

# NEW JERSEY EARLY INTERVENTION SYSTEM

## PART C ANNUAL PERFORMANCE REPORT



**New Jersey Department of Health  
Division of Family Health Services**



**Federal Fiscal Year  
2012-2013  
February 1, 2014**

## 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://www.nj.gov/health/fhs/eis/report.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.nj.gov/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 2012 reporting on performance for July 1, 2012 - June 30, 2013 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; (3) discuss potential implications for the OSEP results driven accountability initiative which requires a new C-11 Indicator called the State Systemic Improvement Plan (SSIP); and (4) the need to establish new indicator targets for the February 2015 submission.

New Jersey's FFY 2012 Annual Performance Report (APR) will be disseminated to the public through posting to the DOH-NJEIS webpage (<http://www.nj.gov/health/fhs/eis/report.shtml>) and the Regional Early Intervention Collaboratives website (<http://www.njeis.org>). The APR will be disseminated to all of the above individuals electronically for distribution through their dissemination mechanisms (e.g. newsletters, websites, list serves. etc) throughout the State. 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 2011 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.nj.gov/health/fhs/eis/report.shtml>. The FFY 2012 reports will be prepared and disseminated within 120 days of the submission of this APR.

## Part C State Annual Performance Report (APR) for FFY 2012

**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
<b>2012 (2012-2013)</b>	<b>100%</b> 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 2012:**

For FFY 2012, 97.10% (301/310) 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.

278 children received timely services and an additional 23 children had delays in services due to child illness/hospitalization, family cancellations and requests to reschedule (family reasons). Therefore 301 (278+23) of 310 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 2012:**

- In FFY 2012, 97.10% of children received their services in a timely manner as compared to the FFY 2011 performance of 97.12%. This represents a slight slippage of 0.02%.
- 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 monitored in FFY 2012, are compared with their FFY 2010 APR data, these counties increased performance from 92.7% in FFY 2010 to 97.10% in FFY 2012. This is a 4.4% increase in compliance.

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

- 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 simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen appropriately represent the state population.
- 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. For example, service claim data provided between August 1 and October 31 are not complete until February 1.
  - The data desk audit, inquiry and record review has historically taken 3 to 6 months to confirm noncompliance and determine the responsible agency(s) and root causes for the noncompliance.
- The FFY 2012 timely services monitoring began with the data desk audit based on a stratified random sample of three months of FFY 2012 service claim data. The data represented all active child records for the months of November and December 2012 and January 2013 for eleven of the twenty one counties in New Jersey. The other ten counties were reviewed in FFY 2011 and reported in the APR submitted February 1, 2013.
- There were 1,593 children in this quarter, who met the business rules stated above. These children had a total of 2,431 services.
- The desk audit random sample included 310 active child records and 469 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 278 of the 310 children (435 of 469 services) did receive timely services based on the IFSP. Without the necessary drill down for reason for delay, 32 children (34 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 32 of the 310 children and 34 of their 469 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 23 of the 32 children who received their services late (25 of the 34 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 23 of the 34 children (25 of the 34 services) were determined to receive timely services and 9 children (9 services) were determined to have non-compliance in timely services.

- Overall 98.08% (460/469) of the services were timely including 25 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 on July 11, 2013, 7 findings of non-compliance were issued in FFY 2013 based on this monitoring data from FFY 2012 with Corrective Action Plans to 5 Service Coordination Unit and 2 Early Intervention Programs.
- The 9 services delayed were:
  - 1 physical therapy;
  - 6 speech therapy;
  - 1 occupational therapy and;
  - 1 developmental intervention
- Of the 9 services delayed: 7 services were provided but delayed between 1 to 6 days; 2-services were provided but delayed between 7-11 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.

**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. Agencies are held accountable to specific timelines at each step of the process to facilitate services starting sooner to better ensure meeting the 30 day timeline. (Prong 2).
- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initiation

of services for all children who had an IFSP event. These monthly reviews continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed (Prong 2).

**Correction of Previously Reported Noncompliance on FFY 2011 Performance (Findings Issued in FFY 2011)**

- Four (4) findings of noncompliance were issued in FFY 2011 based on monitoring data from FFY 2011 performance. These findings went to one (1) SCU and three (3) EIPs.
- All four (4) findings were issued on June 20, 2012 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 are reported in C9 in this FFY 2012 APR.

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

- Sixteen (16) findings of noncompliance were issued in FFY 2011 based on monitoring data from FFY 2010 performance. 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 correct 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 are reported in C9 in this FFY 2012 APR.

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;"><b>FFY 2011 Update</b></p> <p>The American Recovery &amp; 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</p>

Improvement Activities	Status
<p>Enhance the SPOE database to enable NJEIS to link authorizations with a specific IFSP meeting or review. By linking authorizations with these dates, timely services can accurately be measured from the IFSP consent date.</p>	<p>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 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 rebid the Central Management Office was released on 10/26/12. However, the bid failed and has been reassigned from a professional services contract to an information technology contract. Reassignment to a new purchasing and procurement individual is in process.</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;"><b>Ongoing Activity FFY 2006-2012</b></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 11 counties for FFY 2012. As a result, the monitoring activities needed to rely on using inquiry to obtain information.</p> <p>The remaining 10 counties were monitored during FFY 2011.</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;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>Throughout FFY 2012, 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 also continued to track and intervene as necessary through technical assistance to ensure all children and their families were receiving services within 30 days of the IFSP consent date.</p> <p>Other activities in FFY 2012 included:</p> <ul style="list-style-type: none"> <li>• Cumberland County implemented a county improvement plan to address timely services. Activities included recruitment and improving</li> </ul>

Improvement Activities	Status
	<p>IFSP development. Cumberland county was successful in obtaining sustained correction and the improvement plan was closed on 6/29/12, prior to the closing of their grant;</p> <ul style="list-style-type: none"> <li>• Camden County continued to implement their county improvement plan to improve the timely assignment of services. This included implementing a rotation system for service assignment. DOH also approved 3 new comprehensive agencies and 5 new vendors to serve in this county; and</li> <li>• About half of the 21 counties implemented rotation based assignment procedures, to assist in ensuring equitable opportunity for agency assignment.</li> </ul> <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"> <li>• Presented a workshop at a conference at Princeton University (including an EI Resource Table) and participated in Career Day at Rutgers University, Kean University and Seton Hall;</li> <li>• Arranged with Rutgers University to have NJEIS listed on their job-posting website, which has already resulted in several new hires;</li> <li>• Continued to act as a clearinghouse to gather resumes received through REIC websites, phone calls and job recruitment activities. These resumes are distributed to EIP's and SCU's based upon the county in which the applicant indicates interest. This activity shares resources &amp; saves on advertising. Approximately 630 resumes were distributed to the field resulting in approximately 30 new hires.</li> </ul> <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;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In April 2012, a policy &amp; procedure was provided that outlined the process 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>

Improvement Activities	Status
Collaborate with the NJ Department of Education, Office of Special Education Programs (OSEP) Personnel Grant to address activities to enhance practitioner recruitment and retention.	<b>Completed FFY 2008</b>
Compensatory services are provided to families in instances in which services have not been provided in a timely manner. This is identified through informal and formal family contacts to the Procedural Safeguards Office or the NJEIS Central Management Office.	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, three hundred and eighty five (385) families received approximately 1,549.5 hours of compensatory services in accordance with NJEIS decisions through informal resolution by the Procedural Safeguards Office. This included 326 hours of developmental intervention; 350 hours of Speech &amp; Language Therapy; 275.25 hours of Physical Therapy; 576.25 hours of Occupational Therapy; 3 hours of Social Work service and 19 hours of Family Training. One informal resolution resulted in a sanction to one Early Intervention Program (EIP) provider agency that was required to provide 37 hours of compensatory services at their expense.</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 style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></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 2012 (July 1, 2012 – June 30, 2013), 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 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

**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
<b>2012</b> (2012-2013)	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 2012:**

In FFY 2012, the 618 data reported (10,047/10,066) 99.81% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. The 10,457 included 9,309 children who received services primarily in the home plus 738 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 2012 indicated that 780 of the 9,309 that received services primarily in the home also received at least one service in the community. This percentage would be 8.38% of children receiving services in the home also received services in the community. This is a 0.74% increase compared to FFY 2011 percentage of 7.64%.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

- In FFY 2012, 99.81% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings compared to 99.82% in FFY 2011 which is a slight decrease of 0.01%.
- The percentage of children receiving services in primarily community-based settings increased from 6.74% in FFY 2011 (712 children) to 7.33% in FFY 2012 (738 children).
- In FFY 2012, 0.19% (19 children) of children were counted in other settings (percentage of non-natural environment settings).
- In FFY 2012, 19 of 21 counties exceeded the target of 99.5% 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
Using the SPOE database, run and disseminate an annual report ranking the twenty-one counties' performance on this indicator based on December 1 child count.	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>These data are reported in the Annual County Performance Reports and posted on the NJEIS website.</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 style="text-align: center;"><b>Completed FFY 2006</b></p>
Review state and county data from the NCSEAM and NJEIS Regional Family Surveys to identify patterns in providing services in and/or linking families to community supports and services. Develop and implement activities based on survey results.	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>NJEIS Regional Family Surveys were discontinued with the implementation of the NCSEAM Survey in FFY 2006.</p> <p>In FFY 2012, the NCSEAM survey results were analyzed to identify areas in need of improvement. The NJEIS compared the results of FFY 2011 to FFY 2012 survey results regarding community supports and services. The following are the results:</p> <p>“Early Intervention has helped me and/or my family”:</p> <ul style="list-style-type: none"> <li>• “Participate in typical activities for children and families in my community” decreased from 80% to 78% (2% decrease);</li> <li>• “Know about services in the community” decreased from 81% to 77% (4% decrease);</li> <li>• “Make changes in family’ routines that will benefit my child with special needs” increased from 90% to 91% (1% increase);</li> <li>• “Feel that my family will be accepted and welcomed in the community” decreased from 88% to 87% (1% decrease); and</li> <li>• “Feel that my child will be accepted and welcomed in the community” decreased from 91% to 88% (3% decrease).</li> </ul>
Continue to review settings data from the SPOE database to inform progress in provision of service in natural environments.	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>The SPOE database documented that the percentage of children receiving services in community based inclusive settings increased from 6.74% in FFY 2011 to 7.33% in FFY 2012. 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</p>

Improvement Activities	Status
	which remains under consideration.
<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;"><b>FFY 2012 Update</b></p> <p>The NJEIS RFP that rebid the Central Management Office was released on 10/26/12. However, the bid failed and has been reassigned from a professional services contract to an information technology contract. Reassignment to a new purchasing and procurement individual is in process.</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;"><b>Ongoing Activity FFY 2006-2012</b></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"> <li>• Finalizing 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.</li> <li>• Conducting an introductory session for REIC staff to review the FDA tool and explain the "Roll-Out" Plan for effective statewide implementation.</li> <li>• Conducting a "Kick-Off" meeting for Coordinators of the 21 county-based Service Coordination Units. The "Kick-Off" included a full day training on federal requirements for family assessment, routines-based interviewing and a review of the NJEIS FDA tool. Input was solicited from Unit Coordinators focused on the anticipated impact of the FDA on the development and implementation of IFSPs and the roles of NJEIS service coordinators and practitioners.</li> <li>• Presenting two webinars to all NJEIS personnel. The first to review federal requirements for family assessment, introduce the NJEIS FDA tool, and review implementation steps. The second to explain revisions to the FDA tool based on feedback from service coordinators following a regional training series.</li> <li>• Conducting a regional training series for all service coordinators to explain federal requirements for family assessment and review</li> </ul>

Improvement Activities	Status
	<p>in detail the FDA tool. Opportunities for guided practice in administrating the tool and soliciting suggestions for explaining the FDA interview and tool to families were also incorporated into the full day training.</p> <p>The Work Group continues to work on additional activities, specifically:</p> <ul style="list-style-type: none"> <li>• Developing a version of the FDA tool to be used in preparation for each annual IFSP meeting. Currently the same tool is used in preparation for both initial and annual IFSP meetings.</li> <li>• Designing a process and activities for quality of implementation checks. These checks will be used to identify exemplary examples of family-directed interviews for dissemination to the NJEIS and to determine needs for further training and technical assistance.</li> <li>• Planning and conducting a training series for service coordinators and Targeted Evaluation Team members focused on using information from the FDA interview and child evaluation &amp; assessment to develop the IFSP.</li> </ul> <p>Developing and presenting a series of webinars on topics related to family assessment.</p>
<p>Enhance collaboration with community based partners to identify existing community supports, develop a plan to make connections and provide professional development. The purpose is to connect families with community supports and services that are not specifically targeted to individuals with disabilities.</p>	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, 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-based 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, NJ Division of Child Protection and Permanency (DCP&amp;P), Domestic Violence Programs, Medical Home Project, Child Care Resource and Referral Agencies and Inclusive Recreation for Individuals with Disabilities initiative.</p> <p>Several examples of targeted community based initiatives include:</p> <p><b>Home Visiting Program:</b> Participated in county and local home-visiting advisory committees to further cross system outreach and referral.</p> <p><b>Integrated Systems for Children and Youth with Special Health Care Needs:</b> Participated in Advisory Group for this partnership between DOH, Statewide Parent Advocacy Network (SPAN), Department of Children and Families (DCF),</p>

Improvement Activities	Status
	<p>Department of Human Services (DHS), NJ Chapter of the American Academy of Pediatrics</p> <p><b>Help Me Grow (HMG):</b> Participated in a Statewide HMG Conference in March 2013 and continue to participate in ongoing various committees including data, physician outreach and central intake committees.</p> <p><b>Superstorm Sandy Relief:</b> Tracked families displaced by the storm and re-established EI services in alternate sites, purchased and distributed gift cards to families for daily needs within their communities, provided materials and resources on coping mechanisms and supports to families.</p> <p><b>Involvement with cross-cultural groups:</b> Selected REIC activities included:</p> <ul style="list-style-type: none"> <li>• Continued collaboration with the SKN foundation for South Asian families including participating in annual health fair, partnering on the development of a power point presentation on early identification with particular attention to cultural factors of South Asian families; and distribution of donated funds to families in EI.</li> <li>• Participation on the NJ Statewide Network for Cultural Competence Committee that is focused on culturally competent services for people with diverse needs, facilitating access, and identifying culturally and linguistically competent resources in NJ.</li> <li>• Participation in the work of the NJ Commission for Recreation for Individuals with Disabilities (NJCRID) to promote and support recreation and related services for individuals with disabilities through education and advocacy.</li> </ul> <p><b>Coordination with Early Literacy:</b> One REIC continued to receive funding through a "Reading is Fundamental" (RIF) grant focused on pre-literacy and literacy skills for children living in lower SES communities. Additional REIC literacy activities included: preparing and distributing a booklet on inclusion with special needs in library activities, supplying books to county libraries, and partnering with the children's librarians through the NJ Library Association to increase awareness and further inclusion efforts.</p>
<p>Create links on NJEIS and advocacy organization websites to assist families in</p>	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, the REIC Family Support Coordinators maintained and promoted a "Family</p>

Improvement Activities	Status
<p>accessing services and supports identified on the "other non-required page" of the IFSP.</p>	<p>Matters" website and newsletter. 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 national, state and local 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: <a href="http://www.thefamilymatterswebsite.org/">http://www.thefamilymatterswebsite.org/</a></p> <p>One REIC has created and maintained a Blog for EI Families.</p> <p>All four REICs have established family listserv/email lists and websites with links to relevant resources including: REIC Facebook Page, Family Matters newsletter, and resource guides.</p>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

**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:

Outcomes:

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

#### Progress categories for A,B and C:

- a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- 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 = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

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

**Measurement for Summary Statement 2:**

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

FFY	Measurable and Rigorous Target	
2012-2013	<b>Summary Statement 1</b>	
	A. Positive social-emotional skills (including social relationships);	58.50%
	B. Acquisition and use of knowledge and skills (including early language/communication); and	83.50%
	C. Use of appropriate behaviors to meet their needs.	95.00%
	<b>Summary Statement 2</b>	
	A. Positive social-emotional skills (including social relationships);	89.75%
B. Acquisition and use of knowledge and skills (including early language/communication); and	72.00%	
C. Use of appropriate behaviors to meet their needs.	91.12%	

**Actual Target Data FFY 2012**

The data presented below is the fourth year of actual performance data reporting for this indicator. For FFY 2012, the tables below show the progress data for children who exited July 1, 2012 – June 30, 2013. These children had both entry and exit data and participated in the NJEIS for at least 6 months. All twenty-one (21) counties in New Jersey are reported for FFY 2012. This is the first year that data from all counties are reported. Previous reporting was done on selected counties. FFY 2012 data are reported for a total of 4512 children compared to data on the 762 children reported for FFY 2011.

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

BDI-2 Domain: Personal-Social (July 1, 2012- June 30, 2013)

OSEP Indicator	Number of Children	% of Children
a) Percent of infants and toddlers who did not improve functioning	113	2.51%
b) Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	566	12.54%

c) Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	119	2.64%
d) Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	310	6.87%
e) Percentage of infants and toddlers who maintained functioning at a level comparable to same-aged peers	3404	75.44%
<b>Total</b>	<b>4512</b>	<b>100%</b>

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

BDI-2 Domains: Cognitive and Communication (July 1, 2012- June 30, 2013)

<b>OSEP indicator</b>	<b>Number of Children</b>	<b>% of Children</b>
a) Percent of infants and toddlers who did not improve functioning	29	0.64%
b) Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	779	17.27%
c) Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1703	37.74%
d) Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	976	21.63%
e) Percentage of infants and toddlers who maintained functioning at a level comparable to same-aged peers.	1025	22.72%
<b>Total</b>	<b>4512</b>	<b>100%</b>

**3C - Use of appropriate behaviors to meet their needs**

BDI-2 Domains: Motor and Adaptive/Self-Help (July 1, 2012- June 30, 2013)

<b>OSEP indicator</b>	<b>Number of Children</b>	<b>% of Children</b>
a) Percent of infants and toddlers who did not improve functioning	13	0.29%
b) Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	368	8.16%
c) Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1022	22.65%
d) Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	962	21.32%

e) Percentage of infants and toddlers who maintained functioning at a level comparable to same-aged peers.	2147	47.58%
<b>Total</b>	<b>4512</b>	<b>100%</b>

### 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 2012 (July 1, 2012- June 30, 2013)

Indicator 3A - Children have positive social-emotional skills	38.72%
Indicator 3B - Acquisition and use of knowledge and skills (including early language/communication and early literacy)	76.83%
Indicator 3C- Use of appropriate behaviors to meet their needs	83.89%

**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 FFY 2012 (July, 1 2012 - June 30, 2013)

Indicator 3A - Children have positive social-emotional skills	82.31%
Indicator 3B - Acquisition and use of knowledge and skills (including early language/communication and early literacy)	44.35%
Indicator 3C - Use of appropriate behaviors to meet their needs	68.91%

### Discussion of Actual FFY 2012 Target Data

DOH-NJEIS continues to use the Battelle Developmental Inventory 2 (BDI-2) to collect data to report Indicators 3A, 3B & 3C. These data represents the exit data collection that was completed July 1, 2012 – June 30, 2013 for indicators 3A, 3B & 3C using the BDI-2.

The inclusion of all counties in the FFY 2012 child outcome data compared to previous years' reporting on selected counties resulted in a significant increase in the number of children in the data set. This improved the confidence interval of 1.2% compared to the FFY 2011 confidence interval of 2.95%. NJEIS will continue to include and report on all 21 state counties from FFY 2012 forward.

<b>Summary Statement 1</b>	FFY 2008 Baseline N= 158	FFY 2009 Actual N=214	FFY 2010 Actual N=297	FFY 2011 Actual N=762	<b>FFY 2012 Actual N= 4512</b>	FFY 2012 Target
Indicator 3A - Children have positive social-emotional skills	55.31%	40.54%	40.29%	42.61%	<b>38.72%</b>	58.50%
Indicator 3B - Acquisition and use of knowledge and skills	80.39%	81.34%	83.79%	82.42%	<b>76.83%</b>	83.50%
Indicator 3C- Use of appropriate behaviors to meet their needs	92.72%	95.16%	93.97%	89.45%	<b>83.89%</b>	95.00%

#### Actual Target Data for FFY 2012

<b>Summary Statement 2</b>	FFY 2008 Baseline N= 158	FFY 2009 Actual N=214	FFY 2010 Actual N=297	FFY 2011 Actual N=762	<b>FFY 2012 Actual N=4512</b>	FFY 2012 Target
Indicator 3A - Children have positive social-emotional skills	86.64%	89.25%	85.18%	83.59%	<b>82.31%</b>	89.75%
Indicator 3B - Acquisition and use of knowledge and skills	60.12%	71.49%	65.99%	56.43%	<b>44.35%</b>	72.00%
Indicator 3C- Use of appropriate behaviors to meet their needs	85.44%	91.12%	85.85%	83.07%	<b>68.91%</b>	91.12%

#### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

##### For Summary Statement 1:

**3A** -There was slippage from 42.61% to 38.72% in this sub-indicator. 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. NJEIS continues to have a large percentage of children (76%) enter the system with age-appropriate skills in this area as measured by the BDI-2 Social-Emotional Domain.
- Six hundred seventy-nine children (a+b) of the 1,108 (a+b+c+d) children who entered below age expectations did not make substantial progress thus impacting the results.
- In analyzing results by county, 13 counties (out of 21) had meaningful differences from the state performance.
  - Five (5) counties had better performance than the overall state performance; they are Burlington, Essex, Ocean, Somerset, and Warren. These counties are diverse from each other in size, and geographic location, suburban/urban settings. These counties all have a different agency responsible for administering the BDI.
  - Eight (8) counties had a meaningful difference from the state performance in the negative direction; they are Bergen, Hunterdon, Mercer, Monmouth, Morris, Sussex, and Union. These counties also vary in their demographics and have various agencies responsible for administration of the BDI.

- The Early Childhood Outcomes Center/Early Childhood Technical Assistance Center defines quality data as no more than 65% of children in progress category “e”. NJEIS has consistently reported more children in “e” since FFY 2008, the baseline year for reporting.
  - Other States that use BDI for child outcome reporting also report greater than 65% (average= 71%) in “e” for 3A according to data collected by the Early Childhood Technical Assistance Center for the NJEIS.
  - The DOH Stakeholder group charged with systemic improvement in indicator 3A is investigating the hypothesis that the BDI-2 may not have enough sensitivity to detect the social-emotional needs of young children and/or the concerns of their families.
  - In FFY 2013, DOH will evaluate the Targeted Evaluation Team’s administration and fidelity of the Social-Emotional Domain of the BDI-2 to ascertain if administration procedures are a major contributor to the high number of children reported in “e”.
- 3B** –The target of 83.5% was not met and there was slippage from FFY 2011 (82.42%) to the FFY 2012 performance of 76.83%.
- 3C** –The target of 95.00% was not met and there was slippage from FFY 2011 89.45% to the FFY 2012 performance of 83.89%.

### For Summary Statement 2:

- 3A** - The target of 89.75% was not met and there was slippage from FFY 2011 (83.59%) to the FFY 2012 performance of 82.31%.
- 3B** - The target of 72.00% was not met and there was slippage from FFY 2011 (56.43%) to the FFY 2012 performance of 44.35%.
- NJEIS drilled down the data for Summary Statement 2 in order to identify any regional differences.
    - Sub-indicator 3B is the only category with a regional difference.
    - For 3B, analysis indicated that the Northeast Region (Hudson, Bergen and Passaic counties) performed 10-18% lower than the other 3 regions in the state and 9.3% lower than the state performance.
    - These three counties account for 1,104 children reported out of the total N of 4512. (24.5%) thus slippage in this county significantly affected state-wide performance.
    - Passaic County had the lowest statewide performance of all 21 counties for 3B with 29.48% of the children exiting comparable to peers in attaining skills and knowledge. This county has multiple areas of performance concerns that are being addressed through focused monitoring.
    - Children and families in Passaic County are served by six (6) comprehensive early intervention programs, four (4) specialty programs, and twenty (20) vendor early intervention agencies. Further analysis and technical assistance will be given available to the EIPs that serve this county in order to ensure each agency administration understands the data for their county in Summary Statement 3B.
- 3C** - The target of 91.12% was not met and there was slippage from FFY 2011 (83.07%) to the FFY 2012 performance of 68.91%
- While the largest percentage of slippage between FFY 2011 and FFY 2012 is in Summary Statement 3C, the actual performance is 24.56% higher than Summary Statement 3B, therefore DOH focused the analysis on the performance in 3B.

### Discussion

- In FFY 2012 DOH instituted a new procedure of re-evaluating all children using the BDI prior to their Annual IFSP in addition their exit from NJEIS. This change resulted in increased availability of data for reporting and the inclusion of all 21 counties in the child outcome data collection and reporting.
- FFY 2012 is the first year that NJEIS is reporting slippage in all three sub-indicators for Summary Statements 1 and 2.
- NJEIS used a Meaningful Differences Calculator located at <http://www.ectacenter.org/eco/pages/summary.asp#MeaningfulDiffCalc>. The calculator developed by the Early Childhood Outcome Center (ECO) allows states to look at the statistical significance of change in the states summary statements from year to year to see if the difference is statistically significant. The calculator computes the 90% confidence interval around the state and local summary

statement values. This tool can be used to identify important differences between year to year performance in a state and to identify local programs that are performing statistically higher or lower than the state. The confidence intervals can be used to understand the precision of the summary statement values. Summary statement values with very large confidence intervals (more than  $\pm 10\%$ ) should be interpreted with caution. The NJEIS 2012 slippage is meaningful compared to last year's data for Summary Statement 1 3A, 3B & 3C and Summary Statement 2, 3B & 3C.

- The increased N and confidence interval, indicate that NJEIS has high quality data for FFY 2012. The N reported in FFY 2012 is 2766% larger than the baseline data from FFY 2008. Targets were set based on the FFY 2008 data.
- In FFY 2013, NJEIS is working on a fidelity check of the administration of the BDI by the Targeted Evaluation Teams in partnership with 2 other State Part C systems. Technical assistance will be provided by the lead agency (DOH) and/or the publishers of the BDI tool (Riverside Publishing) as needed to local programs.

Improvement Activities	Status
DOH will convene a stakeholder workgroup to identify additional mechanisms that will inform families of the Child Outcomes Project	<b>Completed March 2008</b>
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	<b>Completed FFY 2011</b>
DOH will offer annual state-wide training days for evaluators to learn BDI-2 administration and NJEIS policies and procedures related to implementation	<p style="text-align: center;"><b>Ongoing Activity FFY 2006 – 2012</b></p> <p>In FFY 2012, NJEIS provided 1 training day for staff statewide. This training was sufficient to ensure the staffing needs of evaluation teams into FFY 2013.</p> <p>DOH provides ongoing Technical Assistance to support the technology component that collects and stores the data used to report on this indicator. This continued in FFY 2012</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. In FFY 2012, this staff member assumed additional responsibilities for Electronic Record Form maintenance and data clean up.</p>
DOH will use data from Indicators 3A, 3B, and 3C to identify the training needs of NJEIS practitioners.	<p style="text-align: center;"><b>Ongoing Activity FFY 2006 – 2012</b></p> <p>The pilot initiative to build the capacities of system personnel and their knowledge of social emotional development was put on hold in FFY 2012 due to competing priorities and pending further guidance related to Indicator C-11 (SSIP).</p>

Improvement Activities	Status
<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 align="center"><b>Ongoing Activity FFY 2006 – 2012</b></p> <p>In FFY 2012, 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>
<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 align="center"><b>Completed June 2010</b></p>
<p>DOH will replace and update the evaluation equipment as needed to evaluation teams state-wide</p>	<p align="center"><b>Ongoing Activity FFY 2006 – 2012</b></p> <p>In FFY 2012, 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 new 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 align="center"><b>Ongoing Activity FFY 2006 – 2012</b></p> <p>In FFY 2012 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. The topic of Fidelity of Implementation was spotlighted in the group's work in FFY 2012 and continues in FFY 2013.</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 align="center"><b>Completed FFY 2010</b></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 align="center"><b>Ongoing Activity FFY 2006 – 2012</b></p> <p>In FFY 2012, DOH began building a web-based system for families and NJEIS to access the Ages and Stages Social Emotional Questionnaire to operationalize the use of this tool as part of the initial entry into NJEIS for eligible children and families.</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 align="center"><b>Ongoing Activity FFY 2006 – 2012</b></p> <p>In FFY 2012 the Pyramid Model workgroup was subsumed under the NJ Council for Young Children and is a focus of the NJ Race to the Top Early Learning Challenge efforts to improve social emotional and infant mental health services. NJEIS continues to partner with the state leaders on these efforts.</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 align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>NJEIS reports data from indicator 3 to the DOH Commissioner and Governor’s office as requested for public reporting.</p> <p>FFY 2012 and forward, DOH will report county data to relevant stakeholders regarding child outcome data.</p>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

**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	
<b>2012</b> (2012-2013)	75.00%	Know their rights
	72.00%	Effectively communicate their children's needs
	85.00%	Help their children develop and learn.

**Actual Target Data for FFY 2012:**

- A. **69.37% (317/457)** reflects the percent of families who reported that early intervention helped them know their rights.
- B. **64.77% (296/457)** reflects the percent of families who reported that early intervention helped them communicate their child's needs.
- C. **80.96% (370/457)** reflects the percent of families who reported that early intervention helped them help their child develop and learn.
  - The NJEIS, for the seventh 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 analyzed through the Rasch measurement framework. 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 626.7. The standard deviation was 153, and the standard error of the mean was 7.2. The 95% confidence interval for the mean was 612.6 – 640.7. This means that there is a 95% likelihood that the true value of the mean is between these two values.
- In late August 2013, 2,363 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, 2013 to allow families additional time to respond.
- Of the 2,363 surveys distributed across twenty one counties, 457 were returned for a response rate of 19.34%. In total, 230 paper surveys and 227 web responses were collected. There were 427 responses in English and 30 in Spanish. 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 2012 rate by county was -3.7% to +1.8%. The median percent difference was 0.2% and the mode was 1.3%.
- The December 1, 2012 population by race matched the FFY 2012 survey race of respondents within +/- 2.8% 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 that 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 2012 race by county was -1.5% to +2.8%. The median percent difference was 0.2%.
- 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 **69.4%**. The 95% confidence interval for the true population percentage is **65.0% – 73.4%**. 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 **64.8%**. The 95% confidence interval for the true population percentage is **60.3% - 69.0%**.
  - 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 **81.0%**. The 95% confidence interval for the true population percentage is **77.2% - 84.3%**.

## 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 5,285 families as documented by the table below.

County	White/ Not Hispanic	African American/ Not Hispanic	Hispanic	Native Hawaiian or other Pacific Islander	Asian	American Indian/ Alaskan Native	Multiracial	Grand Total
ATLANTIC	66	19	34		8		10	137
BERGEN	230	20	146	4	45		16	461
BURLINGTON	166	33	30	1	6		9	245
CAMDEN	168	40	76		8		21	313
CAPE MAY	28	5	8				2	43
CUMBERLAND	27	7	44			2	10	90
ESSEX	140	159	185	1	5		10	500
GLOUCESTER	145	8	12				13	178
HUDSON	54	29	173	3	23	1	10	293
HUNTERDON	36	3	8		1			48
MERCER	59	28	48			11	10	156
MIDDLESEX	142	31	143			76	2	412
MONMOUTH	271	29	74			9	14	397
MORRIS	147	13	37			13	9	219
OCEAN	576	11	85		3		16	691
PASSAIC	131	27	224		9		19	410
SALEM	23	5	2				3	33
SOMERSET	84	11	51		17		10	173
SUSSEX	53		8	1			6	68
UNION	137	56	142		18		16	369
WARREN	37	5	4				3	49
Grand Total	2720	539	1534	10	254	3	225	5285

## 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 (AA/H) and Hispanic (H) race group were pulled at higher percentages than other race groups (W/A/AI/PI/MULTI). The detailed plan follows:

### Step 1: Target number of survey returns per county.

- The sampling plan is a county stratified random sample without replacement, unequal allocation.

- The sampling rate is 10% with a minimal county stratum size of 20 and a maximum county stratum size of 75.
- The margin of error (MOE) per county varied from 11% to 21%. The margin of error for 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 2,363 for the NJEIS population of 5,285 as documented by the table below.

**Step 3: Analysis Weights**

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

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

CID	CountyName	Child Count			Expected returns			design effects		Sample out				
		W/AI/A/H I/PI/MULT I	AA/H	Child count	N	s.f.	MOE	wt	wt-norm	W/AI/A/H I/PI/MULT I	f.s.r.	AA/H	f.s.r.	total
1	ATLANTIC	84	53	137	20	15%	20%	0.7	1.E-03	41	49%	39	74%	80
2	BERGEN	295	166	461	46	10%	14%	1.0	2.E-03	98	33%	83	50%	181
3	BURLINGTON	182	63	245	25	10%	19%	1.0	2.E-03	62	34%	32	51%	94
4	CAMDEN	197	116	313	31	10%	17%	1.0	2.E-03	65	33%	57	49%	122
5	CAPE MAY	30	13	43	20	47%	16%	0.2	4.E-04	30	100%	13	100%	43
6	CUMBERLAND	39	51	90	20	22%	19%	0.5	9.E-04	29	74%	51	100%	80
7	ESSEX	156	344	500	50	10%	13%	1.0	2.E-03	52	33%	172	50%	224
8	GLOUCESTER	158	20	178	20	11%	21%	0.9	2.E-03	59	37%	11	55%	70
9	HUDSON	91	202	293	29	10%	17%	1.0	2.E-03	30	33%	100	50%	130
10	HUNTERDON	37	11	48	20	42%	17%	0.2	5.E-04	37	100%	11	100%	48
11	MERCER	80	76	156	20	13%	20%	0.8	1.E-03	34	43%	49	64%	83
12	MIDDLESEX	238	174	412	41	10%	15%	1.0	2.E-03	79	33%	87	50%	166
13	MONMOUTH	294	103	397	40	10%	15%	1.0	2.E-03	99	34%	52	50%	151
14	MORRIS	169	50	219	22	10%	20%	1.0	2.E-03	57	34%	25	50%	82
15	OCEAN	595	96	691	69	10%	11%	1.0	2.E-03	198	33%	48	50%	246
16	PASSAIC	159	251	410	41	10%	15%	1.0	2.E-03	53	33%	126	50%	179
17	SALEM	26	7	33	20	61%	14%	0.2	3.E-04	26	100%	7	100%	33
18	SOMERSET	111	62	173	20	12%	21%	0.9	2.E-03	43	39%	36	58%	79
19	SUSSEX	60	8	68	20	29%	18%	0.3	6.E-04	59	98%	8	100%	67
20	UNION	171	198	369	37	10%	15%	1.0	2.E-03	57	33%	99	50%	156
21	WARREN	40	9	49	20	41%	17%	0.2	5.E-04	40	100%	9	100%	49
Grand Total		3212	2073	5285	631	11%	4%	566	566	1248	37%	1115	52%	2363

**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.

2012-2013 Race/Ethnicity	Distributed	Returned	Return Rate	Percent of Return	Dec 1 2012 Race	Dec 1 2012 Race %	Difference Return - Race
White/ Not Hispanic	1,057	245	23.18%	53.61%	5,112	50.78%	2.83%
African American/ Not Hispanic	296	48	16.22%	10.50%	1,023	10.16%	0.34%
Hispanic	819	129	15.75%	28.23%	2,907	28.88%	-0.65%
Native Hawaiian or other Pacific Islander	1	0	0.00%	0.00%	19	0.19%	-0.19%
Asian	95	19	20.00%	4.16%	568	5.64%	-1.49%
American Indian/ Alaskan Native	1	0	0.00%	0.00%	7	0.07%	-0.07%
Multiracial	94	16	17.02%	3.50%	430	4.27%	-0.77%
Total	2,363	457	19.34%	100.00%	10,066	100.00%	0.00%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

- Responses were received from all twenty-one counties in New Jersey.
- Survey responses were received from 457 families, representing a 19.34% return rate (457/2363).
- The target was not met for 4A, 4B or 4C. Specifically:
  - Performance decreased in 4A from 70.86% in FFY 2011 to 69.37% in FFY 2012;
  - Performance decreased in 4B from 68.86% in FFY 2011 to 64.77% in FFY 2012;
  - Performance decreased in 4C from 81.84% in FFY 2011 to 80.96% in FFY 2012.
- The following chart represents the performance by race/ethnicity groups:

<b>Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4, by Race/Ethnicity</b>			
<b>Race/Ethnicity</b>	<b>4A</b> Percent of families who report that early intervention services helped them know their rights	<b>4B</b> Percent of families who report that early intervention services helped them effectively communicate their children's needs	<b>4C</b> Percent of families who report that early intervention services helped them help their child develop and learn
STATE TARGETS	75.00%	72.00%	85.00%
African American/ Not Hispanic (N=48)	64.6%	64.6%	72.9%
Asian (N=19)	84.2%	68.4%	89.5%
Hispanic (N=129)	67.4%	64.3%	83.0%
Multiracial (N=16)	50.0%	50.0%	75.0%
White/Not Hispanic (N=245)	71.4%	65.7%	81.2%

- Based on 2011 Steering Committee recommendations, state and county performance on this indicator are included in the local determination criteria and a statewide report comparing trend by county is posted on the state website at: [http://www.state.nj.us/health/fhs/eis/documents/system\\_data/family\\_outcome\\_survey\\_result.pdf](http://www.state.nj.us/health/fhs/eis/documents/system_data/family_outcome_survey_result.pdf)
- Explanation of slippage is not specifically known however, multiple factors related to the challenges families have faced over the past year include economic recovery, unemployment, and Superstorm Sandy.
- During FFY 2012, the NJEIS REICs expanded work of a family outcomes initiative 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 updates related to this indicator are provided below:

**Northeast REIC**

- During FFY 2012, NREIC continued to work with Bergen County to improve their performance on indicator **4A - Families who report the Part C system helped them know their rights**. A county workgroup with key county stakeholder participation from the Service Coordination Unit (SCU), and early intervention provider agencies worked throughout the year to identify potential root causes and implement resulting improvement strategies. The DAC Data Use Framework continues to be used to analyze data, determine root causes and develop improvement plans, including strategies to improve performance.
- **FFY 2012 County Performance:** Bergen County's performance in FFY 2012 on this indicator was 78.13% which exceeds the state target of 75%. This represents significant progress from the county's FFY 2011 performance of 53.33%.

- **Review of Improvement Activities Completed During FFY 2012**

**Root Cause:** Practitioners were surveyed related to their understanding of family rights and their perceived skill in explaining these rights to families. The survey data indicated that both ongoing and SPOE service coordinators have a good understanding of family rights, but the direct service practitioners were not adequately trained or equipped with the knowledge to address family rights with families during early intervention sessions. Based on these data, the following root cause was determined. "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."

**Strategies:** Based on these root causes, the county workgroup focused its efforts to develop and implement strategies to help to enhance direct service practitioners' understanding, and implement practices to address families' understanding of their rights.

1. In August and September of 2013, service coordinators and the REIC reached out to families to explain the importance of the survey at meetings, during telephone conversation, and through emails and newsletters. Provider agencies were asked to have their practitioners inform families they may be receiving a family survey and to explain the importance of the survey to them. In FFY 2012, the number of survey responses received did not increase over FFY 2011.
2. Throughout FFY 2012, ongoing service coordinators emphasized explanation of family rights to families at each IFSP review, each annual meeting, and each transition planning conference. Beginning in January of 2013, data have been collected about these practices through observations, record reviews and discussion at staff meetings. Beginning in January 2013, the SCU Director reported back to the workgroup quarterly on progress data. The outcome is to see an increase in the number of "exceeds standards" in the observation and reviews.
3. In May 2013, service coordinators updated the IFSP Meeting Checklist to include more specific details about each of the Family Rights. This revised tool has been used since May 2013.
4. In January 2013, the workgroup discussed how Bergen County practitioners were informed about Family Rights in NJEIS and in March 2013, a survey was conducted to determine Bergen County practitioner's understanding of Family Rights and how these rights apply to day to day work with families within NJEIS.
5. Ninety-four practitioners completed the survey and the results were presented to agencies and service coordinators for discussion and development of uniform activities to support increased practitioners understanding of family rights, and agencies promotion of family rights to the families they serve. These activities occurred throughout May and June of 2013 and strategies were implemented.
6. In August and September of 2013, the Family Support Coordinators featured selected family rights in the monthly blog article and/or in newsletters.

**Mid Jersey REIC (MJREIC)**

- During FFY 2012, MJREIC continued to work with Mercer County to improve their performance on indicator **4B - Increase the percentage of families who reported that EI helped them effectively communicate their child's needs**. All provider agencies and the service coordination unit in the county participate in this work. The DAC Data Use Framework continues to be used to analyze data, determine root causes and develop improvement plans, including strategies to improve performance.
- **FFY 2012 County Performance:** Mercer County's performance in FFY 2012 on this indicator was 80.0% which exceeds the state target of 72%. This represents progress from the county's FFY 2011 performance of 76.47%. The FFY 2011 performance exceeded the FFY 2010 performance of 40%.

- **Review of Improvement Activities Completed During FFY 2012**

**Root causes:** Based on the data collected through surveys and review of IFSPs and early intervention records during FFY 2012, improvement activities were focused on the following root cause:

1. EI staff need to place more emphasis on the family in both the written IFSP & ongoing early intervention sessions.
2. Practitioners need assistance in seeing their role in connecting families to community resources and in knowledge and skills in that area.
3. Practitioners need to work with families and the rest of the IFSP team to improve the quality of family outcomes as related to families communicating their child's needs and connecting to community resources specific to the family's needs.
4. Practitioners need to ensure that information gathered from parents at the Family Information Meeting (FIM) is integrated into IFSP outcomes.

**Strategies:** To address these root causes, the following strategies were implemented during FFY 2012:

1. Provided information and orientation of all practitioners throughout the county about the family outcome survey and how the survey results relate to NJEIS work with families.
2. Developed and implemented a staff development process now used by nine agencies within the county to:
  - Watch two videos illustrating how to help families communicate their child's needs and discuss these practices;
  - Review the importance of and results of the family survey
  - Complete a short follow-up survey
3. Provide assistance to service coordinators and targeted evaluation team members to improve the quality of family outcomes. This included 2 team meetings to discuss and practice outcome writing to address the root causes.
4. Analyze follow-up survey results from practitioners to continually determine next steps. Seventy-two of the 102 practitioners in the county completed the follow-up survey. Results indicate:
  - Overall, practitioners reported that their sessions closely matched the videos.
  - However, they also reported being slightly more comfortable with using the strategies than the extent to which they reported actually using the strategies.
  - All 72 practitioners responded to the question: "After reading the Impact on Family Survey & watching the videos, name "One thing you will do differently to increase family ratings of how EI helps families effectively communicate their child's needs." Responses were categorized as follows:
    - 28% stated they will increase or change the communication/conversations with families;
    - 16% stated they will focus on & highlight the strengths of the family & work to empower the family;
    - 16% stated they will work on connecting families to their community & resources;
    - 14% stated they will work on writing/implementing more family-centered & routines-based outcomes;
    - 8% stated they will work to increase family's participation in intervention sessions; and
    - 7% stated they will decrease the use of their "toy bag"

**Southern New Jersey REIC (SNJREIC)**

- During FFY 2012, SNJREIC continued to work with Gloucester County to improve their performance on indicator **4A – Families who report the Part C system helped them know their rights**. In a continued effort to increase overall performance in Gloucester County, a Family Outcome Workgroup met on a monthly basis with key county stakeholder participation from the Service Coordination Unit, early intervention provider agencies and the targeted evaluation team.

The DAC Data Use Framework was utilized to analyze data, determine root causes and develop improvement plans, including strategies to improve performance.

- **FFY 2012 Performance on 4A:** Gloucester County's performance in FFY 2012 of 76.19% exceeded the state target of 75.00% but represented a decrease from the county's FFY 2011 performance of 87.50%. The FFY 2011 performance had also exceeded the state target of 73.01% and had showed an increase from the FFY 2010 performance of 64.71%. There was an increase in the number of families completing the survey in FFY 2012. The county team with the assistance of the REIC will analyze the data from the FFY 2012 survey results, review all current county data collected related to this indicator, revisit the hypotheses and determine if any changes are needed in improvement strategies.

- **Review of Improvement Activities Completed During FFY 2012:**

**Root Causes:** Based on data collected and analyzed, the following hypotheses were determined to be root causes affecting county performance. These were used to develop strategies for improvement.

1. If direct service 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.
2. If service coordinators understand and are confident in explaining family rights, then families would have a better understanding of their rights.

- **Strategies:** To address those root causes, the following strategies were implemented in FFY 2012:

#### **Direct Service Practitioners**

1. In April 2012, a survey was conducted, using a Likert Rating scale, with individuals working with families in NJEIS. The survey was designed to determine the level of understanding of parent rights and their perceived level of skill in explaining parent rights. The survey was distributed to 77 EIP staff and TET members with an expanded version of the survey sent via survey monkey.
2. Both surveys identified challenges in staff comprehension of family rights and in their perceived ability to explain those rights to parents.
3. To address this, beginning in August of 2012, a standing agenda item was added to monthly provider meetings to highlight a different parent right each month. This activity included disseminating written information to staff about the particular right, discussion of a case scenario illustrating this parental right and follow-up mentoring of staff.

#### **Service Coordinators**

1. In July 2012, the expanded version of the survey was also sent to service coordinators via survey monkey to determine their level of understanding of family rights and their perceived skill in explaining those rights. The survey including true/false, multiple choice and short answer questions.
2. These survey results from service coordinators also identified challenges in staff comprehension of family rights and in their ability to explain those rights to parents.
3. To address this, beginning in August 2012, a standing agenda item was added to monthly service coordinator meetings to highlight a different parent right each month. This activity included disseminating written information to meeting participants about the particular right, discussion of a case scenario illustrating this parental right and follow-up mentoring of service coordinators.
4. Beginning in March 2013, an ongoing process was implemented to review data from all completed SNJREIC family contact forms to identify any family rights issues being brought to the SCU agency by families.

#### **Families**

1. In November 2012, an online true/false survey was conducted with families in the county to determine their level of understanding of parent rights and the role NJEIS staff played in their

- understanding. Two hundred-four (204) parents were sent the survey by email and thirty-eight (38) parents completed the survey.
2. Beginning in March 2013, an ongoing process was implemented to review data from all completed SNJREIC family contact forms to identify any family rights issues being brought to the SCU agency by families.
- **Next Steps:** The data improvement project continues during FFY 2013 with particular emphasis on data analysis and revisiting of improvement strategies based on slippage in performance in FFY 2012. Activities include:
    1. Analysis of the FFY 2012 survey data on C-4A and all data being collected to determine reasons for slippage and to revise strategies as needed;
    2. Addition of relevant questions related to family rights to existing family surveys used within the county to obtain additional information to inform possible improvement activities;
    3. Development of a plan to obtain additional qualitative data from parents through focus groups targeted for spring of 2014;
    4. Identification of additional resources for families specific to their family rights, including written materials and already developed online modules;
    5. Making plans with the SNJPC nutrition program to conduct a focus group to obtain data from families on their understanding of their NJEIS rights and the role played by NJEIS practitioners. The focus group will be conducted during a scheduled “healthy eating habits” workshop in the spring of 2014; and
    6. Inclusion of understanding of parent rights and skill in explaining those rights in a competency checklist to be used in employee annual performance appraisals starting in 2014.

#### **Family Link REIC**

- During FFY 2012, the Family Link REIC continued work with Warren County to improve performance on **indicator 4C - Families who report NJEIS helped them help their children develop and learn**. The DAC Data Use Framework is being used to analyze data, determine root causes, and develop improvement plans including strategies to improve performance.
- **FFY 2012 Performance:** Warren County’s performance in FFY 2012 was 91.67% which exceeds the state target of 85%. This represents slight slippage from the county’s FFY 2011 performance of 92.86%. The FFY 2011 performance exceeded the FFY 2010 performance of 66.67%.
- **Review of Improvement Activities Completed During FFY 2012:**

**Root Cause:** Based on the data collected and analyzed during FFY 2012, improvement activities were focused on the following root cause: Warren County EIP and SCU need to explore develop and utilize specific strategies in supporting parents to be more actively engaged in early intervention learning strategies with their child.

**Strategies:** To address this root cause, the following strategies were implemented during FFY 2012:

  1. Beginning in July 2013, all service coordinators place increased emphasizes on the importance of the family’s role in their child’s development during the Family Information Meeting held prior to the initial IFSP meeting;
  2. Beginning in July 2013, all service coordinators call each family on their caseload about three months following the IFSP meeting to discuss how things are going related to the provision of IFSP services;
  3. Beginning in April 2013, all service providers develop and leave with the parents a copy of session notes with written strategies that were discussed, modeled and implemented during the direct service delivery session. This form was revised in September 2013 as a result of feedback on the form during its first 4 months use.
  4. Beginning in April 2013, service providers and service coordinators began to discuss with families the importance of having at least one session in the home per month for all children receiving EI services in childcare. Plans for scheduling these home visits are made to the extent possible with the parent’s schedule.

- Next Steps:** During FFY 2013 and in preparation for FFY 2014, the county team will continue to analyze data to determine progress in performance on this indicator and to adjust improvement activities as needed. Beginning in January 2014, agencies will provide mentoring to all new staff to assist families in helping their child grow and learn. This technical assistance will include opportunities for ongoing follow up and support to all practitioners. The agency also will develop and implement a staff training program in effective coaching strategies effective February 2014.

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><b>Ongoing Activity FFY 2006-2012</b></p> <p>For FFY 2012, 2,363 families were mailed surveys. The outgoing sample plan is described above.</p> <p>The December 1, 2012 population by race matched the FFY 2012 survey race of respondents within +/- 2.83% 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><b>Completed in 2006</b></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><b>Ongoing Activity FFY 2006-2012</b></p> <p>For FFY 2012, 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><b>Ongoing Activity FFY 2006-2012</b></p> <p>For FFY 2012, 2,363 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 2012, NJEIS conducted follow-up to obtain 241 additional survey responses from the following counties which were under represented based on the expected return rate of 30%: Atlantic (8), Burlington (11), Camden (12),Cape May (5),</p>

Improvement Activities	Status
	Cumberland (10), Gloucester (3), Salem (5), Bergen (17), Hudson (13), Passaic (22), Essex (27), Morris (10), Sussex (4), Union (18), Warren (3), Hunterdon (2), Mercer (9), Middlesex (21), Monmouth (12), Ocean (26), Somerset (3).
<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 style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></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 2012, approximately 12 families contacted SPAN with questions about the family survey and/or to get assistance in completing the survey. Nine (9) 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 style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, in order to ensure an adequate number of responses, staff contacted an additional random sample of families who had not yet responded. Two hundred forty one (241) 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 style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, 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 style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, Pierre 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 style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>The December 1, 2012 population by race matched the FFY 2012 survey race of respondents within +/- 2.8% for all race groups. The NJEIS has historically</p>

Improvement Activities	Status
	<p>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. This resulted in a slight over representation of 0.34% for the African American/Not Hispanic race group and slight under representation of 0.65% for the Hispanic group. In summary, this resulted in an appropriate percentage of survey response representation for these two race groups for the FFY 2012 survey responses.</p> <p>In addition, on March 15, 2013, the DOH distributed the results of a county analysis for the five year period (FFY 2006-2011) 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>Review family outcome survey results and revise procedural safeguards training as needed to address concerns identified.</p>	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>The NJEIS compared the results of FFY 2011 to FFY 2012 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"> <li>▪ “Know about my child’s and family’s rights concerning EI services” decreased from 94% to 93% (1% decrease);</li> <li>▪ “Feel that I can get the services and supports that my child and family need” decreased from 93% to 91% (2% decrease) and;</li> <li>▪ “Understand how the EIS works” stayed the same at 94%.</li> </ul> <p>In addition, the DOH distributed the results of a county analysis for the five year period (FFY 2006-2012) to the Procedural Safeguards and CSPD coordinators and the REICs to inform the need for training and technical assistance.</p> <p>During FFY 2012, 335 people accessed the recorded teleconference workshop on</p>

Improvement Activities	Status
	early intervention housed on the SPAN (PTI) website and over 300 people downloaded the accompanying materials.
<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;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, survey results were discussed with the Part C Steering Committee and reviewed with the SICC.</p> <p>In addition, the DOH distributed trend results for each county for the most recent seven years to the service coordination units and early intervention program providers to assist in the development of local improvement activities related to performance in family outcomes.</p> <p>The REICs and selected counties also continued the improvement process begun in 2012 in which 4 county teams and their REIC use the DAC data framework for improvement. This includes data analysis to identify root causes, implementation and tracking strategies to address those root causes and evaluating progress toward improvement. Progress on 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;"><b>New Activity FFY 2010-2012</b></p> <p>FFY 2011 survey results were included in the criteria for County Determination reports. The FFY 2012 results will be included in the County Determination reports in the Spring of 2014.</p>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

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

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

**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)

**Measurement:**

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

FFY	Measurable and Rigorous Target
<b>2012</b> (2012-2013)	0.75 percent of infants and toddlers birth to 1 will have IFSPs

**Actual Target Data for FFY 2012:**

For FFY 2012 (2012-2013), New Jersey served 637 infants, birth to one which is 0.62% (637/102,766) of infants, birth to one, with IFSPs, compared to the national average of 1.06% (42,225/3,983,689).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

- Data used for comparison to the national average is from 2012 posted by OSEP at: <http://therightidea.tadnet.org/assets/2514> as of November 18, 2013.
- FFY 2012 status of 0.62% is 0.13% below the target of 0.75% as set by stakeholders for this reporting period.
- When compared with FFY 2011, the New Jersey state percentage of children birth to one year decreased by 0.01% (0.63%-0.62%) while the national percentage increased by 0.04% (1.02%-1.06%).
- In FFY 2012, 38.10% (8/21), eight of the twenty-one, NJEIS counties met or exceeded the target of 0.75%.
- The total number of referrals of children, birth to age one year, received from July 1, 2012 through June 30, 2013 increased by 2.99% (3,349 to 3,449) than the number received from July 1, 2011 through June 30, 2012.
- The number of referrals from July 1, 2012 through June 30, 2013 examined by age and eligibility outcome indicates that:
  - 3.23% (3449/106,922) of 2010 live births as per the Centers for Disease Control and Prevention National Center for Health Statistics website (most current data as of December 2013) were referred to NJEIS. This is a 0.17% increase compared to FFY 2011 (3.06%=3349/109,543).
  - The ineligibility rate for children referred birth to age one was 34.9% in FFY 2012 and 31.3% in FFY 2011. This is a 3.6% 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 four year trend in referrals and ineligibility rates. In FFY 2012 there was an increase in the overall referral growth rate by +0.48% and 2.99% in children aged 0-1. The ineligibility rate also increase by 3.6% from 31.3% in FFY 2011 to 34.9% in FFY 2012.

Age	FFY 2009 Referrals	FFY 2010 Referrals	FFY 2011 Referrals	FFY 2012 Referrals	FFY 2009 % Growth	FFY 2010 % Growth	FFY 2011 % Growth	FFY 2012 % Growth	FFY 2009 Ineligible	FFY 2010 Ineligible	FFY 2011 Ineligible	FFY 2012 Ineligible
0 – 1	3324	3163	3349	3449	1.71%	-4.84%	5.88%	2.99%	29.9%	30.1%	31.3%	34.9%
1 – 2	6474	6538	6617	6625	7.74%	0.99%	1.21%	0.12%	19.7%	22.1%	23.0%	23.2%
2 – 3	5184	5273	5722	5690	6.67%	1.72%	8.52%	-0.56%	22.8%	25.2%	26.8%	32.0%
<b>Total</b>	14,982	14,974	15,688	15,764	5.98%	-0.05%	4.77%	0.48%	23.0%	24.9%	26.2%	28.9%

- Throughout FFY 2012, NJEIS continued to use a data decision process for regional child find planning to address improving performance in this indicator. REICs coordinate this effort with emphasis on increased referrals in targeted counties and with targeted populations and referral sources. Discussion of FFY 2012 regional activity as well as initial plans for FFY 2013 in each region is provided below.
- An analysis of eligibility rates by referral source have been provided for review and consideration in child find efforts.

<b>Eligibility Rate</b>	
<b>Referral Source</b>	<b>SFY 2013</b>
Child Care	55%
DDD	33%
DYFS	35%
EI Out of State	71%
Head Start	69%
Hospital	72%
NICU	76%
Shelter Homeless/Abused	25%
WIC	65%
Health Care Provider/Physician	64%
Parent Previous w/NJEIS	65%
Media/Ads/Internet	58%
Friend/Relative	60%
Social Service/Community Agency	53%
Educational Agency (SEA & LEA)	59%
SCHS Birth Registry/CMU/MCH	69%
NJEIS Provider/Practitioner	71%
CEC/Neonatal Follow-up	79%
Foster Parent	61%

### **Southern New Jersey REIC (SNJREIC)**

- FFY 2012 Performance**  
The southern region targeted activity for improvement in the indicator in all 7 counties in the region. The percentage of children served birth to 1 year for FFY 2012 as compared to FFY 2011 and the state target and performance for each year is provided in the table below. The regional team has reviewed data related to FFY 2012 activities with the performance data below to develop and implement a plan for FFY 2013.

<b>SNJREIC County</b>	<b>FFY 2011</b>	<b>FFY 2012</b>
Atlantic	.80%	.73%
Burlington	.97%	.62%
Camden	.83%	.76%
Cape May	.74%	.65%
Cumberland	.75%	.74%
Gloucester	.85%	.71%
Salem	.66%	1.09%
<b>State Target</b>	<b>.72%</b>	<b>.75%</b>
<b>State Performance</b>	<b>.63%</b>	<b>.62%</b>

**Targeted Activities in FFY 2012:** Throughout FFY 2012, SNJREIC targeted efforts through outreach to Home Visiting Programs, early childhood programs and Early Head Start. The number of children referred to early intervention in the southern region increased by 2% in FFY 2012, which was above the region's target for increase in referrals in FFY 2012 of 1%. Specifically:

1. Met with Home Visiting Programs, Early Head Start and other early childhood programs to discuss eligibility and NJEIS procedures for referral, and to encourage referrals as appropriate.
2. Coordinated a community partnership between NJEIS and Home Visiting Programs in the southern region.
3. Adjusted regional SPOE data collection mechanism to effectively capture tracking of primary referral sources.
4. Conducted outreach phone calls and emails to the identified specific physicians, within targeted pediatric practices, who did not consistently refer to early intervention.
5. Maintained partnerships with AAP NJ Chapter, DOH, DFHS and the SPAN Medical Home Initiative in participation with 11 southern pediatric practices.

Despite the 2% increase in referrals in the region, there was slippage in performance in this indicator in six of the seven counties in the region. Further data analysis has been completed to identify the root cause of performance slippage. Planned activities to address these root causes are included in the region's FFY 2013 child find plan.

### **Helping Hands (NREIC)**

- **FFY 2012 Performance**

This region targeted activity for improvement in the indicator in all 3 counties in the region. The percentage of children served birth to 1 year for FFY 2012 as compared to FFY 2011 and the state target and performance for each year is provided in the table below:

<b>NREIC County</b>	<b>FFY 2011</b>	<b>FFY 2012</b>
Bergen	.36%	.49%
Hudson	.36%	.38%
Passaic	.62%	.55%
<b>State Target</b>	<b>.72%</b>	<b>.75%</b>
<b>State Performance</b>	<b>.63%</b>	<b>.62%</b>

- **Targeted Activities in FFY 2012:** Throughout FFY 2012, NREIC worked to increase the number of referrals to the NJEIS from social service and community agencies serving families with young children in Bergen, Hudson and Passaic Counties with particular emphasis on increasing the number of referrals to NJEIS from ethnic groups in the region identified with comparably lower referral numbers. During FFY 2012, the NREIC conducted intensive community based outreach primarily in under-served communities of Passaic and Hudson counties, and reached a total of 138 pediatric practices, childcare, social service and community organizations throughout the region. Specifically:
  1. The NREIC identified and conducted outreach to 10 community and/or social service agencies in each county that serve families with young children, particularly those based in Latino, Middle

Eastern and Eastern European communities throughout the region. As a result of these activities, there was an increase in the number of referrals from community and social service based agencies, particularly in Hudson and Passaic counties during the 3<sup>rd</sup> & 4<sup>th</sup> quarters of the year.

2. In collaboration with an early intervention program in the region, the NREIC conducted in-person outreach, to early childhood programs serving children, birth to three, in Kearny, Harrison, Jersey City and Bayonne. As a result of these efforts, an increase in referrals from early childhood providers was seen during the 3<sup>rd</sup> & 4<sup>th</sup> quarters of the year.
3. The NREIC continued to target and contact pediatricians who did not refer families to early intervention when there were concerns about a child's development. In FFY 2013, the NREIC will develop a process to record the specific pediatric practice making the referral. Currently reporting is generalized and only provides categorical data, not data on specific pediatricians or practices. Such specific data are necessary to continue to evaluate progress in this area and to determine necessary targets for outreach.

Performance in this indicator improved in 2 of the 3 counties in the region. Further data analysis has been completed to identify the root causes associated with performance progress and slippage. Planned activities to address these root causes are being implemented according to the region's FFY 2013 child find plan.

### **Family Link REIC**

▪ **FFY 2012 Performance**

This region targeted activity for improvement in the indicator in urban areas of Essex and Union Counties as well as rural areas within Sussex and Warren Counties. The percentage of children served birth to 1 year for FFY 2012 as compared to FFY 2011 and the state target and performance for each year is provided in the table below:

<b>FLREIC County</b>	<b>FFY 2011</b>	<b>FFY 2012</b>
Essex	.60%	.59%
Union	.68%	.80%
Sussex	.36%	.77%
Warren	1.86%	.86%
<b>State Target</b>	<b>.72%</b>	<b>.75%</b>
<b>State Performance</b>	<b>.63%</b>	<b>.62%</b>

- **Targeted Activities in FFY 2012:** Activities were focused on primary referral sources, including pediatricians, hospitals, child-care providers and community organizations and included the following:
1. The regional team reviewed referral patterns in 3 of the selected counties during FFY 2012 and is using these data to plan for FFY 2013:
    - Essex County had an increase in referrals of 1.42%
    - Union County experienced a decrease in referrals of 23%
    - Warren County experienced a decrease in referrals of 9%
  2. Development of and increase in partnerships through:
    - Presentations to physicians, hospital personnel (NICU/PICU departments), community organizations (home visitation and child/women/family programs), early child care programs (including Early Head Start);
    - Email communication to primary referral sources to encourage referrals;
    - Participation and/or collaboration with community stakeholders including home visitation programs;
    - Interagency agreements including an MOA with Early Head Start Programs;
    - Establishment of a referral process using a "Recommendation to EI" form specifically designed to track referrals to specific targets; and
    - Establishment, maintenance and collaboration between Family Support and SPOE referral unit to:
      - Collect accurate data recorded on Referral Department Spreadsheet; and

- Retrieve the "Recommendation to EI" form.
- 3. The region is reviewing progress and slippage in this indicator in the targeted counties and is implementing a plan for FFY 2013 based on root cause analyses.

**MidJersey REIC**

**FFY 2012 Performance**

This region targeted activity for improvement in the indicator in townships with households with lower incomes in Hunterdon and Somerset Counties. The percentage of children served birth to 1 year for FFY 2012 as compared to FFY 2011 and the state target and performance for each year is provided in the table below:

<b>County</b>	<b>FFY 2011</b>	<b>FFY 2012</b>
Hunterdon	.63%	1.14%
Somerset	.51%	.53%
<b>State Target</b>	<b>.72%</b>	<b>.75%</b>
<b>State Performance</b>	<b>.63%</b>	<b>.62%</b>

As a result of activities throughout the year, referrals increased in Hunterdon by 12.9% in FFY 2012 and in Somerset by 1.8%. The regional planning group was pleased with the progress made noting the percentage of children B-1 served in Hunterdon increased from .63% to 1.14% exceeding the state target and state performance. Somerset's child count for children B-1 increased to .53%.

▪ **Targeted activities in FFY 2012:**

1. Creation of a Child Find committee of community members from both targeted counties. Referral sources were targeted and a plan for outreach was developed. Face to face conversations through meetings and presentations were planned and conducted designed to increase referrals occurred throughout the year;
2. A new SPOE Referral Form was created and put in use to ensure collection of relevant referral data to contribute to planning strategies;
3. Presentations at and meetings with community groups including local Division of Child Protection and Permanency agencies, child care agencies, healthcare providers including NICUs, pediatricians, clinics, social service agencies, shelters, WIC offices, faith-based groups, Home Visitation programs, etc. Data was collected on number of meetings, mailings and presentations for analysis of future strategies;

The regional group is implementing FFY 2013 activities based on data analysis from FFY 2012 activities and performance.

<b>Improvement Activities</b>	<b>Status</b>
Run and rank county performance on percentage of children birth to one served based on the December 1 count compared to county census data.	<b>Ongoing Activity FFY 2006-2012</b> In FFY 2012, county data ranged from a low of 0.38% to 1.10%. Thirteen of twenty-one counties met or exceeded the 0.62% statewide average. The data are included in the Annual County Performance Reports.
Select counties with low performance and prepare available data on these counties including referral sources, birth registry data, and diagnosed conditions.	<b>Ongoing Activity FFY 2006-2012</b> County data are prepared and shared with the REICs and SICC committees assigned to assist with this indicator.

Improvement Activities	Status
<p>REICs work with identified counties to analyze data, locate community resources and develop targeted child find and public awareness plans to increase the percentage of children birth to one in the identified county.</p>	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, the REICs continued to implement and update targeted child find plans in selected counties based on the data provided by the DOH. Selection of targeted counties is based each year on analysis of child count, referral, demographics, eligibility and other data. Strategies are developed each year based on analysis of available data. Targeted activities are evaluated to ensure effective use of resources.</p> <p>A more detailed description of these child find plans and progress toward improvement is provided within the narrative of this indicator.</p>
<p>Continue ongoing meetings between NJEIS and the Division of Youth and Family Services (DCP&amp;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"><b>Ongoing Activity FFY 2006-2012</b></p> <p>The NJ Department of Children and Families received a Help Me Grow (HMG) grant from the National Help Me Grow Center. The focus was on promoting networking opportunities and outreach that support early detection and intervention for young children. The Part C Coordinator and REIC staff have participated with committees implementing project activities including physician awareness and access to resources and referral.</p>
<p>NJEIS and DCP&amp;P facilitation of regional and local collaboration with Child Welfare Planning Councils.</p>	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, REICs conducted ongoing continued outreach to eight (8) DCP&amp;P district offices (line staff and nurses) through presentations and discussions. Both state departments and all regional offices are collaborating to develop streamlined processes for identifying who is the parent for IDEA purposes for infants and toddlers in EI.</p>
<p>Collaborate with SPANs NICU Project to provide information to families about early intervention.</p>	<p align="center"><b>Completed FFY 2006</b></p>
<p>Collaborate with the Family Support Committee of the SICC on activities to increase early identification and referral to NJEIS.</p>	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, DOH 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 continued to focus on early literacy with activities including story telling, taking place in local libraries, book stores, and</p>

Improvement Activities	Status
	<p>other community based locations.</p> <p>Books were distributed in English and Spanish in one region which 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 over 340 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>DOH reprinted EI Brochures in English and Spanish for distribution in the state.</p> <p>REICs continued to work with and present to physicians via SPAN Medical Home Leadership Advisory Group and also conducted follow up phone calls and/or emails to participating practices in an effort to support the identification of EI and promote/increase physician awareness of EI.</p> <p>AAP-NJ advertisement providing EI referral information was placed in the AAP-NJ e-newsletter on at least a quarterly basis.</p>
<p>Complete two Physician Trainings through the State Improvement Grant to encourage early identification and referral of children to NJEIS.</p>	<p><b>Completed FFY 2005</b></p>
<p>Explore opportunities to collaborate with a NJ Immigration Project (NJIPN) that is reaching out to, collecting information on, and conducting outreach to immigrant families and health services.</p>	<p><b>Ongoing Activity - FFY 2006-2012</b></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. This grant has now ended.</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</p>

Improvement Activities	Status
	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. SPAN provided information on EI and transition from EI to preschool to cover 900 immigrant families in FFY 2012.
Plan presentations at grand rounds and business meetings of hospitals statewide.	<b>Completed FFY 2006</b>
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).	<b>Completed FFY 2006</b>
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 style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012 NJEIS continued to work with AAP-NJ on Educating Practices for physicians in their communities for preventing child abuse and neglect. 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>One REIC continues to partner with Robert Wood Johnson Medical School to place residents in the field to shadow EI professionals. This helps to build sensitivity and awareness.</p> <p>There was one presentation with Mercer MCHC and Children's Futures staff was in attendance.</p>
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;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>NJEIS continued to work with AAP-NJ and Department of Children and Families to develop and implement statewide agreed upon training curriculum and technical assistance.</p>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

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

**Monitoring Priority: Effective General Supervision Part C**  
**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
<b>2012</b> (2012-2013)	3.14 percent of infants and toddlers birth to 3 will have IFSPs

**Actual Target Data for FFY 2012:**

For FFY 2012, New Jersey served 3.22% (10,066/312,388) of infants and toddlers, birth to three, with IFSPs, compared to the national average of 2.77% (333,542/12,028,122).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

- Data used for comparison to the states with similar eligibility and the national average is from 2012 as posted by OSEP at <http://therightidea.tadnet.org/assets/2514> as of November 28, 2013.
- New Jersey exceeded the target of 3.14% by 0.08% for this indicator as set by stakeholders for this reporting period.
- When compared to FFY 2011, the percentage of infants, birth to three, with IFSPs in New Jersey decreased by 0.13% (3.35%-3.22%) while the national percentage decreased by 0.02% (2.79%-2.77%).
- The total number of children enrolled on December 1, 2012 (10,066) decreased by 504 children, which is a 4.8% decrease from December 1, 2011 (10,570) to December 1, 2012 (10,066).
- The total number of referrals birth to three years received July 1, 2012 through June 30, 2013 increased by 76 children, which is a 0.48% increase (15,688 to 15,764).
- 42.9% (9/21) 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	<b>Ongoing Activity FFY 2006-2012</b> In FFY 2012, a ranking of the December 2011

Improvement Activities	Status
December one count compared to county census data.	child count was completed.
Select counties with low performance and prepare available data on these counties, including referral sources, birth registry data, and diagnosed conditions.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> FFY 2012 county data were prepared and will be shared with the REICs and SICC committees assigned to assist with this indicator.
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 align="center"><b>Ongoing Activity FFY 2006-2012</b></p> During FFY 2012, the REICs continued to implement and update targeted child find plans in selected counties based on the data provided by the DOH. Selection of targeted counties is based each year on analysis of child count, referral, demographics, eligibility and other data. Strategies are developed each year based on analysis of available data. Targeted activities are evaluated to ensure effective use of resources. SPAN partnered with the NJEIS, the REICs, and the Boggs Center (NJ's UCEDD) on a series of parent-led trainings for fifteen Federally Qualified Health Centers (FQHC) 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. <ul style="list-style-type: none"> <li>▪ SPAN trained 195 staff of 15 FQHCs in six counties (Bergen, Essex, Hudson, Middlesex, Passaic &amp; Union) across the state and developed and disseminated a flow chart for FQHC staff to use and to share with parents when screening revealed a possible developmental delay or disability and the need for further evaluation.</li> <li>▪ Staff from the relevant REIC participated in 9 of these trainings and shared information about the EI system.</li> <li>▪ As part of the training, each site received a free Medical Home Resource Binder &amp; CD, copies of the CDC's "Milestone Moments" booklets in English and Spanish to share with their patients' families, and a "flow chart" personalized for each FQHC that illustrates next steps once a child screens positive for any kind of developmental concern, including</li> </ul>

Improvement Activities	Status
	<p>referral for diagnosis, Early Intervention, Special Child Health Services Case Management Units, SPAN, autism-specific organizations, and other community services/supports. A total of 145 surveys were completed.</p> <ul style="list-style-type: none"> <li>▪ Prior to the training, only 35 of these potential primary referral sources indicated they had a “high” level of knowledge about screening and systems to support young children with special needs while 60 indicated little or no knowledge. After the training, 100% of participants indicated either a “high” or “somewhat high” level of knowledge, and 100% indicated a commitment to screen their young patients using validated screening tools.</li> </ul>
<p>Continue ongoing meetings between NJEIS and the Division of Child Protection &amp; Permanency (DCP&amp;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;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, REICs conducted outreach to eight (8) DCP&amp;P district offices (line staff and nurses) through presentations and discussion meetings.</p>
<p>NJEIS and DCP&amp;P facilitation of regional and local collaboration with Child Welfare Planning Councils.</p>	<p style="text-align: center;"><b>Completed FFY 2006</b></p>
<p>Collaborate with the Family Support Committee of the SICC on activities to increase referral to NJEIS.</p>	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, DOH 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 which 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>

Improvement Activities	Status
	<p>In addition, the REICs completed over 340 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 physicians via SPAN Medical Home Leadership Advisory Group and also conducted follow up phone calls and/or emails to participating practices.</p> <p>An AAP-NJ ad providing EI referral information was placed in the AAP-NJ e-newsletter on at least a quarterly basis.</p>
<p>Complete two physician trainings through the State Improvement Grant to encourage referral of children to NJEIS.</p>	<p><b>Completed FFY 2006</b></p>
<p>Expand use of bilingual service coordinator associates (SCAs paraprofessionals) to facilitate communication with families who are non-English speaking.</p>	<p><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, several REIC's hired bilingual referral SC's/SCA's who speak Spanish, French, Italian, Polish, and Tagalog.</p> <p>In addition, the staff located at the REIC offices, continued contracting with "language line" services for 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 communicate with families whose primary language is not English.</p> <p>Language Line was used for a total of 427 calls and interpreted in 23 languages between July 1, 2012 and June 30 2013 including the following languages: Albanian, Amharic, Arabic, Bambara, Bengali, Cantonese, French, Gujarati, Haitian Creole, Hebrew, Hindi, Hungarian, Korean, Macedonian, Mandarin, Patois, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese. Approximately 50% of the calls were in Spanish.</p> <p>TDD (telecommunication device for the deaf) and language line managed calls to the Mid-Jersey REIC. There were approximately 15 TTD calls.</p>
<p>NJEIS Autism Project Specialist follows national research and incorporates the information into</p>	<p><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, a DOH-NJEIS staff member was designated as an Autism Project Specialist</p>

Improvement Activities	Status
<p>NJEIS recommended practice for the early identification of children on the autism spectrum.</p>	<p>that advised and served as a resource to the NJEIS, Department of Health and the Governor's Office including appointed as a member of the Governor's Council.</p> <p>In FFY 2012 the Autism Project Specialist continued to:</p> <ul style="list-style-type: none"> <li>▪ Review autism specific curricula and supervision plans;</li> <li>▪ Provide technical assistance and guidance to ensure the curricula met the Autism National Professional Development Standards definition of evidence-based practice;</li> <li>▪ Provide technical assistance, as needed, to practitioners and families to assist with the development of appropriate IFSPs for children with ASD.</li> <li>▪ Two (2) county Service Coordination Units collaborated with an "Early Autism Developmental Disabilities Monitoring (ADDM)" autism surveillance efforts of the CDC by providing support to the CDC surveillance teams as they worked to collect data that could identify the prevalence of ASD in the 2008 birth year utilizing NJEIS records as a part of the research methods.</li> </ul> <p>In addition, to support increased referrals from child care settings, SPAN provided funding to Parents of Autistic Children to conduct Red Flags in Child Development workshops for child care centers in 15 NJ counties: Bergen, Burlington, Essex, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union and Warren. Nine hundred nine (909) staff from 60 child care programs were provided a 90 minute training on how to recognize the signs of developmental delay and how to follow up including resources such as early intervention.</p>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

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

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

**Effective General Supervision Part C / Child Find**

**Indicator 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 45-day timeline.

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

**Measurement:**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers 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
<b>2012 (2012-2013)</b>	100% of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting will be conducted within Part C’s 45-day timeline.

**Actual Target Data for FFY 2012:**

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	<b>329</b>
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	<b>335</b>
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)	<b>98.21%</b>

For FFY 2012, 98.21% (329/335) 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.

286 children received an evaluation and assessment and had an initial IFSP meeting conducted within the Part C 45 day timeline. An additional 26 children had delays in their initial IFSP meeting due to family reasons. An additional 17 children had delays in their initial IFSP due to an extreme weather delay from

Superstorm Sandy. Therefore, 329 (286+26+17) of 335 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 2012:**

- NJEIS performance for this indicator decreased slightly by 0.9% from 99.11 in FFY 2011 to 98.21% in FFY 2012.
- The non-compliance occurred in three (3) of the 21 counties. There was 100% compliance in the remaining 18 counties.
- 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.
- A simple random sampling plan without replacement, with a 95% confidence level and +/- 5 confidence interval ensures that child records were chosen appropriately and represent the state population.
- Monitoring begins with a data desk audit based on a simple random sample without replacement of three months of FFY 2012 data (September, October and November 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 2,448 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 335 children were monitored. Of the 335 children, 329 of the IFSPs were in compliance with the 45 calendar day requirement, including the 26 initial IFSP meetings that were delayed because of family reasons and the 17 initial IFSP meetings delayed due to Superstorm Sandy.
- The 26 family-initiated reasons and the 17 Superstorm Sandy 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 six (6) IFSP meetings delayed for systems reasons, one out of the 335 (0.3%) was due to illness of a targeted evaluation practitioner and five (5) out of 335 (1.5%) delays were the result of an REIC delay. No service coordination delays were identified.
  - NJEIS reviewed documentation to verify that all six (6) children who were delayed for system reasons received their initial IFSP meeting although late. The range of days delayed included: three (3) children received their IFSP meeting 1-5 days late and; three (3) children received their IFSP meeting more than 16 days late.
- Based on FFY 2012 APR monitoring data, four (4) findings were issued:
  - In FFY 2012, two (2) findings were initially made as follows:
    - Two (2) findings were issued to one REIC for two different counties (Essex and Union) on June 18, 2013 and were required to complete a CAP and monthly data reports until 100% compliance was verified. Correction has been verified as per OSEP 09-02 on the finding to Essex on September 11, 2013 and to Union on September 3, 2013.
  - In FFY 2013, two (2) additional findings were made based on further drill down of the data:

- One (1) finding was issued to Essex SCU on September 11, 2013. Correction has been verified as per OSEP 09-02 on October 30, 2013.
- One (1) finding was issued to the Rutgers Targeted Evaluation Team (TET) on September 11, 2013. Correction has been verified as per OSEP 09-02 on October 30, 2013.
- All four findings were verified as corrected prior to twelve months.
- One TET in Cumberland County also had non-compliance but 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 Noncompliance on FFY 2011 Performance (Findings issued in FFY 2012)**

Based on FFY 2011-2012 monitoring data, two (2) findings and corrective action plans (CAPs) were issued on July 9, 2012; one (1) finding to an SCU and one (1) TET. They were required to complete a CAP and timely correction was verified on October 11, 2012 for the SCU and the finding for the TET was verified as corrected on October 2, 2012. 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 2013 APR due February 1, 2015.

### **Correction of Previously Reported Noncompliance on FFY 2010 Performance (Findings 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 are reported in C9 in this FFY 2012 APR.

Improvement Activities	Status
Track progress of individual referrals through SPOE data and as necessary address potential delays.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, DOH 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 equity, some counties have implemented assignment based upon rotation. The following counties have implemented a web based IFSP services assignment process: Atlantic, Burlington, Gloucester, Camden, Cumberland, and Monmouth.</p>
Complete a competitive Request for Proposal to increase the number of Targeted Evaluation Teams (TETs) and ensure back-up TETs in each county.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, 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.</p>
Conduct monitoring activities on the 45 day requirement annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, the desk audit on the 45 day requirement was conducted based on September, October and November 2012 data.</p>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

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

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

**Indicator 8:** Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has:

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

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

**Measurement:**

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

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

FFY	Measurable and Rigorous Target
<b>2012</b> (2012-2013)	A. 100% of toddlers with disabilities exiting Part C will have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday.
	B. 100% of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the state) to the SEA and LEA will occur at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services.
	C. 100% of toddlers with disabilities exiting Part C where the transition conference will occur 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.

## **Actual Target Data for FFY 2012:**

### **Indicator 8A**

For FFY 2012, 100% (288/288) of toddlers with disabilities exiting Part C had timely transition planning including the development of an IFSP with transition steps and services at least ninety (90) days, and at the discretion of all parties, not more than nine (9) months prior to the toddlers third birthday.

- 288 of 288 children's IFSPs contained transition steps and services within the required timeline as monitored by the lead agency through the procedures described below.

### **Indicator 8B**

For FFY 2012, 90.24% (185/205), of toddlers with disabilities had timely transition planning including notification (consistent with opt-out policy adopted by NJEIS) to the SEA and the LEA where the toddler resides at least ninety (90) days prior to their third birthday for toddlers potentially eligible for Part B preschool services.

- 185 of 205 children exiting Part C (consistent with opt-out policy adopted by NJEIS) had notification to the SEA and the LEA as monitored by the lead agency through the procedures described below.

### **Indicator 8C**

For FFY 2012, 95.88% (256/267), of toddlers with disabilities exiting Part C had timely transition planning including a transition conference held with the approval of the family at least ninety (90) days, and at the discretion of all parties, not more than nine (9) months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. Family reasons were included in both the numerator and denominator.

- 256 of 267 children had a timely Transition Planning Conference within the required timelines as monitored by the lead agency through the procedures described below. This includes 29 conferences which were delayed due to family reasons.
- 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.
- 21 families did not provide approval to conduct the transition conference and were not included in the numerator or denominator.

## **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

### **Indicator 8A**

- Data were reported for all twenty-one counties.
- The monitoring team first confirms the child's date of birth is accurate in the NJEIS database during the 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 is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen appropriately represent the state population.
- Monitoring begins with a data desk audit based on a simple random sample without replacement of three months (February, March and April 2013) of FFY 2012 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).
- A data desk audit was conducted on 2,029 children that turned age 3 during February, March and April of FFY 2012. Of the 2,029 children, data from a random selection of 288 children were monitored.

- The 100% calculation is based on 288/288 records in compliance.
- NJEIS had progress on this indicator moving from 98.10% reported for FFY 2011 to 100% for FFY 2012. Progress was due to new state forms and training.

**Correction of Previously Reported Noncompliance on FFY 2011 Performance (Findings Issued in FFY 2012)**

- In FFY 2012, two (2) findings were issued on November 30, 2012 based on FFY 2011 non-compliance. The findings were closed timely on January 7, 2013 and January 9, 2013 after correction of both prongs was verified in accordance with federal requirements. These findings will be reported in C9 in the FFY 2013 APR due February 1, 2015.

**Correction of Previously Reported Noncompliance on FFY 2010 Performance (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 is reported in C9 in this FFY 2012 APR.

**Indicator 8B:**

- Data were reported for all twenty-one counties.
- The monitoring team first confirms the child's date of birth is accurate in the NJEIS database during the desk audit analysis. Based on the child's date of birth, an inquiry is prepared for the county to identify possible non-compliance.
- The DOH sent 100% of notifications that were required (consistent with any opt-out policy adopted by the state) directly to the SEA at least 90 days prior to toddlers with disabilities turning three (in February, March and April 2013).
- The LEA notification is the responsibility of service coordination units.
- The NJEIS implemented a sampling methodology for monitoring notification to the LEA to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records were appropriately represented.
- LEA notification monitoring begins with a data desk audit based on a simple random sample without replacement of three months (February, March and April 2013) of FFY 2012 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, signed opt out forms and LEA notification letters. The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.
- Data reported for 8B LEA notification monitoring were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g. NJEIS IFSP Review Transition Information Page, progress notes, opt out letters and notification/identification letters).
- A data desk audit was conducted on 2,029 children that turned age 3 during February, March and April of FFY 2012. Of the 2,029 children, data from a random selection of 205 children were monitored.
- The 90.24% calculation is based on 185/205 records in compliance.
- NJEIS had slight slippage on this indicator moving from 91.14% reported for FFY 2011 to 90.24% for FFY 2012.
- Slippage was due to twenty (20) 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.
- Seven agencies were found to have non-compliance for 8B. Of these:
  - Seven agencies (Essex, Hudson, Middlesex, Monmouth, Morris, Ocean, and Passaic) were each given a finding issued on July 25, 2013. These agencies have developed CAPS and NJEIS is

currently reviewing monthly data, tracking and verifying correction of the non-compliance within the required timeline.

#### **Correction of Previously Reported Noncompliance on FFY 2011 Performance (Findings Issued in FFY 2012)**

- In FFY 2012, six (6) findings were issued on November 30, 2012 based on FFY 2011 non-compliance. The findings were closed timely between January and March 2013 after correction of both prongs was verified in accordance with federal requirements. These findings will be reported in C9 in the FFY 2013 APR due February 1, 2015.

#### **Correction of Previously Reported Noncompliance on FFY 2010 Performance (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 is reported in C9 in this FFY 2012 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 is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records are appropriately represented.
- Monitoring begins with a data desk audit based on a simple random sample without replacement of three months (February, March and April 2013) of FFY 2012 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 2,029 children that turned age 3 during February, March and April of 2013. Of the 2,029 children, data from a random selection of 288 children were monitored. Of the 288 children, 21 families declined the TPC, reducing the total number of records monitored to 267 children.
- Results of the FFY 2012 monitoring included:
  - 95.88% (256/267) of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference within the required timeline.
  - The numerator and denominator do not include the 21 families who did not provide approval to conduct a transition planning conference.
  - Of the 267 children, 227 were timely, 29 were delayed due to family reasons and 11 untimely due to NJEIS.
- All eleven children whose TPC was delayed for systems reasons, exited the system prior to receiving a TPC.
- The 29 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 decreased slightly from 96.18% in FFY 2011 to 95.88% in FFY 2012.
  - Seven (7) agencies (Atlantic, Camden, Essex, Hudson, Middlesex, Morris, and Ocean) were each given a finding issued on July 25, 2013. These agencies have developed CAPS and NJEIS is

currently reviewing monthly data, tracking and verifying correction of the non-compliance within the required timeline.

**Correction of Previously Reported Noncompliance on FFY 2011 Performance (Findings Issued in FFY 2012)**

- In FFY 2012, four (4) findings were issued on November 30, 2012 based on FFY 2011 non-compliance. The findings were closed timely on between January and May 2013 after correction of both prongs was verified in accordance with federal requirements. These findings will be reported in C9 in the FFY 2013 APR due February 1, 2015.

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

- In FFY 2011, ten (10) findings were issued on October 6, 2011 based on FFY 2010 noncompliance. All of these findings were closed within 7 months (Burlington, Camden, Cumberland, Essex, Gloucester, Mercer, Monmouth, Morris, Ocean and Union SCU). These findings are reported in C9 in this FFY 2012 APR.

Improvement Activities	Status
<p>Conduct monitoring activities on the transition planning conference requirements and exiting data annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance and assure correction of noncompliance in accordance with federal requirements.</p>	<p><b>Ongoing Activity FFY 2006-2012</b>            In FFY 2012, the desk audit on the TPC requirement was conducted based on February, March and April 2013 children exiting the NJEIS at age three. Corrective Action Plans were issued requiring 100% compliance as soon as possible but no later than one year.</p>
<p>Revise the self assessment tool to collect LEA notification information.</p>	<p><b>Completed FFY 2006</b></p>
<p>Track transition activities through monthly self-assessment record reviews and as necessary address issues for improvement.</p>	<p><b>Ongoing Activity FFY 2006-2012</b>            In FFY 2012, the NJEIS utilized a data desk audit process through a random sample of all children turning three in February, March and April 2013. Child IFSPs, progress notes, TPC and LEA notification letters were verified by the lead agency.</p>
<p>Conduct review of self-assessment data and any county developed improvement plans annually, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.</p>	<p><b>Ongoing Activity FFY 2006-2012</b>            In FFY 2012, NJEIS utilized a data desk audit process through a random sample of all children turning three in February, March and April 2013. 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>

Improvement Activities	Status
Enhance SPOE to allow REICs and Service Coordination Units to run reports to track status of transition planning conferences.	<b>Completed FFY 2008</b>
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.	
Create and implement a Transition Planning Page for the IFSP form and process.	<b>Completed FFY 2006</b>
Continue availability of workshops for families at the regional collaborative offices and transition trainings conducted in collaboration between Parts B & C.	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, the NJEIS completed the following:</p> <ul style="list-style-type: none"> <li>▪ 40 family trainings were provided for 321 attendees. Three additional were offered but cancelled due to lack of attendance.</li> <li>▪ Trainings offered translation as needed and one was presented in Spanish.</li> <li>▪ One lunchtime webinar was offered.</li> <li>▪ General technical support was provided as needed via emails and phone calls.</li> <li>▪ Review of Invitations to TPCs continued.</li> <li>▪ Transition Round Table Meetings between Part B/C were held in Essex, Sussex and Warren Counties.</li> <li>▪ Review of IFSP Team Pages supported documentation and attendance at TPC meetings.</li> <li>▪ 6 Part B-Part C trainings were held at the LRCs for CST Staff and EI SCs.</li> </ul>
Plan for and conduct a statewide training on Transition requirements.	<p style="text-align: center;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>Throughout FFY 2012, the longstanding collaboration between NJEIS and NJDOE-OSEP continued with several activities focused on transition including:</p> <ul style="list-style-type: none"> <li>▪ The NJEIS CSPD team and NJDOE-OSE 619 Coordinator revised 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.</li> <li>▪ Regional meetings on transition for administrators from LEAs and service coordination units were conducted jointly by Part B and C trainers. These</li> </ul>

Improvement Activities	Status
	meetings reviewed federal transition requirements and provided an opportunity for service coordination unit and LEA administrators to discuss notification and other policies and procedures to enhance the transition process in their county. Eight trainings were completed in November and December, 2012.
Revise and disseminate the Transition Handbook for families.	<p><b>Ongoing Activity FFY 2006-2012</b></p> <ul style="list-style-type: none"> <li>▪ The Transition Handbook for families was revised and provided for feedback to NJDOE-OSEP and SPAN – New Jersey’s Parent Training and Information Center. The Handbook was released to the field in February 2013.</li> <li>▪ In collaboration with the REIC Family Support Coordinators, the transition presentation for families was revised in November 2012.</li> </ul>
Discuss with NJDOE-OSEP the opportunity for collaboration between the Part C and Part B stakeholders regarding transition activities and issues.	<p><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, NJEIS and NJDOE-OSEP continued a longstanding collaboration regarding transition activities and issues. Activities included:</p> <ul style="list-style-type: none"> <li>▪ NJEIS negotiated an agreement detailing the transfer of notification information to the NJDOE-OSEP.</li> <li>▪ NJEIS standardized a notification form from service coordination units to LEAs.</li> <li>▪ NJEIS conducted a training session with NJDOE County Supervisors of Child Study to explain federal transition regulations, including opt-out and notification requirements.</li> <li>▪ A statewide webinar explaining Part C transition requirements was planned and conducted in collaboration with NJDOE-OSEP 619 Coordinator.</li> </ul> <p>Regional representatives continue to handle issues as they arise, plan trainings, and conduct county meetings. Meetings &amp; networking between EI and LEA special education are ongoing.</p>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

**Part C State Annual Performance Report (APR) for FFY 2012**  
**Overview of the Annual Performance Report Development:**

**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 1).**

FFY	Measurable and Rigorous Target
FFY 2012	100%

**Actual Target Data for FFY 2012:**

**93.75% = [45/48\*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 2012:**

NJEIS performance for this indicator increased by 2.45% from FFY 2011 performance of 91.30% to FFY 2012 performance of 93.75%. Verification of correction was completed for 45 out of 48 findings within the one year requirement. Of the three (3) findings that were not timely corrected:

- One (1) finding in Indicator 1 that did not correct timely within 12 months corrected in accordance with OSEP-09-02. This finding was made to Community Healthcare Systems EIP which was verified as corrected at 15 months (August 2011-November 2012). This agency was put in a High Risk status on March 9, 2012.

- Two (2) additional findings made on March 9, 2012 to Community Healthcare Systems EIP did not correct timely within 12 months and have not corrected as of the date of this APR submission. This agency continues to be in a High Risk status and continues to be under review.

**Timely Correction of FFY 2011 Findings of Noncompliance (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012) (Sum of Column a on the Indicator C 9 Worksheet)	<b>48</b>
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)	<b>45</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>3</b>

**Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	<b>3</b>
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>1</b>
6. Number of FFY 2011 findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>2</b>

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 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(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	16 (FFY10 data) +2 (FFY11 data) +1 (FFY11 focus) Total=19  <u>FFY10 Data</u> Bergen SCU, Gloucester SCU Passaic SCU Sussex SCU Archway-Camden CP Middlesex CSH-Somerset CHJFK-Midlsx J&B Sussex KidClan Passaic LOLO-Camden <i>Prog Steps Mid*</i> SJOG Salem St.Joe-Pass Theracare-Camden TherapyAs-Pass  <u>FFY11 Data</u> Burlington SCU <i>BATA-Burl*</i> <i>BATA-Ocean*</i> <i>ProgStep Essex*</i>  <u>Focused Monitor</u> Community HC	16 (FFY10 data) +4 (FFY11 data) +1 (FFY11 focus M) Total=21	20 Community HC (closed in 15 mos)
	Dispute Resolution: Complaints, Hearings	2 CompCare* Progressive Step	3 2 for CompCare 1 for Progressive S	3
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

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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  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
	Dispute Resolution: Complaints, Hearings	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 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3 Camden SCU Passaic SCU CathFmTET-Berg	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1 Passaic SCU	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: B. Notified (consistent with any opt-out policy	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1 Passaic SCU	1	1

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
adopted by the State) the SEA and the LEA where the child 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. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: 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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	10 Burlington SCU Camden SCU Cumberland SCU Essex SCU Gloucester SCU Mercer SCU Monmouth SCU Morris SCU Ocean SCU Union SCU	10	10
	Dispute Resolution: Complaints, Hearings	0	0	0
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	3 Dynamic Therapy Bancroft*(4 findings) Community HC	6	5 Community HC (has not corrected as of 2/1/14)
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Data is not timely, valid nor reliable	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1 Community HC	1	0 Community HC (has not corrected as of 2/1/14)
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Failure to provide assessment at Public Expense	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1 Community HC	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
OTHER AREAS OF NONCOMPLIANCE: Violation of confidentiality requirements	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1 Community HC	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
<b>Sum the numbers down Column a and Column b</b>			48	45

\*These programs were issued multiple findings within the same indicator during FFY 2011.

Percent of noncompliance corrected within one year of identification =  $45/48 * 100\% = 93.75\%$  (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.	<b>Ongoing Activity FFY 2006-2012</b> In FFY 2012, 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.	<b>Ongoing Activity FFY 2006-2012</b> During FFY 2012, three hundred and eighty five (385) families received approximately 1,549.5 hours of compensatory services in accordance with NJEIS decisions through informal resolution by the Procedural Safeguards Office. This included 326 hours of developmental intervention; 350 hours of Speech & Language Therapy; 275.25 hours of Physical Therapy; 576.25 hours of Occupational Therapy; 3 hours of Social Work service and 19 hours of Family Training. One informal resolution resulted in a sanction to one Early Intervention Program (EIP) provider agency that was required to provide 37 hours of compensatory services at their expense.

Improvement Activities	Status
<p>Identify potential non-compliance issues through annual self-assessment data analysis, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.</p>	<p><b>Ongoing Activity FFY 2006-2012</b></p> <p>Self Assessments have not been used since FFY 2009 to monitor transition issues. Since FFY 2010, NJEIS has utilized annual data desk audits and inquiries to identify any noncompliance for indicators 8a, 8b and 8c.</p>
<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><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, NJEIS monitoring staff conducted one (1) onsite focused monitoring visit to Passaic SCU on May 30, 2013 and June 6, 2013 due to continuing noncompliance with indicator 8. The report and any necessary findings were issued in FFY 2013.</p> <p>NJEIS staff conducted a meeting with Camden county providers on 11/14/13 to discuss continued attention to ensure timely services and discuss ongoing improvement activities.</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><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, 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><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, the CSPD team and the Procedural Safeguards office continued to discuss any issues that arose during procedural safeguards workshops to ensure consistency with Part C regulations. No formal clarification of written policy was necessary during FFY 2012</p>

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

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

**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.**

## Part C State Annual Performance Report (APR) for FFY 2012

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.**

## Part C State Annual Performance Report (APR) for FFY 2012

<b>Monitoring Priority: Effective General Supervision Part C / General Supervision</b>
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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 2012

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

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

**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
<b>2012</b> (2012-2013)	NJEIS had less than ten mediations; therefore no targets have been set for this indicator.

**Actual Target Data for FFY 2012:**

For FFY 2012 (2012-2013), New Jersey’s Part C System received two requests for mediation. Of these two requests for mediation, both were related to a request for a due process hearing:

- One of the mediation requests was withdrawn and resolved informally; and
- The other mediation resulted in a resolution.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

- 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;"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, the database continued to be used to track informal and formal requests for assistance and/or dispute resolution.</p> <p>The data continue 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>
Link the REIC data regarding informal complaints by families resolved at regional level with the state procedural safeguards database.	<p style="text-align: center;"><b>This activity is on hold pending system upgrades.</b></p> <p>This activity is still on hold. During FFY 2012, the REICs continued to collect and compile data related to informal complaints by county and according to 19 topical</p>

Improvement Activities	Status
	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.
Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>During FFY 2012, NJEIS continued to work on an online version of procedural safeguards training with support from two national consultants and the Mercer County Community College. A series of six modules were in final draft but required extensive revisions to ensure consistency with the new Part C regulations. A final review in December 2013 identified additional minor revisions that are being finalized for a targeted release in February 2014.</p> <p>In addition, NJEIS contracted with the Mercer County Community College (MCCC) to expand professional development opportunities for the NJEIS. The MCCC:</p> <ul style="list-style-type: none"> <li>▪ Began hosting statewide webinars in July 2012;</li> <li>▪ Over 4200 practitioners have been enrolled and updated monthly in a learning management system, and</li> </ul>
Conduct bi-annual or more frequently as needed, training for Mediators.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>Assessment of need for new Mediators and training did not necessitate training during FFY 2012. Mediators will be required to complete the online procedural safeguards training when released.</p>
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, 30 procedural safeguards trainings were conducted and attended by 477 service coordinators, practitioners and administrators. The trainings were offered in each region on a monthly or as needed basis to ensure access statewide.</p>
Conduct recruitment of mediators to ensure adequate coverage for hearings requested.	<p align="center"><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, the Procedural Safeguards Office updated contact information and determined continuing availability of mediators. Therefore no recruitment efforts were necessary.</p>

Improvement Activities	Status
Revise Family Rights Handbook.	Completed FFY 2011

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

## Part C State Annual Performance Report (APR) for FFY 2012

**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 2)**

FFY	Measurable and Rigorous Target
2012 (2012-2013)	<ul style="list-style-type: none"> <li>▪ 100% of state reported data including 618, SPP and APR will be timely.</li> <li>▪ 100% of state reported data including 618, SPP and APR will be accurate.</li> </ul>

**Actual Target Data for FFY 2012:**

**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 2012 (2012-2013) 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 2012 (2012-2013) 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 2012:**

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, Notification to the LEA 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 2012 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><b>Ongoing Activity FFY 2006-2012</b></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. However, the bid failed and has been re-assigned from a professional services contract to an information technology contract. Reassignment to a new purchasing and procurement individual is in process.</p>
<p>Conduct periodic data runs of SPOE database to identify and as needed correct missing and/or questionable data.</p>	<p><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012 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><b>Ongoing Activity FFY 2006-2012</b></p> <p>In FFY 2012, 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><b>In Process</b></p> <p>The American Recovery &amp; 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</p>

Improvement Activities	Status
	<p>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>The NJEIS RFP that rebid the Central Management Office was approved on 10/23/12 and released on 10/26/12. However, the bid failed and has been reassigned from a professional services contract to an information technology contract. Reassignment to a new purchasing and procurement individual is in process.</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 2013:**

This FFY 2012 APR is the last report in this SPP cycle. No revisions to improvement activities were made. The NJEIS Part C Steering Committee and the lead agency will consider any necessary changes in this indicator as part of the next SPP/APR.

Part C Indicator 14 - SPP/APR Data					
APR Indicator	Valid and Reliable		Correct Calculation	Total	
1	1		1	2	
2	1		1	2	
3	1		1	2	
4	1		1	2	
5	1		1	2	
6	1		1	2	
7	1		1	2	
8a	1		1	2	
8b	1		1	2	
8c	1		1	2	
9	1		1	2	
12	N/A		N/A	0	
13	1		1	2	
	<b>Subtotal</b>			24	
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2012 APR was submitted on-time, place the number 5 in the cell on the right.				5
	<b>Grand Total</b> -(Sum of subtotal and Timely Submission Points) =				29
618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/6/13	1	1	1	N/A	3
Table 2 - Program Settings Due Date: 2/6/13	1	1	1	N/A	3
Table 3 - Exiting Due Date: 11/6/13	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/6/13	1	1	1	N/A	3
				<b>Subtotal</b>	12
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2.2) =		26

Indicator #14 Calculation	
A. APR Grand Total	29.00
B. 618 Grand Total	26.40
C. APR Grand Total (A) + 618 Grand Total (B) =	55.40
Total NA in APR	2.00
Total NA in 618	4.40
<b>Base</b>	<b>55.40</b>
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

\*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.2 for 618