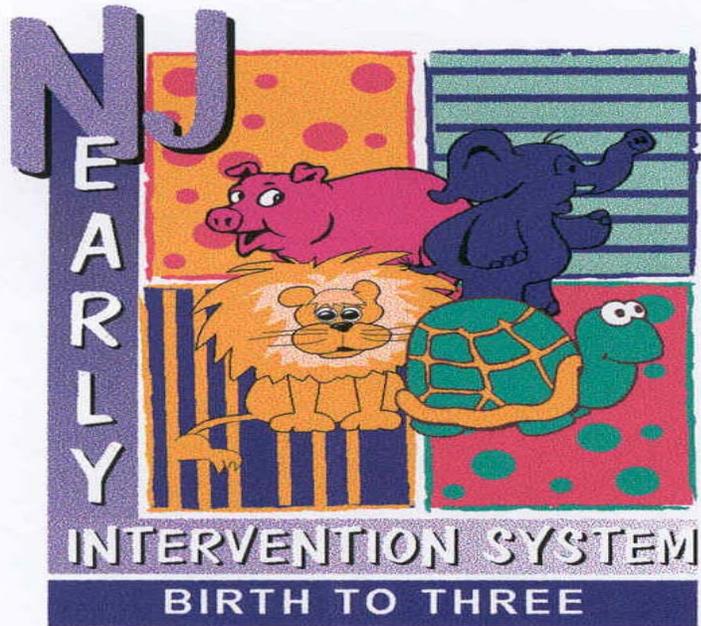


NEW JERSEY EARLY INTERVENTION SYSTEM

PART C ANNUAL PERFORMANCE REPORT



New Jersey Department of Health
Division of Family Health Services



Federal Fiscal Year
2011-2012
February 1, 2013

Overview of Annual Performance Report Development

In accordance with the Individuals with Disabilities Education Act of 2004, the New Jersey Early Intervention System (NJEIS) submitted a Part C State Performance Plan (SPP) to the U.S. Department of Education Office of Special Education Programs (OSEP) on December 2, 2005. That plan was developed based upon guidance from OSEP and with broad stakeholder involvement and input. The NJEIS Part C State Performance Plan was disseminated to the public through posting to the website (<http://nj.gov/health/fhs/eis/index.shtml>) and the Regional Early Intervention Collaboratives (REICs) website (<http://www.njeis.org>). The SPP was also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council (SICC), state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State. Changes were made as needed to the SPP in subsequent years. The most recent version of the SPP, dated February 1, 2011, is available on the website at: <http://www.nj.gov/health/fhs/documents/njspp.pdf>.

Annual Performance Reports (APR) were prepared and submitted each February since 2007. The NJEIS Annual Performance Reports are posted at: <http://www.state.nj.us/health/fhs/eis/report.shtml>. NJEIS relies each year on a Part C Steering Committee and the State Interagency Coordinating Council to advise and assist in the development of the NJEIS Annual Performance Report (APR). For federal fiscal year 2011 reporting on performance for July 1, 2011 - June 30, 2012 the stakeholders reviewed available data and analyzed the status of the state Part C system, as well as local systems, related to measurable and rigorous targets established in the State Performance Plan. For each of the indicators in the State Performance Plan, the stakeholder group compared current data to target data and engaged in discussion about progress and slippage. Stakeholder members also reviewed improvement activities, timelines and resources for each indicator to: (1) determine which were completed, (2) examine the efficacy of each, and (3) make recommendations about any necessary revisions or additions to the activities, timelines and resources.

New Jersey's FFY 2011 Annual Performance Report (APR) will be disseminated to the public through posting to the DOH-NJEIS webpage (<http://www.state.nj.us/health/fhs/eis/report.shtml>) and the Regional Early Intervention Collaboratives website (<http://www.njeis.org>). The updated/revised Part C SPP and APR will also be disseminated to all of the above individuals electronically for distribution through their dissemination mechanisms (e.g. newsletters, websites, list serves, etc) throughout the State. These documents will also be disseminated to representatives of state agencies (Department of Education, Department of Children and Families, Department of Human Services) electronically for distribution throughout the State.

FFY 2010 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements were disseminated and posted at <http://www.state.nj.us/health/fhs/eis/report.shtml>. The FFY 2011 reports will be prepared and disseminated within 120 days of the submission of this APR.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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.

FFY	Measurable and Rigorous Target
2011 (2011-2012)	100% percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2011:

For FFY 2011, 97.12% (303/312) of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner. Family reasons are included in the numerator and denominator.

277 children received timely services and an additional 26 children had delays in services due to child illness/hospitalization, family cancellations and requests to reschedule (family reasons). Therefore 303 (277+26) of 312 children received timely provision of services as monitored by the lead agency through the procedures described below. Services were delayed to 9 children due to system reasons.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011:

- In FFY 2011, 97.12% of children received their services in a timely manner as compared to the FFY 2010 performance of 92.70%. This represents progress (an increase) of 4.42%.
- NJ continues to monitor all 21 counties every two years by monitoring 10 counties in odd numbered FFYs (Cohort A) and 11 counties in even number FFYs (Cohort B).
- When the cohort of counties (10 counties) monitored in FFY 2011 are compared with their FFY 2009 APR data, these counties increased performance from 92.09% in FFY 2009 to 97.12% in FFY 2011. This is a 5.03% increase in compliance.
- As described above and represented in the table below, there has been steady progress in this cohort A.

NJEIS 21 Counties	FFY 05-06	FFY 06-07	FFY 07-08	FFY 08-09	FFY 09-10	FFY 10-11	FFY 11-12
Cohort A (10 counties)	86.6%		88.17%		92.09%		97.12%
Cohort B (11 counties)		93.23%		97.06%		92.7%	

- Timely service data passes through a number of edit checks including verifying there is a valid IFSP date with a billing authorization within the IFSP period, a claim filed by the provider agency supported by a service encounter verification log signed by the parent and an explanation of benefits provided to the family as a secondary verification that the service type, date and intensity are accurate.
- A sampling methodology is necessary for this indicator to ensure that the NJEIS population, which varies widely for each county, is appropriately represented based on the population size of the county. Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.
- The identification of the data needed to conduct a timely data desk audit, inquiry, and record review is driven by the following factors:
 - Availability of actual service claims data to ensure that complete and accurate data is available for the data desk audit. Agencies have up to 90 days from the date of service to submit claims data for billing. Therefore, service claim data provided between August 1 and October 31 are not complete until February 1.
 - The data desk audit, inquiry and record review has historically taken 4 to 6 months to confirm noncompliance and determine the responsible agency(s) and root causes for the noncompliance.
- The FFY 2011 timely services monitoring began with the data desk audit based on a stratified random sample of three months of FFY 2011 service claim data. The data represented all active child records for the months of September, October and November for ten (47.6%) of the twenty one counties in New Jersey. The other eleven counties were reviewed in FFY 2010 and reported in the APR submitted February 1, 2012.
- There were 1,649 children in this quarter, who met the business rules stated above. These children had a total of 2,577 services.
- The desk audit random sample included 312 active child records and 470 services obtained from the NJEIS data system.
- NJEIS provider agencies deliver and bill for IFSP services confirmed by the parent signature on a service encounter verification form at the time of the service. In addition, parents receive an explanation of benefits to verify that the services billed are accurate in accordance with the service encounter verification form signed by the family.
- The initial data desk audit identified that 277 of the 312 children (431 of 470 services) did receive timely services based on the IFSP. Without the necessary drill down for reason for delay, 35 children (39 services) appeared to have received at least one service untimely.
- The NJEIS electronic database does not currently capture all variables needed to determine whether a service is timely including reasons for delay and is unable to identify whether a service is timely if it was first authorized by a periodic/annual IFSP. Therefore, an inquiry was conducted by the lead agency monitoring staff to obtain the necessary additional information on 35 of the 312 children and 39 of their 470 services.
- As part of the inquiry, the monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of initiation of services, although late. The service coordination units and early intervention provider agencies were asked to submit copies of child

progress notes and tracking lists of service provider assignments (Broadcast). The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

- The purpose of the inquiry was to: (1) identify reasons for delays, including documentation of family reasons; (2) determine if the service was added at a subsequent IFSP team meeting not captured in the database; (3) identify root cause and ensure correction of any systemic barriers; and (4) verify that the delayed service was provided although late.
- The results of the inquiry identified that for 26 of the 35 children who received their services late (30 of the 39 services), the delays were child or family related (including child illness/hospitalization, family cancellations and requests to reschedule). The data for these children are included in both the numerator and denominator. Therefore 26 of the 35 children (30 of the 39 services) were determined to receive timely services and 9 children (9 services) were determined to have non-compliance in timely services.
- Overall 98.09% (461/470) of the services were timely including 30 services which were delayed due to family reasons.
- Additional inquiry was conducted to determine primary responsibility for the non-compliance related to the 9 children. Service coordination units and early intervention provider agencies were asked to submit copies of child progress notes, service encounter verification logs, agency notes, evaluation team notes and tracking lists of service provider assignments (Broadcast). The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible. As a result of the additional inquiry, 4 findings of non-compliance were issued in FFY 2011 based on this monitoring data from FFY 2011 with Corrective Action Plans to 1 Service Coordination Unit and 3 Early Intervention Programs.
- The 9 services delayed were:
 - 1 physical therapy;
 - 2 speech therapy;
 - 4 occupational therapy and;
 - 2 developmental intervention
- Of the 9 services delayed: 4 services were provided but delayed between 1 to 15 days; 4 services were provided but delayed between 16-25 days; and 1 was provided although delayed more than 25 days.
- According to the inquiry, system delays were primarily reported to be the result of practitioner availability.
- At least twice a week, the REICs review tracking documents that provide data on the timely provider agency & practitioner assignment of children with signed IFSPs and ensure notice is provided to the Procedural Safeguards Office when provider assignment is approaching the 30 day timeline with no assignment.
- The NJEIS has procedures to report to the Procedural Safeguards Office when no provider is available. The Procedural Safeguards Office sends letters to each family that includes an option to obtain and receive reimbursement for services out of the NJEIS network pending assignment of an NJEIS practitioner. The Procedural Safeguards Office continues to follow up with each family until the matter is resolved.
- The DOH-NJEIS revised the NJEIS-16 Provision of Timely IFSP Service and NJEIS-09 Early Intervention Provider Assignment policies on May 5, 2011 to be effective on July 1, 2011. The DOH-NJEIS, in order to ensure timely service provision, clarified, established and quantified the number of days allowable throughout the process of EIP assignment and service delivery. Agencies are held accountable to specific timelines at each step of the process. The policies require: the broadcast to be sent more frequently and; the EIP and practitioner to be assigned earlier. All of which facilitate services starting sooner to better ensure meeting the 30 day timeline.
- Correction of the data desk audit findings made in FFY 2011 on FFY 2011 data will be reported in C-9 in the FFY 2012-2013 APR due February 1, 2014.

Verification of Correction (either timely or subsequent)

The process NJEIS uses to verify correction is comprehensive with data drill down to the child specific level, monthly updated data is used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and in some cases on-site visits to verify child records. Specific verification activities for each indicator are provided in the narrative under each indicator in this APR.

NJEIS has:

- Accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and in some instances onsite data verification. The DOH confirmed that services were initiated for each child, although late for any child whose services were not initiated in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, and progress notes (Prong 1).
- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices. In addition, The DOH-NJEIS revised the NJEIS-16 Provision of Timely IFSP Service and NJEIS—09 Early Intervention Provider Assignment policies on May 5, 2011 to be effective on July 1, 2011. The DOH-NJEIS, in order to ensure timely service provision, clarified, established and quantified the number of days allowable throughout the process of EIP assignment and service delivery. Agencies are held accountable to specific timelines at each step of the process. The policies require: the broadcast to be sent more frequently and; the EIP and practitioner to be assigned earlier. All of which would facilitate services starting sooner to better ensure meeting the 30 day timeline. (Prong 2).
- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initiation of services for all children who had an IFSP event. These monthly reviews continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed (Prong 2).

Correction of Previously Reported FFY 2010 Noncompliance (Findings Issued in FFY 2011)

- Sixteen (16) findings of noncompliance were issued in FFY 2011 based on monitoring data from FFY 2010. These findings went to four (4) SCUs and twelve (12) EIPs.
- All sixteen (16) findings were issued on October 20, 2011 and verified according to both prongs as corrected in less than 12 months.
- NJEIS accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review. The DOH confirmed that services were initiated for each child, although late for the children whose services were not initiated in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, and progress notes (Prong 1). In addition, the NJEIS ensured that the agencies were correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initiation of services for all children who had an IFSP event. These monthly reviews continued until the agencies were operating at 100% compliance for this indicator at which point the findings were closed (Prong 2). These findings will be reported in C9 in the FFY 2012 APR due 2/1/14.

Correction of Previously Reported FFY 2009 Noncompliance (Findings Issued in FFY 2010)

- Based on FFY 2009 monitoring data, a total of 15 findings and corrective action plans (CAPs) were issued in FFY 2010 and are reported in C9 in this FFY 2011 APR.
 - 4 SCUs and 11 EIPs with identified non-compliance for this indicator. Status of correction of non-compliance:
 - Twelve (12) findings were verified as corrected within twelve months as follows:
 - For 2 SCUs and 9 EIPs were issued on July 22, 2010 and NJEIS accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review. The DOH confirmed that services were initiated for each child, although late for the children whose services were not initiated in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, and progress notes (Prong 1). In addition, the NJEIS ensured that the agencies were correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initiation of services for all children who had an IFSP event. These monthly reviews continued until the agencies were operating at 100% compliance for this indicator at which point the findings were closed (Prong 2).
 - Through a county SCU monthly progress report for a corrective action plan, non-compliance for one additional EIP (Virtua EIP) was found and a finding was issued on April 11, 2011 (FFY 2010). Correction was verified on March 29, 2012 according to the procedures described above.
 - The remaining three (3) findings did not correct timely within 12 months and these findings are reported in C9 in this FFY 2011 APR. All three findings have since corrected in accordance with OSEP-09-02 as follows:
 - One EIP (Dynamic EIP) had a finding which was verified as corrected at 19 months (1/17/12).
 - One SCU (Burlington SCU) was replaced by a new grantee and therefore, the finding was not issued until October 12, 2010 (FFY 2010). This finding closed on March 29, 2012 at 17 months. As a result, NJEIS removed their At Risk status.
 - One SCU (Cumberland SCU) had a finding which was closed at 23 months on June 27, 2012. As a result, NJEIS removed their At Risk status.

Improvement Activities	Status
<p>Enhance the SPOE database to record the date of the initial IFSP meetings and all IFSP reviews as a data element. This record would include the date of the meeting and the date of parental consent to any IFSP service.</p>	<p style="text-align: center;">FFY 2011 Update</p> <p>The American Recovery & Reinvestment Act (ARRA) Part C funds were used to partner with CSC Covansys to define and document business, functional and system requirements in support of a new web based NJEIS Case Management system that incorporate these changes. The web based Case Management System will replace the existing New Jersey client/server System Point of Entry (SPOE) system. The new web based Case Management System functionality was defined and documented in a 363 page requirements definition document completed in December 2011.</p>
<p>Enhance the SPOE database to enable NJEIS to link authorizations with a specific IFSP meeting or review. By linking authorizations with these dates, timely services can accurately be measured from the IFSP consent date.</p>	

Improvement Activities	Status
<p>Enhance the SPOE database to allow the reassignment of an authorization to a different agency or practitioner, while keeping the authorization associated with the IFSP meeting/review that added the service to the child's IFSP.</p>	<p>This document provided the technical specifications for the Request for Proposal (RFP). On 3/27/12 NJEIS received approval from the State Office of Information Technology (OIT) that the technical content was satisfactory.</p>
<p>Enhance the SPOE database to allow an authorization to be created before an agency/practitioner has been assigned to provide a service. This allows NJEIS to track all authorizations for timely delivery of service. Once an agency/practitioner is assigned to the service, the authorization can be modified.</p>	<p>The NJEIS RFP that rebids the Central Management Office was approved on 10/23/12 and released on 10/26/12. It is expected an award will be made by March 2013. The new system should be in place within a year after the award is made.</p>
<p>Monitoring activities on the provision of timely services will be conducted annually including a desk audit, inquiry to obtain additional information from counties, issuance of findings of noncompliance if necessary, implementation of corrective action plans, provision of technical assistance, and assurance of correction of noncompliance in accordance with federal requirements.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In the absence of the enhancements to the SPOE database, a desk audit was conducted using the current SPOE database and inquiry was performed on 10 counties for FFY 2011. As a result, the monitoring activities needed to rely on using inquiry to obtain information.</p> <p>The remaining 11 counties were monitored during FFY 2010.</p> <p>Revisions to NJEIS-19 and NJEIS-09 policies took effect on July 1, 2011. The policies clarified and established additional specific timelines for each step in the process of initiation of services.</p>
<p>Once the SPOE enhancement is complete, analyze data on "untimely" services to determine if patterns exist in type of service, type of discipline, variations in frequency and intensity of service need/provisions, county area, etc. to determine gaps in access and availability of necessary services. Plans to address any identified needs will be developed and implemented.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>Throughout FFY 2011, the REICs continued to review each county's Provider Assignment Spreadsheet (Broadcast) biweekly to ensure that families received services in a timely manner. In addition, the REICs worked with local providers to ensure implementation of the NJEIS- 09 Early Intervention Provider Assignment Policy.</p> <p>The REICs continued to track and intervene as necessary through technical assistance to ensure:</p> <ul style="list-style-type: none"> • All children and their families were receiving services within 30 days of the IFSP consent date; and • The No Practitioner Available policy was implemented when a child approaches 25 days after the IFSP is signed by the parent. This policy includes notifying DOH and contacting EIPs to secure services. <p>Camden and Cumberland County developed and implemented county improvement plans to</p>

Improvement Activities	Status
	<p>increase recruitment of early intervention practitioners. In addition, to assure equitable opportunity for agency assignment, 6 counties have implemented rotation based assignment procedures.</p> <p>In addition, REICs conducted the following recruitment and retention activities to ensure qualified staff are available to meet IFSP needs:</p> <ul style="list-style-type: none"> • Participated in 3 career day events at Rutgers University, Kean University and Seton Hall University and provided 2 presentations about NJEIS to 53 Montclair State University Early childhood program students (graduate and undergraduates). • Worked with Rutgers University to have NJEIS listed on their job-posting website. • Continued to act as a clearinghouse to gather and distribute resumes received through REIC websites, phone calls and job recruitment activities to EIP's and SCU's. Resumes are forwarded to EIP agencies and service coordination units based upon the county in which the applicant indicates interest. This activity shares resources & saves on advertising. A total of 319 resumes were distributed to the field resulting in 5 new hires. <p>The REIC's and state office continued to respond to telephone calls and emails from individuals and agencies looking to work in NJEIS and forward these to the appropriate agency.</p>
<p>Continue to facilitate enrollment of new service vendor agencies to increase availability to access to services.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In April 2012, a policy and procedure was provided that outlined the process that was being used when determining the need to expand the number of agencies providing services in a specific county of the state. This process will continue to be used to ensure adequate service delivery capacity statewide.</p>
<p>Collaborate with the NJ Department of Education, Office of Special Education Programs (OSEP) Personnel Grant to address activities to enhance practitioner recruitment and retention.</p>	<p style="text-align: center;">Completed FFY 2008</p>
<p>Compensatory services are provided to families in instances in which services have not been provided in a timely manner. This is</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>During FFY 2011, two-hundred and sixty four (264) families received approximately 1,249.2 hours of compensatory services in accordance</p>

Improvement Activities	Status
<p>identified through informal and formal family contacts to the Procedural Safeguards Office or the NJEIS Central Management Office.</p>	<p>with NJEIS decisions through informal resolution by the Procedural Safeguards Office. This included 357 hours of developmental intervention; 301.2 hours of Speech & Language Therapy; 151.5 hours of Physical Therapy; 424.5 hours of Occupational Therapy; 1 hour of Social Work service and 14 hours of Family Training. One informal resolution resulted in a sanction to one Early Intervention Program (EIP) provider agency that was required to provide 29 hours of compensatory services at their expense.</p>
<p>When no practitioner is available within the state provider network, a family is authorized by NJEIS to utilize a practitioner outside the state network to provide the early intervention service to ensure that services are provided within the state policy for timely services.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>When notified of a “No Provider Available” (NPA), the Procedural Safeguards Office sends a letter to the family indicating that no practitioner has been located and offering the option to obtain and receive reimbursement for services out of the NJEIS network pending assignment of an NJEIS practitioner.</p> <p>In FFY 2011 (July 1, 2011 – June 30, 2012), in accordance with this procedure, 1 family was approved and reimbursed for early intervention services delivered by a practitioner outside the NJEIS.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

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

FFY	Measurable and Rigorous Target
2011 (2011-2012)	99.5 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community-based settings.

Actual Target Data for FFY 2011:

In FFY 2011, the 618 data reported (10,551/10,570) 99.82% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. This included 9,839 children who received services primarily in the home plus 712 children who received services primarily in community based settings.

NJEIS finds that the requirement, which designates the primary setting as the location where the child receives most of their services, under represents the number of services provided in community settings. A review of the December 1 data from FFY 2011 indicated that 752 of the 9,839 that received services primarily in the home also received at least one service in the community. This percentage would be 7.64% of children receiving services in the home also received services in the community.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

- In FFY 2011, 99.82% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings compared to 99.67% in FFY 2010 which is an increase of 0.15%.
- The percentage of children receiving services in primarily community-based settings increased from 6.3% in FFY 2010 (668 children) to 6.7% in FFY 2011 (712 children).
- In FFY 2011, 0.20% (19 children) of children were counted in other settings (percentage of non-natural environment settings).
- In FFY 2011, 20 of the 21 counties exceeded the target of 99.5% of children primarily served in natural environments. The one county below the target had 99.3% of children primarily served in natural environments.
- The REICs continue to provide technical assistance on the provision of services in natural environments as appropriate to each child's needs.

Improvement Activities	Status
<p>Using the SPOE database, run and disseminate an annual report ranking the twenty-one counties' performance on this indicator based on December 1 child count.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>These data are reported in the Annual County Performance Reports and posted on the NJEIS website.</p>
<p>Collaborate with the Council on Developmental Disabilities (CDD) on their Part C Planning and Implementation Grants to enhance inclusive community resources and supports for families.</p>	<p align="center">Completed FFY 2006</p>
<p>Review state and county data from the NCSEAM and NJEIS Regional Family Surveys to identify patterns in providing services in and/or linking families to community supports and services. Develop and implement activities based on survey results.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>NJEIS Regional Family Surveys were discontinued with the implementation of the NCSEAM Survey in FFY 2006.</p> <p>In FFY 2011, the NCSEAM survey results were analyzed to identify areas in need of improvement. The NJEIS compared the results of FFY 2010 to FFY 2011 survey results regarding community supports and services. The following are the results: "Early Intervention has helped me and/or my family":</p> <ul style="list-style-type: none"> ▪ "Participate in typical activities for children and families in my community" increased from 75% to 80% (5% increase); ▪ "Know about services in the community" increased from 79% to 81% (2% increase); ▪ "Make changes in family' routines that will benefit my child with special needs" stayed the same at 90%; ▪ "Feel that my family will be accepted and welcomed in the community" decreased from 89% to 88% (1% decrease); and ▪ "Feel that my child will be accepted and welcomed in the community" increased from 90% to 91% (1% increase).
<p>Continue to review settings data from the SPOE database to inform progress in provision of service in natural environments.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>The SPOE database documented that the percentage of children receiving services in community based inclusive settings increased from 6.3% in FFY 2010 to 6.7% in FFY 2011. The Part C Steering Committee has requested that NJEIS continue to explore possibilities for collection of data when families and children receive services in settings other than home on an intermittent basis. This remains under consideration.</p>

Improvement Activities	Status
<p>Once the new web-based enhancement to the SPOE database is available, the following information will be reviewed to inform CSPD efforts: family information, child and family outcomes, services, supports and settings.</p>	<p style="text-align: center;">FFY 2011 Update</p> <p>The NJEIS RFP that includes the web-based enhancements was approved on 10/23/12 and released on 10/26/12. It is expected an award will be made by March 2013. The new system should be in place within a year after the award is made.</p>
<p>Review the family assessment page of the IFSP, IFSP Instructions and Orientation materials to ensure that they specifically reflect the child and family outcomes developed by the Early Childhood Outcome Center.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In conjunction with expansion of the NJEIS web-based system, a Work Group including representatives from service coordination units, early intervention provider agencies, Regional Early Intervention Collaboratives (REICs), and the Lead Agency was created to address family assessment requirements in the new Part C regulations. Work Group activities included:</p> <ul style="list-style-type: none"> ▪ Developing a Family-Directed Assessment (FDA) Tool that uses an interview format to gather information about the family's routines; concerns, priorities and resources; and supports and services needed to enhance the family's capacity to meet the developmental needs of their child. ▪ Conducting a "Try-Out" of the FDA Tool with representation from service coordinators and families in each region of the state. The "Try Out" included a full day training for service coordinators, conducting interviews with 32 families, and gathering feedback on the Tool from both families and service coordinators. Service coordinators provided feedback during a half-day session facilitated by Work Group members. Families completed a survey. ▪ Revising the FDA Tool to reflect feedback from service coordinators and families. ▪ Developing a "Roll-Out" Plan to enhance effective statewide implementation. <p>The Work Group continues to work on additional activities, specifically:</p> <ul style="list-style-type: none"> ▪ Developing a version of the FDA Tool to be used in preparation for each annual IFSP meeting. ▪ Planning and conducting introductory

Improvement Activities	Status
	<p>sessions for REIC staff and Coordinators of On-going Service Coordination Units.</p> <ul style="list-style-type: none"> ▪ Planning and conducting regional sessions to train all NJEIS service coordinators on the use of the tool. ▪ Developing and presenting a series of webinars on topics related to family assessment.
<p>Enhance collaboration with community based partners to identify existing community supports, develop a plan to make connections and provide professional development. The purpose is to connect families with community supports and services that are not specifically targeted to individuals with disabilities.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, via presentations, participation on local, regional and statewide planning and stakeholders committees, and EI material exchange, the REICs collaborated with numerous community agencies to connect families to community support. Some of these entities included: NJ Integrated Systems Community of Care Consortium, Federally Qualified Healthcare Centers, Maternal Child Health Consortium, Head Start, Early Head Start, and Inclusive Recreation for Individuals with Disabilities initiative.</p> <p>Several examples of targeted community based initiatives include:</p> <p>Home Visiting Program: Participated in county and local home-visiting advisory committees to further cross system outreach and referral.</p> <p>Involvement with cross-cultural groups: Selected activities included: Continued to collaborate with the SKN foundation for Asian-Indian families including participation in community events and development of materials which were translated into Hindi. REIC staff participated on the Statewide Network of Cultural Competencies focused on awareness and training. In addition, child find materials were shared with the Islamic Center.</p> <p>Coordination with Library Services: One REIC has received a "Reading is Fundamental" grant focused on pre-literacy and literacy skills for children living in lower SES communities. Additional REIC activities included: supplying books to county libraries, and partnership with the children's librarians through the NJ Library Association to increase awareness and further inclusion efforts.</p>

Improvement Activities	Status
<p>Create links on NJEIS and advocacy organization websites to assist families in accessing services and supports identified on the “other non-required page” of the IFSP.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>During FFY 2011, The REIC Family Support Coordinators continued to update and promote the "Family Matters" website. The Family Matters website was designed to offer a family friendly site that would familiarize families with REIC family support coordinators, link families to useful information and resources, and update families on upcoming local and statewide family events. The website also contains materials for Spanish-speaking/reading families as well. The Family Matters webpage is located at: http://www.thefamilymatterswebsite.org/</p> <p>Each REIC website has links to relevant resources including: REIC Facebook Page, Family Matters newsletter, and resource guides. Each REIC also has developed a family list serve/email list.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

Summary Statements for Each of the Three Outcomes

Summary Statement 1: Of those infants and toddlers who entered or exited 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 = $\frac{\# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in category (d)}}{\# \text{ of infants and toddlers reported in progress category (a) plus } \# \text{ of infants and toddlers reported in progress category (b) plus } \# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in progress category (d)}} \times 100$.

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.

FFY	Measurable and Rigorous Target	
2011 (2011-2012)	Summary Statement 1	
	A. Positive social-emotional skills (including social relationships);	58.50%
	B. Acquisition and use of knowledge and skills (including early language/communication); and	83.00%
	C. Use of appropriate behaviors to meet their needs.	95.00%
	Summary Statement 2	
	A. Positive social-emotional skills (including social relationships);	89.25%
	B. Acquisition and use of knowledge and skills (including early language/communication); and	68.00%
	C. Use of appropriate behaviors to meet their needs.	88.50%

Actual Target Data FFY 2011

The data presented below is the third year of actual performance data reporting for this indicator. For FFY 2011, the tables below show the progress data for children who exited July 1, 2011 – June 30, 2012. These children had both entry and exit data and participated in the NJEIS for at least 6 months. Counties reporting for FFY 2011 are Camden, Hunterdon, Monmouth, Passaic and Somerset. Data is reported for a total of 762 children.

3A – Children have positive social-emotional skills (including social relationships)

BDI-2 Domain: Personal-Social (July 1, 2011- June 30, 2012)

OSEP indicator	Number of Children	% of Children
a) Percent of infants and toddlers who did not improve functioning	16	2.10%
b) Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	85	11.10%
c) Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	24	3.15%
d) Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	51	6.70%
e) Percentage of infants and toddlers who maintained functioning at a level comparable to same-aged peers.	586	77%
Total	762	100%

3B - Acquisition and use of knowledge and skills (including early language/ communication and early literacy)

BDI-2 Domains: Cognitive and Communication (July 1, 2011- June 30, 2012)

OSEP indicator	Number of Children	% of Children
a) Percent of infants and toddlers who did not improve functioning	5	0.65%
b) Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	94	12.33%
c) Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	233	30.60%
d) Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	231	30.31%
e) Percentage of infants and toddlers who maintained functioning at a level comparable to same-aged peers.	199	26.12%
Total	762	100%

3C - Use of appropriate behaviors to meet their needs

BDI-2 Domains: Motor and Adaptive/Self-Help (July 1, 2011- June 30, 2012)

OSEP indicator	Number of Children	% of Children
a) Percent of infants and toddlers who did not improve functioning	2	0.26%
b) Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	31	4.07%
c) Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	96	12.60%
d) Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	184	24.15%
e) Percentage of infants and toddlers who maintained functioning at a level comparable to same-aged peers.	449	58.92%
Total	762	100%

Summary Statements

In FFY 2008, NJEIS set targets for child outcomes. Two Summary Statements for each of the three outcomes were provided in order to aggregate the progress data. Targets were set for each of the summary statements for each of the three indicators.

Summary Statement 1: Of those infants and toddlers who entered or exited 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. This is calculated for each of the three outcome statements by using the formula: $(c+d) / (a+b+c+d) \times 100$.

Summary Statement 1 – Actual Target Data FFY 2011 (July 1, 2011 - June 30, 2012)

Indicator 3A - Children have positive social-emotional skills	42.61%
Indicator 3B - Acquisition and use of knowledge and skills (including early language/communication and early literacy)	82.42%
Indicator 3C- Use of appropriate behaviors to meet their needs	89.45%

Summary Statement 2: The percent of children who were functioning within age expectations in each Outcome by the time they exited the program. This is calculated using the formula $(d+e) / N \times 100$.

Summary Statement 2 Actual Target Data FFY2011 (July, 1 2011 - June 30, 2012)

Indicator 3A – Children have positive social-emotional skills	83.59%
Indicator 3B - Acquisition and use of knowledge and skills (including early language/communication and early literacy)	56.43%
Indicator 3C- Use of appropriate behaviors to meet their needs	83.07%

Discussion of Actual FFY 2011 Target Data

DHSS-NJEIS continues to use the Battelle Developmental Inventory 2 (BDI-2) to collect data to report Indicators 3A, 3B & 3C. This data represents the entry and exit data collection that was completed (July 1, 2011 – June 30, 2012) for indicators 3A, 3B & 3C using the BDI-2.

Summary Statement 1	FFY 2008 Baseline N= 158	FFY 2009 Actual N=214	FFY 2010 Actual N=297	FFY 2011 Actual N=762	FFY 2011 Target	FFY 2012 Target
Indicator 3A - Children have positive social-emotional skills	55.31%	40.54%	40.29%	42.61%	58.50%	58.50%
Indicator 3B - Acquisition and use of knowledge and skills	80.39%	81.34%	83.79%	82.42%	83.00%	83.50%
Indicator 3C- Use of appropriate behaviors to meet their needs	92.72%	95.16%	93.97%	89.45%	95.00%	95.00%

Actual Target Data for FFY 2011:

Summary Statement 2	FFY 2008 Baseline N= 158	FFY 2009 Actual N=214	FFY 2010 Actual N=297	FFY 2011 Actual N=762	FFY 2011 Target	FFY 2012 Target
Indicator 3A - Children have positive social-emotional skills	86.64%	89.25%	85.18%	83.59%	89.25%	89.75%
Indicator 3B - Acquisition and use of knowledge and skills	60.12%	71.49%	65.99%	56.43%	68.0%	72.00%
Indicator 3C- Use of appropriate behaviors to meet their needs	85.44%	91.12%	85.85%	83.07%	88.5%	91.12%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

For Summary Statement 1:

- 3A – there was progress from 40.29% to 42.61% in this indicator however the target of 58.50% was not met.
 - Summary statement 1-3A measures the substantial progress of children in the area of social-emotional skills. One hundred and one (a+b=101) of the 176 children that entered below age expectations did not make substantial progress thus impacting the results.
 - In FFY 2009 DOH along with NJEIS stakeholders identified indicator 3A as an area in need of focused technical assistance. Indicator 3A is the chosen Results topic identified by DOH as part of the OSEP data verification process. The FFY 2011 data supports the decision by DOH to provide targeted technical assistance and provides preliminary, but cautious, validation (demonstrated in the small data improvements) that the statewide discussion and activities around social and emotional skills can have a positive effect on child outcomes. The Results Stakeholder group continued to work on developing and implementing a comprehensive state plan designed to help the system meet the targets set for Indicator 3A
 - In June 2012, DOH and the Results Stakeholder group used the resources of the National Early Childhood Technical Assistance Center (NECTAC) and the Early Childhood Outcomes center to compare NJEIS results in Indicator 3A with other states that use the BDI to report child outcomes. The comparison showed that while NJEIS was below the state target, performance is above other states in this indicator. (NJEIS= 42.61%, other BDI states = 37.90%)
 - Further analysis revealed that a significantly higher percentage of children are entering the NJEIS rated as “age appropriate” (77.00% of children in category e) than in 39 other states with quality data (31.34% of children in category e).
 - The Results Stakeholder group developed a hypothesis and research activity to determine if the BDI-2 is sufficiently identifying children in need of intervention in the area of social skill development upon entry into NJEIS and to determine how the higher than expected percentage of children who are “age appropriate” at entry affects performance in indicator 3A
- 3B – the target of 83.00% was not met and there was slippage from FFY 2010 (83.79%) to the FFY 2011 performance of 82.42%.

- 3C – the target of 95.00% was not met and there was slippage from FFY 2010 (93.97%) to the FFY 2011 performance of 89.45%.

For Summary Statement 2:

- 3A - the target of 89.25% was not met and there was slippage from FFY 2010 (85.18%) to the FFY 2011 performance of 83.59%.
- 3B – the target of 68.00% was not met and there was slippage from FFY 2010 (65.99%) to the FFY 2011 performance of 56.43%
- 3C – the target of 88.50% was not met and there was slippage from FFY 2010 (85.85%) to the FFY 2011 performance of 83.07%

EXPLANATION

- Summary Statements 1 and 2 show slippage in 5 out of 6 reporting areas (Summary Statement 1-3A had improvement). The slippage ranges from 1.37% to 9.56%. DOH considered the following in understanding the reasons for these results:
 - Sampling Error- for the past four (4) reporting periods, DOH has used a sample of the NJEIS population to report on child outcomes. The cohort sample was designed to represent rural/urban and large/small counties each year. Inherent in any sampling method is sampling error due to the variability of the population itself. Because the population of children is different each year, variability in outcomes can also be expected.
 - The data for FFY2011 includes the largest N reported by NJEIS and this indication that the data is becoming more stable and reflective of actual performance. Based on the current sample N of 762 and an exit population of 10,000 children, the sampling error is calculated to be 3.40 (95% confidence interval), the lowest error rate to date. The sampling error for the each of the three previously reported years are: 7.70 for FFY2008 (N=158), 6.60 for FFY2009 (N=214) and 5.60 for FFY2010 (N=297).
 - In FFY 2011 DOH piloted a new procedure in one large county by evaluating all children using the BDI prior to their Annual IFSP and their exit from NJEIS. The successful pilot procedures were expanded to all 21 counties July 1, 2012. As a result significantly more data will be available in FFY 2012 and all 21 counties will be included in reporting this Indicator and the sampling method will no longer be used. With the significant increase in the N reported a smaller sampling error is expected to be realized as the reported children will be closer to the actual population itself.
 - As this is the third full year of reporting, the FFY 2011 data may include a greater proportion of children who have participated in the program for the full 3 years compared to the previous reporting periods. Children who enter the program in their first year of life (age 0-1) and require services until age three, in general, show more significant delays and disabilities.
 - A child’s social emotional development can and does impact his/her functioning in all areas. Therefore, although analyzed separately for reporting progress, the impact of children’s social development (3A) on progress in the other outcome areas (3B & 3C) cannot be overlooked.

Improvement Activities	Status
DOH will convene a stakeholder workgroup to identify additional mechanisms that will inform families of the Child Outcomes Project	Completed March 2008

Improvement Activities	Status
<p>DOH will add Service Coordination Units to the data management system and provide training and technical assistance to facilitate the flow of information from evaluation teams to service coordinators</p>	<p style="text-align: center;">Completed FFY 2011</p> <p>DOH added Service Coordination Units to the on-line data management system. Service Coordinators now have direct access to reports for the children on their case load. Access was maintained for the Regional Early Intervention Collaboratives.</p>
<p>DOH will offer annual state-wide training days for evaluators to learn BDI-2 administration and NJEIS policies and procedures related to implementation</p>	<p style="text-align: center;">Ongoing Activity FFY 2006 – 2012</p> <p>In FFY 2011, NJEIS provided 4 training days for staff statewide. This training was sufficient to ensure the staffing needs of evaluation teams into FFY 2012.</p> <p>DOH provides ongoing Technical Assistance to support the technology component that collects and stores the data used to report on this indicator.</p> <p>DOH designated and trained one staff member at the state office to be the point of contact for technical assistance with the daily maintenance of the BDI data manager system.</p>
<p>DOH will use data from Indicators 3A, 3B, and 3C to identify the training needs of NJEIS practitioners.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006 – 2012</p> <p>Actual target data from FFY 2009 & 2010 indicated that practitioners were in need of training and technical assistance to increase their capacity in providing intervention that assists children in their development of social-emotional skills.</p> <p>In FFY 2010 DOH convened stakeholders and chose Indicator 3A as the Results topic with OSEP. A comprehensive plan to build systemic capacities of the system to increase the competencies of families; front line practitioners; EIP agencies; and regional and state staff has been developed with pilot initiatives scheduled for implementation in FFY12.</p>
<p>DOH will partner with the NJ Department of Education, lead agency for Part B 619 services, to develop and implement an agreement and the mechanisms for sharing Child Outcome data between Departments.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006 – 2012</p> <p>In FFY 2011, BDI results, with parent consent, were shared with LEAs as part of a child's transition from Part C to Part B.</p> <p>DOH and NJ DOE confer frequently on the implementation procedures associated with the use of the BDI-2.</p>

Improvement Activities	Status
<p>DOH will convene a stakeholder workgroup including the targeted evaluation teams to evaluate the strengths and weaknesses of the initial 4 years of the Child Outcome Project and to plan future targets and improvement activities.</p>	<p>Completed June 2010</p>
<p>DOH will replace and update the evaluation equipment as needed to evaluation teams state-wide</p>	<p>Ongoing Activity FFY 2006 – 2012 In FFY 2011, DOH maintained and supported the use of laptop computers and the BDI Mobile Data Solution software for all Targeted Evaluation Teams. DOH purchased and distributed BDI kit materials to agencies upon request to ensure evaluation teams had sufficient supplies. DOH continued to take responsibility for the purchase and cost of the electronic record forms needed to score the results of the BDI.</p>
<p>DOH will partner with other Part C states that use BDI-2 for Indicator 3, to evaluate data decisions, results, patterns, trends, and implementation strategies.</p>	<p>Ongoing Activity FFY 2006 – 2012 In FFY 2011 DOH continued to participate in the ad-hoc “BDI-Users Group” that works together via conference calls and a shared blog to share of information on performance, analyze data trends among states, and troubleshoot implementation strategies.</p>
<p>DOH will pursue alternative and long-term technology solutions that allow for scoring and storing of information by evaluators in the field.</p>	<p>Completed FFY 2010</p>
<p>DOH will explore the use of a “social-emotional” specific instrument by practitioners and/or families in order to provide focus on improvement of outcomes of children as measured in indicator 3A.</p>	<p>Ongoing Activity FFY 2006 – 2012 In FFY 2011, DOH provided training to all Service Coordinators on the Ages and Stages - 3 and the Ages and Stages Social Emotional Questionnaire. These trainings were designed to enhance professional expertise in the area of social-emotional skills of infants and toddlers. In addition a Train- the- Trainer session for Unit coordinators was provided. In FFY 2011, DOH identified a group of Service Coordinators, trained in Ages and Stages Social Emotional Questionnaire, to pilot the administration of this tool with families as part of the initial family information meeting. This pilot will continue into FFY 2012.</p>

Improvement Activities	Status
<p>DOH will continue participation in the Center of Social and Emotional Foundations for Early Learning (CSEFEL) project in NJ and distribute materials that provide focus and improvement of outcomes of children as measured in indicator 3A</p>	<p style="text-align: center;">Ongoing Activity FFY 2006 – 2012</p> <p>In FFY 2011, NJEIS maintained its partnerships with the state leaders of the “NJ FEELS” workgroup to be updated on any relevant resources or materials.</p>
<p>NJEIS/DOH will develop a format and message that can be used to report state and local child outcome data to the Commissioner, Governor’s Office, Legislature and public.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>NJEIS reports data from indicator 3 to the DOH Commissioner and Governor’s office as requested for public reporting.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target	
2011 (2011-2012)	73.01%	Know their rights
	69.88%	Effectively communicate their children's needs
	83.80%	Help their children develop and learn.

Actual Target Data for FFY 2011:

- A. **70.86% (355/501)** reflects the percent of families who reported that early intervention helped them know their rights.
 - B. **68.86% (345/501)** reflects the percent of families who reported that early intervention helped them communicate their child's needs.
 - C. **81.84% (410/501)** reflects the percent of families who reported that early intervention helped them help their child develop and learn.
- The NJEIS, for the sixth year, implemented the 22 item Impact on Family Scale (IFS) family survey developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM) and the Rasch measurement framework for analysis. The NJEIS baseline data and targets were established using the NCSEAM target setting calculator found at: <http://accountabilitydata.org/Improvement%20Calculator/Calculator.html>.
 - The Impact on Family Scale (IFS) measures the extent to which early intervention helped families achieve positive outcomes specified in Indicator 4. The IFS was developed by NCSEAM to provide states with a valid and reliable instrument to measure (a) positive outcomes that families experience as a result of their participation in early intervention and (b) families' perceptions of the quality of early intervention services.

- Data from the scale was analyzed through the Rasch measurement framework. For the IFS scale, the analysis produced a measure for each survey respondent. Individual measures can range from 0 to 1,000. For the IFS, each family's measure reflects the extent to which the family perceives that early intervention has helped them achieve positive family outcomes. The IFS measures of all respondents were averaged to yield a mean measure reflecting overall performance of the state in regard to the impact of early intervention on family outcomes. The mean measure on the IFS was 641.3. The standard deviation was 163, and the standard error of the mean was 7.3. The 95% confidence interval for the mean was 627.0 – 655.6. This means that there is a 95% likelihood that the true value of the mean is between these two values.
- In late August 2012, 2,439 surveys were mailed to a sample of families served by NJEIS. Cover letters as well as postage paid business reply envelopes were included with the surveys. The final cutoff date for processing surveys was extended to November 8, 2012 to allow families additional time to respond.
- Of the 2,439 surveys distributed across twenty one counties, 505 were returned for a response rate of 20.71%. In total, 298 paper surveys and 207 web responses were collected. There were 462 responses in English and 43 in Spanish. Five hundred one (501) of the 505 surveys provided responses to the IFS. This number is high enough for the estimated statewide percents on the indicator to be within an adequate confidence interval (approximately +/- 4.8%, with a confidence level of 95%) based on established survey sample guidelines.
- 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 2011 rate by county was -3.5% to +1.9%. The median percent difference was 0.0%.
- The December 1, 2011 population by race matched the FFY 2011 survey race of respondents within +/- 1.5% for all race groups. The NJEIS has historically observed an under-representation in survey response from the African American/Not Hispanic AA/NH and Hispanic (H) race groups and therefore has conducted surveys with an over-sampling of these two populations. In addition, secondary follow-up was attempted to families from these race groups who did not respond to the initial survey request.
- The final county return race distribution for the state adequately represented the NJEIS county race population surveyed. The range of variance between the return race population and the December 1 2011 race by county was -1.53% to +1.43%. The median percent difference was -0.1%.
- While OSEP requires that the state's performance be reported as the "percent" of families who report that early intervention services helped them achieve specific outcomes deriving a percent from a continuous distribution requires application of a standard, or cut-score. The NJEIS elected to apply the Part C standards recommended by a nationally representative stakeholder group convened by NCSEAM. The recommended standards established based on item content expressed in the scale were as follows:
 - For Indicator 4A, know their rights, a measure of 539. The percent of families who reported that early intervention services helped them *know their rights* (Indicator 4A) was 70.8%. The 95% confidence interval for the true population percentage is 66.7% – 74.6%. This means that there is a 95% likelihood that the true value of the state percentage for Indicator 4A is between these two values.
 - For Indicator 4B, effectively communicate their children's needs, a measure of 556. The percent of families who reported that early intervention services helped them *help them effectively communicate their child's needs* (Indicator 4B) was 68.9%. The 95% confidence interval for the true population percentage is 64.7% - 72.8%.
 - For Indicator 4C, help their children develop and learn a measure of 516. The percent of families who reported that early intervention services helped them *help their child develop and learn* (Indicator 4c) was 81.8%. The 95% confidence interval for the true population percentage is 78.2% - 84.9%.

Methodology

- The following business rules were applied in the selection of families to receive the family survey.
 - Children must have been in the system for at least 9 months from referral; and
 - Children that had an active IFSP or exited early intervention 3 months or less from the population selection date.
- The analysis of NJEIS data using the above business rules identified a total population size of 5,520 families as documented by the table below.

CountyName	White/ Not Hispanic	African American/ Not Hispanic	Hispanic	Native Hawaiian or other Pacific Islander	Asian	American Indian/ Alaskan Native	Multiracial	Grand Total
ATLANTIC	85	22	47			5	9	168
BERGEN	277	21	150		7	49	18	522
BURLINGTON	164	32	35			6	11	248
CAMDEN	188	42	83			11	12	336
CAPE MAY	41	4	4				3	52
CUMBERLAND	30	7	64				6	107
ESSEX	133	152	175		1	12	10	483
GLOUCESTER	171	9	14		1	1	14	210
HUDSON	64	33	155		5	23	1	292
HUNTERDON	42	1	6			2	2	53
MERCER	70	31	65			14	1	189
MIDDLESEX	143	44	140		2	72	1	420
MONMOUTH	238	21	76			13	1	365
MORRIS	163	8	57		1	17		259
OCEAN	566	13	89			4		689
PASSAIC	162	34	211			7		422
SALEM	30	9	8					48
SOMERSET	90	18	31			31		182
SUSSEX	53	1	13			3		74
UNION	131	44	136			13		338
WARREN	47	4	9					63
(blank)								
Grand Total	2888	550	1568		17	283	4	5520

Sampling Plan

NJEIS conducted a two year analysis of historic NJEIS family survey data to identify a potential return rate in an effort to prevent a high margin of error. The NJEIS return rate in FFY 2006-2007 was 15%. Historically, African American/Not Hispanic (AA/NH) and Hispanic (H) families have lower return rates than other race groups (W/A/AI/PI/MULTI). This difference was documented in the analysis of the 2005-2006 family survey return rates. Therefore, the NJEIS over sampled these two race groups. NJEIS population varies widely for each county. A minimum and maximum sample size was set to ensure that the sample size from small and densely populated counties was appropriately represented.

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

Step 1: Target number of survey returns per county.

- The sampling plan is a county stratified random sample without replacement, unequal allocation.
- The sampling rate is 10% with a minimal county stratum size of 20 and a maximum county stratum size of 75. This would be a sample size of 500.
- The margin of error (MOE) per county varied from 11% to 21%. The margin of error for 14 out the 21 counties is less than or equal to 18%.

Step 2: Calculate outgoing sample.

To compensate for a projected lower response rate from African American/Not Hispanic and Hispanic race groups, an additional sample was drawn in each of the county stratum. With a 30% expected return rate, the actual number of family surveys mailed was 2,439 for the NJEIS population of 5,520 as documented by the table below.

Step 3: Analysis Weights

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

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

CountyName	Child Count			Expected returns			design effects		Sample out				
	W/AI/A/H I/PI/MULT I	B/H	Child count	N	s.f.	MOE	wt	wt-norm	W/AI/A/H I/PI/MULT I	f.s.r.	B/H	f.s.r.	total
ATLANTIC	99	69	168	20	12%	21%	0.8	2.E-03	39	39%	41	59%	80
BERGEN	351	171	522	52	10%	13%	1.0	2.E-03	117	33%	85	50%	202
BURLINGTON	181	67	248	25	10%	19%	1.0	2.E-03	61	34%	34	51%	95
CAMDEN	211	125	336	34	10%	16%	1.0	2.E-03	71	34%	63	50%	134
CAPE MAY	44	8	52	20	38%	17%	0.3	5.E-04	44	100%	8	100%	52
CUMBERLAND	36	71	107	20	19%	20%	0.5	1.E-03	22	61%	66	93%	88
ESSEX	156	327	483	48	10%	13%	1.0	2.E-03	52	33%	162	50%	214
GLOUCESTER	187	23	210	21	10%	20%	1.0	2.E-03	62	33%	12	52%	74
HUDSON	104	188	292	29	10%	17%	1.0	2.E-03	34	33%	93	49%	127
HUNTERDON	46	7	53	20	38%	17%	0.3	5.E-04	46	100%	7	100%	53
MERCER	93	96	189	20	11%	21%	0.9	2.E-03	33	35%	51	53%	84
MIDDLESEX	236	184	420	42	10%	14%	1.0	2.E-03	79	33%	92	50%	171
MONMOUTH	268	97	365	37	10%	15%	1.0	2.E-03	91	34%	49	51%	140
MORRIS	194	65	259	26	10%	18%	1.0	2.E-03	65	34%	33	51%	98
OCEAN	587	102	689	69	10%	11%	1.0	2.E-03	196	33%	51	50%	247
PASSAIC	177	245	422	42	10%	14%	1.0	2.E-03	59	33%	122	50%	181
SALEM	31	17	48	20	42%	17%	0.2	4.E-04	31	100%	17	100%	48
SOMERSET	133	49	182	20	11%	21%	0.9	2.E-03	49	37%	27	55%	76
SUSSEX	60	14	74	20	27%	19%	0.4	7.E-04	54	90%	14	100%	68
UNION	158	180	338	34	10%	16%	1.0	2.E-03	53	34%	91	51%	144
WARREN	50	13	63	20	32%	18%	0.3	6.E-04	50	100%	13	100%	63
Grand Total	3402	2118	5520	639	12%	4%	585	585	1308	38%	1131	53%	2439

Promotion of the Survey and Follow-Up

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

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

- Distributing the survey with the impact questions on one form with English on one side and Spanish on the other side so that all families in the sample receive the survey in both languages.
- Families who do not identify English as their primary language are identified through the demographic data and the NJEIS:
 - Provides families with a translated version of the survey (if available); or
 - Offers to conduct a phone survey with the family.
- NJEIS over samples two race groups (African American/Not Hispanic and Hispanic) who historically have been under-represented in previous survey results. Results are described in the table below.
- Since FFY 2008, NJEIS has added an option for families to respond to the survey through the internet using a unique child identification number (PLINK number).
- To improve response rates, the lead agency reviews and verifies family addresses with the Service Coordination Units prior to the initial mailing of the survey.

- Returned mail and phone contacts with families resulted in a verification, correction of address and re-mailing of the survey to a confirmed address and/or the option to complete the survey via phone and internet.
- The response rate is reviewed and any counties under represented on the expected return rate, are identified by race.
- Additional follow up surveys are conducted to the under-represented race groups per counties by having regional family support coordinators contact families and offer assistance to complete the survey by mail or through the internet.
- Once there is sufficient response, the survey is closed.

2011-2012 Race/Ethnicity	Distributed	Returned	Return Rate	Percent of Return	Dec 1 2011 Race	Dec 1 2011 Race %	Difference Return-Race
AFRICAN AMERICAN/ NOT HISPANIC	290	61	21%	12.08%	1136	10.75%	1.33%
AMERICAN INDIAN/ ALASKAN NATIVE	1	-	0%	0.00%	11	0.10%	-0.10%
ASIAN	97	20	21%	3.96%	580	5.49%	-1.53%
HISPANIC	841	134	16%	26.53%	2942	27.83%	-1.30%
MULTIRACIAL	84	20	24%	3.96%	371	3.51%	0.45%
NATIVE HAWAIIAN/PACIFIC ISLANDER	5	-	0%	0.00%	30	0.28%	-0.28%
WHITE/ NOT HISPANIC	1,121	270	24%	53.47%	5500	52.03%	1.43%
TOTAL	2,439	505	21%	100.00%	10570	100.00%	0.00%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

- Responses were received from all twenty-one counties in New Jersey.
- Survey responses were received from 505 families, representing a 20.71% return rate (505/2439).
- The target was not met for 4A, 4B or 4C. Specifically:
 - Performance increased in 4A from 69.60% in FFY 2010 to 70.86% in FFY 2011;
 - Performance increased also in 4B from 65.2% in FFY 2010 to 68.86% in FFY 2011;
 - Performance decreased in 4C from 82.70% in FFY 2010 to 81.84% in FFY 2011.
- The following chart represents the performance by race/ethnicity groups:

Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4, by Race/Ethnicity			
Race/Ethnicity	4A: Percent of families who report that early intervention services helped them know their rights	4B: Percent of families who report that early intervention services helped them effectively communicate their children's needs	4C: Percent of families who report that early intervention services helped them help their child develop and learn
STATE TARGETS	73.01%	69.88%	83.80%
African American/ Not Hispanic (N=61)	72.1%	70.5%	80.3%
Asian (N=20)	75.0%	75.0%	80.0%

Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4, by Race/Ethnicity			
Race/Ethnicity	4A: Percent of families who report that early intervention services helped them know their rights	4B: Percent of families who report that early intervention services helped them effectively communicate their children's needs	4C: Percent of families who report that early intervention services helped them help their child develop and learn
Hispanic (N=132)	72.0%	70.5%	86.4%
Multiracial (N=20)	80.0%	80.0%	80.0%
White/Not Hispanic (N=268)	69.0%	66.4%	80.2%

- The NJEIS remains concerned about performance in this indicator. As a result of last year's performance, NJEIS:
 - Explored the impact of the increase in family cost participation (e.g. possible decrease in intensity of services, possible increase in families leaving NJEIS, families perception of early intervention) and found that the data did not document an impact on the family outcome survey results;
 - Based on a 2011 Steering Committee recommendation, NJEIS decided to prepare a statewide report comparing four year trend by county on this indicator. During FFY 2010, this report was prepared and posted it on the state website; and http://www.nj.gov/health/fhs/eis/documents/system_data/family_outcome_survey_result.pdf
 - Based on a 2011 Steering Committee recommendation, county performance on this indicator was included in the local determination criteria beginning with the FFY 2010 data.

Family Outcomes Initiative

During FFY 2011, the REICs expanded work with four targeted counties to improve performance on this indicator utilizing the DAC Data Use Framework to analyze data, determine root causes, and develop improvement plans including strategies to improve performance on family outcomes. Regional reports related to this indicator are provided below:

Family Link REIC

Based upon the Family Survey data in FFY 2010, Warren County's performance has not met the NJEIS state target of 76.96% in Indicator 4C – "Families who report NJEIS helped them help their children develop and learn." Warren County's performance for this indicator was at 66.67% in FFY 2010, 10.29% below the state target.

In an effort to increase overall performance in Warren County, a Family Outcome Workgroup was convened with key county stakeholder participation from the Service Coordination Unit (SCU), early intervention provider agency and the targeted evaluation team to identify potential "root" causes that may affect a family's response to the survey. Based upon the data analyzed, the workgroup developed a hypothesis statement: "If we were more successful in helping parents develop and learn, then they will be more likely to say that system helped them help their children develop and learn."

To substantiate or disprove the hypothesis, data were collected and analyzed from the SCU, provider agency direct service staff and provider agency family survey data. As the time this APR was submitted, two sources of data had initially been collected and reviewed. Staff survey data indicated that staff report

67.5% of families are engaged (actively participate) in EI sessions. Provider agency family survey data indicated that 82% of families rate their child's progress at either exceptional or significant.

During FFY 2012, the Family Link along with other members of the workgroup will continue to collect data to identify root causes. The workgroup will meet on a monthly basis to strategize mechanisms to gather additional information and proceed to determination of root cause(s). Once the root cause(s) are determined, focus will turn to efforts for developing and implementing strategies based upon the confirmed root cause(s) with the goal of improving results on Indicator 4C.

Southern NJ REIC (SNJREIC)

Based upon the Family Survey data in FFY 2010, Gloucester County's performance has not met the NJEIS state target of 73.01% in Indicator 4A – "Families who report NJEIS helped them know their rights in early intervention." Gloucester County's performance for Indicator 4A was at 64.71%, which represents an 18.75% increase in performance on this indicator in the last four years. Despite this improvement, performance on Indicator 4A in FFY 2010 is 8.3% below the state target.

In an effort to increase overall performance in Gloucester County, a Family Outcome Workgroup was convened with key county stakeholder participation from the Service Coordination Unit (SCU), early intervention provider agencies (5) and the targeted evaluation team to identify potential "root" causes that may affect a family's response to the survey. Based upon the data analyzed, the workgroup developed two hypothesis statements: 1) If service coordinators understand and are confident in explaining family rights, then families would have a better understanding of their rights; 2) If practitioners understand family rights and feel it is within their scope of ongoing responsibility to effectively communicate with families, then parents would have a better understanding of family rights throughout their early intervention experience.

To substantiate or disprove the two hypotheses, data were collected and analyzed from the SCU, provider agencies and the SPOE referral department. Staff survey data indicated that staff report having a good understanding and knowledge of family rights. However, the data did not capture their comfort level in discussing rights with families or whether or not practitioners viewed this as one of their responsibilities. Further data are needed to address both hypotheses. The workgroup will continue to meet on a monthly basis to strategize mechanisms to gather this information.

In FFY 2012, the SNJREIC will continue to collect additional data to determine the root cause(s) and focus efforts of developing and implementing strategies based upon the confirmed root cause(s) with the goal of improving data results on Indicator 4A.

Northeast REIC (NREIC)

Based on the Family Survey data from FFY 2010, Bergen County's performance has not met the NJEIS target of 73.01% in Indicator 4A – "Families who report NJEIS helped them know their rights in early intervention." In FFY 2009, Bergen County's performance was at 69.4%. In FFY 2010, Bergen County's performance for Indicator 4A was at 67.65% which indicated a 1.75% slippage and is 1.95% below the state target.

In an effort to increase overall performance in Bergen County, a Family Outcome Workgroup was convened with key county stakeholder participation from the Service Coordination Unit (SCU), and early intervention provider agencies (4) to identify potential "root" causes that may affect a family's response to the survey. Based upon the data analyzed, the workgroup developed the following hypothesis statement: "If EI practitioners are reinforcing family rights and supporting families as situations arise, then families will begin to know their rights, what to expect, and who and when to call for guidance throughout their EI experience. "

To substantiate or disprove the hypothesis, data were collected and analyzed from the SCU, provider agencies and the SPOE referral department. Practitioner survey data indicated that both ongoing and SPOE Sc service coordinators have a good understanding of family rights but the direct service practitioners have a more limited understanding. It was also determined that practitioners were not trained or equipped with the knowledge to address family rights during early intervention sessions with families.

In SFY 2012, based on these root causes, the NREIC and the workgroup will focus its efforts to develop and implement strategies to help to enhance practitioners' understanding and implement practices to address families' understanding of family rights. The goal will be to improve families understanding of their rights resulting in improved performance on Indicator 4A.

Mid Jersey REIC (MJREIC)

As documented by the family survey data, Mercer County performance has slipped over the past 2 years on Indicator 4b – “Families who report EI helped the family effectively communicate their child's needs.”

A Mercer county workgroup was convened with participation from the Service Coordination Unit (SCU), all early intervention provider agencies, the Targeted Evaluation Team, and 2 parents from CARES Council. The group has met regularly to review data, develop hypotheses for WHY this family outcome is so low, collect additional data and determine root causes as described below.

MJREIC Hypothesis If...	MJREIC Result Then...
<ol style="list-style-type: none"> 1. If SCs & practitioners asked families specific information about routines & community activities during IFSP & regularly scheduled sessions... 2. If the written IFSP includes community activities & routines in specific outcomes... 3. If practitioners support families in their community activities more frequently during EI sessions... 	<p>Then families would rate EI higher on helping them communicate their child's needs.</p>

Data reviewed included:

1. Agency caseload (# children serving; # of practitioners)
2. Practitioner/ SC survey
3. Record review of practitioner session notes
4. Record review of initial IFSP outcomes & child demographics (age, area of eligibility)
5. Reflections/ informal focus group feedback from SCs, administrators & parents on our county “steering” group

Review of the data led to **several root causes:**

1. EI staff place more emphasis on the child than the family in both the written IFSP and ongoing early intervention sessions.
2. There is less focus on helping the family connect to community resources. Survey data reported that staff feel well prepared to work with both children and families, but not as prepared to work in the community. Survey data also suggested that many staff didn't see it as their role to connect families to resources.
3. A need to refocus how outcomes are written:
 - Child focused outcomes were evident but outcomes do not have explicit enough information stated about family and connections to community where they will have to communicate child's needs.
 - Outcomes need to more explicitly focus on how we work with and connect families to the community. Focus should be on the end purpose of our work with families.
 - Information that is asked at Family Information Meeting (FIM) does not appear to be completely integrated into IFSP outcomes. There is a need to get more information about routines in the community and be sure to integrate this information into the outcomes.

Based on these root causes, the workgroup agreed to the following next steps to be implemented over the next 6-8 months:

1. Make sure all practitioners have seen the family survey. Each agency has committed to share the survey and some information about our work.
2. Identify several videos to use during FIM and Initial IFSP development with SCs, practitioners, and families to show what EI looks like, how EI helps communicate a child's needs and how to integrate this into the written IFSP.

3. Develop a one page summary to explain why and how to use the video.
4. Develop a list of strategies and actions to assist the team to discuss and/or use with families.

Improvement Activities	Status
<p>Calculate the outgoing sample by county and race/ethnicity including as part of the analysis, apply a weight inverse to the sampling fraction (including all differentials in target number and field sampling rate); and response rate.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>For FFY 2011, 2,439 families were mailed surveys. The outgoing sample plan is described above.</p> <p>The December 1, 2011 population by race matched the FFY 2011 survey race of respondents within +/- 1.5% for all race groups. The NJEIS has historically observed an under-representation in survey response from the African American/Not Hispanic and Hispanic race groups and therefore has conducted surveys with an over-sampling of these two populations. In addition, secondary follow-up was attempted to families from these race groups who did not respond to the initial survey request.</p>
<p>Develop a letter to accompany the Family Survey co-signed by the Part C Coordinator and SPAN Co-Director.</p>	<p style="text-align: center;">Completed in 2006</p>
<p>Contract with a vendor to (1) print and distribute the NCSEAM Survey; (2) For completed surveys conduct scanning and data analysis.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>For FFY 2011, the NJEIS contracted with Piedra Data services to coordinate the preparation, mailing, return and analysis of the survey.</p>
<p>Contracted Vendor prints and mails to families the surveys including a unique child identification number that can be used to aggregate demographic data on responders and enable the NJEIS to ensure that a representative sample was achieved.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>For FFY 2011, 2,439 families were mailed surveys. The survey was coded with a unique identifier that allowed the NJEIS to aggregate demographic data on responders and conduct follow-up with non-responders.</p> <p>For FFY 2011, NJEIS conducted follow-up to obtain 154 additional survey responses from the following counties which were under represented based on the expected return rate of 30%: Atlantic (5), Burlington (6), Camden (7), Cape May (6), Cumberland (11), Gloucester (2), Salem (5), Bergen (12), Hudson (7), Passaic (4), Essex (12), Morris (5), Sussex (1), Union (9), Warren (5), Hunterdon (2), Mercer (8), Middlesex (17), Monmouth (12), Ocean (14), Somerset (4).</p>

Improvement Activities	Status
<p>Families mail the completed survey directly to the Contracted Vendor for survey processing (opening, scanning, data verification). Families who have not identified English as their primary language can be identified through the demographic data and the NJEIS will provide the family with a translated version of the survey (if available), or phone survey the family utilizing SPAN (PTI) families to assist with the completion of the survey.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>Since FFY 2007, the one page survey with the impact questions in English on one side and Spanish on the other side has been utilized so that all families in the sample received the survey in both languages.</p> <p>In FFY 2011, approximately 10 families contacted SPAN with questions about the family survey and/or to get assistance in completing the survey. Eight (8) of these families spoke Spanish. All families who contacted SPAN indicated that they intended to complete the survey.</p>
<p>Follow-up efforts: Contracted Vendor provides a listing of the child identification numbers of families responding to the survey back to the NJEIS for follow-up as needed to ensure a good return. At no time will the Contracted Vendor share information with NJEIS on how any individual family responded.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, in order to ensure an adequate number of responses, staff contacted an additional random sample of families who had not yet responded. One hundred fifty four (154) families were contacted by telephone.</p>
<p>Determine which families did not respond within a set time period and follow-up by mailing a reminder post-card and/or phone call.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, the lead agency conferred with the contracted vendor and NJEIS determined that there was not a sufficient representative return rate by race and county and therefore additional follow-up was performed prior to closing the survey.</p>
<p>Database creation, data definition file, Rasch analysis and State-level report containing figures reportable for February 2008 APR.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, Piedra Data Services created the database, data definition file and Rasch analysis. Piedra contracted with Randall D. Penfield, Ph.D. to prepare the state report.</p>
<p>Provide targeted technical assistance as needed in counties with low response rates or disproportionate responses from subgroups of the total population served in NJEIS.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>The December 1, 2011 population by race matched the FFY 2011 survey race of respondents within +/- 1.5% for all race groups. The NJEIS has historically observed an under-representation in survey response from the African American/Not Hispanic and Hispanic race groups and therefore has conducted surveys with an over-sampling of these two populations. In addition, secondary follow-up was attempted to families from these</p>

Improvement Activities	Status
	<p>race groups who did not respond to the initial survey request. This resulted in an appropriate percentage of survey response representation of the African American/Not Hispanic race group and Hispanic groups for FFY 2011 survey responses.</p> <p>In addition, in March 2012, the DOH distributed the results of a county analysis for the five year period (FFY 2006-2010) to the service coordination units and early intervention providers and technical assistance continues to be provided as needed to continue to increase response rates.</p> <p>Based on a recommendation of the Steering committee on January 2011, this report was posted on the NJEIS website and will be updated annually beginning with the FFY 2009 data.</p>
<p>Review family outcome survey results and revise procedural safeguards training as needed to address concerns identified.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>The NJEIS compared the results of FFY 2010 to FFY 2011 survey results regarding Procedural Safeguards issues. The following are the results to the question of “Early Intervention has helped me and/or my family”:</p> <ul style="list-style-type: none"> ▪ “Know about my child’s and family’s rights concerning EI services” remained the same at 94%; ▪ “Feel that I can get the services and supports that my child and family need” increased from 91% to 93% (2% increase) and; ▪ “Understand how the EIS works” decreased from 95% to 94% (1% decrease). <p>In addition, the DOH distributed the results of a county analysis for the five year period (FFY 2006-2010) to the Procedural Safeguards and CSPD coordinators to inform the need for training and technical assistance.</p> <p>During FFY 2011, 240 people accessed the recorded teleconference workshop on early intervention housed on the SPAN (PTI) website and over 200 people downloaded the accompanying materials.</p>

Improvement Activities	Status
<p>Provide information and guidance to Service Coordination Units and EIP agencies on identifying strategies that are supportive of families participating in early intervention services and designed to build upon family strengths and capacity to exercise their rights, effectively communicate their children's needs and help their child learn and develop.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, survey results were discussed with the Part C Steering Committee and reviewed with the SICC.</p> <p>In addition, the DOH distributed the results of a county analysis for the four year period (FFY 07-10) to the service coordination units and early intervention providers to assist in the development of local improvement activities related to performance in family outcomes.</p> <p>On February 2, 2012 DOH facilitated a day-long training for the REIC staff on the topic of "Using Data For Improved Results". The purpose of the training was to support the REIC's in identifying one county per region in need of improvement as identified by the Family Outcome Survey results. Family Outcome Data Groups were formed in each region. They were comprised of REIC Staff, SCU's and EIP Agency Representation. Each stakeholder workgroup engaged in the DAC problem solving model including identifying a problem statement, hypotheses, data analysis, root cause identification, and action plan development. Actions plans will be implemented during the FFY 2012. This initiative is described in more detail in the narrative portion of this indicator.</p>
<p>Add performance on indicator 4 to local determinations criteria beginning with FFY 2010 data.</p>	<p style="text-align: center;">New Activity FFY 2010-2012</p> <p>FFY 2010 survey results were included in the criteria for County Determination reports. The FFY 2011 results will be included in the County Determination reports in the Spring of 2013.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

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

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

<p>Measurement:</p>

<p>Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.</p>
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FFY	Measurable and Rigorous Target
2011 (2011-2012)	0.72 percent of infants and toddlers birth to 1 will have IFSPs

Actual Target Data for FFY 2011:

For FFY 2011 (2011-2012), New Jersey served 660 infants, birth to one which is 0.63% (660/104,457) of infants, birth to one, with IFSPs, compared to the national average of 1.02% (41,378/4,038,193).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

- Data used for comparison to the national average is from 2011 posted by OSEP at: https://www.ideadata.org/arc_toc13.asp#partcCC as of November 15, 2012.
- FFY 2011 status of 0.63% is 0.09% below the target of 0.72% as set by stakeholders for this reporting period.
- When compared with FFY 2010, the New Jersey state percentage of children birth to one year decreased by 0.01% (0.64%-0.63%) while the national percentage also decreased.
- In FFY 2011, 38.1% (8/21) eight of the twenty-one NJEIS counties met or exceeded the target of 0.72%.
- The total number of referrals of children, birth to age one year, received from July 1, 2011 through June 30, 2012 increased by 5.88% (3,163 to 3,349) than the number received from July 1, 2010 through June 30, 2011.
- The number of referrals from July 1, 2011 through June 30, 2012 examined by age and outcome identified that 3.06% (3349/109,543) of 2009 live births (most current resident births as of January 2013) were referred to NJEIS. This is a 0.19% increase compared to FFY 2010 (2.87%=3163/110,331).
- The ineligibility rate for children referred birth to age one was 31.3% in FFY 2011 and 30.1% in FFY 2010. This is a 1.2% increase in the amount of ineligible children aged 0-1.
- Effective July 1, 2012, NJEIS eliminated the correction for prematurity in determining eligibility. This change was included in the FFY 2012 application approved by OSEP.
- The chart below summarizes the three year trend in referrals and ineligibility rates. In FFY 2011 there was an increase in the referral growth rate by +4.77% and an increase of 1.2% from 30.1% to 31.3% in ineligibility rate.

Age	FFY 2009 Referrals	FFY 2010 Referrals	FFY 2011 Referrals	FFY 2009 % Growth	FFY 2010 % Growth	FFY 2011 % Growth	FFY 2009 Ineligible	FFY 2010 Ineligible	FFY 2011 Ineligible
0 – 1	3324	3163	3349	1.71%	-4.84%	5.88%	29.9%	30.1%	31.3%
1 – 2	6474	6538	6617	7.74%	0.99%	1.21%	19.7%	22.1%	23.0%
2 – 3	5184	5273	5722	6.67	1.72%	8.52%	22.8%	25.2%	26.8%
Total	14,982	14,974	15,688	5.98%	-0.05%	4.77%	23.0%	24.9%	26.2%

- NJEIS continues to use a process of regional child find planning to address the need for improved performance in this indicator. REICs coordinate this effort and the current status of regional child find plans are provided below:

Family Link REIC

In FFY 2011, Family Link identified the goal of increasing early intervention referrals by 1% in urban areas of Essex and Union Counties and within the rural areas of Warren County. The focus of child find activities were targeted to increasing referrals through developing relationships with Early Intervention partners including physicians, community organizations (including home visiting programs), and early childcare programs (including head start).

To achieve this goal, Family Link joined several stakeholder groups (Essex County Home Visiting Advisory Council and Warren County Childhood Stakeholders Group) which meet on a regular basis and have allowed the Family Support Coordinator to present and discuss early intervention referral procedures on a regular basis. Presentations were provided to physician practices and large childcare providers in Union County.

Data Collection results indicated the following:

- Essex county experienced an increase of 7% in referrals overall with a 118% increase in referrals from early childhood programs and 55% increase in community organizations.
- Union County experienced an increase of 2% in referrals overall with a 57% increase in referrals from community organizations. However, referrals from early childhood programs decreased by 53%.
- Warren County experienced an increase of .5% referrals overall with a 114% increase in referrals from community organizations.
- The greatest growth in referrals occurred in Essex County which has an organized and active community stakeholder group including over 30 community organizations representing home visiting agencies, early head start, and health organizations. Early intervention having the opportunity to meet regularly and present ongoing information to this combined stakeholder group seems to have had a significant impact on the referral rates in Essex County.

Southern NJ REIC

In FFY 2011, SNJREIC child find goals were broadened to include all seven counties (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem), highlighting physicians in Gloucester County; and with the targeted focus audience of WIC, Early Head Start, and Homeless Shelters. In addition, there was a statewide effort of outreach to NICU follow up clinics. In collaboration with SPOE, the Data Department and the Executive Director, Family Support implemented a procedure for effectively capturing data of primary referral sources. This is collected from SPOE Initial Service Coordinators (ISC's) identification on the monthly tracking referral spreadsheet which is then aggregated on a monthly basis. Family Support continues to be challenged with obtaining information/data that is informative, efficient & accurate to address this indicator. Strategies included:

- Met with 5 Early Head Starts, 5 WIC Programs and 2 Homeless Shelters in Burlington County; Conducted outreach emails to 5 Early Head Starts and 5 WIC Programs in Gloucester County counties;
- Acquired baseline data as collected from SPOE ISC's identification on page 2 of referral form. Then, on a monthly basis they aggregated the number of referrals by primary referral sources as identified on the SPOE monthly tracking referral spreadsheet and implemented a procedure for effectively capturing referral data with SPOE ISC's;
- Conducted follow up outreach phone calls and emails to 11 Advocare Pediatric Practices in the southern region;
- Participated:
 - On Leadership Advisory Group's Medical Home Initiative in collaboration with 11 Southern Pediatric practices;
 - At Southern Medical Home Learning Collaborative Session;
 - On Core Team of the NJ Community of Care Consortium (COCC) Integrated Systems Grant (ISG) for Children and Youth with Special Health Care (CYSHCN) (American Academy of Pediatrics- NJ Chapter, NJ Pediatric Council on Research & Education, NJ Departments of DOH, SPAN, DHS and DCF) with participation on the ISG Early Developmental Screening and Referral Work Group committee; and
 - In follow up phone calls and emails to 25 pediatric practices in the southern region
- The number of children birth-1 referred to early intervention in the southern region, decreased by 15% in the latter portion of FFY11.
- Following the period of targeted child find activities, 58% of the total referrals identified Healthcare Provider/Physician as the primary referral source, in the southern region, indicating a substantial increase of 10% in the total referrals birth to three for the latter portion of FFY11.
- 1.22% of the total referrals 0-3 for FFY11, NICU was the identified primary referral source in the southern region; indicating a substantial increase of 58% in NICU referrals during the latter portion of FFY11.
- Medical Home: 7 Advocare practices reported 88% of patients who came in for an 18th month well visit were screened, on average; 100% of patients that screened positive were referred to Early Intervention (NJ Integrated Systems for Children and Youth with Special Health Care Needs: Early Developmental Screening and Referral Rates Baseline Results for Southern Practices: (2/7/11).
- Data collected from SPOE SC's identification on the monthly referral tracking sheet, from 10/1/11-6/30/12: identified 25 Pediatric Practices, in the southern region, who consistently refer to EI.
- Data collection showed an increase of 10% in the referrals that were identified as Physician in Gloucester County. Targeted child find with Healthcare providers is difficult in this economic climate. 5 physician practices, in Gloucester County expressed concern about no longer receiving the physician notification letter. As a result, regional efforts were undertaken with the TETs and REIC to ensure appropriate notification to physicians
- Plans for FFY2012 include:
 - Adjust county focus to target Home Visiting Programs rather than NICU, and target Early Childhood Programs in collaboration with community partners in order to facilitate face-to-face meetings to increase the number of referrals birth to one.
 - Child Find regional data collection will improve in accuracy, consistency and streamlining between the SNJREIC SPOE department, Family Support and Data departments.
 - Meet quarterly with the SPOE department to ensure consistency in tracking primary referral sources through utilization of the SPOE ISC master spreadsheet to document the specific name and contact information of the Primary Referral source at the time of referral.
 - Continue outreach efforts through electronic communication with physicians in which we have an established relationship and adjust focus to target the specific physicians, within the identified Pediatric Practices, with assistance from SPOE ISC in identifying physicians that do not refer to EI, in order to increase referrals. Family Support will provide outreach by disseminating NJEIS information to office managers since we know some physicians may need assistance in referring.

- Ongoing participation on the Leadership Advisory Group's Medical Home Initiative and the COCC, ISG, for CYSHCN Stakeholders Early Screening and Diagnosis workgroup committee to develop professional collaboration in disseminating NJEIS information to primary referral sources in order to establish an increase referrals 0-1.

Northeast REIC

In FFY 2011, The NREIC placed its emphasis on developing accurate and effective methods of monitoring, tracking and reporting targeted outreach efforts. This proved to be a useful investment of time.

In FFY 2011, the NREIC's regional Child Find goals were to increase the number of referrals:

- Of Eastern European children in Bergen and Passaic counties to the NJEIS;
- From Valley Hospital Early Enrichment Program who serve infants and toddlers with developmental disabilities to NJEIS; and
- From early childhood programs serving infants and toddlers in largely Latino communities of Hudson County.

Data collection related to each of these goals showed:

- Outreach mailings to pediatric practices serving children from Eastern European decent showed a minimal increase of referrals (4 referrals) during FFY 2010;
- Telephone outreach efforts to Valley Hospital Early Enrichment Program established contact with the lead social worker for the program and strengthened relations between their program and early intervention. They have agreed to inform and share early intervention materials, as an option for additional services, with families who enroll their children in the Valley Hospital Early Enrichment Program;
- The number of referrals from early childhood programs in 3 specific municipalities in Hudson County more than doubled - from 7 to 15 referrals;
- Additionally, while it cannot be contributed solely to these outreach efforts, the overall number of referrals of Latino children ages birth to one also increased from the first half of FFY 2010 (38 children) to the second half of FFY 2010 (64 children). This is a 2.6% increase in referrals for this targeted population. The NREIC will continue its outreach to pediatric practices serving a large Eastern European community during FFY 2012 through face-to-face contact and will continue its outreach to early childhood programs in other municipalities in Hudson County serving infants and toddlers birth to age three during FFY 2012.

Mid Jersey REIC

In the previous fiscal year, Monmouth County was targeted as a result of a significant decrease of children enrolled in early intervention in the central region. Mid Jersey CARES REIC (MJREIC) decided to continue child find efforts started in SFY 2010 in Monmouth County. This allowed for the region to:

- Compare trend December 1 data over a three year fiscal period (SFY 2009 to SFY 2011)
- Evaluate referral data over a two year fiscal period (SFY 2010 to SFY 2011)
- Report findings

An aggressive child find outreach was conducted in SFY 2011 to targeted community agencies throughout Monmouth County, with an emphasis on the four (4) previously known Abbott districts: Long Branch, Asbury Park, Keansburg, and Neptune Townships.

MJREIC developed a local committee in Monmouth County involving REIC Family Support, Regional Director, Monmouth County Service Coordination Unit, and Monmouth County Early Intervention Provider agencies. The committee established and maintained ongoing communication with the regional SPOE Referral Unit staff. The committee discussed how to conduct targeted child find with community agencies throughout Monmouth County and plan to actively outreach to those agencies. The committee agreed that the early intervention providers in Monmouth County (based on their residency and/or employment) were more familiar with the county and could contribute in identifying local resources. Following the model that Dr. Carl Dunst considers most effective, the committee members provided face to face contact with community agencies; thus making a personal connection.

This collaboration allowed for more streamlined communication about community events and structured coverage.

The committee developed a Monmouth County SPOE Referral Form to track each family’s primary referral source and other pertinent demographics. These data are entered from the SPOE Referral Form. Graphs are created to illustrate primary referral source, referral by age, and families residing in formally known as Abbott districts.

The effort also provides “Welcome to Early Intervention” presentations and completes targeted outreach mailings (including English & Spanish Child Find posters and developmental brochures). In addition, the initiative focused on:

- Childcare: Attended statewide childcare conferences, Monmouth County Early Head Start programs, and targeted childcare locations throughout Monmouth County.
- DCP&P direct line staff (case workers, supervisors, and managers) and nurses at the Division of Child Protection & Permanency (DCP&P) in Monmouth County via annual mailings & updates regarding CAPTA legislation, NJEIS policies/procedures and consent forms.
- Healthcare providers (pediatricians& specialist), hospitals (birthing, Neonatal Intensive Care Units, hospital pediatric clinics), Federally Funded Qualified Health Centers (FFQHC), clinics, Visiting Nurses Association of Central Jersey (VNACJ) & Nurse Family Partnership.
- Social service agencies & religious affiliated organizations such as Maternal & Child Health programs, programs with disabilities, Family Violence Prevention & Services Act, etc.
- Total presentations, mailings, face to face contact: 26 healthcare, 47 libraries, 67 religious affiliations, 21 social services/community programs or events, 7 childcare programs (including 2 statewide childcare conferences), and 2 DCP&P district offices.

Based on the initiative, the following are noted,

- Referrals from DCP&P increased by 93% in (29 in SFY ‘11 - 56 in SFY’12); 17% overall increase in Monmouth County.
- Referrals from Media/Internet increased by 162% (8 in SFY ‘11 - 21 in SFY’12); contributing to an overall increase of 5% in Monmouth County
- As a result of the -5% decrease in the targeted districts (Long Branch, Asbury Park, Keansburg, and Neptune), priority was given to provide face to face contact to the community agencies located in these areas.
- As a result of the success in growth in Monmouth County, the committee agreed to continue providing outreach throughout Monmouth County for the upcoming SFY 2013. The REIC will support the efforts by providing requested materials, sharing notices of community events, assisting with presentations and PJ Parties.
- Monmouth County continued in EI growth in spite of the decline of live births over a 10 year period, (NJDOH 2009 Provisional Birth Certificate files available to the MCH Epidemiology Program as of 12/1/11). There were 8,108 live births in 2001 decreased to 6,155 live births in 2010.

Improvement Activities	Status
Run and rank county performance on percentage of children birth to one served based on the December 1 count compared to county census data.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, county data ranged from a low of 0.36% to 1.86%. Twelve of twenty-one counties met or exceeded the 0.63% statewide average. The data are included in the Annual County Performance Reports.</p>
Select counties with low performance and prepare available data on these counties including referral sources, birth registry data,	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>County data are prepared and shared with the REICs and SICC committees assigned to assist</p>

Improvement Activities	Status
and diagnosed conditions.	with this indicator.
<p>REICs work with identified counties to analyze data, locate community resources and develop targeted child find and public awareness plans to increase the percentage of children birth to one in the identified county.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, targeted child find plans were developed and implemented in selected counties by the REICs. Selection was based upon referrals and Dec 1 data with consideration given to lower SES communities – those formerly known as Abbott districts. Strategies were developed based on analysis of available data on age at referral source patterns, county population and other demographic data. Outreach and child find events included: mailings, telephone communication, face-to-face meetings, and presentations to childcare centers, birthing hospitals, health departments, physicians, mental health centers, Federally Funded Health Clinics, WIC, March of Dimes, lead prevention programs, Women’s Centers/Shelters, public health nurses, NJDOE, LEA’s, Prevent Child Abuse, Religious organizations, and Division of Child Protection and Permanency (DCP&P), Division of Child Protection and Permanency (DCP&P) line staff.</p> <p>REIC’s continued to provider refresher orientations to DCP&P as needed. This has enhanced working relationships and communication between DCP&P and NJEIS, leading to more coordination and comprehensive services to children dually eligible for both systems. Early outreach efforts provided primary contacts with the EI state-wide toll free referral number.</p> <p>A more detailed description of these child find plans is provided within the narrative of this indicator.</p>
<p>Continue ongoing meetings between NJEIS and the Division of Youth and Family Services (DCP&P) to develop policy and procedures to ensure appropriate referral of children under Child Abuse Prevention and Treatment Act (CAPTA) and/or potentially eligible children.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>The NJ Department of Children and Families received a Help Me Grow (HMG) grant award from the National Help Me Grow Center. The focus of the award is on promoting networking opportunities and outreach that support early detection and intervention for young children. The Part C Coordinator is a member of the committee charged with planning and implementing project activities over the next year.</p>

Improvement Activities	Status
<p>NJEIS and DCP&P facilitation of regional and local collaboration with Child Welfare Planning Councils.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, REICs conducted outreach to six (6) DCP&P district offices (line staff and nurses) through presentations and discussion meetings with a total of 503 attendees.</p>
<p>Collaborate with SPANs NICU Project to provide information to families about early intervention.</p>	<p style="text-align: center;">Completed FFY 2006</p>
<p>Collaborate with the Family Support Committee of the SICC on activities to increase early identification and referral to NJEIS.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, the Lead agency and REIC staff continued to work with the SICC on child find awareness including planning and participating in EI week held the third week in May to increase public awareness.</p> <p>This year, EI week focused on early literacy with activities including story telling taking place in local libraries, book stores, and other community based locations.</p> <p>Books were distributed in English and Spanish in one region who has a "Reading is Fundamental" Grant.</p> <p>Family Support Coordinators continued to produce the Family Matters E-newsletter and a flyer for the initial service coordinators to provide to newly referred families informing them of the NJEIS.org website.</p> <p>In addition, the REICs completed 225 mailings and face to face distribution of child find materials (brochures, posters, business cards) in English and Spanish to potential referral sources to increase referral of children that may be eligible for early intervention.</p> <p>REICs worked with and presented to PCORE physicians via SPAN Medical Home Leadership Advisory Group and also conducted follow up phone calls and/or emails to participating practices.</p> <p>The SICC worked to reorganize the Family Support Community by recruiting and orienting the new membership.</p> <p>A PCORE ad providing EI referral information was placed in the AAP-NJ e-newsletter.</p>
<p>Complete two Physician Trainings through the State Improvement Grant to encourage early identification and referral of children to NJEIS.</p>	<p style="text-align: center;">Completed FFY 2005</p>

Improvement Activities	Status
<p>Explore opportunities to collaborate with a NJ Immigration Project (NJIPN) that is reaching out to, collecting information on, and conducting outreach to immigrant families and health services.</p>	<p align="center">Ongoing Activity - FFY 2006-2012</p> <p>SPAN submitted an application with the NJ Hospital Association for funding from the US Department of Health and Human Services to do outreach to immigrant families in 9 counties in NJ around access to health care and other needed services. This project was funded in FFY 2009 and commenced in October 2009.</p> <p>In FFY 2011, SPAN provided information on early intervention to over 700 immigrant families through its CHIPRA Immigrant Outreach and Enrollment Project.</p> <p>SPAN continued to work directly with Federally Qualified Health Centers (FQHC), faith-based organizations, schools, and community organizations, and sharing resources, including setting up Family Resource Centers in FQHCs including information on early intervention. Under SPAN's Integrated Systems of Care (ISC) grants from US DHHS, all the participating pediatric practices are learning about evidence-based screening tools and implementing procedures to use them routinely at well-infant and toddler visits.</p>
<p>Plan presentations at grand rounds and business meetings of hospitals statewide.</p>	<p align="center">Completed FFY 2006</p>
<p>Conduct a session at St. Joseph's Hospital in Paterson, an inner city community with typically underserved populations. Links are being forged with the Pediatric Council on Research and Education (PCORE), the charitable foundation of the American Academy of Pediatrics/NJ Chapter (AAP/NJ).</p>	<p align="center">Completed FFY 2006</p>
<p>Develop training that will be implemented at physician's offices for office staff that meet the needs of patients and families. This will include the exploration of a link with the ongoing EPIC Children's Futures project, in which PCORE participates, addressing the developmental and psychosocial needs of children 0-3 years of age in the city of Trenton.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011 NJEIS continued to work as an ongoing member of the Educating Practices in Their Communities Preventing Child Abuse and Neglect (EPIC CAN) Community Resource Partner Team. The EPIC CAN Program is housed at NJPCORE and funded by the New Jersey Department of Children and Families. Information shared with pediatricians in their practices provides detail to encourage referrals of young children to early intervention when developmental screening indicates that a delay or disability might be present.</p> <p>In FFY 2011, the EPIC CAN Program</p>

Improvement Activities	Status
	conducted five trainings, for EI service coordinators and practitioners on the topic of identifying and reporting suspected child abuse and neglect.
Explore collaboration with ongoing home visiting training projects through Prevent Child Abuse and NJ Academy for Home Visitation Training regarding screening and potential referrals to NJEIS.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> NJEIS continued to work with PCORE and Department of Children and Families to develop and implement statewide agreed upon training curriculum and technical assistance.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
2011 (2011-2012)	3.14 percent of infants and toddlers birth to 3 will have IFSPs

Actual Target Data for FFY 2011:

For FFY 2011, New Jersey served 3.35% (10,570/315,733) of infants and toddlers, birth to three, with IFSPs, compared to the national average of 2.79% (336,519/12,066,342).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

- Data used for comparison to the states with similar eligibility and the national average is from 2011 as posted by OSEP at https://www.ideadata.org/arc_toc13.asp#partcCC as of November 15, 2012.
- New Jersey exceeded the target of 3.14% by 0.21% for this indicator as set by stakeholders for this reporting period.
- When compared to FFY 2010, the percentage of infants, birth to three, with IFSPs in New Jersey increased by 0.04% (3.35%-3.31%).
- The total number of children enrolled in NJEIS on December 1, 2011 (10,570) decreased by 10 children, which is a 0.09% decrease from December 1, 2010 (10,580) to December 1, 2011 (10,570).
- The total number of referrals birth to three years received July 1, 2011 through June 30, 2012 increased by 714 children, which is a 4.77% increase (14,974 to 15,688).
- 66.7% (14/21) of NJEIS counties met or exceeded the target of 3.14%.

Improvement Activities	Status
Run and rank county performance on percentage of children birth to three served based on the December one count compared to county census data.	Ongoing Activity FFY 2006-2012 In FFY 2011, a ranking of the December 2011 child count was completed.

Improvement Activities	Status
<p>Select counties with low performance and prepare available data on these counties, including referral sources, birth registry data, and diagnosed conditions.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>FFY 2011 county data were prepared and will be shared with the REICs and SICC committees assigned to assist with this indicator.</p>
<p>REICs work with identified counties to analyze data, locate community resources and develop targeted child find and public awareness plans to increase the percentage of children birth to three in the identified county.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, targeted child find plans were developed and implemented in selected counties by the REICs. Selection was based upon referrals and Dec 1 data with consideration given to lower SES communities – those formerly known as Abbott districts. Strategies were developed based on analysis of available data on age at referral source patterns, county population and other demographic data. Outreach and child find events included: mailings, telephone communication, face-to-face meetings, and presentations to childcare centers, birthing hospitals, health departments, physicians, mental health centers, Federally Funded Health Clinics, WIC, March of Dimes, lead prevention programs, Women's Centers/Shelters, public health nurses, NJDOE, LEA's, Prevent Child Abuse, Religious organizations, and Division of Child Protection and Permanency (DCP&P).</p> <p>REIC's continue to provider refresher orientations to DCP&P as needed. This has enhanced working relationships and communication between DCP&P and NJEIS, leading to more coordination and comprehensive services to children dually eligible for both systems. Early outreach efforts provided primary contacts with the EI state-wide toll free referral number.</p> <p>A more detailed description of these child find plans is provided within the narrative of this indicator.</p> <p>SPAN will be partnering with the NJEIS, the REICs, and the Boggs Center (NJ's UCEDD) on a series of parent-led trainings for each of the Federally Qualified Health Centers in NJ on the importance of routinely using validated screening tools to identify disabilities in their child patients as well as resources that are available for follow up, such as early intervention, when possible disabilities are identified through screening. Each FQHC will</p>

Improvement Activities	Status
	be provided with a Manual of county-specific resources including information on EI.
<p>Continue ongoing meetings between NJEIS and the Division of Child Protection & Permanency (DCP&P) to develop policy and procedures to ensure appropriate referral of children under Child Abuse Prevention and Treatment Act (CAPTA) and/or potentially eligible children.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, REICs conducted outreach to six (6) DCP&P district offices (line staff and nurses) through presentations and discussion meetings with a total of 503 attendees.</p>
<p>NJEIS and DCP&P facilitation of regional and local collaboration with Child Welfare Planning Councils.</p>	<p align="center">Completed FFY 2006</p>
<p>Collaborate with the Family Support Committee of the SICC on activities to increase referral to NJEIS.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, the Lead agency and REIC staff continued to work with the SICC on child find awareness including planning and participating in EI week held the third week in May to increase public awareness.</p> <p>This year, EI week focused on early literacy with activities including story telling taking place in local libraries, book stores, and other community based locations.</p> <p>Books were distributed in English and Spanish in one region who has a "Reading is Fundamental" Grant.</p> <p>Family Support Coordinators continued to produce the Family Matters E-newsletter and a flyer for the initial service coordinators to provide to newly referred families informing them of the NJEIS.org website.</p> <p>In addition, the REICs completed 225 mailings and face-to-face distribution of child find materials (brochures, posters, business cards) in English and Spanish to potential referral sources to increase referral of children that may be eligible for early intervention.</p> <p>The REICs worked with and presented to PCORE physicians via SPAN Medical Home Leadership Advisory Group and also conducted follow up phone calls and/or emails to participating practices.</p> <p>The SICC worked to reorganize the Family Support Community by recruiting and orienting the new membership.</p>

Improvement Activities	Status
	A PCORE ad providing EI referral information was placed in the AAP-NJ e-newsletter.
Complete two physician trainings through the State Improvement Grant to encourage referral of children to NJEIS.	Completed FFY 2006
Expand use of bilingual service coordinator associates (SCAs paraprofessionals) to facilitate communication with families who are non-English speaking.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>During FFY 2011, the staff located at the REIC offices, continued contracting with "language line" services for more immediate access to an interpreter while a family is on the telephone. The Language Line addresses the growing need of SPOE referral, SC and ongoing EIPS to address the needs of other language speakers.</p> <p>Several REIC's have also hired bilingual referral SC's/SCA's who can speak directly to families in Spanish, French, Italian, Polish, and Tagalog.</p> <p>In addition, Language Line was used for a total of 73 calls and interpreted in 20 languages between July 1, 2011 and June 30 2012 including the following languages: Arabic, Bengali, Burmese, Cantonese, French, French Canadian, Greek, Gujarati, Haitian Creole, Hindi, Japanese, Korean, Mandarin, Portuguese, Punjabi, Russian, Spanish, Swahili, Turkish, Macedonian, Polois and Vietnamese.</p> <p>TDD (telecommunication device for the deaf) and language line managed calls to the Mid-Jersey REIC.</p>
NJEIS Autism Project Specialist follows national research and incorporates the information into NJEIS recommended practice for the early identification of children on the autism spectrum.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, the DOH-NJEIS continued to employ a full time Autism Project Specialist that advises and serves as a resource to the NJEIS, Department of Health and the Governor's Office.</p> <p>The Autism Project Specialist is appointed by the Commissioner of DOH to serve on the Governor's Council for Medical Research and Treatment of Autism.</p> <p>In FFY 2011 the Autism Project Specialist reviewed autism specific curricula submitted by 30 EIP agencies and provided technical assistance and guidance to ensure the curricula met the Autism National Professional Development Standards definition of</p>

Improvement Activities	Status
	<p>evidence-based practice.</p> <p>In FFY 2011 the Autism Project Specialist continues to provide technical assistance, as needed, to practitioners and families to assist with the development of appropriate IFSPs for children with ASD.</p> <p>In FFY 2012, the two (2) county Service Coordination Units who collaborated with the “Early Autism Developmental Disabilities Monitoring (ADDM)” autism surveillance efforts of the CDC will begin a new round of surveillance activities. As a part of this, the Service Coordination Units will provide support to the CDC surveillance teams as they work to identify the prevalence of ASD in the 2008 birth year utilizing NJEIS records as a part of the research methods.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of infants and toddlers with IFSPs 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.

FFY	Measurable and Rigorous Target
2011 (2011-2012)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Actual Target Data for FFY 2011:

a. Number of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	335
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	338
Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline (Percent = [(a) divided by (b)] times 100)	99.11%

For FFY 2011, 99.11% (335/338) of eligible infants and toddlers with IFSPs received an evaluation and assessment and had an initial IFSP meeting conducted within Part C's 45-day timeline. Family reasons were included in both the numerator and denominator.

306 children received an evaluation and assessment and had an initial IFSP meeting conducted within the Part C 45 day timeline. An additional 29 children had delays in their initial IFSP meeting due to family reasons. Therefore, 335 (306+29) of 338 children had a timely initial IFSP meeting as monitored by the lead agency through the procedures described below.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

- NJEIS performance for this indicator increased 1.18% from 97.92 in FFY 2010 to 99.11% in FFY 2011.
- 18 out of the 21 counties had 100% compliance. The remaining 3 counties were at 96.55%, 93.75% and 90.91%.
- The NJEIS database includes the referral, evaluation and IFSP dates for each child. Edit checks for missing data prohibit data entry to proceed if missing critical data (i.e. Initial IFSP Meeting date cannot be entered if missing eligibility determination). If the period between the referral and the IFSP meeting is greater than 45 days, the database requires a delay reason. These data are then used to conduct the monitoring desk audit.
- Sampling methodology for the twenty-one counties was implemented to ensure that the NJEIS population which varies widely for each county, is appropriately represented based on the population size of the county. Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.
- Monitoring begins with a data desk audit based on a stratified random sample of three months of FFY 2011 data (November and December 2011 and January 2012). 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 service coordination units and EIP Targeted Evaluation Teams (TETs) were asked to submit copies of child progress notes, 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.
- Data reported for this indicator are taken from the NJEIS data system and reflect actual days from the date of referral to the date of the initial IFSP meeting for every eligible child for whom an initial IFSP meeting was required to be conducted.
- Of the 2,793 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 338 children were monitored. Of the 338 children, 335 of the IFSPs were in compliance with the 45 calendar day requirement, including the 29 initial IFSP meetings that were delayed because of family reasons.
- The 29 family-initiated reasons were included in the calculations and documented in service coordinator notes and NJEIS data system. Family reasons include child illness or hospitalization, family response time, missed scheduled appointments and family requested delays related to the parent's work schedule.
- In order to determine the responsibility for the noncompliance, additional data were reviewed to determine the following:
 - Of the three IFSP meetings which were delayed for systems reasons, one (0.3%) was due to one service coordination unit and two (0.6%) delays were the result of two Targeted Evaluation Teams (TETs).
 - NJEIS reviewed documentation to verify that all three children who were delayed for system reasons received their initial IFSP meeting although late. The range of days delayed included: two (2) children received their IFSP meeting 1-5 days late and; one (1) child received their IFSP meeting 6-15 days late.
- Based on FFY 2011 APR monitoring data:
 - Two (2) findings were issued. One (1) SCUs and one (1) TET received a finding on July 9, 2012 and were required to complete a CAP and monthly data reports until 100% compliance is verified. Correction has been verified as per OSEP 09-02 on the finding to the SCU on October 11, 2012 and the finding to the TET on October 2, 2012. Therefore, all findings were verified as corrected prior to twelve months.
 - One TET was not issued a finding because correction was verified using both prongs before the finding was issued.

Verification of Correction (either timely or subsequent)

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

NJEIS has:

- Accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and in some instances onsite data verification. The DOH confirmed that an IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).
- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the correction action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).
- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initial IFSP meeting events. These monthly reviews continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed (Prong 2).

Correction of Previously Reported FFY 2010 Noncompliance (Finding issued in FFY 2011)

Based on FFY 2010-2011 monitoring data, three (3) findings and corrective action plans (CAPs) were issued on October 6, 2011 to two (2) SCU and one (1) TET. They were required to complete a CAP and timely correction was verified on December 12, 2011 for the two (2) SCUs and on January 13, 2012 for the TET. NJEIS verified that each agency was: (1) correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of subsequent data of new referrals for the three (3) agencies that demonstrated compliance with C-7 as collected through the State data system and receipt of documentation from child records; and (2) has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child from both agencies for whom the 45-day timeline was not met, consistent with OSEP Memo 09-02. These findings will be reported in C9 in the FFY 2012 APR due February 1, 2014.

Correction of Previously Reported FFY 2009 Noncompliance (Finding issued in FFY 2010)

No findings were issued for this indicator from FFY 2009 performance. This is reported in C9 in this FFY 2011 APR.

Improvement Activities	Status
Track progress of individual referrals through SPOE data and as necessary address potential delays.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, the NJEIS lead agency and REICs continued to review referral data through the state database and, as needed, addressed potential delays. The REIC's continue to utilize the county based Master Provider Assignment spread sheet (Broadcast) in accordance with the revised NJEIS assignment policy to monitor timely assignment and service delivery for all children with new IFSPs. To improve efficiency, some counties have implemented assignment based upon</p>

Improvement Activities	Status
	rotation. The following counties have implemented a web based IFSP services assignment process: Atlantic, Burlington, Gloucester, Camden, Cumberland, and Monmouth.
Complete a competitive Request for Proposal to increase the number of Targeted Evaluation Teams (TETs) and ensure back-up TETs in each county.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> In FFY 2011, no RFP release was deemed necessary. However, the NJEIS continued to increase the number of BDI2 trainings for new evaluators in preparation for NJEIS implementation of policy requiring annual BDI2 evaluations for all children. This increases availability of trained BDI2 TET evaluators.
Conduct monitoring activities on the 45 day requirement annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> In FFY 2011, the desk audit on the 45 day requirement was conducted based on November and December 2011 and January 2012 data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

A.	<u>Measurement:</u> Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
B.	Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
C.	Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
Account for untimely transition conferences, including reasons for delays.	

FFY	Measurable and Rigorous Target
2011 (2011-2012)	A. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services.
	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including a transition conference, if the child is potentially eligible for Part B.

Actual Target Data for FFY 2011:

Indicator 8A

For FFY 2011, 98.10% (310/316) of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services.

- 310 of 316 children's IFSPs contained transition steps and services as monitored by the lead agency through the procedures described below.

Indicator 8B

For FFY 2011, 91.14% (216/237), of all children exiting Part C and potentially eligible for Part B received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including notification to the local education agency (LEA).

- 216 of 237 children exiting Part C had notification to the LEA as monitored by the lead agency through the procedures described below.

Indicator 8C

For FFY 2011, 96.18% (277/288), of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B. Family reasons were included in both the numerator and denominator.

- 277 of 288 children had a timely Transition Planning Conference as monitored by the lead agency through the procedures described below. This includes 33 conferences which were delayed due to family reasons.
- 22 families did not provide approval to conduct the transition conference and were not included in the numerator or denominator.
- 11 TPCs were late due to system reasons. These system reasons all related to service coordination that has responsibility for convening a timely transition planning conference.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Indicator 8A

- Data were reported for all twenty-one counties.
- The NJEIS uses data from the database 1) the date of birth obtained from parent during referral and confirmed at the family information meeting and at the IFSP meeting where the IFSP team page is signed by the parent. The monitoring team confirms this data through desk audit analysis. Based on the child's date of birth, an inquiry is prepared for the county to identify possible non-compliance.
- Sampling methodology was implemented to ensure that the NJEIS population, which varies widely for each county, is appropriately represented based on the population size of the county. Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.
- Monitoring begins with a data desk audit based on a stratified random sample of three months (February, March and April 2012) of FFY 2011 data. This included inquiry where the monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of transition steps, although late. The service coordination units were asked to submit copies of child progress notes; IFSP and service encounter verification logs. The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.
- 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, progress notes, TPC invitation, notification/identification letters).
- A data desk audit was conducted on 2,102 children that turned 3 during February, March and April of FFY 2012. Of the 2,102 children, data from a random selection of 316 children were monitored.
- The 98.10% calculation is based on 310/316 records in compliance.
- NJEIS had slight slippage on this indicator moving from 99.65% reported for FFY 2010 to 98.1% for FFY 2011.
- Slippage was due to (6) children not having acceptable documentation of transition steps and services in their IFSP.
- Five agencies were found to have non-compliance for 8A. Of these:
 - Two agencies (Burlington and Morris SCU) were each given a finding issued on October 25, 2012. These agencies are currently developing CAPs and NJEIS will track and verify correction of the non-compliance within the required timeline;

- Two agencies (Camden and Somerset SCU) were not issued a finding because they corrected the non-compliance according to both prongs prior to the issuance of the findings. Prong 1 was met for both agencies because both children turned three and were no longer in the jurisdiction of NJEIS. Additional data on subsequent children were reviewed to verify compliance for both agencies thereby, satisfying prong 2.
- The remaining non-compliance (Cumberland SCU) was the result of performance from an agency that as of July 1, 2012, no longer has the NJEIS grant. The children served by this agency have all turned three and are no longer within the jurisdiction of NJEIS. The NJEIS will review more current data to ensure the new agency's compliance.

Correction of Previously Reported FFY 2010 Noncompliance (Findings Issued in FFY 2011)

- In FFY 2011, one finding was issued on October 6, 2011 based on FFY 2010 non-compliance. The finding was closed timely on January 9, 2012 after correction of both prongs was verified in accordance with federal requirements. This finding will be reported in C9 in the FFY 2012 APR due February 1, 2014.

Correction of Previously Reported FFY 2009 Noncompliance (Findings Issued in FFY 2010)

- In FFY 2010, no findings were issued. This will be reported in C9 in this FFY 2011 APR.

Indicator 8B:

- Data were reported for all twenty-one counties.
- The NJEIS uses data from the database 1) the date of birth obtained from parent during referral and confirmed at the family information meeting and at the IFSP meeting where the IFSP team page is signed by the parent. The monitoring team confirms this data through desk audit analysis. Based on the child's date of birth, an inquiry is prepared for the county to identify possible non-compliance.
- Sampling methodology was implemented to ensure that the NJEIS population, which varies widely for each county, is appropriately represented based on the population size of the county. Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.
- Monitoring begins with a data desk audit based on a stratified random sample of three months (February, March and April 2012) of FFY 2011 data. This included inquiry where the monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of notice to the LEA, although late. The service coordination units were asked to submit copies of child progress notes; IFSP, service encounter verification logs 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.
- Data reported for 8B 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, progress notes, TPC invitation, notification/identification letters).
- A data desk audit was conducted on 2,102 children that turned 3 during February, March and April of FFY 2012. Of the 2,102 children, data from a random selection of 237 children were monitored.
- The 91.14% calculation is based on 216/237 records in compliance.
- NJEIS had slippage on this indicator moving from 99.19% reported for FFY 2010 to 91.14% for FFY 2011.
- Slippage was due to twenty one (21) children's records that did not have acceptable documentation of notification to the LEA based upon a more rigorous monitoring standard consistent with the new regulations.
- Nine agencies were found to have non-compliance for 8B. Of these:
 - Six agencies (Burlington, Middlesex, Monmouth, Morris, Ocean, and Passaic) were each given a finding issued on October 25, 2012. These agencies are currently developing CAPs and NJEIS will track and verify correction of the non-compliance within the required timeline;
 - Two agencies (Camden and Cape May SCU) were not issued a finding because they corrected the non-compliance according to both prongs prior to the issuance of the findings. Prong 1 was

met for both agencies because both children turned three and were no longer in the jurisdiction of NJEIS. Additional data on subsequent children were reviewed to verify compliance for both agencies thereby, satisfying prong 2.

- The remaining non-compliance (Cumberland SCU) was the result of performance from an agency that as of July 1, 2012, no longer has the NJEIS grant. The children served by this agency have all turned three and are no longer within the jurisdiction of NJEIS. The NJEIS will review more current data to ensure the new agency's compliance.

Correction of Previously Reported FFY 2010 Noncompliance (Findings Issued in FFY 2011)

- In FFY 2011, one finding was issued on October 6, 2011 based on FFY 2010 non-compliance. The finding was closed timely on January 9, 2012 after correction of both prongs was verified in accordance with federal requirements. This finding will be reported in C9 in the FFY 2012 APR due February 1, 2014.

Correction of Previously Reported FFY 2009 Noncompliance (Findings Issued in FFY 2010)

- In FFY 2010, no findings were issued. This will be reported in C9 in this FFY 2011 APR.

Indicator 8C:

- Data were reported for all twenty-one counties.
- The NJEIS uses two sources of data from the database 1) the authorization date of the TPC obtained from the team page signed by the parent and 2) the date of the TPC recorded from the service coordinator verification log. The monitoring team confirms this data through desk audit analysis. Based on these dates, and the child's date of birth, an inquiry is prepared for the county to identify possible non-compliance.
- Sampling methodology was implemented to ensure that the NJEIS population, which varies widely for each county, is appropriately represented based on the population size of the county. Therefore, a county stratified random sampling plan with a 95% confidence level and +/- 5 confidence interval ensures that child records from both small and densely populated counties are appropriately represented.
- Monitoring begins with a data desk audit based on a stratified random sample of three months (February, March and April 2012) of FFY 2011 data. This included inquiry where the monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of a transition planning conference, although late. The service coordination units were asked to submit copies of child progress notes; TPC and LEA notification letters, IFSP 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.
- A data desk audit was conducted on 2,102 children that turned 3 during February, March and April of FFY 2012. Of the 2,102 children, data from a random selection of 310 children were monitored. Of the 310 children, 22 families declined the TPC, reducing the total number of records monitored to 288 children.
- Results of the FFY 2011 monitoring included:
 - 96.18% (277/288) 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.
 - The numerator and denominator do not include the 22 families who did not provide approval to conduct a transition planning conference.
 - Of the 288 children, 244 were timely, 33 were delayed due to family reasons and 11 untimely due to NJEIS.
 - The 277 timely transition planning conferences include the 33 TPCs which were delayed for family reasons.
 - Of the eleven (11) system delays:
 - One (1) child received their TPC 47 days prior to the third birthday.
 - The remaining ten (10) children exited the system prior to receiving a TPC.

- The 33 family-initiated reasons were included in the calculations and documented in service coordinator notes. Family reasons include family vacations, child illness or hospitalization, family response time, family not keeping scheduled appointments and family requested delays
- NJEIS performance for this indicator increased from 90.94% in FFY 2010 to 96.18% in FFY 2011.
- Five (5) agencies were found to have noncompliance for 8C. Of these:
 - Four (4) agencies (Bergen, Burlington, Middlesex and Morris) were issued findings on October 25, 2012. These agencies are currently developing CAPs and NJEIS will track and verify correction of the non-compliance within the required timeline;
 - One (1) agency (Passaic SCU) was not issued a new finding because they remain in a finding from FFY 2010 based on FFY 2009 data. The Passaic SCU finding was closed on January 2, 2013 in accordance with OSEP 09-02.

Correction of Previously Reported FFY 2010 Noncompliance (Findings Issued in FFY 2011)

- The FFY 2010-2011 monitoring data identified twenty four (24) children that did not have a timely transition conference. This was due to ten (10) agencies:
 - Ten (10) findings were issued from FFY 2010 data. The findings were issued in FFY 2011 (10/6/11). All of these findings were closed within 7 months (Burlington, Camden, Cumberland, Essex, Gloucester, Mercer, Monmouth, Morris, Ocean and Union SCU). These findings will be reported in the FFY 2012 APR indicator C9 to be submitted Feb 1, 2014;

Correction of Previously Reported FFY 2009 Noncompliance (Findings Issued in FFY 2010)

- The FFY 2009-2010 monitoring data identified seven (7) agencies that did not have a timely transition conference and were issued finding in FFY 2010 (8/5/10). These findings are reported in this FFY 2011 APR, indicator C9. Of these seven (7) findings:
 - Six (6) findings were timely corrected in accordance with OSEP 09-02;
 - One (1) finding (Passaic SCU) closed on January 2, 2013 in accordance with OSEP 09-02.

Improvement Activities	Status
Conduct monitoring activities on the transition planning conference requirements and exiting data annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance and assure correction of noncompliance in accordance with federal requirements.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> In FFY 2011, the desk audit on the TPC requirement was conducted based on February, March and April 2012 children exiting the NJEIS at age three. Corrective Action Plans were issued requiring 100% compliance as soon as possible but no later than one year.
Revise the self assessment tool to collect LEA notification information.	<p style="text-align: center;">Completed FFY 2006</p>
Track transition activities through monthly self-assessment record reviews and as necessary address issues for improvement.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> In FFY 2011, the NJEIS utilized a data desk audit process through a random sample of all children turning three in February, March and April 2012. Child IFSPs, progress notes, TPC and LEA notification letters were verified by the lead agency.

Improvement Activities	Status
<p>Conduct review of self-assessment data and any county developed improvement plans annually, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, NJEIS utilized a data desk audit process through a random sample of all children turning three in February, March and April 2012. Child IFSPs, progress notes, TPC and LEA notification letters were verified by the lead agency. Agencies requiring correction for transition activities were required to submit monthly transition reports and supporting documentation to the NJEIS until 100% compliance was verified.</p>
<p>Enhance SPOE to allow REICs and Service Coordination Units to run reports to track status of transition planning conferences.</p>	<p align="center">Completed FFY 2008</p>
<p>When the enhancement to SPOE is completed, track transition planning conference data through SPOE data report and as necessary address potential issues in meeting the requirements.</p>	
<p>Create and implement a Transition Planning Page for the IFSP form and process.</p>	<p align="center">Completed FFY 2006</p>
<p>Continue availability of workshops for families at the regional collaborative offices and transition trainings conducted in collaboration between Parts B & C.</p>	<p align="center">Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, the NJEIS completed the following:</p> <ul style="list-style-type: none"> ▪ 36 family trainings were provided – 309 attendees. (3 additional were offered but cancelled due to lack of attendance) ▪ General technical support was provided as needed via emails and phone calls. ▪ Review of Invitations to TPCs continued. ▪ Reviewed IFSP Team Pages – support documentation and attendance at TPC meetings.

Improvement Activities	Status
<p>Plan for and conduct a statewide training on Transition requirements.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>Throughout FFY 2011, the longstanding collaboration between NJEIS and NJDOE-OSEP continued with several activities focused on transition including:</p> <ul style="list-style-type: none"> ▪ The NJEIS CSPD and NJDOE-OSE 619 Coordinators began revisions to the transition training jointly developed by a workgroup of regional Part B and C trainers in FFY 2009 to reflect transition requirements under the new Part C regulations and revised NJEIS policies and procedures. ▪ Planning was initiated for regional meetings on transition for administrators from LEAs and service coordination units to be conducted jointly by Part B and C trainers. Eight trainings were completed from November 26, 2012 – December 14, 2012.
<p>Revise and disseminate the Transition Handbook for families.</p>	<p style="text-align: center;">In Process</p> <p>Revisions to the Transition Handbook for families are underway reflecting transition requirements under new Part C regulations and NJEIS policies and procedures with a target completion date of January 2013.</p>
<p>Discuss with NJDOE-OSEP the opportunity for collaboration between the Part C and Part B stakeholders regarding transition activities and issues.</p>	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>During FFY 2011, NJEIS and NJDOE-OSEP continued a longstanding collaboration regarding transition activities and issues. Activities included:</p> <ul style="list-style-type: none"> ▪ NJEIS initiated planning meetings with NJDOE-OSE to address clarifications on transition responsibilities and to discuss the development of notification policies and procedures. ▪ An interagency agreement was signed by the NJEIS and NJDOE-OSE that addresses how transition requirements will be met. <p>NJEIS reviewed and revised state policies and procedures related to transition from Part C to B to ensure consistency with the new Part C regulations.</p> <p>NJEIS initiated revisions to the IFSP transition pages that address the steps to be taken to support smooth transition of the</p>

Improvement Activities	Status
	<p>child from early intervention to preschool services.</p> <p>Regional representatives continue to handle issues as they arise, plan trainings, and conduct county meetings. Local meetings and networking between EI and LEA special education staff are ongoing.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

States are required to use the “Indicator 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
FFY 2011	100%

Actual Target Data for FFY 2011:

91.3% = [42/46*100]

Annually, NJEIS monitors all agencies (service coordination units, early intervention program providers and targeted evaluation teams) through a variety of monitoring activities. These activities include: focused on-site monitoring, data desk audits, dispute resolutions and fiscal monitoring. Selection of agencies for specific monitoring activities is based on performance and is described in the state performance plan and additional information is included in specific indicators of the APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011:

NJEIS performance for this indicator slightly decreased from FFY 2010 performance of 91.7% to FFY 2011 performance of 91.3%. Verification of correction was completed for 42 out of 46 findings within the one year requirement. Of the four (4) that were not timely corrected:

- Indicator 1: Three (3) findings that did not correct timely within 12 months have since corrected in accordance with OSEP-09-02 as follows:
 - One EIP (Dynamic EIP) had a finding which was verified as corrected at 18 months (1/17/12).

- One SCU (Burlington SCU) was replaced by a new grantee and therefore, the finding was not issued until October 12, 2010 (FFY 2010). This finding closed on March 29, 2012 at 17 months. As a result, NJEIS removed their At Risk status.
 - One SCU (Cumberland SCU) had a finding which was verified as correct at 23 months (6/27/12). The agency ended their grant with the DOH on 6/30/12 and was replaced by a new grantee on 7/1/12.
- **Indicator 8C:** One finding (Passaic SCU) that did not correct timely within 12 months was issued a finding on 8/5/10 and closed on 1/2/13 in accordance with federal requirements for verification of correction.

Timely Correction of FFY 2010 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011) (Sum of Column a on the Indicator C 9 Worksheet)	46
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	42
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	4

Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	4
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	4
6. Number of FFY 2010 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

NJEIS has:

- Accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and in some instances onsite data verification. The DOH confirmed that the required activity occurred for each child, although late as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP pages and progress notes (prong 1)
- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the correction action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (prong 2).
- The DOH ensures that that each agency with identified non-compliance is correctly implementing the specific regulatory requirements as verified through monthly corrective action plan reports including review of subsequent data to ensure correction has occurred (prong 2).

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	15 Cumberland SC, Morris SC, Ocean SC, Burlington SC, AHS Hospital Morris, Dynamic Cumberland, PGC Morris, Progressive Essex & Morris, Shirley Eves Cumberland, SJHC Cumberland, Sunny Days Burlington & Hudson, TheraCare Hudson; Virtua Burlington	15	12 Dynamic-Cumberland (closed in 18 mos); Cumberland SCU (closed in 23 mos); Burlington SCU (closed in 17 mos)
	Dispute Resolution: Complaints, Hearings	1-CompCare	1	1
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
7. 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	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
45-day timeline.				
8.The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
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;	Dispute Resolution: Complaints, Hearings	0	0	0
8.The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and	Dispute Resolution: Complaints, Hearings	0	0	0
8.The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7 Monmouth SC, Ocean SC, Passaic SC, Middlesex SC, Salem SC, Somerset SC, Sussex SC	7	6 (Passaic SCU) (Finding was closed as of 1/2/13) (30 months)

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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.	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE: Failure to follow IFSP Settings 1 Monitoring 17 Procedural Safeguards	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	18 1-CompCare, 1-Therapy Assoc, 1-InnovTherapeutics 15- Sunny Days	18	18
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE: Failure to provide services in accordance with the IFSP	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1-Salem SSSD EIP	1	1
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE: Procedural Safeguards Failure to maintain appropriate child records	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1-Innovative Therapeutic	1	1
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE: Procedural Safeguards Failure to ensure qualified personnel	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1-Kid Clan	1	1
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE: Procedural Safeguards Failure to ensure appropriate use of Early Intervention funds	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1-TheraCare	1	1
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE: Procedural Safeguards: Failure to provide written prior notice	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other			
	Dispute Resolution: Complaints, Hearings	1-Salem SSSD EIP	1	1

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
Sum the numbers down Column a and Column b			46	42
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	91.3%

Percent of noncompliance corrected within one year of identification = $42/46 \times 100 = 91.3\%$
(column (b) sum divided by column (a) sum) times 100

Improvement Activities/Timelines/Resources:

Improvement Activities	Status
Conduct Annual Desk Audits with SPOE data to identify potential non-compliance, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implementation of corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	Ongoing Activity FFY 2006-2012 In FFY 2011, desk audits and inquiries were conducted that identified non-compliance; findings and corrective action plans were issued; and corrective action plans were tracked until correction was verified.
Conduct Incident Report inquiry with provider agencies to determine if individual child/family issues raised with the Procedural Safeguards Office are indicative of a systemic problem and, if yes, cite a finding of noncompliance, implement a corrective action plan, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	Ongoing Activity FFY 2006-2012 During FFY 2011, two-hundred and sixty four (264) families received approximately 1,249.2 hours of compensatory services in accordance with NJEIS decisions through informal resolution by the Procedural Safeguards Office. This included 357 hours of developmental intervention; 301.2 hours of Speech & Language Therapy; 151.5 hours of Physical Therapy; 424.5 hours of Occupational Therapy; 1 hour of Social Work service and 14 hours of Family Training. One informal resolution resulted in a sanction to one Early Intervention Program (EIP) provider agency that was required to provide 29 hours of compensatory services at their expense.
Identify potential non-compliance issues through annual self-assessment data analysis, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure	Ongoing Activity FFY 2006-2012 Self Assessments were no longer used in FFY 2010 to monitor transition issues. NJEIS utilized data desk audits and inquiries to identify any noncompliance for

Improvement Activities	Status
correction of noncompliance in accordance with federal requirements.	indicators 8a 8b and 8c.
<p>Conduct on-site focused monitoring visits based on incident reports, procedural safeguards complaints, self-assessment data and concerns identified through on-going review of system point of entry (SPOE) database.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, NJEIS monitoring staff conducted one (1) onsite focused monitoring visit due to procedural safeguard issues. As a result of the findings made from the visit, the agency was placed in high risk contract status. The NJEIS will continue to track correction of all noncompliance.</p> <p>NJEIS monitoring staff also conducted follow up meetings to two (2) SCUs to ensure continued improvement to observe and discuss improvement activities to ensure continued compliance with timely services.</p> <p>There was one (1) additional focused visit with an SCU regarding transition to ensure continued compliance with federal requirements.</p>
<p>Identify areas for additional professional development using data from Procedural Safeguards Office reports and implement professional development activities as needed to ensure compliance.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, training and technical assistance was provided by the lead agency through statewide and regional provider meetings and training events.</p> <p>Targeted technical assistance was provided by the lead agency to designated service coordination units and provider agencies based on issues raised in conjunction with informal and formal dispute resolution.</p>
<p>Review information from procedural safeguards workshops to identify area on which clarification of law, regulations, policies and procedures are needed to ensure compliance. Issue and disseminate clarifications as needed.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>Policies and procedures were revised to reflect the new regulations and disseminated for implementation July 1, 2012. The procedural safeguards office has also revised the state rules which are under review by the Office of Office of Legal and Regulatory Compliance.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

This indicator has been deleted from the SPP/APR. NJEIS data on the timeliness of state complaint decisions is submitted under IDEA section 618.

NJEIS IDEA Part C - Dispute Resolution Year 2011-12 table is included with this APR submission.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

This indicator has been deleted from the SPP/APR. NJEIS data on the timeliness of state complaint decisions is submitted under IDEA section 618.

NJEIS IDEA Part C - Dispute Resolution Year 2011-12 table is included with this APR submission.

Part C State Annual Performance Report (APR) for FFY 2011

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

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

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

Part C State Annual Performance Report (APR) for FFY 2011

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

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

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

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

FFY	Measurable and Rigorous Target
2011 (2011-2012)	NJEIS had less than ten mediations; therefore no targets have been set for this indicator.

Actual Target Data for FFY 2011:

For FFY 2011 (2011-2012), New Jersey's Part C System received four requests for mediation. Of these four requests for mediation:

- One of the mediations was related to a request for a due process hearing. This mediation did not result in a resolution; and
- The three remaining requests were resolved through informal means and the matter was settled with the families withdrawing their requests.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

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

Improvement Activities	Status
Maintain a procedural safeguards database to track requests for dispute resolution.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> <p>During FFY 2011, the database continued to be used to track informal and formal requests for assistance and/or dispute resolution.</p> <p>The data continues to be utilized by the monitoring team and Procedural Safeguards Office (PSO) to identify and remedy potential issues and systemic issues within the New Jersey Early Intervention System.</p>

Improvement Activities	Status
<p>Link the REIC data regarding informal complaints by families resolved at regional level with the state procedural safeguards database.</p>	<p>This activity is on hold pending system upgrades.</p> <p>This activity is still on hold due to insufficient staffing resources.</p> <p>During FFY 2011, the REICs continued to collect and compile data related to informal complaints by county and according to 19 topical issues. At this point, it has been determined that the database system does not have the capability to complete this linkage. This activity will be reconsidered once system upgrades are completed.</p>
<p>Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, NJEIS continued development of an online version of procedural safeguards training with support from three national consultants. A series of six modules were in final draft as of June 30, 2011. However, extensive revisions were required for consistency with the new Part C regulations. The target completion date has been extended to spring 2013</p> <p>NJEIS contracted with the Mercer County Community College (MCCC) to expand professional development opportunities for the NJEIS. The MCCC began hosting statewide webinars in July 2012; is in process of enrolling approximately 4,000 NJEIS practitioners in a learning management system, and has been contracted to assist in the completion of the on-line procedural safeguards modules.</p>
<p>Conduct bi-annual or more frequently as needed, training for Mediators.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>Mediation training package is being revised to be consistent with the new Part C regulations. Training will be scheduled when the training package is ready.</p>
<p>Conduct periodic procedural safeguards trainings in each region for practitioners and families.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, twenty-seven procedural safeguards trainings were conducted and attended by 427 service coordinators, practitioners and administrators. The trainings were offered in each region on a monthly or as needed basis to ensure access statewide.</p> <p>In FFY 2011, NJEIS continued development</p>

Improvement Activities	Status
	of an online version of procedural safeguards training with support from three national consultants. A series of six modules were in final draft as of June 30, 2011. Extensive revisions were made to ensure consistency with the new Part C regulations.
Conduct recruitment of mediators to ensure adequate coverage for hearings requested.	<p style="text-align: center;">Ongoing Activity FFY 2006-2012</p> In FFY 2011, no new mediators were recruited since the Procedural Safeguards Office has a sufficient number of available mediators on its rotation list.
Revise Family Rights Handbook.	<p style="text-align: center;">Completed FFY 2011</p> "NJEIS Family Rights" was revised effective July 1, 2012 to reflect the new federal Part C regulations.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

Part C State Annual Performance Report (APR) for FFY 2011

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting, and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator (see Attachment B)

FFY	Measurable and Rigorous Target
2011 (2011-2012)	<ul style="list-style-type: none"> ▪ 100% of state reported data including 618, SPP and APR will be timely. ▪ 100% of state reported data including 618, SPP and APR will be accurate.

Actual Target Data for FFY 2011:

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

In FFY 2011 (2011-2012) 100% of New Jersey's APR data were timely and accurately reported. The child specific electronic database, standardized state paperwork, and REIC responsibility for data entry assist in ensuring the integrity of data reported.

In FFY 2011 (2011-2012) 100% of New Jersey's 618 data were timely and accurately reported. The child specific electronic database, standardized state paperwork, and REIC responsibility for data entry assist in ensuring the integrity of data reported.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

NJEIS continues to implement a number of measures to ensure that data reflects compliance with requirements to report both timely and accurate data.

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

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

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

- The monitoring process NJEIS uses is comprehensive with data drill down to the child specific level. The monitoring team conducts activities to document, verify and correct data as needed. This is done through review of child records which includes progress notes, Service Encounter Verification Logs (SEVs), Transition Invitation letters, IFSPs, claims and service authorization data; and in some cases on-site visits to verify child records.
- NJEIS Monitoring team uses the NJEIS database to gather a stratified random sample of three months of FFY 2011 data for a data desk audit.
- The monitoring team conducts the desk audit to identify possible non-compliance.
- A data desk inquiry is sent to the appropriate provider agency to:
 - Verify the data for accuracy;
 - Provide opportunity for data clean up;
 - Submit data corrections as appropriate;
 - Provide reasons for any non-compliance identified by the local agency and/or DOH-NJEIS;
 - Provide barriers and improvement for correction of each incident of non-compliance.

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

Indicator 2 – Covered in the 618 Data description above.

Indicator 3 – In selecting the BDI-2 to report on child outcomes, NJEIS chose a standardized tool with published reliability and validity. In May 2011, the NJEIS transitioned to the Mobile Data Solution (MDS). The transition to MDS replaced the use of electronic scoring on palm pilots. The MDS software eliminates common scoring errors up to 80% by guiding users through the appropriate item administration for each domain. The MDS software also computes all necessary calculations

including basal, ceiling, raw scores and standard scores to eliminate operator error. The electronic storing of child outcome data from the BDI is accomplished through a password protected web-based data system from the Riverside Publishing Company.

For children selected and included in indicator 3A, 3B & 3C, DOH compares authorized evaluation date and evaluator information to ensure the BDI system and the SPOE system match prior to the inclusion of data in reporting. Any data errors identified through a periodic audit of the BDI data base by DOH are remanded to the targeted evaluation teams for correction.

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

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

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

Indicator 8A & 8B – The NJEIS uses date of birth data from the database to obtain the total number of children who turned three during the sample period. Data desk audit and inquiry requires the agencies to submit copies of child progress notes, service encounter verification logs, IFSP transition and team pages and copies of LEA notification letters. This data is reviewed and verified by the DOH-NJEIS. Data reported on the desk inquiry is verified against what is in the child's record (e.g. NJEIS IFSP Review Transition Information Page, TPC invitation, progress notes).

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

Indicator 9 – The NJEIS monitoring team maintains a tracking log of the verification of correction for all findings of non-compliance issued.

Indicator 13 - The NJEIS procedural safeguards office maintains a database which includes: contacts to the procedural safeguards office, type of dispute request, and the date the request is opened and closed. This information is used to compile the data reported in Indicator 13 and required 618 reporting for dispute resolution.

General Procedures to Ensure Valid and Reliable Data

- NJEIS has established procedures and implements edit checks including:
 - A data quality tracking matrix to identify and correct “funky data” including identification of inaccurate or missing information and duplicate entries.
 - Restricted drop-down lists for data fields that minimize data errors due to typographical error or submission of incorrect information.
- Data must be entered into critical fields in the NJEIS database in order to allow data entry to progress.
- REICs and SCUs have the capacity within the system to generate reports and review for errors manually.
- Ongoing on-site and remote consultation and technical assistance is provided to ensure data integrity.
- REIC responsibility for data entry and follow-up assist in ensuring the integrity of data reported.

- Providing child count reports to the counties that include a list of children between referral and initial IFSP, and children with an active IFSP allows service coordinators to verify and update the current status of child data as recorded in the data system.

Improvement Activities	Status
<p>Maintain and enhance the electronic management information business rules to eliminate data entry errors through automated checks and balances.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>Additional enhancements are pending the successful re-bid of the Central Management Office contract. The NJEIS RFP that rebids the Central Management Office was approved on 10/23/12 and released on 10/26/12. It is expected an award will be made by March 2013. The new system should be in place within a year after the award is made.</p>
<p>Conduct periodic data runs of SPOE database to identify and as needed correct missing and/or questionable data.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011 the NJEIS state staff continued to use a data matrix to audit and identify missing or questionable data (funky data).</p>
<p>Maintain a data entry check list and conduct follow-up of missing data or potential data errors.</p>	<p>Ongoing Activity FFY 2006-2012</p> <p>In FFY 2011, the REIC's continued to issue email inquiries on follow up on corrections needed which improved timeliness. The REIC's strive to reduce the amount of paper generated by the data entry system and have taken steps to become paperless including: requiring agencies to scan and send data via email. The NJEIS state staff continues to issue and verify correction of missing or inaccurate data based on running data reports.</p>
<p>Continue enhancements of SPOE Database as described throughout the SPP.</p>	<p>In Process</p> <p>The American Recovery & Reinvestment Act (ARRA) Part C funds were used to partner with CSC Covansys to define and document business, functional and system requirements in support of a new web based NJEIS Case Management system that incorporate these changes. The web based Case Management System will replace the existing New Jersey client/server System Point of Entry (SPOE) system. The new web based Case Management System functionality was defined and documented in a 363 page requirements definition document completed in December 2011.</p> <p>This document provided the technical specifications for the Request for Proposal (RFP). On 3/27/12 NJEIS received approval</p>

Improvement Activities	Status
	<p>from the State Office of Information Technology (OIT) that the technical content was satisfactory.</p> <p>The NJEIS RFP that rebids the Central Management Office was approved on 10/23/12 and released on 10/26/12. It is expected an award will be made by March 2013. The new system should be in place within a year after the award is made.</p> <p>The State Treasury continues to approve contract extensions that maintain the Central Management Office until the RFP can be awarded and transition to an enhanced online web-based application can be completed under the new CMO contract.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions to improvement activities were recommended or identified by the NJEIS Part C Steering Committee or the lead agency. Timelines were modified as noted under status.

New Jersey

IDEA Part C - Dispute Resolution Year 2011-12

Section A: Written, Signed Complaints

(1) Total number of written, signed complaints filed.	7
(1.1) Complaints with reports issued.	4
(1.1)(a) Reports with findings of noncompliance.	3
(1.1) (b) Reports within timelines.	4
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	3

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	4
(2.1) Mediations held.	1
(2.1) (a) Mediations held related to due process complaints.	1
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	3

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	6
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	Part C
(3.1) Resolution meetings (applicable ONLY for states using Part B hearing procedures).	NA
(3.1) (a) Written settlement agreements reached through resolution meetings.	NA
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	1
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	5