

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

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

**For reporting on  
FFY 2022**

**New Jersey**



**PART C DUE  
February 1, 2024**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

The New 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) in accordance with the Individuals with Disabilities Education Act (IDEA). The data and supporting information reported in this SPP/APR was collected to meet the federal reporting requirements and were carried out with technical assistance from OSEP funded Technical Assistance Centers (TA) and with meaningful and broad stakeholder input on each required indicator throughout the year. The New Jersey Department of Health (DOH) is the designated State lead agency for the 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. This report is being submitted February 1, 2024, and contains 1) performance data from FFY 2022; 2) the State Systemic Improvement Plan (SSIP) covering FFY2022 performance and provides links to the State's Theory of Action and Evaluation plans for the SSIP.

New Jersey (NJ) is a geographically small northeastern state with a diverse population estimated at 9,290,841 persons according to the July 1, 2023, estimate by the U.S. Census Bureau. Five point six percent (5.6%) of NJ's population is under the age of 5 years. Despite its small geographic size, New Jersey is the most densely populous state in the country with a very diverse population and 32.0% of New Jersey's population aged 5 and older speak a native language other than English.

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 (21) counties. Grants are executed with the four(4) REICs and thirteen (13) Service Coordination Units (SCUs) to provide service coordination services throughout all 21 counties in a dedicated service provider model. Early intervention services identified on an Individualized Family Service Plan (IFSP) are provided by fifty (50) Early Intervention Program (EIP) provider agencies who are contracted with the DOH. Selected EIPs have an additional contractual responsibility to provide evaluation and assessment services to children to determine program eligibility and for progress monitoring. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs and are required to meet established personnel standards. The REICs facilitate family and community involvement through written Community Impression Plans, which use regional data to assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. Each of the four REICs employs one full-time Training and Technical Assistance Coordinator (TTA), one full-time Family Support Coordinator (FSC) and one Data Analyst. The REICs provide important points of contact for families to ensure they have an active voice in the NJEIS.

#### Additional information related to data collection and reporting

The NJEIS collects and reports data from several sources, which allows the Lead Agency to assure data reliability and data quality by having data verification sources within the established system infrastructure. The primary source of data collection is the Early Intervention Management System (EIMS), which is the statewide case-management and billing system. Often referred to simply as the "data system", the EIMS is an electronic system used by the entire NJEIS workforce to collect and store all child and family information from Intake to Transition. The EIMS is maintained by a contracted vendor and managed by the Part C Data Manager at the DOH. The EIMS contains all the elements of a child's evaluation and Individualized Family Service Plans (IFSP). It tracks all claiming and billing of IFSP services rendered, captures service coordination activities, and contains a portal for families to access their Explanation of Benefits and remit any cost-sharing payments required by the NJEIS. The EIMS database 1) ensures an unduplicated count for federal reporting, 2) assists in the verification of data, 3) establishes and provides trend data for improvement planning, 4) provides data that identifies potential areas of non-compliance which are targeted for follow-up, and 5) allows tracking of required corrective actions. The NJEIS has used the EIMS as its primary data system since 2018.

Data collection for reporting on Indicator 3, Child Outcomes, is collected in the BDI Data Manager system which scores and stores the data for each administration of the Battelle Developmental Inventory 2nd edition. During FFY2022, NJEIS began transitioning to the 3rd edition of the BDI (BDI-3) which included an updated electronic data collection system called Riverside Score. The Riverside Score platform also scores and stores the evaluation data collected for each child and provides front facing reports for parents and the IFSP teams, in addition to database reports that can be utilized for data analysis and inquiry. End users for all the electronic data collection systems undergo initial, ongoing and targeted training on overall system functions and additional training when enhancements or updates to the systems are released.

Data analysts employed by the REICs collect additional data using a variety of methods such as surveys and excel files, to support the activities of the regional TTA providers and Family Support Coordinators. The data analysts work under the general supervision of the Part C Data Manager and are engaged in the data verification and data cleaning necessary for the submission of required 618 data.

The DOH Part C data staff supports the Annual Performance Report by teaming and collaborating with the DOH Monitoring Team throughout the yearly monitoring cycles for Indicators 1, 2, 4, 7, & 8. The data team assists with the desk audits, target setting models as appropriate, and other data that is needed for APR reporting.

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

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, the Part C Data Manager and the Part C Coordinator and Director. General supervision includes the ongoing activities of 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, virtual monitoring and enforcement.

Monitoring Activities: A significant component of the NJEIS general supervision system is the performance desk audit process implemented using data compiled from the EIMS database. The purpose of the data desk audit is to: 1) ensure data in the database are accurate; 2) identify noncompliance and

areas for improvement; and 3) verify correction of noncompliance in accordance with federal requirements. Data desk audits review compliance and results 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 has historically been an important component of the NJEIS general supervision system to address noncompliance. On-site visits are conducted as necessary to verify correction or to determine the need for additional sanctions such as designation of at-risk or high-risk status when correction is not timely. To increase efficiencies and utilize modern methods, the DOH monitoring team has pivoted from in-person/onsite monitoring in favor of virtual and electronic methods to accomplish needed oversight activities. Virtual and electronic methods have proven effective when the monitoring activities are Universal or Targeted in nature. In-person and on-site monitoring activities are conducted when Intensive investigation and correction is needed.

The NJEIS has a Procedural Safeguards Office,(PSO) tasked with ensuring the effective implementation of procedural safeguards including family rights. The Procedural Safeguards Office is responsible for investigating and resolving complaints in accordance with Part C requirements . A complaint resolution process is available to address complaints filed by individuals, parents, 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 PSO helps to ensure parents receive and understand their rights and have access to formal dispute resolutions. The PSO works in consultation with ongoing service coordinators and regional family support coordinators to provide supportive assistance for concerns that do not require formal measures to achieve resolution. Parents can contact the PSO through a toll-free hotline. The PSO staff advise parents of their rights, helps them understand the options available to them when disputes arise. Staff respond to parent issues/concerns and documents all contacts for review and analysis. Information is compiled and shared with stakeholders, including the state ICC, to facilitate necessary systematic policy or procedure updates, or the implementation of training and/or technical assistance. Service coordinators are given the responsibility to directly assist families in accessing informal and formal dispute resolution. Procedural safeguards are described in the document "New Jersey Early Intervention System Family Rights" and all NJEIS providers/practitioners are responsible to ensure that families understand their rights under Part C. Each new hire to the NJEIS is required to successfully complete six procedural safeguard online training modules prior to beginning work with children and families. Formal dispute resolution procedures are used to identify and correct non-compliance through a statewide mediation system. 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 PSO maintains a list of qualified and impartial mediators who are trained in effective mediation techniques and are knowledgeable in laws, regulations and best practices related to the provision of early intervention services. A statewide impartial hearing system is available through the Office of Administrative Law (OAL) to ensure parents have access to a fair process for the resolution of disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services.

#### **Technical Assistance System:**

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

The Comprehensive System of Personnel Development (CSPD) is led by a CSPD coordinator at the lead agency who directs 4 regional Training and Technical Assistance coordinators (TTA), 1 CSPD Support Specialist and a service coordinator manager in meeting the technical assistance needs of the EIS programs and service coordination units. The lead agency sets statewide priorities for TA based upon 1) operational updates (e.g., data system enhancements), 2) quality improvement strategies identified in the SSIP and or 3) needs are identified through monitoring activities. Each regional TTA creates a yearly Community Impression Plan designed to address a local or regional need, which is in addition to any state directed initiatives. The Community Impression Plans use data-based decision-making to provide universal, targeted, or intensive TA to agencies or personnel in their respective region. The TTA report on their progress to the DOH at 6 month intervals. Under the leadership of the CSPD coordinator the CSPD team 1) Coordinates and prioritizes training initiatives across topic areas, including evidence based practices and the goals and activities outlined in the State Systemic Improvement Plan; 2) Ensures consistency of messaging in professional development materials; 3) Establishes streamlined processes for on-boarding and off-boarding with accountability for agency administrators; 4) Establishes accountability measures for practitioners and service coordination in completing required training. The team is highly invested in maximizing and updating the use of technology platforms for training, community of practice work, general communication about federal and state requirements and connections with families.

The Part C Coordinator ensures lead agency staff seek out and utilize available technical assistance from the federal TA centers such as ECTA, DaSY, and GIFFR. Lead agency staff regularly participate in small groups, communities of practices, attend technical assistance webinars provided by OSEP and their partners and maintain their own professional development which supports their ability to provide ongoing TA to the NJEIS.

#### **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 strengthened and enhanced the delivery of professional development during FFY2022. The creation of a Professional Development (PD) champion structure with each EIP and SCU began in FFY2021 and became fully operational in FFY2022. The PD champions are located within each local agency and have become an integral new extension of the overall CSPD system. A major addition to the CSPD system in FFY2022 is the creation, stand-up and launch of a state-of -the-art Learning Management System (LMS). Indicator 11 contains additional specifics as to the role and success of the PD champion initiative and how the LMS is intended to assist the state in ensuring provider are effectively providing services that improve results for infants and toddlers with disabilities and their families. In FFY2022, the lead agency continued its partnership with Montclair State University (MSU) as an important partner from Higher Education. In addition, the state Interagency Coordinating Council sub-committee on personnel preparation created and prepared resources for local agencies to use when recruiting, hiring, and preparing new personnel. The NJEIS maintains established standards for personnel who work with the infant and toddlers in the NJEIS. 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 and credentials (licensure, certifications etc.) are verified through state processes in conjunction with the EIMS vendor. Each new hire to the NJEIS must complete required professional development sessions in addition to on-boarding procedures required by the hiring agency.

The DOH service coordinator manager regularly reviews the work product of the service coordinators and provides professional development opportunities specific to the role of a service coordinator, IFSP development and family outcomes. In addition to chart reviews, service coordinator's skills are observed regularly as they conduct the Family Directed Assessment and collect financial information from participating families. The regional TTA staff are responsible to provide training about NJEIS to system partners such as Child Welfare staff, community referral sources, and local education agencies.

#### **Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

In FFY2022, the DOH continued to use the methods of engagement that proved successful for engaging stakeholders in the previous year. The proliferation of virtual and electronic platforms as communication systems has resulted in improved efficiency and reach of the Lead Agency. The use of remote/virtual meetings has resulted in greater participation by stakeholders (including parents) in the ICC meetings, topic specific webinars and training, sub-committee work, and intra-agency collaborations. As part of regular stakeholder engagement strategies, the DOH provides a monthly newsletter via a list-serve to over 200 individuals, holds topic specific sessions for EIP providers (e.g. policy reviews, contractual updates), monthly technical assistance sessions for service coordination in addition to the regional provider meetings that take place across the state.

Target setting was completed in FFY2020 and there was no changes to targets for any performance indicators changed for this reporting cycle.

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

NO

**Number of Parent Members:**

32

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The NJEIS did not set performance targets as this was accomplished with the new SPP cycle. However NJEIS did engage parents as members of advisory committees throughout the year in several key areas:

1. The ongoing working committee that advises and assists the DOH with Indicator 4 (Family Outcomes) met 5 times

In FFY21, the DOH team prioritized the inclusion of stakeholders who had not previously participated in meetings and subcommittees, those from all geographic parts of the state, racial and ethnic diversity and was successful in identifying new community partners. DOH committed to partnering with SPAN in their "Parents as Data Leaders" training for families who, once trained by SPAN, will then become additional members of established committees in the NJEIS and contribute to evaluating progress and developing improvement strategies. The NJ Legislature recently passed legislation that requires additional evaluation and reporting of the language acquisition progress of children with hearing loss. The NJEIS has been working with the newly established advisory group of parent advocates, state DOE staff and hearing consultants to establish the methods to evaluate the progress of this sub-set of children who receive early intervention services. The DOH intends to invite the parent stakeholders from that advisory group to join the NJEIS C-3 team which will be reviewing the business rules and targets for child outcomes as the state transitions from the Battelle Developmental Inventory 2nd edition to the third edition during FFY2022.

The REIC boards were engaged this year to review and provide input on the content provided to families about Transition (Indicator 8), assist with the update of the NJEIS Central Directory and contribute to the creation of updated and novel outreach and child find materials (Indicators 5 & 6). In consideration of the active work of the ICC, the engagement of REIC board members, partnerships with the state PTI, the use of virtual meeting formats and regular communication channels, the DOH is confident that it engaged a wide variety of stakeholders, not just for the development of the SPP/APR/SSIP, but for many other operational concerns of the overall system.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

NJEIS is a part of Region A for the national Parent Training and Information (PTI) centers and is a member of its advisory board. The partnership with NJ's PTI (called the Statewide Parent Advocacy Network or SPAN) is long-standing and members from SPAN are represented on all APR Indicator sub-committees. In FFY2022, NJEIS was a partner member with SPAN's series on educating parents in the use of data for system improvement. For FFY2022, specifically, parent members had regular contributions and input into Indicator 4, including providing suggestions for improving communication to families and the data collection. The "Indicator 4" sub-committee met 5 times during FFY2022.

Stakeholders met either as a full committee or in subcommittee at least once per month between January 2023 and January 2024 and each member has committed to maintaining their participation in the group throughout 2024. The stakeholders focused their charge on the NJEIS's family survey methodology process, creating marketing tool, ensuring representativeness across the state, increasing the overall response rate and ensuring the ECO-R is available in additional languages to meet the needs of NJEIS families.

The C-4 stakeholder group has 9 members, including 5 parents of children who received early intervention services, service providers, representation from higher education, the state PTI and ICC members. The members of the Stakeholders Committee represent diversity with their background relating to race, ethnicity, and gender

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Large scale stakeholder engagement for APR FFY2022 was carried out at the November 17, 2022, and January 19, 2024, meetings of the ICC, attended by Council members and the public. The attendance at the November meeting was 106 persons and the attendance for the January 19, 2024 ICC meeting was 109 persons. The attendance for both meetings included providers, parents, advocacy organizations, other state agency representatives, service coordinators and state staff. The content of the APR submission was provided to members of the ICC prior to both meetings and presented fully by state staff to the public and ICC. Public members were provided the opportunity and methods by which they could submit comments to the DOH (verbally or in writing). In November 2023, the ICC review the content, theory of action, proposed new year activities and progress on the SSIP. At the January 2024 ICC meeting, the council review and approved the modifications/updates to the SSIP evaluation plan. Indicators 1,2,3,4,5,6,7,&8 were presented at the January 19, 2024. The ICC members certified the FFY 2022 SPP/APR as their annual report

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.**

Large scale stakeholder engagement for APR FFY2022 was carried out at the November 17, 2023, and January 19, 2024, meetings of the ICC, attended by Council members and the public. The attendance at the November meeting was 106 persons and the attendance for the January 19, 2024 ICC meeting was 109 persons. The attendance for both meetings included providers, parents, advocacy organizations, other state agency representatives, service coordinators and state staff. The content of the APR submission was provided to members of the ICC prior to both meetings and presented fully by state staff to the public and ICC. Public members were provided the opportunity and methods by which they could submit

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#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.**

The FFY 2021 NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) was disseminated to the public through posting to the state website <http://nj.gov/health/fhs/eis/public-reporting> and via the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>. The final SPP/APR/SSIP was also disseminated electronically to representatives of the Interagency Coordinating Council, advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State. FFY 2021 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements were prepared and disseminated within 120 days of the submission of the FFY2021 SPP/APR.

Existing County Performance Reports and Part C Determinations are located at: <https://www.nj.gov/health/fhs/eis/public-reporting>

#### **Intro - Prior FFY Required Actions**

OSEP notes that one or more of the Introduction attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

#### **Response to actions required in FFY 2021 SPP/APR**

The state and corrected the submissions that were not in compliance with Section 508 of the Rehabilitation Act of 1973 and made the documents available to the public. NJ's OSEP project director acknowledged the correction of this issue.

#### **Intro - OSEP Response**

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

#### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

### Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

### Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

### Instructions

*If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	94.58%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.56%	94.51%	96.08%	93.33%	89.68%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
252	374	89.68%	100%	78.34%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

The approved monitoring plan for Indicator #1 divides the State into 2 cohorts of counties which are monitored in alternating years. NJEIS uses those 2 cohorts, identified as Cohort A and Cohort B and reports every other year based on the current cohort. The data for FFY2022 represents Cohort "B" and includes 11 of the 21 counties in NJ. FFY2022 Cohort B data has slipped 11.34% compared to Cohort A data from FFY2021. As a compliance Indicator with 100% required performance, DOH has identified the slippage in meeting timely services as a priority for universal and targeted TA to all provider agencies, while findings and/or corrective action plans address the individual local programs.

In further analysis of Indicator 1, the lead agency identified 3 counties (Salem, Sussex, and Camden) with the lowest percentages of timely services (33.33%, 40%, and 40.48%, respectively), impacting the overall state compliance, however, the lead agency acknowledges that timely services are a concern in multiple counties to some extent. (It's important to highlight that due to the small sample size, there's considerable variability, and caution should be exercised when interpreting the data for Salem County.) Furthermore, in FFY 2022, there was a remarkable 13.2% increase in the number of children referred and deemed eligible for the NJEIS compared to the point-in-time child count in FFY 2021. This surge unexpectedly generated a substantial demand for additional practitioners to meet the needs of the growing number of recipients, requiring the delivery of an additional 52,568 direct services.

In response, the DOH has implemented several strategic measures to bolster the system in meeting its timely service requirements through the following: 1) weekly TA and oversight from the lead agency with the service coordination units and contracted EIPs to identify children in need of timely services and to remove barriers to access those services, 2) investment in retention and professional development activities (described fully in Indicator 11) and 3) supporting the EIPs by providing financial support through an increase in reimbursement rates paid.

**Number of documented delays attributable to exceptional family circumstances**

*This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*

41

**Provide reasons for delay, if applicable.**

NJEIS identified 41 children with 53 services which were determined to have exceptional family circumstances that resulted in services being considered acceptable, however untimely, due to a child/family reason for delay.

41 children with 53 delay of services were deemed acceptable as a result of family requesting delay and child illness:

35-Acceptable Delays due to family. Ex: requesting delay, declined services.

6-Acceptable Delay due to child illness

81 children with 90 services were deemed unacceptable due to system delays:

Due to Practitioner not assigned in a timely manner or practitioner did not start on time due to service coordinator procedure error.

12 Findings were issued as a result. 6 Service Coordination Units and 6 Early Intervention Provider Agencies.

**Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

NJEIS defines timely services as: "All services are provided within 30 calendar days from the date the IFSP is signed by the parent documenting consent for the services on the IFSP".

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

New Jersey monitors all 21 counties every two years with 10 counties monitored in odd numbered FFYs (Cohort A) and 11 counties monitored in even numbered FFYs (Cohort B). NJEIS has a statewide database (EIMS) that authorizes the IFSP services consented to by the parent for assignment and billing by local provider agencies. Data from the EIMS assists in the process of monitoring for Indicator 1. Business rules for this monitoring include starting with all active children and all new services during one quarter (3 months) of the FFY.

To ensure a representative pool, NJEIS pulls a random selection of child records within the quarter, verifying there is a 95% confidence level and a +/-5 confidence interval to ensure the child records chosen, appropriately represent the state population for the entire reporting year.

The FFY 2022 timely services monitoring used the statewide database (EIMS) to randomly select the data which was then drilled down through a desk audit inquiry process of all actual service claim data for the period. The data represents all active child records for the months of September, October and November 2022 for 11 of the twenty-one counties in New Jersey.

The other 10 counties were reviewed in FFY 2021 and reported in the APR submitted February 1, 2023. To ensure that the data described below accurately reflects data for infants and toddlers with IFSPs for the full reporting period, NJEIS compares the selected group of children by county size to the NJEIS 618 Child Count and Settings data to ensure a representative selection of children and their services for their entire reporting year of data.

**Data Desk Audit, Inquiry and Record Review:** The NJEIS state database does not capture all variables needed to determine whether a service is authorized under a periodic/annual IFSP. Therefore, as part of the monitoring process, the monitoring team conducts a data desk audit and inquiry to exclude any services reauthorized by a subsequent IFSP. The purpose of the 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 meeting; (3) identify root cause and ensure correction of any systemic barriers; and (4) verify that the delayed services were provided, although late (prong 1). 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 date claims data to ensure that complete and accurate data is available for the data desk audit. Timely service data passes through a number of edit checks including; verification that there is valid IFSP data

with a billing authorization within the IFSP period; verification there is a valid claim filed by the provider agency; verification that the claim is supported by a service encounter verification log attested and signed by the parent and; an explanation of benefits provided to the family that details the services rendered as a secondary verification that the service type, actual date, and intensity are accurate. Due to the continued use of Telehealth for the delivery of services (optional for families), additional methods of verifying parental acknowledgement of service encounter verification were considered acceptable when clearly documented and presented along with the other documentation required in the desk audit process. Alternative methods of service encounter verification include electronic signatures and the use of email verification.

The data is analyzed to verify the number of actual calendar 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 IFSP (initial, review, annual review); Date IFSP was sent by Service Coordination Unit (SCU) and received by the Early Intervention Program (EIP); EIP assignment date; Reasons and barriers that affected meeting the 30 day timely service provision requirement; EIP and/or SCU response to correct the system barrier; Description of how the agency and/or SCU is assured that the barrier has been corrected; Submission of policies and procedures which were created or revised; and confirmation that the agency followed NJEIS policies and procedures.

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

The time-period in which the data were collected was the months of September, October and November of 2022. The total number of children meeting the business rules stated above = 2,855 children. The DOH analyzes timely services data by children and by individual service and reports data using actual number of calendar days (not averages) as described below. Total number of records monitored (Denominator) = 374 active children who had a total of 513 services were monitored. The desk inquiry conducted by the lead agency monitoring staff identified the following: Of the 374 children, 252 children had a total of 370 services which were verified as timely based on the consent date of the IFSPs (less than 30 days); 41 children had a total of 53 services which were determined to have exceptional family circumstances that resulted in service delays being considered acceptable, though untimely, due to a child/family reason for delay (including child illness/hospitalization and family cancellations and requests to reschedule; 81 children had a total of 90 services which were delayed due to systems reasons. The 90 untimely services were: Speech Therapy (34 children), Occupational Therapy (14 children), Physical Therapy (14 children), Developmental Intervention (18 children), and Social Work (1 child). The median number of days delayed for these services was 21.5 days.

Findings issued: DOH issued twelve (12) findings for Indicator 1 noncompliance in FFY 2022. Findings were issued to these service coordination units: Bergen County Department of Health (Bergen), Catholic Family and Community Services (Passaic), DAWN Center for Independent Living (Sussex), Southern NJ Perinatal Cooperative (Camden and Gloucester), and Children's Specialized Hospital (Union).

Findings were issued to the following Early Intervention Provider agencies: Cerebral Palsy League, Children's Specialized Hospital, Innovative Interventions, Inc., St. John of God Community Services, TheraNorth, and Vista Rehab. The agencies all provided documentation to the DOH of training and procedure review/updates to staff to address each finding's root cause.

Upon review NJEIS determined that agency policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. Once each agency is verified as operating at 100% compliance for both prongs 1 and 2 through a review of more current data, and the DOH can verify that the individual agency is now implementing the regulatory requirements (Prong 2), and their finding is closed. Any agency not operating at 100% will receive continued technical assistance. Each agency has until June 30, 2024, to verify corrections. The DOH confirmed that the 77 out of 81 untimely children who remained within NJEIS jurisdiction received their services, although late, and verified this through claims data, service verification sign-off (or alternate means for telehealth services), and progress notes (Prong 1). There were 4 children who left the jurisdiction of NJEIS prior to service initiation.

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	11	0	0

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

Eleven findings were issued in FFY 2021 to: Southern NJ Perinatal Cooperative (Atlantic, Cape May and Cumberland counties), Visiting Nurse Association (Monmouth County), Essex County Department of Health and Rehabilitation (Essex County), BATA, Classic Rehabilitation, CompCare, Sunny Days Early Childhood Developmental Services, and TheraCare. The agencies all provided documentation to the DOH of training and procedure review/updates to staff to address each finding's root cause. Upon review of the agencies' updated/revised policies and procedures and training documentation, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. NJEIS reviewed subsequent data for each of the agencies which verified timely service provision for all 11 agencies at 100% compliance. All 11 findings were closed between 3/3/23 and 6/29/23.

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

The DOH confirmed that all 10 children who remained within NJEIS jurisdiction received their services, although late, and verified this through claims data, service encounter verification sign-off (or alternate means for telehealth services), and progress notes (Prong 1). 2 children left NJEIS jurisdiction prior to receiving their service.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected



## **1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

### **Response to actions required in FFY 2021 SPP/APR**

Eleven findings were issued in FFY 2021 to: Southern NJ Perinatal Cooperative (Atlantic, Cape May and Cumberland counties), Visiting Nurse Association (Monmouth County), Essex County Department of Health and Rehabilitation (Essex County), BATA, Classic Rehabilitation, CompCare, Sunny Days Early Childhood Developmental Services, and TheraCare. The agencies all provided documentation to the DOH of training and procedure review/updates to staff to address each finding's root cause. Upon review of the agencies' updated/revised policies and procedures and training documentation, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. NJEIS reviewed subsequent data for each of the agencies which verified timely service provision for all 11 agencies at 100% compliance. All 11 findings were closed between 3/3/23 and 6/29/23.

## **1 - OSEP Response**

### **1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	99.81%

FFY	2017	2018	2019	2020	2021
Target >=	99.89%	99.92%	99.92%	99.30%	99.40%
Data	99.87%	99.96%	99.94%	99.75%	99.79%

### Targets

FFY	2022	2023	2024	2025
Target >=	99.50%	99.60%	99.70%	99.80%

### Targets: Description of Stakeholder Input

Target setting was accomplished as part of the required update to the SPP/APR in FFY 2020. Stakeholders included 7 individuals with relevant expertise which consisted of a Parent Advocacy Organization Leader (SPAN), a pediatrician, early intervention professionals, and 4 parents of children who received early intervention services, some of whom also have experience working within the Early Intervention System. To ensure a diverse group of stakeholders, identified members were from different areas of the state and were from various racial/ethnic groups. Four (4) Lead Agency staff served as liaisons for the committee and one (1) national TA provider assisted with target setting as needed.

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	17,061
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	17,102

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
17,061	17,102	99.79%	99.50%	99.76%	Met target	No Slippage

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

In FFY 2022, the 618 data reported (17,061/17,102) 99.76% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. The 17,061 included 15,186 (88.79%) children who received services primarily in the home, plus 1875 (10.96%) children who received services primarily in community-based settings. In FFY 2021, 99.79% of infants and toddlers with IFSPs primarily received early intervention services in their home or a community-based settings. This is a slight year-to-year decrease of 0.03% and does not rise to the definition of slippage. In FFY 2021, 5.96% of infants and toddlers with IFSPs primarily received early intervention services in community-based settings. This is a year-to-year increase of 4.8%. Eighteen (18) of the 21 counties in New Jersey exceeded the target of 99.50% of children primarily served in natural environments. The DOH is pleased to report the State met its target.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

#### Instructions

*Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

#### Targets: Description of Stakeholder Input

The targets for this indicator were set for the SPP/APR submission in February 2022 and the targets remain the same for this report period. NJEIS targets are set based on meetings with a diverse group of stakeholders whose specialize in child outcomes. This diverse group included individuals from all different roles within the EI system from parents, community partners, service providers and DOH staff. Targets were presented to ICC members and the public for consideration, discussion and approval for the SPP. These targets were accepted by OSEP through FFY 2025.

In preparation for submission of FFY2022 performance data, the results of Indicator 3 were presented, discussed and approved at a public meeting of the ICC on January 19, 2024. There were 109 public members in attendance including, parents, system providers, advocacy organizations, service coordination, institutes of higher education and state agencies.

FFY2022 is the last year that NJEIS will use the second edition of the Battelle Developmental Inventory to report Indicator 3. In June 2023, the NJEIS began using the third edition (BDI-3) of the BDI to collect the data and information used to report on Indicator 3. Stakeholders are scheduled to reconvene and review targets, and business rules in preparation for FFY23 reporting.

#### Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2012	Target>=	43.25%	45.00%	45.00%	30.62%	31.00%
A1	30.62%	Data	39.17%	36.08%	32.55%	30.06%	32.31%
A2	2012	Target>=	79.33%	80.00%	80.00%	64.03%	67.03%
A2	79.03%	Data	72.87%	60.84%	57.82%	45.47%	53.26%
B1	2012	Target>=	84.40%	85.00%	85.00%	77.32%	77.32%
B1	77.32%	Data	83.12%	85.82%	64.51%	43.05%	61.04%
B2	2013	Target>=	49.02%	50.00%	50.00%	44.03%	44.70%
B2	45.87%	Data	43.27%	43.32%	58.10%	34.55%	46.20%
C1	2012	Target>=	92.88%	93.00%	93.00%	85.00%	85.00%
C1	92.25%	Data	94.57%	93.24%	86.74%	60.84%	74.01%
C2	2012	Target>=	81.93%	83.00%	83.00%	79.24%	80.31%
C2	80.37%	Data	75.81%	88.34%	93.99%	79.91%	81.65%

#### Targets

FFY	2022	2023	2024	2025
Target A1>=	37.34%	39.34%	41.34%	43.34%
Target A2>=	70.03%	73.03%	76.03%	79.10%
Target B1>=	82.71%	83.15%	83.59%	84.02%
Target B2>=	45.38%	46.05%	46.72%	47.38%
Target C1>=	88.00%	89.00%	90.30%	92.30%
Target C2>=	81.38%	82.44%	83.51%	84.58%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	420	5.18%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,515	31.03%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	739	9.12%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	648	7.99%

Outcome A Progress Category	Number of children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,784	46.68%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,387	4,322	32.31%	37.34%	32.09%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	4,432	8,106	53.26%	70.03%	54.68%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	477	5.88%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,989	24.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,354	16.70%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,702	33.33%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,584	19.54%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,056	6,522	61.04%	82.71%	62.19%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	4,286	8,106	46.20%	45.38%	52.87%	Met target	No Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	540	6.66%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	657	8.11%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	171	2.11%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,675	33.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,063	50.12%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,846	4,043	74.01%	88.00%	70.39%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	6,738	8,106	81.65%	81.38%	83.12%	Met target	No Slippage

**Provide reasons for C1 slippage, if applicable**

Further analysis of C-1 included a trend analysis of the individual progress categories beginning with FFY2019. The trend data show a consistent decline in the number of children entering the program "with peers" in category (e) beginning in FFY2019. In FFY2019, 66% of children were in (e), in FFY2020 the percentage was 55% in (e) in FFY 2021 42% in (e). FFY2022 has an increase in the percentage of children in progress category (e) with 50%, however the overall pattern suggests the profile of the children entering the program includes a higher percentage of children showing delays in the areas of development measured by Indicator 3.

**FFY 2022 SPP/APR Data**

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	15,047
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,161
Number of infants and toddlers with IFSPs assessed	8,106

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)**

NO

**Provide the criteria for defining "comparable to same-aged peers."**

The Standard Scores calculated by the BDI-2 in each developmental domain of childhood (motor, adaptive, communication, personal-social and cognition) are used to define "comparable to same aged peers". NJEIS set the criteria of a Standard Score equal to or greater than 80. To report on Indicator 3A, the NJEIS uses children's scores on the Personal-Social Domain of the BDI-2. For 3B, the Cognitive and Communication Domains are combined and children must have a Standard Score equal to or greater than 80 or above in both domains to be reported as same aged peers. For 3C, the Adaptive and Motor domain scores are used and children must have a Standard Score equal to or greater than 80 to be reported as comparable to same aged peers.

**List the instruments and procedures used to gather data for this indicator.**

The Battelle Developmental Inventory 2nd Edition, (BDI) is used by NJEIS to collect baseline information on each outcome area at entry into the program and again upon exit from the program. The business rules answer each of the three questions using the 5 domains on the BDI. Personal-Social Domain to answer progress on 3A, Communication and Cognitive Domains answer 3B and the Motor and Adaptive Domains are used to answer 3C. NJEIS has used the same business rules since 2008 and the procedures allow for comparison over time and across populations. All children who participate in the program for at least 6 months and who are exiting the program, are eligible for an exit evaluation. NJEIS does not sample for this indicator.

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

The cohort of children being reported in FFY2022 represents the last of the pandemic years birth cohorts. The children entering and participating in the Part C program currently, are just beginning to present with different developmental profiles than the developmental profiles of children who were born during the pandemic and whose development was potentially affected by social constraints and environmental stressors. The targets set by stakeholders in FFY2020, projected a return to more typical developmental concerns and progress and set targets accordingly. As the pandemic-era stressors were sustained longer than stakeholder's preliminary assessment, it is probable the stakeholders underestimated the developmental effect on the 0-3 population and set aspirational targets based on pre-pandemic experiences and methods accounting for the the NJEIS not meeting targets for A1 & A2, B1 and C1. The state is reporting no slippage in 5 of the 6 summary statements, which may be interpreted as a positive direction for the program.

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**



## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source. State must describe the data source in the SPP/APR.

#### Measurement

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

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

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

*Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2012	Target>=	74.05%	75.00%	75.00%	71.00%	71.00%
A	69.37%	Data	75.52%	75.38%	71.08%	73.36%	74.16%
B	2012	Target>=	69.17%	70.00%	70.00%	68.00%	69.00%
B	64.77%	Data	72.97%	71.68%	68.53%	69.72%	77.40%
C	2012	Target>=	84.52%	85.00%	85.00%	81.00%	81.50%
C	80.96%	Data	85.06%	86.05%	82.61%	84.13%	78.15%

**Targets**

FFY	2022	2023	2024	2025
Target A>=	72.30%	73.51%	74.73%	75.00%
Target B>=	70.00%	71.00%	72.00%	73.00%
Target C>=	82.00%	82.50%	83.00%	83.50%

**Targets: Description of Stakeholder Input**

NJ applied a concentrated and planful approach to engaging Stakeholder input into C-4, Family Involvement in the past 2 years. The NJEIS Monitoring Team engaged ECTA for technical assistance in 2021 in preparation for target setting in the SPP/APR submitted in February 2022 and continues to regularly utilize the national TA resources to ensure the State meets the requirements and expectations of OSEP. FFY2021 was the first year NJEIS utilized the ECO-Revised Family Outcome Survey to answer the measurement questions 4a,4b &4c. It was important therefore to continue engagement with the stakeholders to review the data, responses, and methods. Stakeholders met either as a full committee or in subcommittee at least once per month between January 2023 and January 2024 and each member has committed to maintaining their participation in the group throughout 2024. The stakeholders focused their charge on the NJEIS's family survey methodology process, creating marketing tool, ensuring representativeness across the state, increasing the overall response rate and ensuring the ECO-R is available in additional languages to meet the needs of NJEIS families. Numerous outreach tools were developed by the marketing stakeholder subgroup. These include: 1) an infographic flyer for early intervention providers on the importance of the family survey; 2) an infographic flyer for families providing information on the importance the survey and how their input is important and 3) a revised parent introduction letter that provides families with information on the survey and ways it can be completed. Stakeholders are working on developing a short PSA video messaging the importance of the family survey in NJEIS. Lastly, on June 8, 2022, the stakeholders recommended, and the Lead Agency accepted, updates to the business rules for survey distribution.

Targets and baselines were not changed. Stakeholders determined that neither the targets nor the baseline should be adjusted for FFY2021 or FFY2022 as additional data collection for a minimum of 3 years would provide appropriate trend data from which to determine necessary adjustments.

The C-4 stakeholder group has 9 members, including 5 parents of children who received early intervention services, service providers, representation from higher education, the state PTI and ICC members. The members of the Stakeholders Committee represent diversity with their background relating to race, ethnicity, and gender. NJEIS is currently seeking to increase involvement by recruiting more parents and professionals.

**FFY 2022 SPP/APR Data**

The number of families to whom surveys were distributed	8,285
Number of respondent families participating in Part C	2,268
Survey Response Rate	27.37%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,651
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,257
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	1,721
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,259
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	1,734
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,256

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	74.16%	72.30%	73.15%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	77.40%	70.00%	76.18%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	78.15%	82.00%	76.86%	Did not meet target	Slippage

**Provide reasons for part C slippage, if applicable**

FFY 2021 was the first year NJEIS utilized the ECO-Revised Family Outcome Survey, therefore the slippage reported in FFY2022 is comparable to only one year and a quality trend analysis is not yet available to the State. Although slippage occurred in 4a, 4b and 4c, the State met targets in 4a and 4b. Indicator 4a has a difference of -1.00% (73.2%) in performance between FFY2021 and FFY2022. The slippage in Indicator 4b is -1.20% (76.2%). The State did not meet its target for Indicator 4c and has slippage of -1.20% (76.9%). As question 4c asks for the percent of families participating in Part C

who report that early intervention services have helped the family help their children develop and learn, the slippage in the state's provision of timely access to services (Indicator 1) is a likely contributing factor to slippage in 4c and the State not meeting the identified target.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

#### Response Rate

FFY	2021	2022
Survey Response Rate	26.36%	27.37%

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The Business Rules for indicator 4 are: 1) child must have been in the Early Intervention System for at least 6 months from their initial "children service claim date (service start date) from their initial IFSP and/or public expense date; and 2) Children must have had an active Individualized Family Service Plan (IFSP), public expense plan or exited EIS within 3 months or less from the date of survey dissemination. NJEIS improved its response rate from 26.4% in FFY 2021 to 27.4% FFY2022.

Statistical testing is used to determine if the survey response data compared to the December 1, 2022 (Child Count) population are representative other one another. Rasch measurement framework along with the response rate and representative calculator provided by ECTA, was utilized to determine if the surveys received were representative of the target population (i.e., Child Count). The range of variance between the return rate and the December 1, 2022, Child Count by county was -3.73% to +3.02%. The median percent difference was 0.1%. The December 1, 2022, population by race/ethnicity matched the FFY 2022 survey race/ethnicity of respondents within -5% to 3% for all race/ethnicity groups with a median difference of between the race/ethnicity population and the returns was .17%.

**Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.**

FFY 2022 is the second year DOH used the Family Outcomes Survey- Revised (FOS-R) created in 2006 by the Early Childhood Outcomes (ECO) Center. 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 DOH elected to apply the Part C standards recommended by ECO. The ECO Center survey, specifically, section B of the FOS-R, provides states with a valid and reliable instrument to measure (a) positive outcomes that families experience because of their participation in early intervention and (b) families' perceptions of the quality of early intervention services. For the FOS-R, the analysis produces a mean measure for each survey respondent by sub-indicator (4a, 4b, and 4c). Individual mean measures can range from 1 to 5. Each family's measure reflects the extent to which the family perceives that early intervention has helped them achieve positive family outcomes. The data are subsequently summarized by adding the number of respondents with a mean score at or above the cut score for each sub-indicator and dividing it by the total number of respondents for the indicator. This reflects the overall performance of the state regarding the impact of Early Intervention on family outcomes. Of the 8,285 surveys distributed across twenty-one counties, 2,268 were returned for a response rate of 27.4%. The number of return surveys exceeds the minimum number required for an adequate confidence level based on established survey guidelines (e.g. <https://www.surveysystems.com/sscalc.htm>).

In total, 330 paper surveys and 1,938 web responses were collected. There were 1,954 responses in English, 299 in Spanish, 6 in Arabic and 9 in Portuguese. 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, 2022, child count by county distribution was -3.73% to +3.02%. The median percent difference was +0.1%. Salem County had the highest response rate at 40.48% and Ocean County had the lowest response rate at 18.85%. The December 1, 2022, population by race/ethnicity matched the FFY 2022 survey race/ethnicity of respondents within -5.00% to +3.00% for all race/ethnicity groups. In FFY 2022 DOH surveyed the entire population that met the current business rules.

This procedure assisted with the under-representation component. Secondary follow-up measures were attempted with families who did not respond to the initial survey request, including those within underrepresented groups. This contributed to an overall increased response rate.

The final return that was distributed throughout the State, however, did not adequately represent all of NJEIS's race/ethnicity population. The range of variance between the return race/ethnicity population and the December 1, 2022, race/ethnicity by county was -5.00% to +3.00%. The Median difference between the race/ethnicity population and the returns was +.17%. The White/Non-Hispanic was underrepresented by -5.00% and the Hispanic

population was over-represented by +3.00%.

On December 8, 2023, an increased, sufficient, and representative response rate was achieved and the survey was closed.

**The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)**

**YES**

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

Indicator C-4 data and its process is regularly being assessed and reviewed. NJEIS is also making it more accessible for families to access and submit successfully. NJEIS along with its Stakeholders will continue to expand on the goal of improving the family survey process by working diligently to 1.) Increase the response rate; 2.) Expanding the representation of families that return surveys; 3.) Improve our overall outreach process; 4.) Provide education to the field on the family survey process 5.) Compare survey results to previous years. Specifically, the DOH has determined that previous education and outreach was limited to families to encourage their participation in this survey. Stakeholders have recommended and are assisting the LA with, the development of additional strategies that will educate the direct service workforce on the importance of and impact of a strong and representative response rate from the families participating in the NJEIS. Development of educational materials, such as infographics, short webinars, and/or targeted TA with newly hired practitioners, are some strategies the stakeholders are investigating for impact on response rates.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

The response rate for this year's family survey was 27.4%. There was a total of 8,285 surveys sent out to families and 2,268 surveys were returned. This is a difference of 6,017 which were not returned. The breakdown of responses are as followed: White/Not Hispanic-25% Black/Not Hispanic- 32% Hispanic- 28% Native Hawaiian or Other Pacific Islander- 0% Asian-32% American Indian/Alaskan Native-38% Multiracial- 26% Female- 27% Male-28% English-31% Spanish-16% Arabic-7%Portuguese -15% Age 0: 61 sent out Age 1: 1452 sent out Age 2: 5115 sent out Age 3: 1657 sent out. As stated, prior, response rates among Hispanic 28% (+2.00%), Black/Non-Hispanic 32% (+2.00%), Asian 32% (+4.00%), and American Indian/Alaskan Natives 38% (+38%) populations have also increased since FFY 2021. According to the representative calculator provided by the ECTA Center, African American, Native Hawaiian/Other Pacific Islander and White/Not Hispanic are not represented by the data results, however American Indian, Asian, Hispanic and Multiracial are represented by the data. Although the representation among certain races/ethnicity decreased, the overall representation compared to the Part C population was established. The DOH continues to take steps to increase the response rate by all demographics and to reduce identified bias by promoting responses from a broad range of families. This is done by ensuring the surveying of all races, ethnic groups, and gender is represented by the population. DOH conducted surveys on all populations based on the new business rules and will seek to broaden that rule if applicable in the future. In addition, secondary follow-ups were attempted to families from all race/ethnicity groups that did not respond as much as other race/ethnicity groups during the initial survey request.

Families receive surveys in four different languages and can also receive assistance with the language line to complete the survey. Completed surveys can also be mailed using the postage paid return envelope directly to an outside contractor to analyze the survey results that assist with eliminating identified biases. DOH increased the survey responses by offering the four NJ's languages within our mail and online version of the survey. Marketing techniques have also been created and approved, to increase the engagement among all demographics for our next survey distribution. The State continues to explore additional options to expand on this process and has a committed group of stakeholders to advise and assist the DOH in expanding the representation of families in Indicator 4.

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

The DOH analyzed both the performance and response rate. The response rate increased in FFY 2022 from 26.4% to 27.4 % and the number of returned surveys exceeds the minimum number required for an adequate confidence level based on established survey guidelines and remains representative of the population and adequately reflects the distribution by county.

On September 13, 2023, 8,285 surveys were mailed to families in English, Spanish, Arabic and Portuguese. Cover letters as well as postage-paid business reply envelopes were included. The return deadline was December 8, 2023. Respondents were also given the option of completing an online version of the survey. To increase the response rate, over 7,000 non-respondent families were contacted via telephone and provided options for completing the survey. Reminder emails were sent to families who provided email addresses to NJEIS.

Via Phone: 1,739 families were spoken to directly. 1,216 families stated they already completed the survey while 88 families completed the survey directly over the phone. 83 families asked for the survey link to be emailed directly to them while 26 of those families completed the survey from the emailed link. Via Email: 1,579 individuals clicked on the button in the emails which directed them to the survey login page. 1,210 Web surveys were completed by families that clicked the button in the emails (or about 75% of clicks 1,210/1,579).

#### **4 - Prior FFY Required Actions**

None

#### **4 - OSEP Response**

The State reported that the data for this indicator were collected from a response group that was representative of the population. However, in its narrative, the State reported that "The Median difference between the race/ethnicity population and the returns was +.17%. The White/Non-Hispanic was underrepresented by 5.00% and the Hispanic population was over-represented by +3.00%." Therefore, OSEP is unclear whether the response group was representative of the population. OSEP notes that the State did include strategies to address this issue in the future.

#### **4 - Required Actions**

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

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

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	0.62%

FFY	2017	2018	2019	2020	2021
Target >=	0.66%	0.67%	0.67%	0.67%	0.69%
Data	0.78%	0.81%	0.74%	0.67%	0.76%

### Targets

FFY	2022	2023	2024	2025
Target >=	0.72%	0.73%	0.75%	0.75%

### Targets: Description of Stakeholder Input

Targets for C-5 were based on several meetings with a diverse group of stakeholders in preparation for the process of setting targets through 2025 for the updated SPP. Targets for C-5 were developed by stakeholders consisting of 7 individuals with relevant expertise, including Parent Advocacy Leadership, Pediatrician, early intervention professionals, and 4 parents of children who received early intervention. To ensure a diverse group of stakeholders, identified members represented different areas of the state and various racial ethnic groups. DOH staff served as liaisons for the committee. Additionally, there is a Family Support Subcommittee on the ICC that routinely addresses the Birth to One population and examines referral sources, outreach, and community settings in which children in the birth to one age would attend. At this time, no changes to current targets have been proposed and the ICC accepted this recommendation at the January 19, 2024, meeting which reviewed the FFY2022 data.

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	886
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	102,910

### FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
886	102,910	0.76%	0.72%	0.86%	Met target	No Slippage

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

The DOH is pleased to be reporting an increase in the percentage of children served 0-1 and that the state met its target for FFY2022. Moving the needle on this metric has been an active priority of the entire NJEIS, with the ICC's Family Support and Child Find Subcommittee taking the lead on advising and assisting with this priority.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

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

#### Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*FACTS* Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

Baseline Year	Baseline Data
2012	3.22%

FFY	2017	2018	2019	2020	2021
Target >=	3.43%	3.45%	3.45%	3.40%	3.40%
Data	4.40%	4.61%	4.97%	3.96%	4.99%

#### Targets

FFY	2022	2023	2024	2025
Target >=	3.50%	3.60%	3.80%	4.00%

#### Targets: Description of Stakeholder Input

Targets for C-6 were set based on several meetings with a diverse group of stakeholders in preparation for setting targets through 2025. Targets for C-6 were developed by stakeholders consisting of 7 individuals with relevant expertise, including Parent Advocacy Leadership, Pediatrician, early intervention professionals, and 4 parents of children who received early intervention. To ensure a diverse group of stakeholders, identified members represented different areas of the state and various racial ethnic groups. DOH staff served as liaisons for the committee. At this time, no changes to current targets have been proposed and the ICC accepted this recommendation at the January 19, 2024, meeting which reviewed the FFY2022 data.

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	17,102
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	304,967

#### FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
17,102	304,967	4.99%	3.50%	5.61%	Met target	No Slippage

#### Provide additional information about this indicator (optional).

Presently, New Jersey continues to serve a higher number of children birth to three years than the national average. The state has operated with the same definition of developmental delay since 2011 and does not include at-risk children in that definition.

## 6 - Prior FFY Required Actions

None

**6 - OSEP Response**

**6 - Required Actions**



## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

#### Measurement

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

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

#### Instructions

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	98.21%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.71%	99.69%	99.69%	100.00%	99.69%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
334	357	99.69%	100%	99.72%	Did not meet target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

22

Provide reasons for delay, if applicable.

25

- 4-Acceptable Delays due to child/family sick
- 6-Acceptable Delays due to no show by parent meetings, rescheduling meeting time by parent and/or parent responded to meeting times late.
- 9-Acceptable Delays due to parents requesting a delay due to vacations scheduled, surgery dates or child was re-referred.
- 3-Acceptable Delay due to lack of parent scheduling availability
- 1-Unacceptable Delay due to lack of targeted evaluation team availability and staff to complete a timely evaluation.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

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, and 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 for a quarter of the FFY 2022 data (August, September and October 2022). 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 (SCU) and Early Intervention Program (EIP) Targeted Evaluation Teams (TETs) to submit copies of child progress notes, and service encounter verification logs as verification of the data in the state wide 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).**

The period in which the data was collected was August, September, and October 2022. 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, and a 95% confidence level and +/-5 confidence interval, ensures that child records were chosen appropriately and represent the state population. Of the 4,689 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 357 children were monitored. Of the 357 children, 356 of the IFSPs were in compliance with the 45 calendar day requirement, including 22 initial IFSP meetings that were delayed because of family reasons. The 22 family-initiated reasons for delay were included within the calculations, documented within service coordination notes and NJEIS's data system. Family reasons include child illness, family response time, missed scheduled appointments, death in family and family requested delays related to the parent's schedule. Indicator 7 Data Children Total IFSPs for Quarter of Data: August-October 2022= 4,689 Sample of the Quarter (Denominator) =357 Preliminary Timely Initial IFSPs (Dirty Data without Desk Inquiry) =334 Preliminary Untimely Initial IFSPs (Dirty Data without Desk Inquiry) =23 Desk Inquiry Verification of Family Reason & Extreme weather =22 Desk Inquiry Verification of Untimely IFSPs =1 Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely) =334+22=356 State Compliance Percentage 356/357=99.72%

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

In FFY 2021, there was 1 finding for Passaic County's Service Coordination Unit (SCU) due to lack of Service Coordinator (SC) availability/scheduling during the holiday month causing a delay. This resulted in the family's IFSP to be 11 days delayed. Passaic County was required to provide a plan for increased coverage and communication during the holiday months.

The agency was given a finding on May 18, 2022. The SCU involved was also required to provide or create a current policy and procedure to ensure there is SC coverage during the holiday months to ensure IFSPs are completed timely. After review, NJEIS approved the involved SCU's existing procedures for compliance. Passaic County has not shown further issues with non-compliance.

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

DOH verified the one (1) child's IFSP meeting was held and signed, although late. DOH reviewed subsequent data and found no further systemic issues. The agency met 100% compliance for this indicator prior to 12 months of the finding and the agency's finding was closed on 7/1/2022, as correction was verified for both prongs 1 and 2 as required. The involved SCU desk audit data was also reviewed again within FFY 2022 to ensure the same concerns did not reoccur after the finding was closed. The state verified no new issues with this agency in FFY 2022.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

### Response to actions required in FFY 2021 SPP/APR

In FFY 2021, there was 1 finding for Passaic County's Service Coordination Unit (SCU) due to lack of Service Coordinator (SC) availability/scheduling during the holiday month causing a delay. This resulted in the family's IFSP to be 11 days delayed. Passaic County was required to provide a plan for increased coverage and communication during the holiday months.

The agency was given a finding on May 18, 2022. The SCU involved was also required to provide or create a current policy and procedure to ensure there is SC coverage during the holiday months to ensure IFSPs are completed timely. After review, NJEIS approved the involved SCU's existing procedures for compliance. Passaic County has not shown further issues with non-compliance. DOH verified the one (1) child's IFSP meeting was held and signed, although late. DOH reviewed subsequent data and found no further systemic issues. The agency met 100% compliance for this indicator prior to 12 months of the finding and the agency's finding was closed on 7/1/2022, as correction was verified for both prongs 1 and 2 as required. The involved SCU desk audit data was also reviewed again within FFY 2022 to ensure the same concerns did not reoccur after the finding was closed. The state verified no new issues with this agency in FFY 2022.

## 7 - OSEP Response

### 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 8A: Early Childhood Transition

## Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

### Data Source

Data to be taken from monitoring or State data system.

### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2011	98.10%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
289	289	100.00%	100%	100.00%	Met target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

N/A

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data were reported for all twenty-one counties.

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 FFY 2022 for the months of January, February and March 2023 and identified 3,706 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 3,706 children who exited the program, a random selection of the 289 children were monitored. Data Desk Audit, Inquiry and Record Review were utilized.

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 implements inquiry which drills down to obtain child specific information, reasons for delays if any, and verification of transition steps, although late when needed. The Service Coordination Units are required to submit copies of child progress notes, IFSPs and service encounter verification logs. When a delay is identified, 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

Indicator 8A Data Children

Total of Children who turned 3 for Quarter of Data: January, February and March 2023 = 3,706

Sample of the Quarter (Denominator)= 289

Developed IFSP Transition Steps and Services >= 90 days to <= 9 months prior to the third birthday= 289

State Compliance Percentage 289/289=100%

NJEIS achieved 100% compliance on 289/289 records.

NJEIS has continued 100% compliance on this indicator from FFY 2012-FFY 2022.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	90.24%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	95.55%	96.36%	100.00%	98.10%	99.62%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
248	289	99.62%	100%	99.60%	Did not meet target	No Slippage

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

40

**Provide reasons for delay, if applicable.**

The untimely notification was due to County SCU's did not send 1 Notification letter to the LEA or obtain a parental signed Opt-Out form which resulted in noncompliance.

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

Data was reported for all twenty-one counties.

Data reported for 8B LEA notification monitoring was 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 FFY 2022 for the months of January, February and March 2023 that identified 3,706 children that turned age three.

The NJEIS implemented a sampling methodology for monitoring notification to the SEA and 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 3,706 children, a random selection of 289 children were monitored.

Of the 289 children, Forty (40) 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/no)**

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Data was reported for all twenty-one counties.

Data reported for 8B LEA notification monitoring was 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 FFY 2022 for the months of January, February and March 2023 that identified 3,706 children that turned age three.

The NJEIS implemented a sampling methodology for monitoring notification to the SEA and 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 3,706 children, a random selection of 289 children was monitored.

Of the 289 children, Forty (40) 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.

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

**Data Analysis and Results**

**Indicator 8B Data Children**

Total of Children who turned 3 for Quarter of Data: January, February and March 2023 and identified 3,706 children that turned age three representing all twenty-one counties.

Sample of the Quarter (Denominator) = 289

Notified the SEA at least 90 days prior to third birthday = 249

Notified to the LEA at least 90 days prior to third birthday =248

Opt Out = 40

Untimely Notification =1

Potentially Eligible - Opt Out = 289-40=249

State Compliance Percentage = 248/249=99.60%

The DOH sent 100% (249/249) 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 January, February and March 2023.

NJEIS achieved 99.60% compliance based on 248/249 records of notification that were required sent (consistent with the opt-out policy adopted by the state) to the LEA at least 90 days prior to toddlers with disabilities turning three (January, February and March 2023).

County SCU's did not send 1 Notification letter to the LEA or obtain a parental signed Opt-Out form which resulted in noncompliance.

NJEIS ensures that each agency was correctly implementing the specific regulatory requirements (prong 2) and that each child received a Transition Planning Notification unless the child was no longer in the jurisdiction of NJEIS (prong 1).

Upon the monitoring of these prongs, the following Findings were issued:

As a result of the additional inquiry, one (1) finding was issued to the following agency: Passaic County SCU.

1) To ensure the agency is correctly implementing the regulatory requirements, the NJEIS reviewed their current policies and procedures. As a result of the review, the agency was required to develop/revise the following procedures: Transition procedures on all children exiting early intervention; Transition Procedures of children entering the EI system >30 months of age; Transition Planning tracking procedures and; Transition Supervision Plans for service coordination Unit Coordinator managers.

2) The NJEIS reviewed the agency's Infrastructure/Staffing and Provision of training and their Provision of Technical Assistance. As a result of the review, NJEIS required the identified agency to provide additional targeted Transition training to staff; review newly revised policies and procedures with all staff; continue to address Transition requirements, procedures and required documentation at monthly staff meetings and; required supervisors to administer additional direct supervision, internal monthly chart audits and observation of staff upon the additional training.

3) DOH reviews subsequent children who would be turning three to verify the agency is implementing the correct policies and procedures (prong 2). Upon the implementation of the updated training and technical assistance provision, the DOH reviews additional subsequent data to verify procedures have been implemented and effective with SCU staff and their Notification compliance performance. Once all prongs have been verified as corrected, the agency's finding is closed.

The agency has until June 30, 2024 to verify 100% correction.

As of 1/16/2024, Passaic County SCU has verified 100% correction of both prongs and has been closed.

The NJEIS performance for this indicator showed no slippage for FFY 2022. I.

One child in the NJEIS who did not receive notification. The child was in Passaic County and was a late referral to Early Intervention(34 months of age). Although there was no notification, the child was transitioned out of early intervention and into the Part B system by the service coordinator in that county. Service coordinators in Passaic County were provided with Technical Assistance regarding children who are late referrals to early intervention.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

Based on FFY 2021 data, one agency was found to have noncompliance for 8B: Union SCU. The Union SCU was given a finding issued on November 4, 2022. DOH required Union SCU to develop and/or revised current procedures regarding children who enter NJEIS less than 90 days but before 45 days prior to their third birthday. Once reviewed, Union SCU was required to re-train all staff and provide verification and acknowledgment of their training and understanding of the requirements.

To verify correction of previous noncompliance for Transition Notification, DOH reviewed subsequent data and verified that the county met 100% correction of the noncompliance.

DOH accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, policy and procedure review and record review. Activities for documentation and verification of the correction include review of updated/revise procedures; updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data.

In summary, DOH: Identified the responsible agency, their percentage of noncompliance in the county and determined reasons for delay (root causes).

DOH reviewed the agency's policy and procedure revisions and ensured that Union SCU was correctly implementing the specific regulatory requirements. Once Union SCU provided required policy and procedure in-service training, DOH reviewed subsequent data based and verified transition notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

Union SCU verified correction of both prong 1 and 2 and DOH reviewed subsequent data during the month of December 2022. Union SCU verified 100% correction by January 2023 and was closed as of January 13, 2023. The finding was closed after correction of both prongs was verified in accordance with federal requirements.

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

DOH verifies correction of individual cases of noncompliance through data drill down to the child-specific level. In FFY 2021, one (1) child had untimely notification to the LEA. Through the data drill down, the one (1) child who was identified, was no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry however, notification to the SEA occurred timely by the lead agency. Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency achieved 100% compliance for this indicator and both prongs were verified, the finding was closed.

DOH accounted for all individual instances of non-compliance identified through the NJEIS database and verified the notification occurred unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2021 APR. The DOH confirmed correction of the one child, consistent with OSEP memo 09-02 and as verified by the monitoring team (prong 1). However, Notification to the LEA where the toddler resides, was not able to be provided as documented by the SCU since the family was no longer in the jurisdiction of NJEIS at the time of the finding (prong 1).

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

Based on FFY 2021 data, one agency was found to have noncompliance for 8B: Union SCU. The Union SCU was given a finding issued on November 4, 2022. DOH required Union SCU to develop and/or revised current procedures regarding children who enter NJEIS less than 90 days but before 45 days prior to their third birthday. Once reviewed, Union SCU was required to re-train all staff and provide verification and acknowledgment of their training and understanding of the requirements.

To verify correction of previous noncompliance for Transition Notification, DOH reviewed subsequent data and verified that the county met 100% correction of the noncompliance.

DOH accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, policy and procedure review and record review. Activities for documentation and verification of the correction include review of updated/revised procedures; updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data.

In summary, DOH: Identified the responsible agency, their percentage of noncompliance in the county and determined reasons for delay (root causes). DOH reviewed the agency's policy and procedure revisions and ensured that Union SCU was correctly implementing the specific regulatory requirements. Once Union SCU provided required policy and procedure in-service training, DOH reviewed subsequent data based and verified transition notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

Union SCU verified correction of both prong 1 and 2 and DOH reviewed subsequent data during the month of December 2022. Union SCU verified 100% correction by January 2023 and was closed as of January 13, 2023. The finding was closed after correction of both prongs was verified in accordance with federal requirements.

DOH verifies correction of individual cases of noncompliance through data drill down to the child-specific level. In FFY 2021, one (1) child had untimely notification to the LEA. Through the data drill down, the one (1) child who was identified, was no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry however, notification to the SEA occurred timely by the lead agency.

Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency achieved 100% compliance for this indicator and both prongs were verified, the finding was closed.

DOH accounted for all individual instances of non-compliance identified through the NJEIS database and verified the notification occurred unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2021 APR. The DOH confirmed correction of the one child, consistent with OSEP memo 09-02 and as verified by the monitoring team (prong 1). However, Notification to the LEA where the toddler resides, was not able to be provided as documented by the SCU since the family was no longer in the jurisdiction of NJEIS at the time of the finding (prong 1).

**8B - OSEP Response**

**8B - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a

State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	93.38%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	99.47%	97.18%	98.98%	98.33%

**Targets**

<b>FFY</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
204	289	98.33%	100%	98.30%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

54

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

27

Provide reasons for delay, if applicable.

There were 27 late TPC's (less than 90 days) due to family reasons. The breakdown of family reasons are as follows:

- 16 late due to a late referral to EIS (under 45 days)
- 5 late due to child/family illness
- 1 late due to family cancelling
- 4 late due to family's lack of response after numerous follow up by SCU
- 1 late due to waiting to move to a new home

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Data reported for 8C Transition Planning Conference (TPC) monitoring was collected through the annual desk audit record review process and included all twenty-one counties.

Data collected through 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 verification; service authorizations and TPC invitation letter/emails).

A data desk audit was conducted for one quarter of FFY 2022 for the months of January, February and March 2023 that identified 3,706 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 3,706 children, a random selection of 289 children were monitored. Of the 289 children, 54 families declined the TPC, reducing the total number of records monitored to 235 children. Data Desk Audit, Inquiry and Record Review. The DOH 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 of the state database. Using these dates and the child's date of birth, an inquiry was prepared and forwarded to the appropriate county to review for possible non-compliance.

The monitoring team then drilled 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 Indicator 8C Data Children Total of Children who turned 3 during January, February and March 2023 = 3,706 Sample of the Quarter (Denominator) = 289 Families who declined a TPC = 54 Initial Timely TPCs= 204 Desk Inquiry Verification of Family Reason for delay or on time = 27 Desk Inquiry Verification of Untimely TPC = 26 Final Numerator (Timely + Family Reasons) = 204+27=235 Final Denominator (Sample of the Quarter - Family Declines) = 289-54=235 State Compliance Percentage = 230/235=98.30% 98.30% ( 230/235) 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 do not include the 54 families who did not provide approval to conduct a transition planning conference. Of the 289 children, 204 were timely and 26 were delayed with verified family-initiated reasons including family vacations; child illness or hospitalization; family

response time; family not keeping scheduled appointments and family requested delays. One (1) TPC did not occur due to the family not attending two scheduled TPCs meetings.

The NJEIS performance for this indicator did not have slippage but also did not meet the target of 100% compliance. In total, five (5) children did not receive a TPC; one (1) due to family reasons, and four (4) due to a system reason. The DOH identified the system reason to be lack of documentation by the service coordinator that the TPC occurred. Although the service coordinators met with families and discussed transition, there was no documentation regarding a formal invitation to convene a TCP for those four families. These four instances of non-compliance were in three counties (Middlesex, Monmouth, and Passaic). As a result of monitoring, findings were issued to Middlesex SCU; Monmouth SCU; and Passaic SCU.

All five (5) children, who did not receive a TPC, were no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry.

NJEIS ensures that each agency was correctly implementing the specific regulatory requirements (prong 2) and that each child received a Transition Planning Conference unless the child was no longer in the jurisdiction of NJEIS (prong 1).

1) To ensure agencies are correctly implementing the regulatory requirements, the NJEIS reviewed their current policies and procedures.

As a result of the review, the agencies were required to develop/revise the following procedures: Transition procedures on all children exiting early intervention; Transition Procedures of children entering the Early Intervention System <30 months of age; Transition Planning tracking procedures and; Transition Supervision Plans for Service Coordination Unit Coordinator managers.

2) The DOH reviewed the agencies' Infrastructure/Staffing and Provision of training and their Provision of Technical Assistance. As a result of the review, DOH required the identified agencies to provide additional targeted transition training to staff; review newly revised policies and procedures with all staff; continue to address transition requirements, procedures and required documentation at monthly staff meetings and; required supervisors to administer additional direct supervision, internal monthly chart audits and observation of staff upon the additional training. 3) DOH reviews additional children who would be turning three to verify the agencies are implementing the correct policies and procedures (prong 2). Upon the implementation of the updated training and technical assistance provision, the NJEIS reviews subsequent data to verify procedures have been implemented and effective with SCU staff and their TPC compliance performance. Once all prongs are verified as corrected, the agency's finding is closed. The agencies have until June 30, 2024 to verify 100% correction. As of 1/20/2024, all three findings have verified 100% correction of both prongs and were closed. Middlesex SCU was verified in January 2024 and closed on 1/12/2024; Monmouth SCU was verified in January 2024 and closed on 1/12/2024; and Passaic SCU was verified in January, 2024 and closed on 1/16/2024.

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

Based on FFY 2021 data, two (2) agencies were found to have noncompliance for 8C. On November 4, 2022 two findings were issued, one to Salem SCU and one to Union SCU. NJEIS reviewed subsequent data, tracked, and verified correction of the noncompliance. The agencies verified corrections of both prongs. The findings were closed timely after correction of both prongs were verified in accordance with federal requirements. Salem SCU closed timely on 1-12-23 and Union SCU closed timely on 1-13-2023. Both findings were closed within one year. DOH has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review. In addition, subsequent data were reviewed to verify timely transition planning conferences were held and verified correction of all non-compliance.

Activities for documentation and verification of the correction include review of updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. DOH identified Salem SCU and Union SCU as the responsible agencies and determined their percentage of noncompliance and reasons for delay; Determined if any policies, procedures and/or practices contributed to the reasons for delays. As part of the finding plan, DOH required each agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2) and ensured that Salem SCU and Union SCU were correctly implementing the specific regulatory requirements.

These reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2). These findings were closed timely after correction of both prongs were verified in accordance with federal requirements.

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

The process DOH used to verify correction was a comprehensive data drill down to the child specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences. Activities for documentation and verification of the correction included updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance with this indicator, the finding was closed. DOH accounted for all instances of non-compliance identified through the NJEIS database, desk inquiry, and record review.

The DOH confirmed that the transition planning conference was 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. For any child whose TPC did not occur in a timely manner, a TPC was provided late unless the child was no longer in the jurisdiction of NJEIS, consistent with OSEP memo 09-02 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

Based on FFY 2021 data, two (2) findings were issued. The two (2) agencies (Salem SCU and Union SCU) revised/developed policies and procedures that were reviewed by DOH. DOH reviewed subsequent data, tracked, and verified correction of the non-compliance. The finding was closed timely after correction of both prongs were verified in accordance with federal requirements. Salem SCU closed timely on 1-12-23 and Union SCU closed timely on 1-13-2023. The process DOH used to verify correction was comprehensive with data drill down to the child specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences.

For any child whose TPC did not occur in a timely manner, a TPC was provided late unless the child was no longer in the jurisdiction of NJEIS, consistent with OSEP memo 09-02 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

**8C - OSEP Response**

**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

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

#### Instructions

*Sampling from the State's 618 data is not allowed.*

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 9 - Indicator Data

#### Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The State that has adopted Part C due process procedures under section 639 of the IDEA.

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.



## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

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

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.**

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

**Targets: Description of Stakeholder Input**

#### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target>=				.00%	
Data	100.00%				

#### Targets

FFY	2022	2023	2024	2025
Target>=				

#### FFY 2022 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

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

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

### Instructions

**Baseline Data:** The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Targets:** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

#### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

#### Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

#### Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

#### Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

The NJEIS continues to define its SiMR as: Infants and toddlers with disabilities will substantially increase their rate of growth and development of positive social emotional skills by the time they exit the program as measured by Indicator 3A, Summary Statement #1. The Theory of Action, which remains unchanged, consists of four strands, Infrastructure Development, Early Relational Health Messaging and Communication, IFSP Service Provider Development and Support, and Service Coordinator Development and Support, which continue to drive the work of the NJEIS toward its identified goal.

The activities associated with each strand will be discussed where appropriate, in either the infrastructure or evidence-based practices (EBPs) sections of this document.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)**

NO

**Is the State's theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

<https://www.nj.gov/health/fhs/eis/documents/NJEIS%20Theory%20of%20Action%20February.1.2022.pdf>

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages).**

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

Baseline Year	Baseline Data
2012	30.62%

**Targets**

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	37.34%	39.34%	41.34%	43.34%

**FFY 2022 SPP/APR Data**

		FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,387	4,322	32.31%	37.34%	32.09%	Did not meet target	No Slippage

**Provide the data source for the FFY 2022 data.**

The NJEIS uses the data reported in Indicator 3, Child outcomes, as the data source for Indicator 11. The SiMR is specific to Summary Statement 1 for 3A - the percentage of children that entered below age expectations that substantially increased their rate of growth.

**Please describe how data are collected and analyzed for the SiMR.**

The Battelle Developmental Inventory 2nd edition, (BDI) is used to collect baseline data on each outcome for each child upon entry into the program and again upon exit from the program. The business rules, agreed to and approved by stakeholders, answer each of the 3 questions using all 5 domains evaluated using the BDI. The Personal-Social Domain scores are used to obtain the progress category determinations for 3A. NJEIS has utilized the same business rules since the inclusion of Indicator 3 in the SPP/APR.

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

## **Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State's current evaluation plan.**

<https://www.nj.gov/health/fhs/eis/documents/SSIP%20Evaluation%20Plan-Revised%202.1.2024.pdf>

**Is the State's evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

### **Evaluation Question #1**

A measure of Short-term Outcome #1 was the procurement of a dedicated Learning Management System (LMS). The evaluation measures related to this process have been completed and removed and three measures have been added. The new measures relate to the percentage of LMS users who have accessed the system; percentage of Professional Development Champions (PD Champions) who report using LMS system analytics to track staff development; and the hiring of a dedicated LMS Administrator at DOH. These three new measures are important goals to assure a solid implementation of the LMS throughout the system and provide for long term sustainability.

For Short-term Outcome #2, the changes include adjustments to the measures related to Reflective Supervision and Consultation (RSC) practices. One new Training and Technical Assistance Coordinator (TTA) was hired during this reporting period and is working toward RSC certification. Therefore, this measure has been adjusted to reflect the ongoing provision of RSC to practitioners and administrators. A measure related to RSC has been added to reflect the intention to have all four NJEIS Family Support Coordinators (FSCs) trained in RSC practices to support families and increase system capacity. Finally, for Short-term Outcome #2, NJEIS is adding an additional measure for PD Champions. This measure will gauge the self-reported ability of these administrators to support the professional development of their staff effectively and confidently. The Long-term Outcome for Evaluation Question #1 has one measurement change. DOH is modifying the anticipated growth of the CSPD team. DOH proposes that the CSPD team will reach internal capacity at three staff members once the LMS Administrator is hired.

### **Evaluation Question #2**

For Short-term Outcome #1, DOH is adding two evaluation measures. First, DOH will be working to effectively weave messaging related to routines into all aspects of the system. DOH has begun to position routines as the core of early relational health (ERH) to better operationalize the concept. Routines-based themes will begin to more fully emerge throughout the remainder of this six-year SSIP cycle.

The second measurement change relates to a 2025 in-person conference to highlight routines across the system and their connection to supporting ERH. This conference will coincide with Early Intervention Week, May 2025.

For Short-term Outcome #2, DOH has revised and expanded its current evaluation measures. The NJEIS Regional Early Intervention Collaboratives (REICs) have begun updating the public facing "The Family Matters" website with information on ERH. Additional family-friendly videos, in multiple languages, will be added to make the message of ERH and the importance of routines more accessible to all families.

NJEIS is also working to build more structured and solid partnerships with community organizations with the intention of reaching and equitably supporting as many families as possible. An updated working partnership with NJ's Parent Training & Information Center (PTI, in NJ called SPAN) will be pursued to increase the reach of the messaging of routines and the importance of ERH to strengthen the social emotional development of children. The Long-term Outcome for this evaluation question has one notable measurement addition. After engaging system stakeholders in the SSIP review process, NJEIS has added a measurement criterion related to incorporating ERH and routines-based language into key system documents including the Family Directed Assessment (FDA), the Progress Summary Form, and the IFSP. NJEIS will be demonstrating a more planful approach to capturing family information centered on routines and ERH information. This strategy also lends itself to a future quality monitoring process of document review to mine for practice improvement data.

### **Evaluation Question #3**

For Short-term Outcome #1, the major adjustment to the evaluation measures centers around the data that NJEIS will use to measure success, in this case "training saturation". The original plan used an estimated percentage of Evidence-Based Practice Cohort practitioners. However, NJEIS practitioners often move from one agency to another or work for multiple agencies. This fluidity can skew the "training saturation" numbers for any of the Cohort agencies and therefore the measurement required an updated metric that captured numbers instead of percentage. Using ARP funds, NJEIS contracted with Montclair State University (MSU) to provide spaces in two specific training programs, Pyramid Model and Brazelton Touchpoints. For example, with 3000 purchased seats for Pyramid Model training and 1000 seats purchased for the Brazelton training, NJEIS will be able to quantify the number of practitioners who received training across the system using registrations and verification of program completion maintained by the CSPD team. Another measurement change relates to the anticipated launch of Parents Interacting with Infants (PIWI) 2.0, which is the follow up training to PIWI 1.0. PIWI 2.0 is scheduled to launch in February 2024. NJEIS regional TTAs will build their capacity to deliver this program after the initial training support from MSU. By the conclusion of this six-year SSIP cycle, the goal is for the regional TTAs to provide all professional development of PIWI 1.0, PIWI 2.0 and Pyramid Model to the NJEIS practitioners, thus significantly building the capacity of the CSPD team to delivery evidence-based training through ways that did not previously exist.

Short-term Outcome #2 is focused on coaching and reflective supervision. NJEIS has adjusted the measures in this outcome to consider how the use of RSC by the TTAs continues to increase across the State. The TTAs have successfully used their Community Impression Plans (CIPs) to source data in support of RSC programs and this process will continue to grow based on regional data and information. NJEIS has also been supporting its PD Champions in receiving RSC training and is working toward having 90% of these administrators trained within the next reporting cycle. A minor

adjustment was made to Short-term Outcome #3 where "routines" was added to an existing measure that referenced the updating of the FDA. Evaluation Question #4

In Short-term Outcome #1 adjustments were made to the first two evaluation measures. The first measure now reflects the intention of NJEIS to offer six Positive Solution for Families (PSF) trainings annually.

The second adjustment to the evaluation measures for this outcome relates to adding language around routines to the PSF training, where appropriate, to support the discussions of ERH with families. Both adjustments are necessary to assist NJEIS in increasing the knowledge and skills of families, which is the overall intention of Evaluation Question #4. One additional evaluation measure has been added to this outcome which sets a goal of increasing the number of community partners the FSCs cultivate across the state. Increasing partnerships will help better support parents in building their knowledge, skills, and provide for increased equitable access to appropriate resources.

The Long-term Outcome for this Evaluation Question was slightly adjusted to include the word "routines on the PSF evaluation form that parents complete after the training. This modification will help NJEIS capture more accurate and specific data for Evaluation Question #4 and support the NJEIS in operationalizing the concept of routines, making it more accessible to all stakeholders. NJEIS is confident in its overall Evaluation Plan and does not need to change the four core Evaluation Questions or any of the Short-term or Long-term Outcomes. Adjustments and modifications to the evaluation measures were necessary due to system accomplishments and to move strategies forward in support of achieving the SiMR.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

NJEIS has been working with its current Evaluation Plan since February 2022. After two years of progress implementing the current SSIP, NJEIS has completed some elements of this plan and it has also identified additional evaluation measures that need to be integrated and reported. The changes to the February 2022 version of the Evaluation Plan are a result of the progress made and the new opportunities for growth that have been identified. Changes have only been made to the evaluation measures and each of the four evaluation questions and the associated short and long-term outcomes remain the same.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

In this reporting period, NJEIS kept a steadfast focus on four core infrastructure improvement strategies aimed at SiMR achievement: enhancing its partnership with MSU, building an improved model of professional development, using regional Community Impression Plans at the REICs, and improving the data collection efforts around evidence-based practices (EBPs).

**MSU partnership**

With the support of MSU, NJEIS has continued to enhance system capacity and become more self-sufficient. These efforts are essential to NJEIS achieving long-term sustainability related to its professional development efforts.

In this reporting period, NJEIS committed an additional \$500,000 in American Rescue Plan funds to a second contract with MSU. The new contract provides for another 2,000 spaces in the Pyramid Model training, 1,000 spaces in the Brazelton Touchpoints training, assistance with additional Parents Interacting with Infants (PIWI) 1.0 trainings, and the development of the PIWI 2.0 program.

NJEIS expanded its external partnerships by formally engaging with the New Jersey Association for Infant Mental Health (NJAIMH) to bring Reflective Supervision and Consultation training to the NJEIS Professional Development Champions (PD Champions). NJEIS allocated \$30,000 of American Rescue Plan funds towards a contract for this capacity building initiative. MSU continued to support NJEIS and the EBP Cohort group in using the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) to gauge the growth and development of practitioners in using the EBPs to fidelity. NJEIS and MSU hosted a meeting in June 2023, with one of the developers of the tool from Vanderbilt University. This meeting was an opportunity for the EBP Cohort group to learn how other states are using the tool, to gain insight into the developers' vision for the tool, and to ask questions directly to this expert. The meeting sparked a lot of great discussion and offered valuable national technical assistance from an NCPMI perspective. Both MSU and NJEIS experienced staffing shortages and transitions which impacted some of the planned work and therefore required alternative plans and the adjustment of some timeframes. NJEIS had a 75% turnover of Family Support Coordinators during this reporting period. This turnover resulted in less delivery of the Positive Solutions for Families training (PSF) than was planned. Upon request, MSU prioritized certifying the three new FSCs to provide NJEIS with the resources needed to reach families. Shifting priorities and reallocating resources resulted in some of the proposed partnership activities in this reporting period to be delayed or reimaged.

**Improved model of professional development**

The procurement and build of the NJEIS Learning Management System (LMS) was completed by the end of June 2023. NJEIS was able to give access to all lead agency staff, PD Champions, and new hires in early July. New hires were prioritized with LMS onboarding as all new staff are required to complete the NJEIS Procedural Safeguards modules prior to engaging with families. The NJEIS legacy users, or those agency administrators and practitioners who were being transferred from the Mercer Blackboard LMS, constituted the second "wave" of imports to the new LMS. A carefully planned and executed phased approach allowed for a seamless transition from the Mercer LMS to the NJEIS LMS.

Each workforce segment has a dedicated workspace page on the LMS. Identical information on systemwide initiatives such as Early Relational Health, Routines-based Model and Evidence-based Practices, appears on each of these pages. This structure allows NJEIS to communicate a consistent message related to core initiatives. Each page also displays information uniquely applicable to each of the workforce segments. This segment-specific information allows NJEIS to customize messaging depending on the needs of each area of the workforce.

NJEIS offered more training opportunities in this reporting period than ever before. For the Pyramid Model training, stipends of \$150, supported by ARP funds, were offered to practitioners. A total of \$53,100 in stipends were paid to 354 practitioners. Stipends reflect a training incentive program not previously available to practitioners. NJEIS continues to work with Robin McWilliam and his team to integrate the Routines-based Interviewing (RBI) process into the Service Coordinators' interactions with families. In a previous reporting period, NJEIS contracted with Robin McWilliam to provide RBI-overview training to all SCs. NJEIS also identified a smaller group of SCs to participate in a more intense and rigorous endorsement group to support the implementation and scale-up of this systemwide initiative. The improved model of professional development includes reflection as a built-in component in all trainings. NJEIS continues to invest in learning opportunities for its agency administrators and practitioners that are effective, sustainable, and allow for the transfer of knowledge and skills into interactions with children and families.

NJEIS has put significant time and effort into working with the PD Champions who are the designated professional development leads at their agencies. With the introduction of the LMS, the PD Champions are now team leaders in the platform and have direct oversight of the professional development of their teams. All PD Champions have been introduced to the EIPPF and enthusiasm is building around this tool to support and inform local professional development efforts. PD Champions are recognizing the value of attending Reflective Supervision and Consultation training to support future success with EIPPF implementation at their local sites. The knowledge and skills around coaching and reflective practices that are offered in the RSC training have significant value for PD Champions as they consider how to best use the EIPPF with their staff.

**Community Impression Plans (CIPs)**

During this reporting period the TTAs continued to use the data from their regional CIPs to inform technical assistance opportunities for practitioners and administrators. A primary focus was using Reflective Practice and Community of Practice (CoP) groups as vehicles for in-depth discussion and reflection on the EBPs as they present themselves throughout the various professional development opportunities. As discussed above, the structure of NJEIS improved professional development, include opportunities for reflection. These opportunities for practitioners to connect and engage with one another is proving to be highly valuable and supportive to the workforce and it is an evidence-based practice that supports worker retention. In general, NJEIS is observing more learning and integration related to the EBPs when they are woven in and through professional development opportunities, rather than just concepts trained in isolation. More discussion on this will occur in the EBP section of this document.

Data Collection and Evaluation: The NJEIS is using the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF) as a formal evaluation tool to gauge the fidelity of implementation of the EBPs. NJEIS-CSPD continues concentrated efforts to support the Evidence-based Practices Cohort group in leading the way in the use of the EIPPF. Data collection efforts are progressing in an effort to reach an "N" best suited to begin a formal data analysis process.

Other CSPD data collection efforts are an ongoing occurrence at the REICs. TTAs and FSCs use various methods to capture quantitative and qualitative data during reflective groups, Community of Practice groups and at the conclusion of trainings. Methods include surveys and evaluations, as well as Word Clouds and other qualitative data mining processes.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SIMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

MSU Partnership

EQ #3 Short-term-outcome #1

MSU has supported NJEIS in building its capacity to offer more training and reach more practitioners and families with evidence-based opportunities than ever before. MSU has been instrumental in building capacity with the NJEIS Training and Technical Assistance Coordinators (TTAs) and the Family Support Coordinators (FSCs).

For this reporting period, MSU's collaborative activities with NJEIS have significantly increased the number of practitioners trained. NJEIS TTAs trained 150 practitioners in the Parents Interacting with Infants (PIWI) 1.0 program; MSU trained 354 practitioners in the Pyramid Model program with an Implicit Bias component, as well as training 33 participants in the pilot of the Brazelton Touchpoints. In total, 537 practitioners attended training in either PIWI 1.0, Pyramid Model, or Brazelton Touchpoints training this reporting period.

Improved Model of Professional Development

EQ #1 Short-term outcome #1

NJEIS was able to build its dedicated Learning Management System (LMS). Several asynchronous learning opportunities are currently available including Procedural Safeguards Modules, a series on Early Relational Health, Welcome to Early Intervention, and Introduction to IFSP Development. NJEIS is now able to enroll new hires into the system within one week of all required paperwork and background checks being completed. This represents a 50% decrease in the amount of time a new practitioner is waiting to get access to the required Procedural Safeguards modules. A more expeditious enrollment time translates into agencies being able to onboard practitioners sooner so that they can begin working with families. This reduction in waiting time has been significant and is one solution to the State's plans to address workforce instability.

EQ #1 Short-term-outcome #2

EQ #3 Short-term outcome #2

The improved model of professional development includes reflective opportunities to extend and deepen learning. Important concepts, such as early relational health, EBPs, and Diversity, Equity, Inclusion and Access, (DEIA) are woven in and through training sessions and reflective discussions to make real world connections. For example, ERH concepts are included within Pyramid Model, Parents Interacting with Infants (PIWI), and Brazelton Touchpoints. DEIA concepts are examined in the Pyramid Model's Implicit Bias module with follow up discussion and opportunities for unpacking the significance of the content during the program's reflective component. Additional conversation around cultural humility, equity, and inclusion are considered during reflective group discussions. The EBPs are most prominently woven in and through the PIWI training, but also emerge more fully in reflective groups.

Not being able to separate out content related to ERH, DEIA and EBPs is a positive "challenge" as it indicates that these concepts are being seamlessly woven in and throughout trainings, discussions, and reflections. It also strongly supports the NJEIS rationale for revising and updating its Evaluation Plan for future reporting periods.

The contract with the NJ Association of Infant Mental Health allowed NJEIS to sponsor 35 PD Champions or agency administrators in taking the RSC training. The initiative is due to \$30,000 in American Rescue Plan Funds. TTAs are supporting all PD Champions and agency administrators who have taken the RSC training by offering reflective groups specifically for these leaders. A coaching methodology is being modeled with all administrators so they can experience how to coach their staff.

EQ #3 short-term outcome #1

NJEIS has been able to offer Routines-based Interviewing (RBI) training to 213 (83%) Service Coordinators. A smaller endorsement group, comprised of SCs willing to be leaders in this initiative, continues to proactively work to achieve mastery in the RBI process. In this reporting period, 10 SCs have successfully achieved endorsement status, as defined by Robin McWilliam and his team. Five SCs continue to work toward endorsement status, and eight of the original cohort members discontinued the process for various reasons.

Meetings with the NJEIS team and endorsement candidates occurred in this reporting period. A two-hour follow up training was also conducted virtually to support the work of the endorsement group.

In June 2023, Robin McWilliam, his team and the NJEIS team met in-person to strategize the next steps.

CIPs

EQ #3 Short-term outcome #2

TTAs continue to use CIPs to investigate opportunities for system improvement. Based on survey data and discussion with an EIP Administrator about the need to improve teaming and collaboration, one regional TTA hypothesized that if IFSP teams are provided support in exchanging knowledge and information, IFSPs will be driven by family strengths rather than deficits.

The TTA, in collaboration with a Service Coordination Unit and a Targeted Evaluation Team in one county, created a pilot program to test this hypothesis. The pilot program consisted of two groups that met twice a month for three months for a total of five sessions between April and June 2023. The TTA collected baseline data from the group at the time of registration to understand participants' level of understanding about and experience with reflective practice, as well as their self-reported use of teaming and collaboration. Between the two groups, there were 15 participants who completed the pilot program. CIP work allows for deeper dives into the use of reflection and discussions about EBPs.

Of note: Some RSC sessions specifically invited practitioners to notice how stressors may impact their work resulting in a "reaction" to a situation rather than a quality "response". This focus is important since NJEIS intentionally created the SSIP plan to include supporting and caring for its workforce, another strategy important for workforce recruitment and retention.

Data Collection and Evaluation

EQ #1 Short-term outcome #2

EQ #3 Short-term outcome #1 and #3

NJEIS continues to make progress in assisting the EBP Cohort agencies in using the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF). To date three TTAs and five EBP Cohort administrators have been trained as observers in using the EIPPF data collection tool. NJEIS has met its original SSIP evaluation plan target of having 6-10 individuals trained in its use. The observation is time consuming due to the length of the instrument,

as well as the coaching process that is part of using the instrument to fidelity. There are six categories of practice on the EIPFFI with a total of 48 observable items. Two Cohort agencies have completed 43 practitioner observations. The positive aspect of this process is that administrators and practitioners are finding value in participating. There is a depth of conversation and reflection that is generated as a result of practitioners being observed in their work with children and families and then having the opportunity to unpack this work with their administrator. All of the Cohort administrators have completed reflective supervision and consultation training so they have built their own skills to a level that will support and grow their staff.

The quantity of information and space limitations make it necessary to discuss system framework and system change holistically. Considering the above information, NJEIS can make connections to data, accountability/monitoring, quality standards, professional development, and technical assistance areas of the framework. The plan NJEIS continues to execute is designed to build, improve, and shift a large system incrementally and systematically. A considered, methodical approach to each of the infrastructure improvement strategies has sustainability and successful scale-up processes at the forefront of all decisions.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

#### MSU Partnership and Additional Partnerships

In the next reporting period, MSU will assist NJEIS in offering rounds of the PIWI 1.0 training since there is often a waiting list. With both NJEIS TTAs and MSU training this course, more practitioners will have the opportunity to attend. Additionally, PIWI 2.0 will be piloted and launched to NJEIS practitioners. It was intended that PIWI 2.0 would launch in this reporting period, however this timeframe was not met, and the timetable has been adjusted. This second part of PIWI training will be a hybrid course that includes two, live virtual sessions, four 20-minute asynchronous learning modules, and follow up opportunities for live, virtual reflection. The asynchronous learning modules will be hosted on the new NJEIS LMS. Brazelton training will continue in the next reporting period, and beyond, until all 1000 available spaces have been used. Pyramid Model training will also continue until all 3000 spaces have been used. All of these opportunities are a result of the investment of American Rescue Plan funds through contracts between NJEIS and MSU.

MSU will continue to support FSCs in delivering the Positive Solutions for Families (PSF) training. Since the three newest FSCs are working on the certification process, they will continue to receive coaching and support from MSU.

In the next reporting period, NJEIS and MSU will have successfully launched all contracted training initiatives. Ongoing scheduling and delivery will be required during this maintenance phase of the contract. MSU will also be working with NJEIS to continue to build capacity with the TTAs as they take ownership of both the Pyramid Model training and PIWI 2.0.

In the next reporting period, NJEIS will also work to identify other partnerships to help grow the system. Specifically, NJEIS will work with the FSCs to solidify a more formal partnership with parent organizations, such as SPAN. Building stronger relationships with parent and community organizations is a goal included in the revised evaluation plan.

Other potential areas for partnership growth include the NJ Pyramid Model State Leadership Team, the NJ Association for Infant Mental Health, and Robin McWilliam's organization, the Evidenced-based International Early Intervention Office. While relationships with these entities already exist to some extent, NJEIS would like to work towards engaging in more collaborative and sustainable partnerships.

For the next reporting period, the anticipated outcomes for these activities include Evaluation Question #1 short-term outcome #2 as organizational capacity increases. As NJEIS increases and strengthens external partnerships, Evaluation Question #2 short-term outcome #2 will be targeted. With the combined efforts to provide training opportunities to practitioners by both MSU and NJEIS, Evaluation Question #3 short-term outcome #1 will have measurable progress. Continued support from MSU for FSCs and with the PSF training focuses on Evaluation Question #4 short-term outcome #1.

#### Improved Model of Professional Development

In the next reporting period, NJEIS will work with the PD Champions to make sure all practitioners have logged in to the LMS and know how to engage in learning opportunities. It is also anticipated that a DOH LMS Administrator will be hired. All of these efforts relate to Evaluation Question #1 short-term outcome #1.

The TTAs will bring on at least one additional EIP agency, TET or SCU in each region to begin scaling up the use of the EIPFFI. In line with the improved model of professional development, the TTAs will use reflective groups and CoPs to support the PD Champions and other administrators. The TTAs will also continue to expand the use of reflective groups statewide. These activities will work towards achievement of Evaluation Question #1 short-term outcome #2.

DOH-CSPD will be working with the TTAs to implement a new initiative aimed at new practitioners entering the NJEIS. A 30-60 minute, live, virtual 'meet and greet' will occur monthly in each region led by the TTA and the FSC. The goal is to welcome and support new hires and educate them as to how the TTA and FSC can be a resource and support in their work. This meeting will also be an opportunity to give a brief overview of NJEIS systemwide initiatives, such as the use of EBPs, early relational health, and the routines-based model. TTAs and FSCs will assure that all new hires can successfully log on to the LMS and access learning opportunities. A hypothesis in favor of this initiative posits that if new hires feel connected and supported, retention levels throughout the system will improve. These activities will also support Evaluation Question #3 short-term outcomes #2 and #3 as TTAs target new hires and provide an additional system mechanism for ongoing support, guidance and technical assistance related to system initiatives such as the EBPs.

NJEIS will continue to support the five remaining Routines-based Interviewing (RBI) endorsement candidates in achieving endorsement status. The SC Liaison position at the lead agency will be filled by a new person who will assume those responsibilities in February 2024. The SC Liaison has significant early intervention experience, deep ties to Service Coordination across the state, and has been involved with the RBI initiative from the beginning. In the next reporting period, NJEIS anticipates significant progress related to the RBI initiative, as well as strengthening the partnerships between the FSCs and the Service Coordinators. These activities are related to Evaluation Question #3 short-term outcome #1 and #3 and Evaluation Question #4 short-term outcome #1.

#### Community Impression Plans (CIPs)

The regional TTAs will continue to follow the data to inform the next iteration of CIPs. The exact path that each plan will take is not known at this time since the TTAs look to the data to suggest what hypotheses to investigate. However, as the CIP process has evolved, DOH-CSPD has requested that each plan look at one regional question and one question related to SSIP initiatives. Therefore, it is reasonable to report that the CIPs will continue to look at data related to the EBPs, ERH, routines, and the use of reflective and Community of Practice groups.

CIP activities are related to Evaluation Question #1 short-term outcome #2 and Evaluation Question #3 short-term outcome #2.

NJEIS has had success in extending a level of autonomy to each region in CIP development and execution. A level of individual ownership and commitment to the process has emerged. Each TTA has experienced significant professional growth and development through the course of this process. As the newer group of FSCs gain experience with this process, it is anticipated they will become more confident and make significant contributions to furthering family directed initiatives.

#### Data and Evaluation

As is evidenced throughout this document, many of the reporting areas overlap. Data is an integral component of the CIPs and cannot be wholly



separated out in this report. NJEIS is working to weave concepts, ideas, and methodologies through all areas of system work. Concerted effort will continue to collect data via the EIPFFI and increase the N to provide a level of confidence in the analyzed results. During the next reporting period, NJEIS intends to make additional progress toward Evaluation Question #1 short-term outcome #2 and Evaluation Question #3 short-term outcome #1 as PD Champions are integrated into the EIPFFI process and Cohort administrators continue to collect data via the EIPFFI.

**List the selected evidence-based practices implemented in the reporting period:**

Family Engagement (F6)  
Teaming and Collaboration (TC2)  
Coaching (INS13)  
Positive Interactions (INT2)

**Provide a summary of each evidence-based practice.**

Family Engagement (F6) is the process whereby practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family's preferences. Engage & exchange techniques are at the heart of family engagement and require a practitioner to build a solid rapport with families and to encourage the free-flowing exchange of ideas and information. A solid Engage & Exchange effort is vital to attaining the SiMR because it is a way to model and encourage personal interactions and relationships.

Teaming and Collaboration (TC2) is a process whereby practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge and information that build team capacity and jointly solve problems. In the Teaming and Collaboration process, practitioners and families work together to find way to help a child grow and learn within routines and in natural environments. During a session, the family becomes empowered to work with their child in the absence of a practitioner. When the family is empowered to help their child learn, there is more social emotional interaction, and therefore the potential for increased social emotional growth for the child.

INS13 encourages practitioners to use a coaching approach or consultation strategies with the primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. Coaching is another practice that practitioners can use to empower families to effectively work with their child. Coaching leads to parents feeling competent and confident in assisting and supporting their child in building social emotional skills which can support the appropriate regulation of behaviors. Coaching also has applications for agency administrators with their practitioners and for the regional TTAs as they work with MSU.

In INT2, practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support. The Parents Interacting with Infants training teaches the skills inherent in this EBP using dyadic and triadic strategies

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

NJEIS continues to build upon the foundation it has established to integrate each of the four selected EBPs into trainings, reflections, and conversations. PIWI 1.0 and Positive Solutions for Families, both evidence-based programs, are two of the current professional development opportunities being used to shift practitioner practice, elevate parent partnerships, and improve child outcomes. The use of reflective groups and Communities of Practice groups are also making significant contributions to the ways practitioners think and talk about their work with families.

In this reporting period, TTAs adopted a shared CIP goal that implemented a pilot PIWI reflective group. The hypothesis that drove this project forward was the following:

Practitioners need ongoing, reflective learning opportunities to support the implementation of evidence-based practices (EBPs) in their work with families.

This shared goal is a prime example of the way the TTAs are using this process to initiate ongoing conversations around each of the selected EBPs and integrate knowledge and skill building into their targeted technical assistance efforts with practitioners.

The TTAs posited that practitioners need continued opportunities to reflect with others after completing the PIWI 1.0 training. Not only was this pilot activity directed at strengthening the understanding and use of EBPs, but it is also a clear example of the improved model of professional development that has been discussed throughout this document. NJEIS has truly advanced from "one and done" training opportunities and transitioned to a much more effective and sustainable model rooted in best practice.

The TTAs offered two reflective groups, one in the afternoon and one in the evening. TTAs have been exceptionally willing to adjust their own schedules to best accommodate the schedules of practitioners. While this type of accommodation to work outside of traditional work hours is not expected by DOH-NJEIS, it speaks to the level of commitment the TTAs have to their vocation.

This pilot program was a six-session series, running from September 2022-February 2023 and requiring one hour a month from practitioners. In general, the TTAs worked to integrate discussion of Family Engagement (F6), Teaming and Collaboration (TC2), and Positive Interactions (INS13). These are three central EBPs that are supported within and through PIWI 1.0. Because of the nature of these reflective groups, however, the TTAs were using a coaching approach, which effectively modeled the coaching EBP, INT2, for practitioners. As previously stated, it is becoming increasingly more difficult to separate out these EBPs and discuss them in isolation. As this pilot group demonstrates, the TTAs were able to weave discussion and reflection of the use of these EBPs throughout the process.

Feedback was captured to understand the participants' experience. The qualitative data was compiled into two different word clouds. In one case, practitioners were asked to complete the sentence, The PIWI reflective sessions allowed me to... Answers included words such as "reflect", "collaborate", "wonder", "support", "listen", "engage", "explore".

In the second word cloud, the prompt asked, "What words or phrases come to mind thinking about the impact of your participation in the PIWI Reflective Group?"

Responses included "learning", "support", "making connections", "partnership", "relationships", "empowerment".

This data offers some support to the anecdotal information that the TTAs have reported about observing a qualitative shift in the language and words used by practitioners during reflective sessions. As shifts in language and conceptual thinking continue, it will be incumbent on the lead agency to review service logs, IFSPs and FDAs to determine if this shift is carried through more consistently on system-level documentation. This carryover would

suggest that offering evidence-based trainings and providing opportunities for discussion and reflection on evidence-based practices are beginning to lead to practice change.

One additional CIP example of the way EBPs have been addressed in this reporting period is related to the very specific practice of Family Engagement (F6). One TTA hypothesized that practitioners need opportunities to collaborate with colleagues and reflect on family engagement practices. Survey data indicated that practitioners often focus on family capacity building strategies rather than the practitioners' need to focus on their own practices related to family engagement. Practitioners often seek to "get" the family to engage in a certain way, rather than practitioners working to engage the families in a more collaborative process.

The TTA commenced a Community of Practice (CoP) group where practitioners are encouraged to consider the family's perspective. There is a focus on the best ways to build relationships with families and wonder about the parent/child relationship. The CoP provides a safe space and invites the practitioner to join in discussion in exploring their own feelings; the family's perspective and feelings; and what can be done to nurture the relationship between the practitioner and the parent/caregiver. Participants in the group also have the opportunity to experience support from colleagues, develop connections, and form relationships. This experiential practice within a CoP group is vital for practitioners being able to recreate this experience within the family system. It also reveals to practitioners that they have system support and reinforces the ongoing need to elevate the role of relationships in the work they do with families.

The NJEIS' path to SiMR achievement hinges on bringing attention to the important foundational concept of healthy family relationships. This granular focus on what it truly means to engage in relationship building not only supports the EBP of Family Engagement (F6), but it also gets to the root of the healthy connections that are paramount to strong early relational health, a central tenet in the NJEIS SiMR achievement strategy.

There is interest in collaborating with colleagues and exchanging strategies and there is strong evidence that practitioners are looking to build connections with other professionals in their field. This intention has been noted on post-CoP feedback forms. However, data collection to determine practitioner reflection and growth can be challenging to collect and quantify.

One approach to data collection has been to review service logs of practitioners who participated in these CoP groups. Through these reviews, there are early indications of positive changes in language and tone of the way family encounters are documented. An excerpt from one service log: "Her father and I worked to redirect her back to our play space as she wandered off frequently...I modeled for her father the use of an incentive to encourage task completion. S. sat with her father while I read the Five Little Monkeys book, and she helped narrate the words and phrases that were familiar to her."

This excerpt demonstrates several of the NJ selected EBPs. This practitioner was building this father's competence and confidence (F6). Teaming and collaboration (TC2) were demonstrated by jointly working together to solve the problem. There were also elements of a coaching (INS13) and modeling (INT2) approach that not only contributed to building the father's competence and confidence, but the result was also that the practitioner/parent partnership supported the child in sustaining her attention and engaging her in the process of reading the book.

While this is only one child, one family, one practitioner, one example, it demonstrates the value of investing in intensive and targeted work to embed the EBPs into the system.

#### **Describe the data collected to monitor fidelity of implementation and to assess practice change.**

Previously the Early Intervention Pyramid Practices Fidelity Instrument (EIPFFI) has been discussed as the formal data collection tool that NJEIS is using to monitor fidelity of implementation of the EBPs. It has been noted that this data collection process is underway, but more data is needed to begin a formal analysis process.

NJEIS continues its work with the Evidence-based Practice Cohort group assembled in 2019. In this reporting period, under the guidance of the CSPD Coordinator, the EBP Cohort streamlined its focus on EIPFFI, so that the use of this tool is the sole aim and challenge of this group.

One additional agency was integrated into this Cohort group, a TET-specific agency. There are now two agencies that provide both direct EIP services and TET services, one dedicated TET agency, and two Service Coordination Units on this team. With all streams of the workforce represented, there is the ability to investigate how best to utilize the EIPFFI with each segment of the workforce. Understanding the specific needs of each group will help NJEIS to be more intentional in its plans for scale up. Practice change will look different depending on the role of the practitioner in the EI system, so having a Cohort group that truly represents all segments of the workforce is key.

Three of the cohort agencies have completed a total of 43 observations. Some practitioners received both a baseline and a follow up observation. Each agency is using the elements of the EIPFFI that are best designed for meaningful observations of their staff. Therefore, not all items become part of every observation as they may not all be relevant. This process adds a level of complexity to the way data will ultimately be analyzed since not all observations will include observations of the same items.

Currently, NJEIS is most interested in assisting the Cohort agencies in engaging in a meaningful process so that they find value in taking the time to conduct the observations and decide to continue to use the tool. Cohort agencies have shared that they are finding the tool and the process helpful, as long as they have some degree of autonomy to determine how best to adjust the process for their individual needs.

There appears to be significant value not only in the mechanics of observing the items on the tool, but in the observation and coaching process that is part of the protocol. Cohort administrators have reported they are gaining better insight into their staff and staff appreciate the feedback and growth opportunities. This feedback provides some secondary data to the actual data generated to determine fidelity of implementation of the EBPs. This data collection and analysis process will continue to unfold over the course of the next reporting period and beyond.

A change in practice is occurring within the Cohort agencies because the EIPFFI process includes planned time for feedback and coaching, not just using the instrument and reporting results. The rich, meaningful discussions that are happening between practitioners and administrators are strengthening that relationship, building connections, and providing support. These changes are positive ways to build community within agencies and potentially improve retention rates

#### **Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

Referring to the several CIP examples shared within this document, there is data, qualitative and anecdotal, that suggest changes related to knowledge, skills, and attitudes around the EBPs is shifting. Knowing that these types of system shifts take time, NJEIS is committed to stay the course with its selected EBPs. As reported, there appear to be changes in how practitioners speak about their work and the families they engage with, as well as how progress and information is noted in service logs.

Over time, progress monitoring via document review, may continue to be the best indicator that a qualitative change is occurring. Given the positive indicators NJEIS is seeing from the CIP process and the Cohort activities, it seems prudent to continue moving forward with the current selected EBPs, F6, TC2, INS13, INT2.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

As discussed earlier in the anticipated outcomes for an Improved Model of Professional Development section, NJEIS is looking to add regional meet and greets hosted by the TTAs and FSCs. This 30-minute meeting will be an opportunity for TTAs and FSCs to share information with new practitioners about all system trainings and to introduce system initiatives such as the four selected EBPs, F6, TC2, INS13, and INT2. New practitioners will have early exposure to NJEIS' commitment to practice improvement via these EBPs. Practitioners will also be guided to seek out their PD Champion for follow up. This new initiative seeks to make progress toward Evaluation Question #3 short-term outcome #3.

NJEIS will also be working toward bringing at least one additional EIP Agency, TET, or Service Coordination Unit, in each region, into the EIPPF process. TTAs will regionally support administrators who choose to begin using the instrument by providing targeted technical assistance and administrator-specific Community of Practice and reflective groups. These groups will provide a space for discussion of all of the EBPs since the EIPPF is designed to measure fidelity of implementation. NJEIS is incrementally and systematically working toward a scale-up process to bring the EIPPF into wider use.

Additionally, conversations with all PD Champions via the regularly occurring PD Champions meeting will continue to share EIPPF progress from the Cohort agencies, sharing successes and challenges.

The above process will assist NJEIS is working toward Evaluation Question #1 short-term outcome #2, as well as Evaluation Question #3 short-term outcome #3

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

As discussed earlier in the anticipated outcomes for an Improved Model of Professional Development section, NJEIS is looking to add regional meet and greets hosted by the TTAs and FSCs. This 30-minute meeting will be an opportunity for TTAs and FSCs to share information with new practitioners about all system trainings and to introduce system initiatives such as the four selected EBPs, F6, TC2, INS13, and INT2. New practitioners will have early exposure to NJEIS' commitment to practice improvement via these EBPs. Practitioners will also be guided to seek out their PD Champion for follow up. This new initiative seeks to make progress toward Evaluation Question #3 short-term outcome #3.

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The above process will assist NJEIS is working toward Evaluation Question #1 short-term outcome #2, as well as Evaluation Question #3 short-term outcome #3

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Throughout the reporting period, NJEIS-CSPD interacted with various stakeholder groups to discuss different aspects of SSIP implementation. The State Interagency Coordinating Council (SICC) meetings provide a forum for engaging the Council members on a regular basis. The SICC was updated on SSIP-specific progress during the November 2023 meeting and a public call for stakeholder participation in the revision of the Evaluation Plan was extended to the public.

A focused stakeholder group was assembled in December 2023 to offer suggestions for the revisions to the Evaluation Plan. Any interested stakeholders who were unable to attend the live, virtual meeting were invited to email the CSPD Coordinator directly with any thoughts or suggestions. NJEIS-CSPD engages on a regular basis with MSU and the Pyramid Model State Leadership Team (SLT). The SLT includes representatives from SPAN, various State Departments, and institutes of higher education. At each quarterly meeting, NJEIS reports out on SSIP-related initiatives, such as PIWI, Pyramid Model and Brazelton training, as well as the use of the EIPPF.

CSPD has been engaging the PD Champions, who are EIP, TET, and SCU Administrators on a regular basis, as well as the TTAs and FSCs from the REICs, via live, virtual meetings. REICs hold monthly regional meetings for EIP agencies and SCUs and stakeholder feedback and/or concerns are brought to DOH during bi-weekly Part C Coordinator meetings or monthly CSPD meetings.

The CIPs are provided to and shared semi-annually with the Board members of each respective REIC. The Boards of the REICs are comprised mainly of parents (at least 50%) in addition to regional stakeholders.

FSCs keep open lines of communication with families via the Positive Solution for Families training, activities during Early Intervention Week and other community engagement activities that are conducted throughout the reporting period.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

There are several strategies NJEIS used to engage its stakeholders in improvement efforts. With the use of virtual platforms, it has become easier and more convenient to assemble groups of stakeholders. NJEIS holds virtual meetings on a regular basis with the TTAs, FSCs, PD Champions, and the EBP Cohort Group. The discussions at these meetings may focus on any number of key improvement efforts such as CIPs, EBPs, training, reflective groups, the EIPPF and a range of other initiatives. The use of virtual platforms has been helpful because voices can be heard either by speaking or using the chat feature of the virtual platform. In addition to capturing and maintaining stakeholder input in real-time, NJEIS has learned that for many individuals, using the chat feature is preferred and unlocks a barrier for those who prefer not to contribute verbally.

NJEIS records meetings, with participant knowledge and permission, and shares the recording with attendees and anyone who was unable to attend. This method also increases the level of stakeholder engagement.

NJEIS also engages stakeholders in sharing experiences with colleagues. For example, members of the EBP Cohort have shared experiences with using the EIPPF at regional provider meetings and with the PD Champions. Peer-to-peer sharing lends a level of legitimacy to new initiatives that is highly valuable to gaining buy-in.

NJEIS looks for opportunities to heighten stakeholder engagement around system building initiatives as a way to demonstrate its own commitment to the use of evidenced-based practices. Teaming and collaboration (TC2) and engaging and exchanging (F6) efforts demonstrate that these practices are effective and valued across the organization. The "how" of stakeholder engagement is just as important as "what" activities stakeholders are being engaged in by NJEIS.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Concerns continue to be expressed as to how NJEIS plans to sustain the current level of professional development once all contracts currently supported by American Rescue Plan funds have expired. Since this concern was raised in the last reporting period, NJEIS tasked the Service Delivery Committee of the SICC to discuss and suggest ways to sustain professional development efforts for the long-term. The Committee has been working on a list of on-boarding and training activities that can be executed at the local agency level to support the development of practitioners. One additional concern raised by stakeholders has been the need to improve communication and consistent messaging across all levels of the system, especially down to the practitioner level. To improve communication from its vantage point, CSPD is committed to more consistent and regular interaction with the PD Champions, TTAs and FSCs, and Service Coordinator Liaison.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

N/A

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

N/A

**Describe any newly identified barriers and include steps to address these barriers.**

The barriers continue to be the need for more support for the CSPD team in general. This includes the need for a dedicated LMS Administrator and support with data collection and analysis. NJEIS Leadership has indicated that an LMS Administrator will be hired before the next reporting period. Discussions are ongoing as to the best way to attain internal data analysis to meet CSPD needs. Workforce turnover and the need for additional providers means the activities and strategies described in the SSIP will need to be communicated to new practitioners and service coordinators. The SSIP plan has invested heavily in engaging and supporting the current workforce to 1) assure their application of EBPs in their work and 2) to improve overall staff retention. Continued, concentrated strategies for recruitment are planned for FFY2023 and FFY2024, and while not a direct goal or activity of the SSIP, meeting the needs of a growing workforce will need to be considered prior to the end of this plan in FFY2026.

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

An integral component of the SSIP includes a comprehensive communication strategy which is included on the Theory of Action and within the Evaluation Plan. It is important to note the progress that has been made in this area. NJEIS is focused on systemwide clear and consistent messaging, including the messaging to families. The FSCs worked to update the Statewide The Family Matters website with early relational health messaging directed toward families. One of the videos from the ERH video series, referenced earlier, is also available for families on the website. Families can get an overview of ERH presented by experts at The Center for Social Policy who discuss this concept in the context of the family.

The FSCs also worked with DOH-CSPD to develop a 90-second video to be included in the Family Welcome Packet. This video is quick and engaging and intended to clearly message the EI approach to partnering with families. NJEIS is intentionally working to best meet the needs of "today's family." The video can also be accessed through The Family Matters website or YouTube.

Each year, the regional FSCs choose a theme and plan activities for Early Intervention Week which occurs the third week of May. In May 2023, the theme was Creating Connections in Everyday Moments with a focus on early relational health and the importance of routines. Six virtual events were held Statewide with recordings available for viewing after EI Week for families who were unable to attend. Some regions also offered a live, in-person event, selecting sites that facilitated equitable access. Bilingual, Spanish-speaking staff were also available. An environmental scan of NJEIS communication channels shows a broader dissemination of these key system initiatives, especially with the LMS.

The above activities contributed to progress toward Evaluation Question #4 short-term outcome #1 and Evaluation Question #1 short-term-outcomes #1 and #2.

In March 2023, a new Director of Early Intervention joined DOH. Three additional partnerships are being developed under her guidance: Youth Consultation Services (YCS), Rutgers Children's Research Center (RCRC), and Newark Board of Education Conception to Cradle Program. In future reporting periods, data may be available demonstrating ways these partnerships are supporting NJEIS in moving towards its SiMR as measured by Indicator 3A, Summary Statement #1.

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**