small geographic size New Jersey ranks first as the most density populous state in the country (1,185 residents per square mile). New Jersey is divided into three geographic regions: they are North Jersey, Central Jersey and South Jersey. NJ has a twenty-one county governmental structure and is the only state that has had every county deemed “urban” as defined by the Census Bureau’s Combined Statistical area.

The U.S. Census Bureau estimates that New Jersey’s median household income in 2013 was \$71,629. The 2013 U.S. Census estimates include 320,132 children under three years of age in New Jersey. The US Census Bureau reported for 2009-2013 that 17.9% of New Jersey’s children under the age of five were below the federal poverty level.

New Jersey is made up of a very diverse population. In 2012, 36% of all NJ children lived in a family where at least one member was born in a foreign country. As of 2010, the language breakdown for New Jersey residents, age 5 and older was: 71.31% spoke English, while 14.59% spoke Spanish, 1.23% Chinese, 1.06% Italian, 1.06% Portuguese, 0.96% Tagalog and .89% Korean. In total, 28.69% of New Jersey’s population age 5 and older spoke a native language other than English.

The New Jersey Department of Health (DOH) is the designated State lead agency for the New Jersey Early Intervention System (NJEIS) established under Part C of the IDEA. As such, DOH is ultimately responsible for implementing its general supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families in accordance with federal and state requirements. New Jersey has participated in the federal program since 1987. The Early Intervention System was originally located within the Department of Education. On October 1, 1993, the responsibility for the Early Intervention System was transferred to the DOH.

The NJEIS has a system point of entry for children and families through four Regional Early Intervention Collaboratives (REICs) that cover the state’s twenty-one counties. Grant/Contracts to the REICs and fourteen Service Coordination Units (SCUs) that provide ongoing service coordination for the twenty-one counties are executed annually. Direct early intervention services are provided by approximately 66 Early Intervention Program (EIPs) provider agencies through contracts with the DOH. EIPs are contracted to serve as a comprehensive agency, a service vendor agency, and/or a targeted evaluation team (TET). Comprehensive agencies are expected to serve as an early intervention home for a child and family, providing all identified services on the IFSP. Service vendors serve as a backup in providing services not available through a comprehensive agency. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs.

Early intervention supports and services are provided in accordance with Part C statute and regulations and NJEIS state rules. Policies and procedures are disseminated statewide and posted on the NJEIS website.

The REICs are also responsible to facilitate family and community involvement in the NJEIS and assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. The REICs are responsible for ensuring that families have an active voice in decision-making on Regional Boards. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are required to be staffed by a parent of a child with a disability.

General Supervision System

The NJEIS implements a general supervision system that identifies noncompliance, ensures verification of correction in a timely manner in accordance with federal requirements and promotes enhanced performance and results for children and families. This is accomplished through the Monitoring Unit, Procedural Safeguards Office, and the Central Management Office through ongoing activities including data verification, data analysis of performance data, fiscal monitoring, response to disputes, public reporting of data, local determinations, contracts management, personnel development, training, technical assistance, issuing of findings, corrective actions, verification of correction, on-site focused monitoring, and enforcement. In addition, NJEIS has established and implements a Code of Conduct. All approved providers, administrators, and practitioners are required to review and sign their commitment to follow the provisions of this code.

Additional information about these processes is included below:

Monitoring Activities

A significant component of the NJEIS general supervision system is the performance desk audit process that was developed and implemented using data compiled through the System Point of Entry (SPOE) database. The purpose of the SPOE data desk audit is to: (1) ensure data in SPOE are accurate; (2) to identify noncompliance and areas for improvement; and (3) to verify correction of noncompliance in accordance with federal requirements in OSEP 09-02.

The SPOE database is an electronic central data system that:

- Ensures an unduplicated count for federal reporting;
- Verifies data;
- Establishes and provides trend data for improvement planning;
- Identifies potential areas of non-compliance that are then targeted for follow-up by telephone, record submission or site visit; and
- Allows tracking of required corrective actions.

SPOE data desk audits review compliance and performance data for selected priority indicators for all counties/provider agencies. An inquiry response format has been developed and implemented to verify accuracy of data, request missing information and determine if barriers are appropriately addressed to correct performance issues. As needed, findings and corrective action plans are issued and verification of correction is completed in accordance with federal requirements.

On-site focused monitoring is an important component of the NJEIS general supervision system. NJEIS selects EIPs or SCUs whose performance data and/or history of uncorrected noncompliance suggest an onsite visit is necessary. Improvement plans and revised corrective actions plans are issued, as necessary, as a result of onsite visits. Onsite visits are conducted to verify correction or to determine the need for additional sanctions such as designation of high-risk or at-risk status when correction is not timely.

Procedural Safeguards Office

The NJEIS has a Procedural Safeguards Office, located within the DOH, Office of the Assistant Commissioner, to ensure the effective implementation of procedural safeguards including family rights. The Procedural Safeguards Office helps to ensure that parents receive and understand their rights and have access to formal, as well as informal systems of dispute resolution, as needed. Procedural safeguards are available to all families and are described in the document "New Jersey Early Intervention System (NJEIS) Family Rights".

Service coordinators are given the responsibility to assist families in accessing informal and formal dispute resolution including completion and submission of requests for formal dispute resolution, if desired. A parent liaison is available through the Procedural Safeguards Office to advise parents of their rights under the NJEIS, help them understand the options available to them when disputes arise, and assist in resolving informal disputes as needed.

The Procedural Safeguards Office responds to parent issues/concerns and documents contacts on state logs for review and analysis. Parents can contact the Procedural Safeguards Office through a toll-free hotline. Parents who call are always advised of their right to file a request for formal dispute resolution at any time. The Procedural Safeguards Office

issues compensatory services as appropriate,

A tracking system is used by the Procedural Safeguards Office to document informal and formal communications from parents by telephone, emails and/or written letters. The tool tracks date of request, issues, resolutions, and timelines by county. The database provides for unique identifiers that track when informal concerns become requests for formal dispute resolution. A list of issue categories for statewide reporting of informal and formal disputes ensures county/regional/statewide systemic response to issues as necessary.

The Procedural Safeguards Office compiles information on disputes and shares with state entities including REICs, SCUs, and EIPs, as necessary to facilitate systematic training and technical assistance. In addition, a Procedural Safeguards Office report is presented at each State Interagency Coordinating Council (SICC) meeting on informal and formal complaints and resulting system responses.

Formal dispute resolution procedures are used to identify and correct non-compliance through:

- A statewide mediation system available to ensure parents may voluntarily access a non-adversarial process for the resolution of individual disputes regarding the NJEIS including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. The Procedural Safeguards Office identifies community dispute resolution centers, mediation centers, and/or individual mediators to provide early intervention mediation services. Mediators are required to undergo training as a condition of serving as mediators. The Procedural Safeguards Office maintains a list of qualified and impartial mediators who are trained in effective mediation techniques and are knowledgeable in laws, regulations and guidelines related to the provision of early intervention services.
- A statewide impartial hearing system available through the Office of Administrative Law (OAL) to ensure parents may voluntarily access a fair process for the resolution of individual disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services.
- A complaint resolution process available to address complaints filed by individual, families, groups, organizations, or from any source, including an organization or individual from another state, indicating a deficiency(s) in the fulfillment of the requirements, or a violation of the requirements, by public or private agencies, which are or have been receiving financial funding or payment under Part C of IDEA or other pertinent state or federal early intervention legislation; or by other public agencies involved in the state's early intervention system. The Procedural Safeguards Office is responsible for investigating and resolving complaints in accordance with Part C requirements.

Family Survey

NJEIS utilizes the Family Survey developed by the National Center Special Education Accountability Monitoring (NCSEAM). This instrument has been selected because of the rigorous development process it underwent to ensure that the data obtained are valid and reliable. Data from the family survey are analyzed as part of the identification of issues and areas for improvement. REICs have been working with selected counties targeted based on performance in this indicator. A data use framework is being utilized to analyze the data, identify hypotheses and develop and implement county improvement plans. See Indicator 4 for a discussion of how the survey is implemented and the data utilized.

Technical Assistance System:

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

The New Jersey Comprehensive System of Personnel Development (CSPD) is designed as a statewide network of regional training and technical assistance coordinators (T&TA) who work at the regional/local provider level under the guidance of the REICs and state CSPD Coordinator. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are required to be staffed by a parent of a child with a disability. The REICs offer monthly provider meetings as an opportunity to review NJEIS policies and procedures and provide training and technical assistance on topics as identified by the state, REIC or local provider agencies.

The New Jersey CSPD:

- Provides training for a variety of early intervention practitioners, including service coordinators and paraprofessionals; families; and primary referral sources.
- Ensures that training relates specifically to understanding the basic components of early intervention services, federal and state requirements, and how to coordinate transition services for infants and toddlers with disabilities from early intervention to a preschool program under Part B of IDEA or to other early childhood services, if needed.
- Provides regional ongoing targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.

The DOH, NJEIS identified a continuing need to expand to on-line training to meet the training and education needs of NJEIS personnel. Mercer County Community College (MCCC) has been contracted to provide NJEIS with access to a Learning Management System that provides access to and tracking of online training to individual administrators and practitioners enrolled with the NJEIS. The contract includes tracking of training/technical assistance modules/webinars, tracking of constituent participation and awarding of CEUs and support Webinars for up to 500 individuals synchronously. NJEIS administrators/ practitioners are able to access and view schedules of upcoming live webinars, view descriptions of available modules, and also view job-specific requirements. MercerOnline and Mercer Institute of Management & Technology training provides e-mail and telephone support to assist practitioners with log-in, troubleshooting, system navigation, etc.

NJEIS requires that every practitioner enrolled with the NJEIS have an active email to ensure that the NJEIS can communicate information down to the direct service practitioner. In the past, communications were sent through provider agency administrators with no assurance that the agency passed information down to their direct service practitioners.

Content for the modules and webinars are provided by staff of the NJEIS and modules are designed with the assistance of MCCC staff including IT professionals, Instructional Design Technologists, and MercerOnline staff. Available software includes Articulate, Captivate, Adobe Connect Pro, and Go-to-Webinar. Additional and/or supplemental course materials are uploaded and stored in the Learning Management System for participants to access. Module set-up includes rendering Powerpoint Web-ready; enabling Printer-Friendly Format; conversion/import of quiz questions; grade book configuration; instructional technologist oversight; Shell Creation, Materials Upload and Setup; close captioning (for voice-over); and quality assurance review.

Live webinars are conducted by NJEIS staff members on Go-to-Webinar allowing access for up to 500 participants. Mercer Institute provides IT support for each session. Sessions are recorded and stored in the MCCC streaming server, for access via the Learning Management System so that participants have access to recorded versions of the session. Both live and stored sessions track when each participants logs in and out of the system.

Modules are developed and offered asynchronously on the LMS based on content developed by NJEIS staff with the assistance of Instructional Design and IT support provided by MercerOnline. To ensure retention of the material, quizzes or other supplemental information are developed and placed on the LMS. Participants are required to achieve a "passing score" to receive credit for the completing the module and can test as many times as necessary.

In addition to the modules developed by NJEIS, modules and webinars offered by outside providers can be linked to the LMS and listed in the course catalog. Quizzes can be developed and stored on the LMS for external modules.

Procedural Safeguards Modules

NJEIS developed six modules on procedural safeguards and requires every individual enrolled with NJEIS to successfully complete the modules as a condition of their ongoing ability to provide early intervention services. The roll-out to the over 4500 existing practitioners started in May 2014 and will continue until each individual demonstrates the successful completion of the six modules. In addition, effective July 1, 2014, NJEIS requires completion of the modules for any individual prior to their enrollment and approval to provide early intervention services through the NJEIS.

MCCC provides a report to NJEIS on the use of online modules on a weekly basis for all six procedural safeguards modules and at a mutually agreed frequency for additional online modules that may be developed. Reporting for the procedural safeguards modules provide NJEIS with a list of administrators/practitioners who have accessed the modules,

number of modules viewed and a list of practitioners who have successfully completed all six required modules. Reporting information on additional modules that may be developed will be mutually agreed upon by Mercer Institute, Mercer Online and NJEIS. Additionally, survey results are available to NJEIS for each of the six procedural safeguards modules and any additional modules that may be developed.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The NJEIS has established personnel standards for all practitioners that provide early intervention services. These standards are maintained and monitored for all early intervention practitioners, requiring educational background and licensure as appropriate for each position in the state. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs.

NJEIS has specific enrollment requirements for agencies under contract with the DOH as an early intervention provider and the individuals they use as practitioners for the provision of early intervention services. Agency and practitioner enrollment is through the Central Management Office. Agency requirements include proof of agency and practitioner liability insurance, certification statement for submitting claims for services by means other than paper, confirmation of practitioner police and background checks, and copies of signed Code of Conduct acknowledgement for agency administrative staff. Requirements for practitioner enrollment include a completed initial enrollment form that includes discipline specific information including degrees, certification and license numbers that are used to confirm current status of the individual to meet personnel standards; a copy of a signed Code of Conduct acknowledgement and verification that the practitioner has completed required pre-enrollment training.

NJEIS staff recruitment, preparation, qualification, support, and retention efforts are conducted to facilitate an adequate supply of qualified, capable and skilled early intervention personnel.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

NJEIS relies each year on a Part C Steering Committee which includes the State Interagency Coordinating Council to advise and assist in the development of NJEIS State Performance Plans/Annual Performance Reports (SPP/APR).

This SPP/APR was developed with broad stakeholder input at a full-day January 14, 2015 Part C Steering Committee meeting. This included review of data for fiscal year 2013 (July 1, 2013 - June 30, 2014). The stakeholders reviewed available data and analyzed the status of the state Part C system including local performance data and as a result recommended measurable and rigorous targets for FFY 2013-2018. This included discussion on progress and slippage as well as challenges and resources related to each indicator. Discussion included potential implications for the OSEP results driven accountability initiative and the current NJEIS work on the State Systemic Improvement Plan (SSIP). A final draft of the SPP/APR was reviewed and discussed at the January 23, 2015 SICC meeting at which time the SICC certified the FFY 2013-2018 SPP/APR as their annual report.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

The NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) is disseminated to the public through posting to the state website (<http://www.nj.gov/health/fhs/eis/report.shtml>) and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>. The SPP/APR is 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.

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Updates on this SPP/APR will be prepared and submitted each February beginning in 2016. These NJEIS reports and past reports are posted at: <http://www.nj.gov/health/fhs/eis/report.shtml>. The SPP/APR will 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.

FFY 2013 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements will be prepared and disseminated within 120 days of the submission of this SPP/APR.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

Historical Data

Baseline Data: 2013

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	82.30%	93.20%	88.17%	97.06%	92.09%	92.70%	97.12%	97.10%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	10,809	332

Explanation of Alternate Data

NJEIS uses an alternative data source from the prepopulated 618 data child count to report on this indicator. The NJEIS December 1, 2013 headcount reported a total of 10,809 active IFSPs. NJEIS continues to use the previously approved simple random sampling plan without replacement that has a 95% confidence level and +/- 5 confidence interval to ensure that the child records chosen for this Indicator appropriately represent the state population.

The NJEIS continues to monitor all twenty-one (21) counties every two years by using the state database to obtain data on all child records during a quarter (3 months) of the Federal Fiscal Year (FFY) for 10 counties in odd numbered FFYs (Cohort A) and 11 counties in even number FFYs (Cohort B). The child records for the months of July, August and September 2013, cohort A (10 of the 21 counties) had 1,942 active IFSPs. The sampling plan resulted in a sample size of 332 infants and toddlers with active IFSPs that were used to report on this indicator.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
314	332	97.10%	100%	94.58%

Explanation of Slippage

NJEIS experienced slippage from 97.10% in FFY12 to 94.58% (2.52%) in FFY13. This, in some instances was due to practitioner availability and/or delay in following required procedures.

As a result of the inquiry, 12 findings of non-compliance were issued in FFY 2013 based on this monitoring data from FFY 2013 with Corrective Action Plans to 3 Service Coordination Units (SCUs) and 9 Early Intervention Programs (EIPs).

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Definition of Timely Services

NJEIS established with Part C Steering Committee input, a policy for “timely services” as “All services are provided within 30 calendar days from the date the IFSP is signed by the parents documenting consent for the services on the IFSP.”

Sampling Plan:

- NJ continues to monitor all 21 counties every two years for 10 counties in odd numbered FFYs (Cohort A) and 11 counties in even number FFYs (Cohort B).
- NJEIS has a statewide database that authorizes the IFSP services consented to by the parent for assignment and billing by local provider agencies.
- Business rules include all active children and all services during a quarter (3 months) of the FFY.
- A simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen appropriately represent the state population.
- Therefore, the FFY 2013 timely services monitoring uses the statewide database to begin a data desk audit based on a simple random sampling without replacement of three months of FFY 2013 service claim data. The data represents all active child records for the months of July through September 2013 for ten of the twenty one counties in New Jersey. The other eleven counties were reviewed in FFY 2012 and reported in the APR submitted February 1, 2014.

Data Desk Audit, Inquiry and Record Review:

- The NJEIS electronic state database does not currently capture all variables needed to determine whether a service is timely including reasons for delay and is unable to provide data that identifies whether a service is timely if it was first authorized under a periodic/annual IFSP. Therefore, as part of the monitoring process, the monitoring team conducts a data desk audit and inquiry.
- The purpose of the data desk audit and inquiry is 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 provided although late.
- The monitoring team uses all the information received to determine where in the process the delay occurred and who was responsible.
- The identification of the data needed to conduct a timely data desk audit, inquiry, and record review is driven by the availability of actual service claims data to ensure that complete and accurate data is available for the data desk audit. Provider agencies have up to 90 days from the date of service to submit claims data for billing. For example, service

claim data provided between August 1 and October 31 are not complete until February 1.

- The data desk audit, inquiry and record review has historically taken 3 to 6 months to confirm noncompliance and determine the responsible agency(s) and root causes for the noncompliance.
- Timely service data passes through a number of edit checks including:
 - Verification that there is a valid IFSP date with a billing authorization within the IFSP period,
 - Verification there is a valid claim filed by the provider agency;
 - Verification the claim is supported by a service encounter verification log signed by the parent and;
 - An explanation of benefits provided to the family details the services rendered as a secondary verification that the service type, date and intensity are accurate.
- The sample of data is analyzed to verify the number of days to the first service by comparing the parent consent date of service to the first service claim date. Further inquiry includes:
 - Reason and explanation of delay;
 - Identification of type of IFPS (initial, review, annual review);
 - Date IFSP was sent by SCU and received by Early Intervention Program (EIP);
 - EIP assignment date;
 - Reasons and barriers that affected meeting the 30 day timely service provision;
 - Agency's response to correct the system barrier;
 - Description of how the agency is assured that the barrier has been corrected;
 - Submission of policies and procedures which were created or revised; and
 - Confirmation the agency followed NJEIS policies and procedures.

Provide additional information about this indicator (optional)

Data Analysis and Results:

- There were 1,942 children in the state database for the quarter monitored meeting the business rules stated above. These children had a total of 3,256 services.

Data	Children	Services
Quarter of Data: July-September 2013	1,942	3,256
Sample of the Quarter (Denominator)	332	557
Initial Timely Services (Dirty Data without Desk Inquiry)	289	505
Initial Untimely Services (Dirty Data without Desk Inquiry)	43	52
Desk Inquiry Verification of Family reason for delay or on time	25	31
Desk Inquiry Verification of Untimely service	18	21
Corrected Numerator (Timely + Family Reasons + corrected Timely)	289+25= 314	505+31= 536
State Compliance Percentage	314/332=94.58%	536/557=96.23%

The 21 services delayed were:

Delayed Service Type	Number of Children
Physical Therapy	6
Speech Therapy	5
Occupational Therapy	7
Developmental Intervention	3

Of the 21 services delayed:

Days Delayed	Count
Delayed between 1-6 days	5
Delayed between 7-11 days	2
Delayed over 11 days	14

- The desk audit random sample included 332 active child records and 557 services obtained from the NJEIS data system.

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- The initial data desk audit identified that 314 of the 332 children (536 of 557 services) did receive timely services based on consent date of the IFSP. Without the necessary drill down for reason for delay, 25 children (31 services) appeared to have received at least one service untimely.
- The inquiry was conducted by the lead agency monitoring staff to obtain the necessary additional information on 25 of the 332 children and 31 of their 557 services.
- The results of the inquiry identified that for 25 of the 43 children in the database identified to have received their services late (31 of the 52 services), the delays were child or family related (including child illness/hospitalization, family cancellations and requests to reschedule) and/or on time based on the family consent date. The data for these children are included in both the numerator and denominator. Therefore, 25 of the 43 children (31 of the 52 services) were determined to have exceptional family circumstances that result in services being considered timely. 18 children (21 services) were determined to have non-compliance in timely services.
- Overall 96.23% (536/557) of the services were timely including 31 services which were delayed due to family reason.

NJEIS 21 Counties	FFY 07-08	FFY 08-09	FFY 09-10	FFY 10-11	FFY 11-12	FFY 12-13	FFY 13-14
Cohort A (10 counties)	88.17%		92.09%		97.12%		94.58%
Cohort B (11 counties)		97.06%		92.7%		97.10%	

Findings Issued:

As a result of the additional inquiry, 12 findings of non-compliance were issued in FFY 2013 based on this monitoring data from FFY 2013 with Corrective Action Plans to:

Indicator 1	Agencies	Findings	Date of Finding
Service Coordination Units (SCUs)		3	May 28, 2014 (FFY 13)
Early Intervention Programs (EIPs)		9	May 28, 2014 (FFY 13)
Total Findings for FFY 2013		12	
Number of Findings Closed As of 2/1/15		11	
Number of Findings Not Verified as of 2/1/15		1	Agency has until May 27, 2015 to verify correction

As of January 2015, eleven (11) of the twelve (12) findings have verified 100% compliance and therefore have been closed.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

N/A

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	5	1	1

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Seven (7) findings of noncompliance were issued in FFY 2013 based on monitoring data from FFY 2012 performance. These

findings went to five (5) SCU and two (2) EIPs.

- All seven (7) findings were issued on July 11, 2013.
- Five (5) of the seven (7) findings were verified as corrected according to both prongs within 5 months.
- One (1) of the seven (7) findings were verified as corrected according to both prongs within 13 months.
- One (1) of the seven (7) findings continues to improve however, has not sustained 100% compliance as of this report. This agency was provided additional technical assistance and was placed in a High Risk grantee status whereby the agency is required to submit monthly reports to update the lead agency on their progress.

NJEIS has:

- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices. Agencies are held accountable to specific timelines at each step of the process to facilitate services starting sooner to better ensure meeting the 30 day timeline. (Prong 2).
- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initiation of services for all children who had an IFSP event. These monthly reviews continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed.

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

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and in some instances onsite data verification. The DOH confirmed that services were initiated for each child, although late for any child whose services were not initiated in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, and progress notes (Prong 1).

Activities for documentation and verification of the correction include updated data from the database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and in some cases on-site visits to verify child records. These monthly reviews continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed.

FFY 2012 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one (1) agency, Passaic Service Coordination Unit (SCU), that has not corrected to 100% compliance was elevated from At Risk grantee status to High Risk grantee status on January 29, 2014 and continues to be monitored according to a revised corrective action plan with additional requirements. As of December 2014, there was a change in leadership at Passaic SCU. The lead agency met with the new Unit coordinator and administration on January 7, 2015 to appraise them of the current status of the High Risk grantee status and provide additional technical assistance and support to assist the agency in obtaining sustained correction. The agency continues to improve with compliance at 89% as of January 2015.

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Historical Data

Baseline Data: 2012

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		99.20%	99.30%	99.40%	99.45%	99.50%	99.50%	99.50%
Data	99.39%	99.29%	97.80%	98.78%	99.46%	99.67%	99.82%	99.81%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	99.81%	99.81%	99.84%	99.87%	99.89%	99.92%

Targets: Description of Stakeholder Input

For federal fiscal year 2013 reporting on performance for July 1, 2013 - June 30, 2014, the Part C Stakeholders reviewed current state/local data, trends over time in performance and set state targets for FFY 2013-2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	10,800	
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	10,809	

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
10,800	10,809	99.81%	99.81%	99.92%

Provide additional information about this indicator (optional)

In FFY 2013, the 618 data reported (10,800/10,809) 99.92% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. The 10,800 included 9,960 children who received services primarily in the home plus 840 children who received services primarily in community based settings (7.8%).

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

NJEIS finds that the requirement, which designates the primary setting as the location where the child receives most of their services, under represents the number of services provided in community settings. A review of the December 1 data from FFY 2013 indicated that 940 of the 9,960 that received services primarily in the home also received at least one service in the community. The percentage of children who received any services in the community would be 8.7%. This is a 0.32% increase compared to FFY 2012 percentage of 8.38%.

In FFY 2013, 99.92% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings compared to 99.81% in FFY 2012 which is an increase of 0.11%.

The percentage of children receiving services in primarily community-based settings increased from 7.33% in FFY 2012 (738 children) to 7.8% in FFY 2013 (840 children).

In FFY 2013, 0.08% (9 children) of children were counted in other settings (percentage of non-natural environment settings).

In FFY 2013, 18 counties exceeded the target of 99.81% of children primarily served in natural environments.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

N/A

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A1	2012	Target ≥					56.30%	58.50%	58.50%	58.50%
		Data				55.31%	40.54%	40.29%	42.61%	30.62%
A2	2012	Target ≥					86.64%	87.50%	89.25%	89.75%
		Data				86.64%	89.25%	85.18%	83.59%	79.03%
B1	2012	Target ≥					80.39%	83.00%	83.00%	83.00%
		Data				80.39%	81.34%	83.79%	82.42%	77.32%
B2	2013	Target ≥					60.50%	64.00%	68.00%	72.00%
		Data				60.12%	71.49%	65.99%	56.43%	50.73%
C1	2012	Target ≥					92.72%	95.00%	95.00%	95.00%
		Data				92.72%	95.16%	93.97%	89.45%	92.25%
C2	2012	Target ≥					85.44%	86.50%	88.50%	91.12%
		Data				85.44%	91.12%	85.85%	83.07%	80.37%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	38.15%	38.15%	39.85%	41.55%	43.25%	45.00%
Target A2 ≥	77.29%	77.29%	77.97%	78.65%	79.33%	80.00%
Target B1 ≥	82.59%	82.59%	83.20%	83.80%	84.40%	85.00%
Target B2 ≥	45.87%	45.87%	46.90%	47.90%	49.02%	50.00%
Target C1 ≥	92.85%	92.85%	92.85%	92.88%	92.88%	93.00%
Target C2 ≥	78.75%	78.75%	79.81%	80.87%	81.93%	83.00%

Targets: Description of Stakeholder Input

For FFY 2013 reporting on performance for July 1, 2013 - June 30, 2014, the 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.

Stakeholders set targets for the years FFY2013-FFY2018 by comparing current data and trend data and by engaging in discussions about progress and slippage and ongoing efforts toward improvement. The efforts associated with the State Systemic Improvement Plan (C-11) were also considered and discussed by stakeholders in determining the targets for each year.

*UPDATED DATA NOTE April 9, 2015. Clarification that the baseline year for B2 was incorrectly submitted as FFY 2012 when it should have been FFY2013.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	2,409
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Does the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? No

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

	Number of Children
a. Infants and toddlers who did not improve functioning	78
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	376
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	93
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	187
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,675

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	280	734	30.62%	38.15%	38.15%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1,862	2,409	79.03%	77.29%	77.29%

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

	Number of Children
a. Infants and toddlers who did not improve functioning	11
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	354
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	939
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	793
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	312

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1,732	2,097	77.32%	82.59%	82.59%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1,105	2,409	50.73%	45.87%	45.87%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	5
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	441
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	481
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,416

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	922	993	92.25%	92.85%	92.85%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1,897	2,409	80.37%	78.75%	78.75%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? No

Provide the criteria for defining “comparable to same-aged peers” and list the instruments and procedures used to gather data for this indicator.

DOH-NJEIS uses the Battelle Developmental Inventory 2 (BDI-2) to collect data to report Indicators 3A, 3B & 3C.

From FFY 2008 through FFY 2011, sampling was used to report on this data. In FFY 2012 DOH instituted a new procedure of re-evaluating all children using the BDI-2 prior to their Annual IFSP in addition to using the BDI-2 for exit data. This change resulted in increased availability of data for reporting and the inclusion of all 21 counties in the child outcome data collection and reporting.

NJEIS business rules for inclusion in the reporting categories a-e have remained the same since FFY2008 and are as follows:

The BDI-2 provides domain scores in 5 areas. NJEIS has developed a cross walk from the 5 BDI domains to the three OSEP areas.

OSEP	BDI-2 Domain
A. Positive social-emotional skills (including social relationships)	Personal-Social
B. Acquisition and use of knowledge and skills (including early language/communication)	Communication Cognition
C. Use of appropriate behaviors to meet their needs	Adaptive Motor

Entry Criteria

1. Percentage of children at entry who are functioning at a level comparable to same-aged peers.
Initial Standard Score >= 80 in all BDI-2 domains
2. Percentage of children at entry who are functioning at a level below their same-aged peers.
Initial Standard Score < 80

For 3B and 3C which include multiple domains, a child is determined to have entered “with same-aged peers” when both

domains meet the rule found in 1 above.

Exiting Criteria

The progress categories (a-e) are determined as follows:

<p>Progress Category a Percentage of children who did not improve functioning</p>	<p>Exiting Raw Score =< Initial Raw Score AND Exiting Standard Score < 80</p>
<p>Progress Category b Percentage of children who improved functioning, but not sufficient to move nearer to functioning comparable to same-aged peers</p>	<p>Exiting Raw Score > Initial Raw Score AND Exiting Standard Score <= Initial Standard Score AND Exiting Standard Score < 80</p>
<p>Progress Category c Percentage of children who improved functioning to a level nearer to same aged peers but did not reach it.</p>	<p>Exiting Raw Score > Initial Raw Score AND Exiting Standard Score > Initial Standard Score</p>
<p>Progress Category d Percentage of children who improved functioning to reach a level comparable to same aged peers.</p>	<p>Initial Standard Score < 80 AND Exiting Standard Score >= 80</p>
<p>Progress category e Percentage of children who maintained functioning at a level comparable to same-aged peers.</p>	<p>Initial Standard Score >= 80 AND Exiting Standard Score >= 80</p>

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

The State has reported progress data and actual target data for FFY 2013 in this APR.

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2012	Target ≥		59.90%	64.00%	68.00%	71.00%	73.01%	73.01%	75.00%
		Data		59.90%	67.10%	71.60%	66.80%	69.60%	70.86%	69.37%
B	2012	Target ≥		55.60%	60.00%	64.00%	67.50%	69.88%	69.88%	72.00%
		Data		55.60%	63.20%	68.40%	63.90%	65.20%	68.86%	64.77%
C	2012	Target ≥		70.40%	73.00%	74.50%	75.50%	76.96%	83.80%	85.00%
		Data		70.40%	80.80%	83.80%	83.40%	82.70%	81.84%	80.96%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	71.18%	71.18%	72.14%	73.09%	74.05%	75.00%
Target B ≥	66.67%	66.67%	67.50%	68.34%	69.17%	70.00%
Target C ≥	83.09%	83.09%	83.57%	84.05%	84.52%	85.00%

Targets: Description of Stakeholder Input

For federal fiscal year 2013 reporting on performance for July 1, 2013 - June 30, 2014, the Part C stakeholders reviewed current state/local data, trends over time in performance and set state targets for FFY 2013-2018.

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	621
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	442
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	621
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	414
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	621
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	516
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	621

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	69.37%	71.18%	71.18%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	64.77%	66.67%	66.67%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	80.96%	83.09%	83.09%

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

For the eighth year, NJEIS 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 analyzed through the Rasch measurement framework.

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 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 a valid and reliable instrument 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.

Data from the scale was analyzed through the Rasch measurement framework. For the IFS 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 state in regard to the impact of early intervention on family outcomes. The mean measure on the IFS was 639.5. The standard deviation was 158, and the standard error of the mean was 6.3. The 95% confidence interval for the mean was 627.1-652.0. This means that there is a 95% likelihood that the true value of the mean is between these two values.

- On July 17, 2014, 3,760 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 October 23, 2014 to allow families additional time to respond.
- Of the 3,760 surveys distributed across twenty-one counties, 623 were returned for a response rate of 16.57%. In total, 378 paper surveys and 245 web responses were collected. There were 576 responses in English and 47 in Spanish. This number is high enough for the estimated statewide percents on the indicator to be within an adequate confidence interval (confidence level of 95%) based on established survey sample guidelines (e.g., <http://www.surveysystem.com/sscalc.htm>).
- The county return distribution for the state adequately represented the NJEIS county population. The range of variance between the return rate and the December 1 2013 rate by county was -2.3% to +2.2%. The median percent difference was 0.2% and the mode was -1.5%.
- The December 1, 2013 population by race/ethnicity matched the FFY 2013 survey race/ethnicity of respondents within +/- 4.98% for all race/ethnicity groups. The NJEIS has historically observed an under-representation in survey response from the African American/Not Hispanic (AA/NH) and Hispanic (H) race/ethnicity groups and therefore has conducted surveys with an over-sampling of these two populations. In addition, secondary follow-up was attempted to families from these race/ethnicity groups that did not respond to the initial survey request.
- The final county return race/ethnicity distribution for the state adequately represented the NJEIS county race/ethnicity population surveyed.
 - The range of variance between the return race/ethnicity population and the December 1 2013 race/ethnicity by county was -4.98% to +2.84%.
 - The Median difference between the race/ethnicity population and the returns was 0.24%
 - The Hispanic population was under-represented by less than 5%, while the African American population was over-represented by less than 3%.

2013-2014 Race/Ethnicity	Distributed	Returned	Return Rate	Percent of Return	Dec 1 2013 Race/Ethnicity	Dec 1 2013 Race/Ethnicity %	Difference Return - Race/eEthnicity
White/ Not Hispanic	1,608	323	20.09%	51.85%	5,301	49.04%	2.80%
African American/ Not Hispanic	470	82	17.45%	13.16%	1,116	10.32%	2.84%
Hispanic	1,360	156	11.47%	25.04%	3,245	30.02%	-4.98%
Native Hawaiian or other Pacific Islander	5	3	60.00%	0.48%	19	0.18%	0.31%
Asian	164	32	19.51%	5.14%	674	6.24%	-1.10%
American Indian/ Alaskan Native	3	0	0.00%	0.00%	11	0.10%	-0.10%
Multiracial	150	27	18.00%	4.33%	443	4.10%	0.24%
Total	3,760	623	16.57%	100.00%	10,809	100.00%	

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

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 6,202 families. The NJEIS filters out all duplicates (siblings, multiple births). NJEIS total unduplicated population size is 5,958 and is documented by the table below.

CountyName	White/ Not Hispanic	African American/ Not Hispanic	Hispanic	Native Hawaiian or other Pacific Islander	Asian	American Indian/ Alaskan Native	Multiracial	Grand Total
ATLANTIC	85	24	39		8		7	163
BERGEN	303	31	182		52		20	588
BURLINGTON	157	50	30		10		16	263
CAMDEN	163	43	102		13		14	335
CAPE MAY	31	2	5				3	41
CUMBERLAND	33	7	47		1		5	93
ESSEX	131	191	191	1	15	1	24	554
GLOUCESTER	160	10	8	1	3		14	196
HUDSON	86	25	232	1	32		21	397
HUNTERDON	47	1	14		3			65
MERCER	65	37	59		12		7	180
MIDDLESEX	169	36	186	1	87	1	22	502
MONMOUTH	282	29	87	1	13		17	429
MORRIS	149	8	32		23	2	12	226
OCEAN	638	7	98	1	5		17	766
PASSAIC	127	20	255		11		18	431
SALEM	29	6	5	1			4	45
SOMERSET	100	15	54		24		11	204
SUSSEX	55		16		3		4	78
UNION	143	59	122		12		13	349

WARREN	34	5	9		1		4	53
Grand Total	2987	606	1773	7	328	4	253	5958

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, African American/Not Hispanic (AA/NH) and Hispanic (H) families have lower return rates than other race groups (White/Asian/American Indian/Hawaiian-Pacific Islander/Multi Race)(W/A/AI/PI/MULTI). 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 African American/Not Hispanic (AA/H) and Hispanic (H) race group were pulled at higher percentages than other race groups (W/A/AI/PI/MULTI). 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 20% with a minimal county stratum size of 20 and a maximum county stratum size of 75.
- § The margin of error (MOE) per county varied from 11% to 21%. The margin of error for 13 out the 21 counties is less than or equal to 18%.
- § The overall statewide margin of error (MOE) was 3%.

Step 2: Calculate outgoing sample.

To compensate for a projected lower response rate from African American/Not Hispanic and Hispanic race groups, an additional sample was drawn in each of the county stratum. With a 20% expected return rate, the actual number of family surveys mailed was 3,760 for the NJEIS population of 5,958 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 (fsr)); and
- § Response rate.

CID	CountyName	W/AI/A/HI/PI/MULTI	Child Count B/H	Child count	Expected returns			design effects		Sample out				
					N	s.f.	MOE	wt	wt-norm	W/AI/A/HI/PI/MULTI	f.s.r.	B/H	f.s.r.	total
1	ATLANTIC	100	63	163	20	12%	21%	0.8	1.E-03	61	61%	58	92%	119
2	BERGEN	375	213	588	59	10%	12%	1.0	2.E-03	188	50%	160	75%	348
3	BURLINGTON	183	80	263	26	10%	18%	1.0	2.E-03	90	49%	59	74%	149
4	CAMDEN	190	145	335	34	10%	16%	1.0	2.E-03	96	51%	110	76%	206
5	CAPE MAY	34	7	41	20	49%	16%	0.2	3.E-04	34	100%	7	100%	41
6	CUMBERLAND	39	54	93	20	22%	19%	0.5	8.E-04	39	100%	54	100%	93
7	ESSEX	172	382	554	55	10%	13%	1.0	2.E-03	85	49%	284	74%	369
8	GLOUCESTER	178	18	196	20	10%	21%	1.0	2.E-03	91	51%	14	78%	105
9	HUDSON	140	257	397	40	10%	15%	1.0	2.E-03	71	51%	194	75%	265
10	HUNTERDON	50	15	65	20	31%	18%	0.3	5.E-04	50	100%	15	100%	65
11	MERCER	84	96	180	20	11%	21%	0.9	2.E-03	47	56%	80	83%	127
12	MIDDLESEX	280	222	502	50	10%	13%	1.0	2.E-03	139	50%	166	75%	305
13	MONMOUTH	313	116	429	43	10%	14%	1.0	2.E-03	157	50%	87	75%	244
14	MORRIS	186	40	226	23	10%	19%	1.0	2.E-03	95	51%	31	78%	126
15	OCEAN	661	105	766	75	10%	11%	1.0	2.E-03	324	49%	77	73%	401
16	PASSAIC	156	275	431	43	10%	14%	1.0	2.E-03	78	50%	206	75%	284
17	SALEM	34	11	45	20	44%	16%	0.2	4.E-04	34	100%	11	100%	45
18	SOMERSET	135	69	204	20	10%	21%	1.0	2.E-03	66	49%	51	74%	117
19	SUSSEX	62	16	78	20	26%	19%	0.4	7.E-04	62	100%	16	100%	78
20	UNION	168	181	349	35	10%	16%	1.0	2.E-03	84	50%	136	75%	220
21	WARREN	39	14	53	20	38%	17%	0.3	4.E-04	39	100%	14	100%	53
	Grand Total	3579	2379	5958	683	11%	4%	626		1930	54%	1830	77%	3760

Promotion of the Survey and Follow-Up

Each year, families mail the completed survey directly to an outside contractor to analyze the survey results. A unique child identification number is documented on each survey to allow for demographic analysis. The contractor conducting the analysis only provides a listing of the child identification numbers of families responding to the survey back to the NJEIS. This enables the NJEIS to conduct follow-up activities to obtain a representative sample. At no time does the contractor share information with NJEIS on how any individual family responded.

To ensure NJEIS receives the representative sample, the following are implemented annually:

Distributing the survey with the impact questions on one form with English on one side and Spanish on the other side so that all families in the sample receive the survey in both languages.

Families who do not identify English as their primary language are identified through the demographic data and the NJEIS:

- Provides families with a translated version of the survey (if available); or
- Offers to conduct a phone survey with the family utilizing Language Line.

Language	Count of Language
African	2
Arabic	16
Cantonese	2
English	3016
French	1
French Creole	7
Hindi	6
Italian	1
Japanese	1
Korean	4
Mandarin	1
Polish	3
Portuguese	10
Russian	2
Sign Language	4
Spanish	675
Tagalog	2
Turkish	4
Vietnamese	2
Yiddish	1
Grand Total	3760

Since FFY 2008, NJEIS has added an option for families to respond to the survey through the internet using a unique child identification number (PLINK number).

To improve response rates, the lead agency reviews and verifies family addresses with the Service Coordination Units prior to the initial mailing of the survey.

Returned mail and phone contacts with families resulted in a verification, correction of address and re-mailing of the survey to a confirmed address and/or the option to complete the survey via phone and internet.

The response rate is reviewed and any counties under represented on the expected return rate, are identified by race. Additional follow up surveys are conducted to the under-represented race groups per counties by having regional family support coordinators contact families and offer assistance to complete the survey by mail or through the internet.

Once there is sufficient response, the survey is closed.

Provide additional information about this indicator (optional)

There were 623 returned surveys. The return distribution by county is displayed below.

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Ocean county which serves the largest population of children in early intervention was slightly under represented by 2.3%.
 Sussex county was slightly over represented by 2.2%.
 The Median was 0.2%
 The Range was -2.3% to 2.2%
 The Mode was -1.5%

2014 County	Distributed	% Distributed	N Returned	% Returned	Dec 1 2013	Dec 1 2013 %	Difference Return - Dec 1
ATLANTIC	119	3.2%	19	3.05%	275	2.5%	0.5%
BERGEN	348	9.3%	57	9.15%	1037	9.6%	-0.4%
BURLINGTON	149	4.0%	21	3.37%	514	4.8%	-1.4%
CAMDEN	206	5.5%	23	3.69%	566	5.2%	-1.5%
CAPE MAY	41	1.1%	14	2.25%	77	0.7%	1.5%
CUMBERLAND	93	2.5%	14	2.25%	178	1.6%	0.6%
ESSEX	369	9.8%	50	8.03%	978	9.0%	-1.0%
GLOUCESTER	105	2.8%	17	2.73%	389	3.6%	-0.9%
HUDSON	265	7.0%	32	5.14%	722	6.7%	-1.5%
HUNTERDON	65	1.7%	17	2.73%	127	1.2%	1.6%
MERCER	127	3.4%	26	4.17%	355	3.3%	0.9%
MIDDLESEX	305	8.1%	56	8.99%	929	8.6%	0.4%
MONMOUTH	244	6.5%	45	7.22%	793	7.3%	-0.1%
MORRIS	126	3.4%	24	3.85%	419	3.9%	0.0%
OCEAN	401	10.7%	61	9.79%	1311	12.1%	-2.3%
PASSAIC	284	7.6%	36	5.78%	768	7.1%	-1.3%
SALEM	45	1.2%	13	2.09%	89	0.8%	1.3%
SOMERSET	117	3.1%	23	3.69%	379	3.5%	0.2%
SUSSEX	78	2.1%	22	3.53%	148	1.4%	2.2%
UNION	220	5.9%	40	6.42%	659	6.1%	0.3%
WARREN	53	1.4%	13	2.09%	96	0.9%	1.2%
	3760	100.0%	623	100.00%	10809	100.0%	

Responses were received from all twenty one (21) counties in New Jersey.
 Survey responses were received from 623 families, representing a 16.57% return rate (623/3760).
 The target was met for 4A, 4B and 4C. Specifically:
 Performance increased 2.61% in 4A from 69.37% in FFY 2012 to 71.18% in FFY 2013.
 Performance increased 2.93% in 4B from 64.77% in FFY 2012 to 66.67% in FFY 2013.
 Performance increased 2.63% in 4C from 80.96% in FFY 2012 to 83.09% in FFY 2013.
 The following chart represents the performance by race/ethnicity groups:

Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4 by Race/Ethnicity			
Race/Ethnicity	Indicator 4A Percent of families who report that Early Intervention services helped them know their rights	Indicator 4B Percent of families who report that Early Intervention services helped them effectively communicate their children's needs	Indicator 4C Percent of families who report that Early Intervention services helped them help their child develop and learn
STATE PERFORMANCE	71.18%	66.67%	83.09%
STATE TARGETS	71.18%	66.67%	83.09%
African American/Not Hispanic (N=81)	67.9%	60.5%	82.7%

Asian (N=31)	71.0%	67.7%	87.1%
Hispanic (N=156)	71.1%	68.6%	83.3%
Multiracial (N=27)	51.9%	48.2%	66.7%
Native Hawaiian or Other Pacific Islander (N=3)	100.0%	100.0%	100.0%
White/Not Hispanic (N=323)	73.4%	68.4%	83.9%

Based on 2011 Steering Committee recommendations, state and county performance on this indicator are included in the local determination criteria and a statewide report comparing trend by county is posted on the state website at:

http://www.state.nj.us/health/fhs/eis/documents/system_data/family_outcome_survey_result.pdf

For last several years, the REICs have worked with targeted counties on improving their family outcomes performance. Counties were selected based on their performance in indicator C-4. County planning groups selected one of the 3 sub-indicators for improvement work. Brief updates on these county initiatives follow:

Bergen County has been working with NREIC to improve performance in 4A – “The percent of families participating in Part C who report that early intervention services have helped the family know their rights.” As a part of this effort, Bergen worked to increase the number of families who responded to the family survey. Additional data were collected from parents, service coordinators and practitioners to determine the root causes for the current performance. Based on the data analysis, strategies have included:

- Ongoing SCs updated their IFSP Meeting Checklist to include reminders about each of the family rights;
- Telephone interviews were conducted with families asking about their understanding of family rights and whether the SC provided an explanation of their rights when they were given a copy;
- Each provider agency identified ways to assist their practitioners understand family rights. Three (3) activities were instituted by all provider agencies in the county:
 - Incorporate information about family rights into new hire orientation
 - Ask practitioners to encourage families to complete and return the family survey
 - Encourage practitioners to review the Family Rights document with families when on EI visits with families as questions or issues arise.

In FFY 2013, fifty-seven (57) families responded to the survey, a significant increase when compared to the thirty-two (32) families responding for FFY 2012. The FFY 2013 performance for Bergen County on 4-A (71.93%) met the state target and was slightly higher than the state performance. However, there was slippage in performance from FFY 2012. The change in performance for FY 2013 may be reflective of the significant increase in responses. The planning group will continue to review evaluative data on steps in their improvement plan and adjust strategies as needed.

Warren County has been working with the Family Link REIC to improve performance on indicator 4C – “Percent of families participating in Part C who report that early intervention services have helped them help their child develop and learn.” The Warren County Service Coordination Unit and EIP collected and reviewed data to determine data-informed strategies to improve performance in this indicator. Some examples of these activities included:

- Revision of practitioner session notes to focus on routines based strategies and revision of the progress summary form to incorporate reporting how child outcomes are being addressed within family routines.
- Revision of a county parent satisfaction survey to address this indicator and review of results to inform current strategies.
- Designing and implementing strategies to increase family engagement in early intervention through effective implementation of the routines based NJEIS Family Directed Assessment and IFSP development.

- Beginning an EIP mentoring program to support several recently hired practitioners and offering training to all staff on the topic of “incorporating IFSP outcomes into childcare routines.”

In FFY 2013, Warren County performance on this indicator has significantly improved since the project began in FFY 2010, when the performance was 66.67%. Performance for FFY 2013 remained at the FFY 2012 level of 91.67%. This performance is above the state target and state performance. The planning group will continue to collect and analyze data on strategies and make adjustments as needed.

Gloucester County has been working with the Southern New Jersey Regional Early Intervention Collaborative (SNJREIC) on improving performance on 4 A – “The percent of families participating in Part C who report that early intervention services have helped the family know their rights.” Based on survey data from direct service practitioners and targeted evaluation team members, activities focused on the important role these individuals play in ensuring families understand their rights. This included reviewing and discussing a “right of the month” at monthly staff meetings. Role playing and case reviews were used to reinforce the importance of knowing and understanding family rights. Evaluation data on these activities indicated that these individuals felt they had increased their understanding of how to imbed family rights into every day interactions with families during service delivery. Annual state data from the family survey continues to be used to consider any necessary revisions to improvement activities.

In FFY 2013, Gloucester County's performance for this indicator increased slightly to 76.47% which is higher than the state target and state performance. Significant progress has been made to this indicator since work on this initiative began in FFY 2010 when performance was at 64.71%.

Mercer County has been working with the Mid-Jersey CARES Regional Early Intervention Collaborative (REIC) on improving performance in indicator 4B - “The percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs. Based on the data collected, the workgroup focused activities on helping practitioners to:

- Better integrate family information into the development of IFSP outcomes;
- Connect each family to resources in their community;
- Highlight family strengths;
- Implement more family-centered & routines-based outcomes;
- Increase family's participation in intervention sessions; and
- Decrease use of the practitioner “toy bag.”

Initial evaluation data indicates an increase in the number of IFSPs with a family outcome included and an increase in discussions with families about practicing strategies in community settings, not just in the home. Data will continue to be collected and considered to adjust strategies as needed.

In FFY 2013, Mercer County's performance was 84.62% which is higher than the state target and the state performance for this indicator. The county has consistently increased performance in this indicator over the last 3 years.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

N/A

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2012

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		0.62%	0.62%	0.72%	0.82%	0.72%	0.72%	0.75%
Data	0.56%	0.63%	0.65%	0.57%	0.67%	0.64%	0.63%	0.62%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	0.65%	0.65%	0.65%	0.66%	0.66%	0.67%

Targets: Description of Stakeholder Input

For federal fiscal year 2013 reporting on performance for July 1, 2013 - June 30, 2014, the Part C stakeholders reviewed current state/local data, trends over time in performance and set state targets for FFY 2013-2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	686	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	105,176	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
686	105,176	0.62%	0.65%	0.65%

Provide additional information about this indicator (optional)

FFY 2013 status of 0.65% is 0.03% higher than the FFY 2012 performance and also met the target of 0.65% as recommended by stakeholders for this reporting period.

When compared with FFY 2012, the New Jersey state percentage of children birth to one year increased by 0.03% (0.62%-0.65%) while the national percentage 1.11% (44,167/3,980,071) increased by 0.05% (1.06% -

1.11%).

In FFY 2013, 38.1% (8/21), eleven of the twenty-one NJEIS counties met or exceeded the target of 0.65%.

The total number of referrals of children, birth to age one year, received from July 1, 2013 through June 30, 2014, increased by 5.3% (3,450 to 3,633) than the number received from July 1, 2012 through June 30, 2013.

The number of referrals from July 1, 2013 through June 30, 2014 examined by age and eligibility outcome indicates that:

- 3.54% (3633/102,575) of 2013 live births as per the Centers for Disease Control and Prevention National Center for Health Statistics website (most current data as of December 2014) were referred to NJEIS. This is a 0.23% increase compared to FFY 2013 (3.31%=3449/104,230).
- The ineligibility rate for children referred birth to age one was 33.0% in FFY 2013 and 34.9% in FFY 2012. This is a 1.9% decrease in the amount of ineligible children aged 0-1.

The chart below summarizes the five year trend in referrals and ineligibility rates:

- In FFY 2013 there was an increase in the overall referral growth rate by 6.36% and 2.34% in children aged 0-1.
- The ineligibility rate decreased by 1.9% from 34.9% in FFY 2012 to 33.0% in FFY 2013.

Age	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
	Referrals	Referrals	Referrals	Referrals	Referrals	%Growth	% Growth	% Growth	% Growth	% Growth	Inelig	Inelig	Inelig	Inelig	Inelig
0 - 1	3324	3163	3349	3449	3633	1.71%	-4.84%	5.88%	2.99%	5.33%	29.9%	30.1%	31.3%	34.9%	33.0%
1 - 2	6474	6538	6617	6625	7127	7.74%	0.99%	1.21%	0.12%	7.58%	19.7%	22.1%	23.0%	23.2%	22.5%
2 - 3	5184	5273	5722	5690	6082	6.67%	1.72%	8.52%	-0.56%	6.89%	22.8%	25.2%	26.8%	32.0%	25.9%
Total	14,982	14,974	15,688	15,764	16,842	5.98%	-0.05%	4.77%	0.48%	6.84%	23.0%	24.9%	26.2%	28.9%	26.0%

For the last several years, the REICs have worked with targeted counties on improving their performance for Indicator C-5, the percentage of children receiving early intervention services in NJEIS who are birth to one on December 1st. Counties were selected based on their performance in this indicator. County planning groups have been developing and implementing improvement plans based on data collected and analyzed. Brief updates on these county initiatives follow:

Bergen, Hudson and Passaic Counties have been working with the NREIC to improve performance in this indicator. In recent years the counties involved, with the NREIC, have targeted social service agencies, health care providers and licensed child care providers, resulting in an increase in referrals of children birth to one. Additional targeted outreach is planned for community agencies serving families with infants less than 12 months of age, such as libraries, Music Together programs, Little Gym programs, YMCA programs, and religious and cultural institutions. Outreach to physician practices identified by System Point of Entry (SPOE) as not referring a child or parents to the NJEIS are also targeted based on referral data.

Essex and Morris Counties have been working with the Family Link REIC on improvement in this indicator. Efforts, based on the data analysis included:

- Reviewing eligibility criteria with referral sources;
- Providing guidance on the use of clinical opinion;
- Streamlining scheduling and assignment of evaluators with Targeted Evaluation Teams;

- Creating an email database to facilitate ongoing communication with physicians related to NJEIS information;
- Targeting outreach to community based organizations, such as WIC, Norwescap (Perinatal Consortium), child care and Early Head Start; and
- Collaboration with Essex community-based and home visitation programs with a focus on appropriate referrals and offering referral information to families who have been found ineligible for early intervention.

Cumberland County has been working with the Southern NJ REIC on improvements to this indicator. Based on the data analyzed, the planning group has focused efforts on:

- Reviewing data on all calls about children residing in Cumberland County;
- Conducting outreach to Child Protection and Permanency offices;
- Conducting targeted outreach to community and/or social service agencies within Cumberland County that specifically serve children birth to 1; and
- Reviewing the targeted evaluation team data to determine if there are any trends that may require further investigation.

Mercer County has been working with Mid-Jersey REIC on improvement to this indicator. Based on county data, special emphasis is being placed on increasing referrals from families with lower socio economic female-headed households. Data from the Child Find SPOE referral tracking sheets are being analyzed to target primary referral sources needing additional contacts due to low or no referrals. These efforts often include making face to face visits & presentations as a more effective way to reach potential new referral sources. These include:

- Social Services agencies (Family Success Centers, Domestic Violence Shelters, Home Visitation Programs, WIC, Maternal & Child Health (MCH), etc.
- Childcare/ Head Start providers
- Hospitals/ NICUs
- NJ Division of Child Protection & Permanency (CP&P)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

N/A

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2012

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		2.31%	2.31%	2.55%	2.70%	2.87%	3.14%	3.14%
Data	2.53%	2.80%	2.84%	2.93%	3.14%	3.31%	3.35%	3.22%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	3.38%	3.38%	3.40%	3.42%	3.43%	3.45%

Targets: Description of Stakeholder Input

For federal fiscal year 2013 reporting on performance for July 1, 2013 - June 30, 2014, the Part C stakeholders reviewed current state/local data, trends over time in performance and set state targets for FFY 2013-2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	10,809	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	320,132	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
10,809	320,132	3.22%	3.38%	3.38%

Provide additional information about this indicator (optional)

For FFY 2013, New Jersey served 3.38% (10,809/320,132) of infants and toddlers, birth to three, with IFSPs, compared to the national average of 2.82%(338,662/12,003,322).

New Jersey met the target of 3.38% as set by stakeholders for this reporting period.

When compared to FFY 2012, the percentage of infants, birth to three, with IFSPs in New Jersey increased by 0.16% (3.22% -

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

3.38%) while the national percentage increased by 0.05% (2.77% - 2.82%).

The total number of children enrolled on December 1, 2013 (10,809) increased by 743 children, which is a 7.38% increase from December 1, 2012 (10,066) to December 1, 2013 (10,809).

The total number of referrals birth to three years received July 1, 2013 through June 30, 2014 increased by 1,078 children, which is a 6.84% increase (15,764 to 16,842).

47.62% (10/21) of NJEIS counties met or exceeded the target of 3.38%.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

N/A

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	86.20%	95.80%	92.77%	91.59%	97.89%	97.92%	99.11%	98.21%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
343	347	98.21%	100%	98.85%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline)	
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data reported for this indicator are from the NJEIS state data system and reflect actual days from the date of referral to the date of the initial IFSP meeting for every eligible child for whom an initial IFSP meeting was required to be conducted.

NJEIS uses a simple random sampling plan without replacement, with a 95% confidence level and +/- 5 confidence interval ensures that child records were chosen appropriately and represent the state population.

Data Desk Audit, Inquiry and Record Review

Monitoring begins with a data desk audit based on a simple random sample without replacement of three months of FFY 2013 data (August, September, and October 2013). This included inquiry where the monitoring team conducted a drill down to

obtain child specific information, reasons for delays and verification of an initial IFSP meeting, although late.

The inquiry required the Service Coordination Units and EIP Targeted Evaluation Teams (TETs) to submit copies of child progress notes, and service encounter verification logs as verification of the data in the statewide database and claims submission.

The Lead Agency monitoring team used all the information received and reviewed service claim data to determine where in the process the delay occurred and who was responsible.

Provide additional information about this indicator (optional)

Data Analysis and Results

Of the 2,930 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 347 children were monitored. Of the 347 children, 343 of the IFSPs were in compliance with the 45 calendar day requirement, including the 34 initial IFSP meetings that were delayed because of family reasons.

The 34 family-initiated reasons for delay were included in the calculations and documented in service coordinator notes and NJEIS data system. Family reasons include child illness or hospitalization, family response time, missed scheduled appointments and family requested delays related to the parent's work schedule.

Data	Children
Total IFSPs for Quarter of Data: August-October 2013	2,930
Sample of the Quarter (Denominator)	347
Initial Timely Initial IFSPs (Dirty Data without Desk Inquiry)	309
Initial Untimely Initial IFSPs (Dirty Data without Desk Inquiry)	38
Desk Inquiry Verification of Family reason for delay or on time	34
Desk Inquiry Verification of Untimely IFSP	4
Corrected Numerator (Timely + Family Reasons + corrected Timely)	309+34= 343
State Compliance Percentage	343/347=98.85%

In order to determine the responsibility for the noncompliance identified, additional data were reviewed to determine the following:

- Of the four (4) initial IFSP meetings delayed for systems reasons, one (1) out of the 347 (0.3%) was due to the targeted evaluation practitioner and two (2) out of 347 (0.6%) delays were the result of the Service Coordination Unit and one (1) out of 347 (0.3%) was the result of an Regional Early Intervention Collaborative (REIC) delay at the System Point of Entry (SPOE).
- NJEIS reviewed documentation to verify that all four (4) children who were delayed for system reasons received their initial IFSP meeting although late. The range of days delayed included: two (2) children received their IFSP meeting 2 days late and; two (2) children received their IFSP meeting between 10-16 days late as depicted in the chart below.

Untimely Initial IFSPs: # of Days Delayed	Children
2 Days Delayed	2
10-16 Days Delayed	2

Findings Issued:

As a result of the additional inquiry, three (3) findings were issued and the agencies were required to complete a Corrective Action Plan (CAP) and monthly reports until 100% compliance is verified as per OSEP 09-02:

Indicator 7	Agencies	Findings	Date of Finding
	Service Coordination Units (SCUs)	1	July 1, 2014 (FFY 14)
	Targeted Evaluation Team (TETs)	1	July 1, 2014 (FFY 14)

Regional Early Intervention Collaborative (REICs)	1	July 1, 2014 (FFY 14)
Total Findings for FFY 2013	3	
Number of Findings Closed As of 2/1/15	1	
Number of Findings Not Verified as of 2/1/15	2	Agencies have until June 30, 2015 to verify correction

As of February 1, 2015, one (1) of the three (3) findings have verified compliance. The remaining two (2), continue to improve but have not yet obtained 100% compliance.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2012

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

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

NJEIS has accounted for all instances of noncompliance identified through the NJEIS state database, desk audit/inquiry, record review and, in some instances, onsite data verification. In addition, monthly updated data is used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from the state database; faxed copies of progress notes and IFSPs from child records, verification of claims and service authorization data, and, in some cases, on-site visits to verify child records.

NJEIS:

- Identified the responsible agencies, the percentage of noncompliance in each county and determines reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the correction action plan requires the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).
- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initial IFSP meeting events. These monthly reviews continued until the agency is operating at 100% compliance for this indicator at which point the finding is closed (Prong 2).

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, monthly updated data was used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and in some cases on-site visits to verify child records.

NJEIS accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and, in some instances, onsite data verification. The DOH confirmed that an initial IFSP meeting was held, although late for any child whose initial IFSP meeting did not occur in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2011

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	95.20%	96.50%	99.20%	99.70%	100%	99.65%	98.10%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
302	302	100%	100%	100%

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data were reported for all twenty-one counties.

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Data reported for 8A were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g. NJEIS IFSP Review Transition Information Page).

The data desk audit was conducted on one quarter of FFY13 for the months of February, March and April 2014 and identified 2,102 children that turned age three.

Sampling methodology was implemented to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen appropriately represent the state population.

Of the 2,102 children, a random selection of 302 children were monitored.

Data Desk Audit, Inquiry and Record Review

The monitoring team first confirmed the child's date of birth was accurate in the NJEIS state database. Based on the child's date of birth, an inquiry was prepared for the county to identify possible non-compliance.

The monitoring team implemented inquiry which drilled down to obtain child specific information, reasons for delays and verification of transition steps, although late. The Service Coordination Units were required to submit copies of child progress notes, IFSPs, and service encounter verification logs. The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

Provide additional information about this indicator (optional)

Data Analysis and Results

8A Data	Children
Total IFSPs for Quarter of Data: February-April 2013	2,102
Sample of the Quarter (Denominator)	302
Developed IFSP Transition Steps and Services >=90 days to <=9 mos prior to third birthday	302
State Compliance Percentage	302/302=100%

NJEIS achieved 100% compliance on 302/302 records.

NJEIS had continued 100% compliance on this indicator in FFY 12 and FFY 13. Continued compliance was attributed to new state transition forms and statewide trainings.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2012

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	98.90%	98.40%	98.74%	99.70%	100%	99.19%	91.14%	90.24%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
 No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
243	302	90.24%	100%	92.40%

Describe the method used to collect these data

Sampling Plan

Data were reported for all twenty-one counties.

Data reported for 8B LEA notification monitoring were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what was in the child's record (e.g. NJEIS IFSP Review Transition Information Page, progress notes, opt out letters and notification/identification letters).

A data desk audit was conducted on one quarter of FFY13 for the months of February, March and April 2014 that identified 2,102 children that turned age three.

The NJEIS implemented a sampling methodology for monitoring notification to the LEA to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records were appropriately represented.

Of the 2,102 children, a random selection of 302 children was monitored.

Of the 302 children, thirty nine (39) families opted out of SEA/LEA notification.

Data Desk Audit, Inquiry and Record Review

The LEA notification is the responsibility of service coordination units. The Lead Agency submits the notification to the SEA.

The monitoring team first confirmed the child's date of birth was accurate in the NJEIS database. Based on the child's date of birth, an inquiry was prepared and forwarded to the appropriate county to address possible non-compliance.

The monitoring team implemented inquiry which drilled down to obtain child specific information, reasons for delays and verification of transition notice, although late. The Service Coordination Units were required to submit copies of child progress notes, IFSPs, service encounter verification logs, signed opt out forms and LEA notification letters. The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

Provide additional information about this indicator (optional)

Data Analysis and Results

8B Data	Children
Total IFSPs for Quarter of Data: February-April 2013	2,102
Sample of the Quarter (Denominator)	302
Notified the SEA at least 90 days prior to third birthday	263
Notified the LEA at least 90 days prior to third birthday	243
Opt Out	39
Untimely Notification	20
Potentially Eligible-Opt Out	302-39=263
State Compliance Percentage	243/263=92.40%

The DOH sent 100% (263/263) of notifications that were required (consistent with any opt-out policy adopted by the state) directly to the SEA at least 90 days prior to toddlers with disabilities turning three (in February, March and April 2014).

NJEIS achieved 92.40% compliance based on 243/263 records.

NJEIS increased compliance by 2.16% on this indicator moving from 90.24% reported for FFY 2012 to 92.40% for FFY 2013.

Findings Issued:

As a result of the additional inquiry, eight (8) findings were issued and the agencies were required to complete a Corrective Action Plan (CAP) and monthly reports until 100% compliance is verified as per OSEP 09-02:

Indicator 8B		
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Agencies	Findings	Date of Finding
Service Coordination Units (SCUs)	8	September 16, 2014 (FFY 14)
Total Findings for FFY 2013	8	
Number of Findings Closed As of 2/1/15	7	
Number of Findings Not Verified as of 2/1/15	1	Agency has until September 15, 2015 to verify correction

As of January 2015, seven (7) of the eight (8) findings have verified 100% compliance and therefore have been closed.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	6	1	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Based on FFY 2012 data, seven (7) agencies were found to have non-compliance for 8B. The seven agencies were each given a finding issued on July 25, 2013. These agencies developed CAPs and NJEIS reviewed monthly data, tracked and verified correction of the non-compliance. Six of the seven agencies corrected within one year of the finding, the remaining agency corrected within 13 months of the finding.

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and, in some instances, onsite data verification. In addition, monthly updated data was used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and, in some cases, on-site visits to verify child records.

NJEIS:

- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the correction action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).
- Ensured that each agency with identified non-compliance was correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initial IFSP meeting events. These monthly reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2).

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, monthly updated data was used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and, in some cases, on-site visits to verify child records.

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and, in some instances, onsite data verification. The DOH confirmed that notification to the SEA and the LEA where the toddler resides, consistent with the NJEIS opt-out policy, was provided at least 90 days prior to the toddler's third birthday for toddler potentially eligible for Part B preschool services. For any child whose notification did not occur in a timely manner, notification was provided unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2013

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	96.00%	95.20%	95.00%	92.70%	90.48%	90.94%	96.18%	95.88%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
254	302	95.88%	100%	93.38%

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

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data were reported for all twenty-one counties.

Data reported for 8C Transition Planning Conference (TPC) monitoring was collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g. NJEIS IFSP Review Transition Information and Team pages, progress notes, service encounter verifications; service authorizations and TPC invitation letter/emails.

A data desk audit was conducted on one quarter of FFY13 for the months of February, March and April 2014 that identified 2,102 children that turned age three

Sampling methodology was implemented to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records were appropriately represented.

Of the 2,102 children, a random selection of 302 children were monitored. Of the 302 children, 30 families declined the TPC, reducing the total number of records monitored to 272 children.

Data Desk Audit, Inquiry and Record Review

The NJEIS used two sources of data from the database: (1) date of the TPC obtained from the team page signed by the parent; and (2) date of the TPC recorded from the service coordinator verification log. The monitoring team confirmed this data through desk audit analysis using the state database. Based on these dates, and the child's date of birth, an inquiry was prepared and forwarded to the appropriate county to review possible non-compliance.

The monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of a transition planning conference, although late. The Service Coordination Units were required to submit copies of child progress notes, TPC and LEA notification letters, IFSPs, and service encounter verification logs. The monitoring team used all the information received and reviewed service claim data to determine where in the process the delay occurred and who was responsible.

Provide additional information about this indicator (optional)

Data Analysis and Results

8C Data	Children
Total IFSPs for Quarter of Data: February-April 2014	2,102
Sample of the Quarter (Denominator)	302
Families who declined a TPC	30
Initial Timely TPCs (Dirty Data without Desk Inquiry)	223
Initial Untimely TPCs (Dirty Data without Desk Inquiry)	49
Desk Inquiry Verficiation of Family reason for delay or on time	31
Desk Inquiry Verification of Untimely TPC	18
Corrected Numerator (Timely + Family Reasons + corrected Timely)	223+31= 254
Sample of the Quarter - Family Declines	302-30= 272
State Compliance Percentage	254/272=93.38%

93.38% (254/272) 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 within the required timeline.

The numerator and denominator does not include the 30 families who did not provide approval to conduct a transition planning conference.

Of the 272 children, 223 were timely, 31 were delayed due to family reasons and 18 untimely due to NJEIS.

All eighteen (18) children whose TPCs were delayed for systems reasons, exited the system prior to receiving a TPC.

The 31 family-initiated reasons were included in the calculations and documented in service coordinator notes. Family reasons included family vacations, child illness or hospitalization, family response time, family not keeping scheduled appointments and family requested delays

NJEIS performance for this indicator decreased slightly from 95.88% in FFY 2012 to 93.38% in FFY 2013.

Findings Issued:

As a result of the additional inquiry, eight (8) findings were issued and the agencies were required to complete a Corrective Action Plan (CAP) and monthly reports until 100% compliance is verified as per OSEP 09-02:

Indicator 8C		
Agencies	Findings	Date of Finding
Service Coordination Units (SCUs)	7	September 16, 2014 (FFY 14)
Total Findings for FFY 2013	7	
Number of Findings Closed As of 2/1/15	6	
Number of Findings Not Verified as of 2/1/15	1	Agency has until September 15, 2015 to verify correction

As of January 2015, six (6) of the seven (7) findings have verified 100% compliance and therefore have been closed.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2012

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

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Based on FFY 2012 data, seven (7) findings were issued on July 25, 2013 based on FFY 2012 non-compliance. These agencies developed CAPs and NJEIS reviewed monthly data, tracked and verified correction of the non-compliance. All of the findings were closed timely between October 2013 and June 2014 after correction of both prongs was verified in accordance with federal requirements.

NJEIS:

- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the correction action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).
- Ensured that each agency with identified non-compliance was correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initial IFSP meeting events. These monthly reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2).

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, monthly updated data was used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction included updated data from the state database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and, in some cases, on-site visits to verify child records.

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and, in some instances, onsite data verification. The DOH confirmed that a transition planning conference was provided at least 90 days prior to the toddlers third birthday for toddlers potentially eligible for Part B preschool services. For any child whose transition planning conference did not occur in a timely manner, a conference was provided, although late unless the child was no longer in the jurisdiction of NJEIS. This was verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data:

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2014	3.1 Number of resolution sessions		
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2014	3.1(a) Number resolution sessions resolved through settlement agreements		

FFY 2013 SPP/APR Data

3.1 Number of resolution sessions	3.1(a) Number resolution sessions resolved through settlement agreements	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data	100%	100%	100%	100%	50.00%	50.00%	0%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.a.i Mediations agreements related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.b.i Mediations agreements not related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1 Mediations held	0	

FFY 2013 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0	100%		

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Baseline Data

FFY	2013
Data	38.15%

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	38.15%	39.85%	41.55%	43.25%	45.00%

Description of Measure

The State Identified Measureable Result (SIMR) is to substantially increase the rate of children's growth in their development of positive social emotional skills by the time they exit the program as defined by Indicator 3A Summary Statement 1.

The NJEIS uses the Battelle Developmental Inventory 2nd edition (BDI) to report child outcomes in Indicator 3. Each referred child is evaluated using the BDI. For each eligible child, the BDI serves as their baseline measurement for child outcome reporting and upon exit from the program children are evaluated again using the BDI. This provides a pre-post measure for determining the child's progress category for each child in each of the three child outcome measures. Children must participate in the NJEIS for at least six (6) months for their data to be included in the Indicator 3 report.

Targets: Description of Stakeholder Input

The NJEIS assembled a large group of committed stakeholders that undertook each of the activities (Infrastructure Analysis, Data Analysis, Selection of Coherent Improvement Strategies, Development of Theory of Action and Target setting) required for the development and implementation of the SSIP.

The NJEIS Part C Stakeholder group met in January 2015 to set Targets for all APR Indicators including Indicator 3 child outcome measures. The Stakeholders recommended moving the baseline year from FFY 2008 to FFY 2012. From FFY 2008 through FFY 2011, NJEIS used an approved sampling plan to report child outcomes. Through collaborations with national TTA staff, the NJEIS began to recognize the usefulness of the data set for Indicator 3 was limited, specifically the data completeness resulting from the use of a sampling plan. As a result, the NJEIS decided to make a financial and workforce investment and moved from the sampling plan to statewide collection of exit data for children that participated in the system for at least 6 months effective July 1, 2012.

The NJEIS also moved to require an annual BDI evaluation for all children prior to the development of their annual IFSP and developed business rules to use the annual BDI as the exit evaluation if conducted within 4 months of the child's exit date. These efforts resulted in an increase in the reported N for FFY2012 and FFY2013 and improved the stability of the performance data.

The Stakeholders recommended targets in consideration of the acknowledged concerns about evaluator fidelity and

completeness rate and recommended to set a modest target for the initial year with targets increasing in equal intervals in each of the subsequent years. The DOH accepted the Stateholders recommendations and those are reflected in the FFY 2014-FFY 2018 targets listed in above.

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

See Complete SSIP as attached.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

See Complete SSIP as attached.

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

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

The SIMR for NJEIS is:

The New Jersey Early Intervention System will substantially increase the rate of children's growth in their development of positive social emotional skills by the time they exit the program, as defined by the targets established for Indicator 3A, Summary Statement 1 in each of the years FFY 2011-FFY2018.

See Complete SSIP as attached.

Description

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

See Complete SSIP as attached.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

Certify and Submit your SPP/APR

This indicator is not applicable.