

NJ Part C

FFY2015 State Performance Plan / Annual Performance Report

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

The New Jersey Early Intervention System (NJEIS) is submitting this Part C State Performance Plan/Annual Performance Plan (SPP/APR), to the U.S. Department of Education, Office of Special Education Programs (OSEP) by February 1, 2017 in accordance with the Individuals with Disabilities Education Act (IDEA). The plan was developed based upon guidance from OSEP and with broad stakeholder involvement and input.

New Jersey (NJ) is a geographically small north eastern state with a diverse population of 8,958,013 according to the July 1, 2015 estimate by the U.S. Census Bureau. Despite its small geographic size New Jersey ranks first as the most density populous state in the country (1,210 people per square mile). New Jersey is divided into three geographic regions: North Jersey, Central Jersey and South Jersey. New Jersey has a twenty-one (21) county governmental structure and is one of the very few states that has had every county deemed "urban" as defined by the Census Bureau's Combined Statistical area. The U.S. Census Bureau estimates that New Jersey's median household income in 2015 was \$88,823. The 2015 U.S. Census estimates include 314,191 children under three years of age in New Jersey. The US Census Bureau reported for 2015 that 15.5% of New Jersey's children were below the federal poverty level and 19.4% were living in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP benefits.

New Jersey is made up of a very diverse population. As of 2015, the breakdown of languages spoken at home for New Jersey residents, age 5 and older was: 68.53% spoke only English, 15.1% spoke Spanish, 9.8% spoke other Indo-European Languages, 5.0% spoke Asian and Pacific Island languages and 1.6% spoke other languages. In total, 31.5% of New Jersey's population age 5 and older spoke a native language other than English.

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

The NJEIS has a referral system point of entry for children and families through four Regional Early Intervention Collaboratives (REICs) that cover the state's twenty-one counties. Grant/Contracts to the REICs and thirteen (13) Service Coordination Units (SCUs) providing ongoing service coordination for the twenty-one counties are executed annually. Direct early intervention services are provided by approximately fifty-nine (59) Early Intervention Program (EIP) provider agencies through contracts with the DOH. EIPs are contracted to serve as a comprehensive agency, a service vendor agency, and/or a targeted evaluation team (TET). Comprehensive agencies are expected to serve as an early intervention home for a child and family, providing all identified services on the IFSP. Service vendors serve as a backup in providing services not available through a comprehensive agency. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs.

REICs are also responsible to facilitate family and community involvement in the NJEIS and assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. The REICs are responsible for ensuring that families have an active voice in decision-making on Regional Boards/Councils. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are required to be staffed by a parent of a child with a disability. Early intervention supports and services are provided in accordance with Part C statute and regulations and NJEIS state rules. Policies and procedures are disseminated statewide and posted on the NJEIS website.

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General Supervision System:

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

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

Additional information about these processes is included below:

Monitoring Activities

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

The SPOE database is an electronic central data system that:

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

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

On-site focused monitoring is an important component of the NJEIS general supervision system used to address reoccurring or long standing noncompliance. Onsite visits are conducted as necessary to verify correction or to determine the need for additional sanctions such as designation of at-risk or high-risk status when correction is not timely.

Procedural Safeguards Office

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The NJEIS has a Procedural Safeguards Office, located within the DOH, Office of the Assistant Commissioner, to ensure the effective implementation of procedural safeguards including family rights. The Procedural Safeguards Office helps to ensure that parents receive and understand their rights and have access to formal, as well as informal systems of dispute resolution, as needed. Procedural safeguards are available to all families and are described in the document "New Jersey Early Intervention System (NJEIS) Family Rights". All NJEIS providers/practitioners are responsible to ensure that families understand their rights under Part C. To facilitate NJEIS provider agencies and practitioners working knowledge of these rights, they are all required to successfully complete six procedural safeguard online training modules.

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

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

The Procedural Safeguards Office documents informal and formal communications from parents by telephone, emails and/or written letters. This includes date of request, issues, resolutions, and timelines by county. This data collection tracks requests and outcome of informal and formal dispute resolutions received by the Procedural Safeguards Office.

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

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

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

Family Survey

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

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Technical Assistance System:

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

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

The New Jersey CSPD:

- Provides training for a variety of early intervention practitioners, including service coordinators and paraprofessionals; families; and primary referral sources.
- Ensures that training relates specifically to understanding the basic components of early intervention services, federal and state requirements, and

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how to coordinate transition services for infants and toddlers with disabilities from early intervention to a preschool program under Part B of IDEA or to other early childhood services.

- Provides regional ongoing targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.

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

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

Content for the modules and webinars are provided by staff of the NJEIS and modules are designed with the assistance of MCCC staff including IT professionals, Instructional Design Technologists, and MercerOnline staff. Module set-up includes rendering PowerPoint web-ready; printer-friendly formatting; conversion/import of quiz questions; grade book configuration; instructional technologist oversight; shell creation, materials upload and setup; close captioning (for voice-over); and quality assurance review.

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

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

Procedural Safeguards Modules

NJEIS implemented six modules on procedural safeguards and requires every individual enrolled with NJEIS to successfully complete the modules as a condition of their ongoing ability to provide early intervention services. The roll-out to the over 4500 existing practitioners started in May 2014 and was completed in January 2016. Effective July 1, 2014, NJEIS requires completion of the modules for any individual prior to their enrollment and approval to provide early intervention services through the NJEIS. MCCC provides a weekly report to NJEIS on the use of online modules. Additionally, survey results are available to NJEIS for each of the six procedural safeguards modules and any additional modules that may be developed.

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Professional Development System:

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

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

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

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

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Stakeholder Involvement: apply this to all Part C results indicators

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

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

This FFY 2015 SPP/APR was developed with broad stakeholder input at a January 18, 2017 full-day Part C Steering Committee meeting. This included review of data for fiscal year 2015 (July 1, 2015 - June 30, 2016). The stakeholders reviewed available data and analyzed the status of the state Part C system including local performance data and the current targets for FFY 2014-2018. This included discussion on progress and slippage as well as challenges and resources related to each indicator. Discussion included potential implications for the OSEP results driven accountability initiative and the current NJEIS work on the State Systemic Improvement Plan (SSIP). A final draft of the SPP/APR was reviewed and discussed at the January 27, 2017 SICC meeting at which time the SICC certified the FFY 2015 SPP/APR as their annual report.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

The NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) is disseminated to the public through posting to the state website (<http://www.nj.gov/health/fhs/eis/report.shtml>) and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>. The SPP/APR is also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council (SICC), state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State.

Updates on this SPP/APR will be prepared and submitted each February. These NJEIS reports and past reports are posted at: <http://www.nj.gov/health/fhs/eis/report.shtml>. The SPP/APR will be disseminated to all of the above individuals electronically for distribution through their dissemination mechanisms (e.g., newsletters, websites, list serves, etc) throughout the State.

FFY 2015 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements will be prepared and disseminated within 120 days of the submission of this SPP/APR.

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Actions required in FFY 2014 response

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Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2013

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		82.30%	93.20%	88.17%	97.06%	92.09%	92.70%	97.12%	97.10%	94.58%	95.12%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
262	320	95.12%	100%	93.13%

Explanation of Slippage

Overall, NJEIS referrals have gone up 12.8% from FFY 2013 (18,711 referrals) to FFY 2015 (21,100 referrals). This overall increase in referrals has caused an increased need for services and service practitioners.

Also contributing to the slippage in this indicator is the continuing increase in the numbers of children eligible for Part C. In fact, from FFY 2014 to FFY 2015 the NJEIS child count for birth to three increased by 1,078 children (9.45%). This increase resulted in the need for additional service provider capacity to meet the additional IFSP service needs.

Also, due to an audit of Division of Children Protection and Permanency (DCP&P) records, the NJEIS saw an increase in the number of DCP&P referrals in FFY 2014 and 2015. The increase in referrals caused an increase in evaluations, IFSP meetings and early intervention services. During FFY 2013, NJEIS had 2,066 referrals from DCP&P; in FFY 2014 there were 2,865 (38.67% increase compared to FFY 2013) and in FFY 2015 there were 2,312 (11.9% increase compared to FFY 2013).

Number of documented delays attributable to exceptional family circumstances

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

36

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Definition of Timely Services

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

Sampling Plan:

- NJ continues to monitor all 21 counties every two years for 10 counties in odd numbered FFYs (Cohort A) and 11 counties in even number FFYs (Cohort B).
- NJEIS has a statewide database that authorizes the IFSP services consented to by the parent for assignment and billing by local provider agencies.
- Business rules include all active children and all services during a quarter (3 months) of the FFY.
- A simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen,

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appropriately represent the state population.

- Therefore, the FFY 2015 timely services monitoring uses the statewide database to begin a data desk audit based on a simple random sampling without replacement of three months of the FFY 2015 service claim data. The data represents all active child records for the months of September to November 2015 for ten of the twenty one counties in New Jersey. The other eleven counties were reviewed in FFY 2014 and reported in the APR submitted February 1, 2016.

Data Desk Audit, Inquiry and Record Review:

- The NJEIS electronic state database does not currently capture all variables needed to determine whether a service is timely including reasons for delay and is unable to provide data that identifies whether a service is timely if it was first authorized under a periodic/annual IFSP. Therefore, as part of the monitoring process, the monitoring team conducts a data desk audit and inquiry.
- The purpose of the data desk audit and inquiry is to: (1) identify reasons for delays, including documentation of family reasons; (2) determine if the service was added at a subsequent IFSP team meeting not captured in the database; (3) identify root cause and ensure correction of any systemic barriers; and (4) verify that the delayed service was provided although late.
- The monitoring team uses all the information received to determine where in the process the delay occurred and who was responsible.
- The identification of the data needed to conduct a timely data desk audit, inquiry, and record review is driven by the availability of actual service claims data to ensure that complete and accurate data is available for the data desk audit. Provider agencies have up to 90 days from the date of service to submit claims data for billing. For example, service claim data provided between August 1 and October 31 are not complete until February 1.
- The data desk audit, inquiry and record review has historically taken 3 to 6 months to confirm non-compliance and determine the responsible agency(s) and root causes for the non-compliance.
- Timely service data passes through a number of edit checks including:
 - Verification that there is a valid IFSP date with a billing authorization within the IFSP period.
 - Verification there is a valid claim filed by the provider agency.
 - Verification the claim is supported by a service encounter verification log signed by the parent and;
 - An explanation of benefits provided to the family that details the services rendered as a secondary verification that the service type, date and intensity are accurate.
- The sample of data is analyzed to verify the number of days to the first service by comparing the parent consent date of service to the first service claim date. Further inquiry includes:
 - Reason and explanation of delay;
 - Identification of type of IFSP (initial, review, annual review);
 - Date IFSP was sent by SCU and received by the Early Intervention Program (EIP);
 - EIP assignment date;
 - Reasons and barriers that affected meeting the 30 day timely service provision;
 - Agency's response to correct the system barrier;
 - Description of how the agency is assured that the barrier has been corrected;
 - Submission of policies and procedures which were created or revised; and
 - Confirmation the agency followed NJEIS policies and procedures.

Provide additional information about this indicator (optional)

Data Analysis and Results:

- There were 2,154 children in the state database for the quarter monitored meeting the business rules stated above.
- These children had a total of 3,756 services.

Indicator 1 Data	Children	Services
Quarter of the Data: September-November 2015	2,154	3,756
Sample of the Quarter (Denominator)	320	575
Initial Timely Services (Dirty Data without Desk Inquiry)	262	509
Initial Untimely Services (Dirty Data without Desk Inquiry)	58	66
Desk Inquiry Verification of Family Reason for delay or On-Time	36	43
Desk Inquiry Verification of Untimely service	22	23
Corrected Numerator (Timely + Family Reasons)	262 + 36 = 298	509 + 43 =552
State Compliance Percentage	298/320= 93.13%	552/575=96.0%

The 22 kids (23 services) delays were:

Indicator 1 Data	Number of Services
Delayed Service Type	
Physical Therapy	5
Speech Therapy	10
Occupational Therapy	4
Developmental Intervention	4

Of the 23 services delayed:

Indicator 1 Data	Count
Days Delayed	
Delayed between 1-5 days	4
Delayed between 6-10 days	5
Delayed over 11 days	14

- The desk audit random sample included 320 active child records and 575 services obtained from the NJEIS data system.
- The initial data desk audit identified that 262 of the 320 children (509 of 575 services) did receive timely services based on consent date of the IFSP. Without the necessary drill down for reason for delay, 36 children (43 services) appeared to have received at least one service untimely.

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- The inquiry was conducted by the lead agency monitoring staff to obtain the necessary additional information on 58 of the 320 children and 66 of their 575 services.
- The results of the inquiry identified that for 36 of the 58 children in the database identified to have received their services late (43 of the 66 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 the denominator. Therefore, 36 of the 58 children (43 of the 66 services) were determined to have exceptional family circumstances that resulted in services being considered acceptable however untimely. Twenty two (22) children (23 services) were determined to have non-compliance in timely services.
- Overall, 96.0% (552/575) of the services were timely including 43 services which were delayed due to a family reason.

The chart below shows the trend data of compliance from the two cohorts:

NJEIS 21 Counties	FFY 07-08	FFY 08-09	FFY 09-10	FFY 10-11	FFY 11-12	FFY 12-13	FFY 13-14	FFY 14-15	FFY 15-16
Cohort A (10 counties)	88.17%		92.09%		97.12%		94.58%		93.13%
Cohort B (11 counties)		97.06%		92.70%		97.10%		95.12%	

Findings Issued:

As a result of the additional inquiry, three (3) findings of non-compliance were issued in FFY 2015 based on this monitoring data from FFY 2015 with Corrective Action Plans to:

Indicator 1 Agencies	Findings	Agency Name(s)	Date of Finding
Service Coordination Units (SCUs)	1	Hudson SCU	June 22, 2016 (FFY 15)- closed 10/19/16
Early Intervention Programs (EIPs)	2	BATA-Ocean; Classic Rehab-Ocean	June 22, 2016
Total Findings for FFY 2015	3		
Number of Findings Closed As of 2/1/17	1	Hudson	
Number of Findings Not Verified as of 2/1/17	2		Agency has until June 21, 2017 to verify correction

As of December 2016, 1 of the three (3) findings have verified 100% compliance and therefore have been closed.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	null	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

Nine (9) findings of noncompliance were issued in FFY 2014 based on monitoring data from FFY 2014 performance.

These findings went to seven (7) SCUs and two (2) EIPs.

- All nine (9) findings were issued on April 15, 2015.
- Seven (7) of the nine findings were verified as corrected according to both prongs within one (1) month.
- One (1) of the nine findings was verified as corrected according to both prongs within two (2) months.
- One (1) of the nine findings was verified as corrected according to both prongs within seven (7) months.

NJEIS has:

- Identified the responsible agencies, their percentage of non-compliance 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

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continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed.

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

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

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

FFY 2012 Findings of Noncompliance Verified as Corrected

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

NJEIS has:

- Identified Passaic SCU's percentage of noncompliance and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. The corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices. The agency is held accountable to specific timelines at each step of the process to facilitate services starting sooner to better ensure meeting the 30 day time line. (Prong 2).
- Ensured that Passaic SCU was 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 Passaic SCU was documented as operating at 100% compliance for this indicator at which point the monitoring team performed a data verification on-site visit to verify child records. Once 100% compliance was verified, the finding was closed.

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

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

Activities for documentation and verification of the correction included updated data from the database; faxed copies of progress notes and IFSPs from child records and; verification of claims and service authorization data. These monthly reviews continued until Passaic SCU was documented as operating at 100% compliance for this indicator at which point the monitoring team performed a data verification on-site visit to verify child records. Once 100% compliance was verified, the finding was closed.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Services in Natural Environments**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			99.20%	99.30%	99.40%	99.45%	99.50%	99.50%	99.50%	99.81%	99.81%
Data		99.39%	99.29%	97.80%	98.78%	99.46%	99.67%	99.82%	99.81%	99.92%	99.82%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

For federal fiscal year 2015 reporting on performance for July 1, 2015 - June 30, 2016, the Part C Stakeholders reviewed current state/local data, trends over time in performance.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	12,465	
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Total number of infants and toddlers with IFSPs	12,491	

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
12,465	12,491	99.82%	99.84%	99.79%

Provide additional information about this indicator (optional)

In FFY 2015, the 618 data reported (12,465/12,491) 99.79% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. The 12,465 included 11,371 children who received services primarily in the home (91.03%) plus 1,094 who received services primarily in community-based settings (8.76%).

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 2015 indicated that 1,096 of the 11,371 that received services primarily in the home and 26 that received services primarily in other settings, also received at least one service in the community.

The percentage of children who received any services in the community is 17.53% ((1094+1096)/12,491). This is a 0.78% increase compared to FFY 2014 percentage of 16.75%.

In FFY 2015, 99.79% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings compared to 99.82% in FFY 2014 which is a decrease of 0.03%.

The percentage of children receiving services in primarily community-based settings increased 1.04%, from 7.72% in FFY 2014 (881/11,413 children) to 8.76% in FFY 2015 (1094/12,491 children).

In FFY 2015, 0.21% (26/12,491 children) of children were counted in other settings (percentage of non-natural environment settings).

If FFY 2015, 57.14% (12 of the 21) counties exceeded the target of 99.84% of children primarily served in natural environments.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

N/A

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2012	Target ≥						56.30%	58.50%	58.50%	58.50%	38.15%	38.15%
		Data					55.31%	40.54%	40.29%	42.61%	30.62%	38.15%	39.87%
A2	2012	Target ≥						86.64%	87.50%	89.25%	89.75%	77.29%	77.29%
		Data					86.64%	89.25%	85.18%	83.59%	79.03%	77.29%	80.11%
B1	2012	Target ≥						80.39%	83.00%	83.00%	83.00%	82.59%	82.59%
		Data					80.39%	81.34%	83.79%	82.42%	77.32%	82.59%	84.11%
B2	2013	Target ≥						60.50%	64.00%	68.00%	72.00%	45.87%	45.87%
		Data					60.12%	71.49%	65.99%	56.43%	50.73%	45.87%	47.54%
C1	2012	Target ≥						92.72%	95.00%	95.00%	95.00%	92.85%	92.85%
		Data					92.72%	95.16%	93.97%	89.45%	92.25%	92.85%	93.43%
C2	2012	Target ≥						85.44%	86.50%	88.50%	91.12%	78.75%	78.75%
		Data					85.44%	91.12%	85.85%	83.07%	80.37%	78.75%	80.23%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	4982.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	134.00	2.69%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	774.00	15.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	220.00	4.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	376.00	7.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3478.00	69.81%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	596.00	1504.00	39.87%	39.85%	39.63%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	3854.00	4982.00	80.11%	77.97%	77.36%

Explanation of A2 Slippage

The NJEIS is reporting on an additional 1101 children over last year's report and as such it is expected that this data is more stable and robust than previous submissions. While it is unclear the extent to which the increased N impacted FFY 2015 performance, NJEIS considers it to be a possible factor that requires continued attention over the next few years as the N continues to increase.

The NJEIS anticipated the slippage in Summary Statement 2 and views this as a positive phenomenon. Trend data for progress categories (a-e) show a data abnormality in 3A(e). The data trend has consistently placed too many children in the "e" category, meaning that children entering the program with delays in this area of development are under identified. The NJEIS has targeted technical assistance efforts on the evaluation process to assist the evaluators to more effectively recognize delays in social-emotional development. As a result of these TA efforts, the system realized a decrease in the percentage of children reported in 3A(e) for FFY 2015. In FFY 2014, the percentage of children in 3A(e) was 72.65%. In FFY 2015, that percentage decreased 2.84% to 69.81%. The 69.81% reported is still considered a data anomaly, therefore the NJEIS has planned additional technical assistance and professional development activities to address this core problem. By increasing the number of children properly identified as entering the NJEIS with delays in social-emotional development the distribution in the remaining progress categories will better reflect the true performance and progress of children in this area.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	29.00	0.58%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	704.00	14.13%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1925.00	38.64%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1540.00	30.91%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	784.00	15.74%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	3465.00	4198.00	84.11%	83.20%	82.54%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2324.00	4982.00	47.54%	46.90%	46.65%

Explanation of B1 Slippage

The NJEIS is reporting on an additional 1,101 children over last year's report and as such it is expected that this data is more stable and robust than previous submissions. While it is unclear the extent to which the increased N impacted FFY 2015 performance, NJEIS considers it to be a possible factor that requires continued attention over the next few years as the N continues to increase.

The FFY 2015 data for Summary Statement 1 in 3B indicates that the program has slippage in performance compared to last year. This slippage was concerning to both NJEIS staff and stakeholders as trend data generally indicate this to be a strong area of performance. The NJEIS has investigated the hypothesis that children are entering the system with more significant delays and therefore their progress may have been slower than past cohorts of children. The NJEIS data did not support this hypothesis. Further analysis of the data will continue to compare trends in individual county performance from year to year to identify those counties who met or exceeded the targets and those that did not. Included in this analysis will be a review of IFSPs in selected counties and the resulting service delivery decisions.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	10.00	0.20%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	145.00	2.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	852.00	17.10%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1211.00	24.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2764.00	55.48%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2063.00	2218.00	93.43%	92.85%	93.01%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	3975.00	4982.00	80.23%	79.81%	79.79%

Was sampling used? No

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

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

NJ uses the Battelle Developmental Inventory 2nd edition (BDI) to collect data and report on child outcomes in Indicator 3. Each child that enters the program is evaluated with the BDI and this is their baseline data (Intake). Each child that participates in the program for at least 6 months is offered an evaluation with the BDI at the time of their exit from the NJEIS (Exit). For FFY 2015, 40.4% of the children that exited the program are included in the reported data. NJEIS defines "with peers" as a standard score of 80 or higher. Indicator 3A is answered using the child's scores in the Personal/Social domain, 3B using the scores from the Communication and Cognitive Domains, and 3C using the Adaptive and Motor Domains. The Intake algorithm is:

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

Children are placed into progress categories based on the following algorithm:

- a) $\text{Exiting Raw} \leq \text{Initial Raw AND Exiting Standard} < 80$
- b) $\text{Exiting Raw} > \text{Initial Raw AND Exiting Standard} \leq \text{Initial Standard AND Exiting Standard} < 80$
- c) $\text{Exiting Raw} > \text{Initial Raw AND Exiting Standard} > \text{Initial Standard}$
- d) $\text{Initial Standard} < 80 \text{ AND Exiting Standard} \geq 80$
- e) $\text{Initial Standard} \geq 80 \text{ AND Exiting Standard} \geq 80$

Actions required in FFY 2014 response

none

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2012	Target ≥			59.90%	64.00%	68.00%	71.00%	73.01%	73.01%	75.00%	71.18%	71.18%
		Data			59.90%	67.10%	71.60%	66.80%	69.60%	70.86%	69.37%	71.18%	72.78%
B	2012	Target ≥			55.60%	60.00%	64.00%	67.50%	69.88%	69.88%	72.00%	66.67%	66.67%
		Data			55.60%	63.20%	68.40%	63.90%	65.20%	68.86%	64.77%	66.67%	69.11%
C	2012	Target ≥			70.40%	73.00%	74.50%	75.50%	76.96%	83.80%	85.00%	83.09%	83.09%
		Data			70.40%	80.80%	83.80%	83.40%	82.70%	81.84%	80.96%	83.09%	83.42%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

For federal fiscal year 2015 reporting on performance for July 1, 2015 - June 30, 2016, the Part C stakeholders reviewed current state/local data and performance trends over time.

FFY 2015 SPP/APR Data

Number of respondent families participating in Part C	977.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	647.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	977.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	614.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	977.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	804.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	977.00

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	72.78%	72.14%	66.22%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	69.11%	67.50%	62.85%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	83.42%	83.57%	82.29%

Explanation of A Slippage

The NJEIS looked at both performance and response rate for this indicator in FFY 2015. While the response rate is representative of the population and adequately reflects the distribution by county, NJEIS continues to explore ways to increase parent completion of the survey.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The NJEIS is concerned about the slippage in all three sub-indicators under indicator 4. When analyzing the FFY 2015 responses from the family survey, NJEIS identified several factors that are worth noting:

NJEIS uses the NCEAM survey with Rasch analysis. For some of the survey questions, there was a shift in the level of agreement (agree (4), strongly agree (5) and very strongly agree (6) or disagree (3), strongly disagree (2) and very strongly disagree (1)) reported by families. The Rasch score is weighted to be sensitive to the distribution of scores across 1-3 and 4-6. This resulted in lower performance based upon the individual weighting of response choices. For example, even though families may have agreed in a category, that the NJEIS helped them know about their child's and family's rights concerning Early Intervention services, the level of very strongly agree decreased and disagree increased.

In FFY 2015, there was a significant increase in the overall number of surveys completed as well as a significant increase in the number of survey responses completed by telephone interview. NJEIS has begun to disaggregate the data and discuss the data with staff who assist in the family survey process to determine if the method of survey completion is a factor in the performance.

NJEIS remains committed to improving the performance in this indicator. As a result of preliminary data analysis and discussions with stakeholders, the following activities are being considered and/or in process:

- Continue to analyze the shift in distribution in scores by questions and by county to look for patterns that may assist in the development of improvement activities.
- Based upon the analysis of the responses by questions and counties, develop and conduct professional development activities (e.g., Webinars, conference calls, materials) assisting practitioners and administrators to use the data to develop strategies to improve performance in this indicator.
- Print "NJEIS Survey" on the survey envelope going to parents to facilitate survey returns.
- Review and revise current survey protocols used when families complete surveys through interviews.
- Consider contracting with someone from a research firm or university research program to make the calls to parents to ensure consistency in how the survey calls are conducted.
- Consider changing how surveys are distributed such as:
 - Having NJEIS practitioners hand the survey to the parent with a stamped self-addressed envelope, explaining that the information is kept confidential;
 - Emailing the survey to parents when email addresses are available;
 - Changing the time of year when survey are distributed; and
 - Conducting pre-survey notifications to families letting the family know to expect the survey (e.g., mail a postcard or have service coordinators or providers tell families the survey is being distributed).

Explanation of B Slippage

The NJEIS looked at both performance and response rate for this indicator in FFY 2015. While the response rate is representative of the population and adequately reflects the distribution by county, NJEIS continues to explore ways to increase parent completion of the survey.

The NJEIS is concerned about the slippage in all three sub-indicators under indicator 4. When analyzing the FFY 2015 responses from the family survey, NJEIS identified several factors that are worth noting:

NJEIS uses the NCEAM survey with Rasch analysis. For some of the survey questions, there was a shift in the level of agreement (agree (4), strongly agree (5) and very strongly agree (6) or disagree (3), strongly disagree (2) and very strongly disagree (1)) reported by families. The Rasch score is weighted to be sensitive to the distribution of scores across 1-3 and 4-6. This resulted in lower performance based upon the individual weighting of response choices. For example, even though families may have agreed in a category, that the NJEIS helped them know about their child's and family's rights concerning Early Intervention services, the level of very strongly agree decreased and disagree increased.

In FFY 2015, there was a significant increase in the overall number of surveys completed as well as a significant increase in the number of survey responses completed by telephone interview. NJEIS has begun to disaggregate the data and discuss the data with staff who assist in the family survey process to determine if the method of survey completion is a factor in the performance.

NJEIS remains committed to improving the performance in this indicator. As a result of preliminary data analysis and discussions with stakeholders, the following activities are being considered and/or in process:

- Continue to analyze the shift in distribution in scores by questions and by county to look for patterns that may assist in the development of improvement activities.
- Based upon the analysis of the responses by questions and counties, develop and conduct professional development activities (e.g., Webinars, conference calls, materials) assisting practitioners and administrators to use the data to develop strategies to improve performance in this indicator.
- Print "NJEIS Survey" on the survey envelope going to parents to facilitate survey returns.
- Review and revise current survey protocols used when families complete surveys through interviews.
- Consider contracting with someone from a research firm or university research program to make the calls to parents to ensure consistency in how the survey calls are conducted.
- Consider changing how surveys are distributed such as:
 - Having NJEIS practitioners hand the survey to the parent with a stamped self-addressed envelope, explaining that the information is kept confidential;
 - Emailing the survey to parents when email addresses are available;
 - Changing the time of year when survey are distributed; and
 - Conducting pre-survey notifications to families letting the family know to expect the survey (e.g., mail a postcard or have service coordinators or providers tell families the survey is being distributed).

Explanation of C Slippage

The NJEIS looked at both performance and response rate for this indicator in FFY 2015. While the response rate is representative of the population and adequately reflects the distribution by county, NJEIS continues to explore ways to increase parent completion of the survey.

The NJEIS is concerned about the slippage in all three sub-indicators under indicator 4. When analyzing the FFY 2015 responses from the family survey, NJEIS identified several factors that are worth noting:

NJEIS uses the NCEAM survey with Rasch analysis. For some of the survey questions, there was a shift in the level of agreement (agree (4), strongly agree (5) and very strongly agree (6) or disagree (3), strongly disagree (2) and very strongly disagree (1)) reported by families. The Rasch score is weighted to be sensitive to the distribution of scores across 1-3 and 4-6. This resulted in lower performance based upon the individual weighting of response choices. For example, even though families may have agreed in a category, that the NJEIS helped them know about their child's and family's rights concerning Early Intervention services, the level of very strongly agree decreased and disagree increased.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

In FFY 2015, there was a significant increase in the overall number of surveys completed as well as a significant increase in the number of survey responses completed by telephone interview. NJEIS has begun to disaggregate the data and discuss the data with staff who assist in the family survey process to determine if the method of survey completion is a factor in the performance.

NJEIS remains committed to improving the performance in this indicator. As a result of preliminary data analysis and discussions with stakeholders, the following activities are being considered and/or in process:

- Continue to analyze the shift in distribution in scores by questions and by county to look for patterns that may assist in the development of improvement activities.
- Based upon the analysis of the responses by questions and counties, develop and conduct professional development activities (e.g., Webinars, conference calls, materials) assisting practitioners and administrators to use the data to develop strategies to improve performance in this indicator.
- Print "NJEIS Survey" on the survey envelope going to parents to facilitate survey returns.
- Review and revise current survey protocols used when families complete surveys through interviews.
- Consider contracting with someone from a research firm or university research program to make the calls to parents to ensure consistency in how the survey calls are conducted.
- Consider changing how surveys are distributed such as:
 - Having NJEIS practitioners hand the survey to the parent with a stamped self-addressed envelope, explaining that the information is kept confidential;
 - Emailing the survey to parents when email addresses are available;
 - Changing the time of year when survey are distributed; and
 - Conducting pre-survey notifications to families letting the family know to expect the survey (e.g., mail a postcard or have service coordinators or providers tell families the survey is being distributed.

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

For the tenth year, NJEIS implemented the 22 item Impact on Family Scale (IFS) family survey developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM) and analyzed through the Rasch measurement framework.

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

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

Data from the scale was analyzed through the Rasch measurement framework. For the IFS scale, the analysis produced a measure for each survey respondent. Individual measures can range from 0 to 1,000. For the IFS, each family's measure reflects the extent to which the family perceives that early intervention has helped them achieve positive family outcomes. The IFS measures of all respondents were averaged to yield a mean measure reflecting overall performance of the state in regard to the impact of early intervention on family outcomes. The mean measure on the IFS was 626. The standard deviation was 148, and the standard error of the mean was 4.7. The 95% confidence interval for the mean was 616.8-635.4. This means that there is a 95% likelihood that the true value of the mean is between these two values.

- On June 30, 2016, 4,447 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 cut off date for processing surveys was extended to September 20, 2016 to allow families additional time to respond.
- Of the 4,447 surveys distributed across twenty-one counties, 977 were returned for a response rate of 21.97%. In total, 392 paper surveys and 585 web responses were collected. There were 814 responses in English and 163 in Spanish. This number is high enough for the estimated state wide percents on the indicator to be within an adequate confidence interval (confidence level of 95%) based on established survey sample guidelines (e.g., <http://www.surveysystem.com/sscalc.htm>).
- The county return distribution for the state adequately represented the NJEIS county population. The range of variance between the return rate and the December 1 2015 rate by county was -3.9% to +1.7%. The median percent difference was 0.2% and the mode was 0.6%.
- The December 1, 2015 population by race/ethnicity matched the FFY 2015 survey race/ethnicity of respondents within +/-2.26% for all race/ethnicity groups. The NJEIS has historically observed an under-representation in survey response from the African American/Not Hispanic (AA/NH) and Hispanic (H) race/ethnicity groups and therefore has conducted surveys with an over-sampling of these two populations. In addition, secondary follow-up was attempted to families from these race/ethnicity groups that did not respond to the initial survey request.
- The final county return race/ethnicity distribution for the state adequately represented the NJEIS county race/ethnicity population surveyed.
 - The range of variance between the return race/ethnicity population and the December 1 2015 race/ethnicity by county was -0.94% to +2.26%.
 - The Median difference between the race/ethnicity population and the returns was -0.08%
 - The Hispanic population was over-represented by 2.26%, and the African American population was under-represented by less than 0.60%.

2015-2016 Race/Ethnicity	Distributed	Returned	Return Rate	Percent of Return	Dec 1 2015 Race	Dec 1 2015 Race %	Difference Return - Race
White/ Not Hispanic	1,735	446	25.71%	45.65%	5,712	45.73%	-0.08%
African American/ Not Hispanic	571	97	16.99%	9.93%	1,315	10.53%	-0.60%
Hispanic	1,775	342	19.27%	35.01%	4,090	32.74%	2.26%
Native Hawaiian or other Pacific Islander	7	3	42.86%	0.31%	28	0.22%	0.08%
Asian	215	56	26.05%	5.73%	834	6.68%	-0.94%
American Indian/ Alaskan Native	7	1	14.29%	0.10%	19	0.15%	-0.05%
Multiracial	138	32	23.19%	3.28%	493	3.95%	-0.67%
Total	4,448	977	21.96%	100.00%	12,491	100.00%	

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

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

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

The following business rules were applied in the selection of families to receive the family survey. Children must have been in the system for at least 9 months from referral, and Children that had an active IFSP or exited early intervention 3 months or less from the population selection date. The analysis of NJEIS data using the above business rules identified a total population size of 7,467 families. The NJEIS filters out all duplicates (siblings, multiple births). NJEIS total unduplicated population size is 7,156 and is documented by the table below.

CountyName	White/ Not Hispanic	African American/ Not Hispanic	Hispanic	Native Hawaiian or other Pacific Islander	Asian	American Indian/ Alaskan Native	Multiracial	(blank)	Grand Total
ATLANTIC	94	23	68		6	1	14		206
BERGEN	312	30	211	4	76	2	28		663
BURLINGTON	194	43	39		11		24		311
CAMDEN	159	48	101		15		22		345
CAPE MAY	33	4	12	1			3		53
CUMBERLAND	28	12	58		1		5		104
ESSEX	137	241	270	1	27		15		691
GLOUCESTER	135	18	21	2	2		14		192
HUDSON	123	36	270	2	43	1	19		494
HUNTERDON	47	1	17		2				67
MERCER	71	45	94		13		5		228
MIDDLESEX	207	41	213		112	2	21		596
MONMOUTH	280	29	134		16	1	32		492
MORRIS	192	11	94		31		15		343
OCEAN	756	9	124		5	1	18		913
PASSAIC	154	46	324	2	22		8		556
SALEM	34	6	9				2		51
SOMERSET	96	23	74		25	2	9		229
SUSSEX	85		14	1			4		104
UNION	158	89	180	1	14	1	19		462
WARREN	35	7	9		3		2		56
Grand Total	3330	762	2336	14	424	11	279		7156

Sampling Plan

NJEIS conducted a two year analysis of historic NJEIS family survey data to identify a potential return rate in an effort to prevent a high margin of error. The NJEIS return rate in FFY 2006-2007 was 15%. Historically, African American/Not Hispanic (AA/NH) and Hispanic (H) families have lower return rates than other race groups (White/Asian/American Indian/Hawaiian-Pacific Islander/Multi Race) (W/A/AI/PI/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/NH) and Hispanic (H) race group were pulled at higher percentages than other race groups (W/A/AI/PI/PI/MULTI). The detailed plan follows:

Step 1: Target number of survey returns per county.

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

The sampling rate is 20% with a minimal county stratum size of 20 and a maximum county stratum size of 75.

The margin of error (MOE) per county varied from 11% to 21%. The margin of error for 15 out of the 21 counties is less than or equal to 18%.

The overall state wide margin of error (MOE) was 4%.

Step 2: Calculate outgoing sample.

To compensate for a projected lower response rate from African American/Not Hispanic and Hispanic race groups, an additional sample was drawn in each of the county stratum. With a 20% expected return rate, the actual number of family surveys mailed was 4,447 for the NJEIS population of 7,156 as documented by the table below.

Step 3: Analysis Weights

Both stratification and differential response cause samples to deviate from representativeness and therefore weights were adjusted for both. As part of the analysis, a weight inverse was implemented to the: Sampling Fraction (s.f.) (Including all differentials in target n and field sampling rate (fsr)); and Response rate.

CID	CountyName	W/AI/A/PI/MULTI	B/H	Child Count				Expected returns			design effects		Sample out			total
				Child count	N	s.f.	MOE	wt	wt-norm	W/AI/A/PI/MULTI	f.s.r.	B/H	f.s.r.			
1	ATLANTIC	115	91	206	21	10%	20%	1.0	1.E-03	59	51%	70	77%	129		
2	BERGEN	422	241	663	66	10%	11%	1.0	1.E-03	210	50%	180	75%	390		
3	BURLINGTON	229	82	311	31	10%	17%	1.0	1.E-03	114	50%	61	74%	175		
4	CAMDEN	196	149	345	35	10%	16%	1.0	1.E-03	99	51%	113	76%	212		
5	CAPE MAY	37	16	53	20	38%	17%	0.3	4.E-04	37	100%	16	100%	53		
6	CUMBERLAND	34	70	104	20	19%	20%	0.5	7.E-04	33	97%	70	100%	103		
7	ESSEX	180	511	691	69	10%	11%	1.0	1.E-03	90	50%	383	75%	473		
8	GLOUCESTER	153	39	192	20	10%	21%	1.0	1.E-03	80	52%	30	77%	110		
9	HUDSON	188	306	494	49	10%	13%	1.0	1.E-03	93	49%	228	75%	321		
10	HUNTERDON	49	18	67	20	30%	18%	0.3	5.E-04	49	100%	18	100%	67		
11	MERCER	89	139	228	23	10%	19%	1.0	1.E-03	45	51%	105	76%	150		
12	MIDDLESEX	342	254	596	60	10%	12%	1.0	1.E-03	172	50%	192	76%	364		
13	MONMOUTH	329	163	492	49	10%	13%	1.0	1.E-03	164	50%	122	75%	286		
14	MORRIS	238	105	343	34	10%	16%	1.0	1.E-03	118	50%	78	74%	196		
15	OCEAN	780	133	913	75	8%	11%	1.2	2.E-03	320	41%	82	62%	402		
16	PASSAIC	186	370	556	56	10%	12%	1.0	1.E-03	94	51%	279	75%	373		
17	SALEM	36	15	51	20	39%	17%	0.3	4.E-04	36	100%	15	100%	51		
18	SOMERSET	132	97	229	23	10%	19%	1.0	1.E-03	66	50%	73	75%	139		

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

19	SUSSEX	90	14	104	20	19%	20%	0.5	7.E-04	87	97%	14	100%	101
20	UNION	193	269	462	46	10%	14%	1.0	1.E-03	96	50%	201	75%	297
21	WARREN	40	16	56	20	36%	18%	0.3	4.E-04	40	100%	16	100%	56
Grand Total		4058	3098	7156	777		4%	723	723	2102		2346		4448

Promotion of the survey and Follow-up

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

To ensure NJEIS receives the representative sample, the following are implemented annually: Distributing the survey with the impact questions on one form with English on one side and Spanish on the other side so that all families in the sample receive the survey in both languages (attachments).

Families who do not identify English as their primary language are identified through the demographic data and the NJEIS: Provides families with a translated version of the survey (if available); or offers to conduct a phone survey with the family utilizing Language Line.

Language	Grand Total
African	1
Arabic	28
Cambodian	1
Cantonese	1
Chinese	2
English	3396
French	3
French Creole	13
Greek	1
Hebrew	3
Hindi	16
Italian	1
Japanese	2
Korean	12
Mandarin	3
Native American	1
Pacific Islander	1
Polish	6
Portuguese	19
Russian	7
Sign Language	2
Spanish	918
Tagalog	2
Turkish	4
Vietnamese	5
Grand Total	4448

Since FFY 2008, NJEIS has added an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number). To improve response rates, the lead agency reviews and verifies family addresses with the Service Coordination Units prior to the initial mailing of the survey. Returned mail and phone contacts with families resulted in a verification, correction of address and re-mailing of the survey to a confirmed address and/or the option to complete the survey via phone and Internet. The response rate is reviewed and any counties under represented on the expected return rate, are identified by race.

Additional follow up surveys are conducted to the under-represented race groups per counties by having regional Family Support Coordinators contact families and offer assistance to complete the survey by mail or through the Internet. Once there is sufficient response, the survey is closed.

Provide additional information about this indicator (optional)

There were 977 returned surveys. The return distribution by county compared to the December 1 2015 child count is displayed below. Ocean county is slightly under represented by 3.9%. Passaic county was slightly over represented by 1.7%.

The Median was 0.2%. The Range was -3.9% to 1.7%. The Mode was 0.6%.

2016 County	Distributed	% Distributed	N Returned	% Returned	Dec 1 2015	Difference	
						Dec 1 2015	% Return - Dec 1
ATLANTIC	129	2.9%	36	3.68%	331	2.6%	1.0%
BERGEN	390	8.8%	90	9.21%	1170	9.4%	-0.2%
BURLINGTON	175	3.9%	35	3.58%	529	4.2%	-0.7%
CAMDEN	212	4.8%	48	4.91%	585	4.7%	0.2%
CAPE MAY	53	1.2%	13	1.33%	96	0.8%	0.6%
CUMBERLAND	103	2.3%	16	1.64%	199	1.6%	0.0%
ESSEX	473	10.6%	92	9.42%	1234	9.9%	-0.5%
GLOUCESTER	110	2.5%	18	1.84%	365	2.9%	-1.1%
HUDSON	321	7.2%	73	7.47%	864	6.9%	0.6%
HUNTERDON	67	1.5%	16	1.64%	123	1.0%	0.7%
MERCER	150	3.4%	25	2.56%	396	3.2%	-0.6%
MIDDLESEX	364	8.2%	69	7.06%	1105	8.8%	-1.8%
MONMOUTH	286	6.4%	60	6.14%	866	6.9%	-0.8%
MORRIS	196	4.4%	52	5.32%	605	4.8%	0.5%
OCEAN	402	9.0%	79	8.09%	1500	12.0%	-3.9%
PASSAIC	373	8.4%	92	9.42%	963	7.7%	1.7%
SALEM	51	1.1%	19	1.94%	90	0.7%	1.2%
SOMERSET	139	3.1%	34	3.48%	381	3.1%	0.4%
SUSSEX	101	2.3%	30	3.07%	185	1.5%	1.6%
UNION	297	6.7%	62	6.35%	811	6.5%	-0.1%
WARREN	56	1.3%	18	1.84%	93	0.7%	1.1%
Grand Total	4448	100.0%	977	100.00%	12491	100.0%	

Responses were received from all twenty one (21) counties in New Jersey.

Survey responses were received from 977 families, representing a 21.96% return rate (977/4,448).

The target was not met for 4A, 4B or 4C. Specifically:

Performance decreased 6.56% in 4A from 72.78% in FFY 2014 to 66.22% in FFY 2015.

Performance decreased 6.26% in 4B from 69.11% in FFY 2014 to 62.85% in FFY 2015.

Performance decreased 1.13% in 4C from 83.42% in FFY 2014 to 82.29% in FFY 2015.

The following chart represents the performance by race/ethnicity groups:

SFY 2016 Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4 by Race/Ethnicity

Race/Ethnicity	Indicator 4A	Indicator 4B	Indicator 4C
	Percent of families who report that Early Intervention services helped them know their rights	Percent of families who report that Early Intervention services helped them effectively communicate their children's needs	Percent of families who report that Early Intervention services helped them help their child develop and learn
STATE PERFORMANCE	66.22%	62.85%	82.29%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

STATE TARGETS		72.14%	67.50%	83.57%
African American/Not Hispanic	(N=97)	63.92%	61.86%	82.47%
American Indian/ Alaskan Native	(N=1)	0.00%	0.00%	0.00%
Asian	(N=56)	73.21%	64.29%	83.93%
Hispanic	(N=342)	66.96%	63.45%	83.04%
Multiracial	(N=32)	78.13%	78.13%	87.50%
Native Hawaiian or Other Pacific Islander (N=3)		33.33%	33.33%	66.67%
White/Not Hispanic	(N=446)	64.80%	61.66%	81.39%

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

N/A

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.62%	0.62%	0.72%	0.82%	0.72%	0.72%	0.75%	0.65%	0.65%
Data		0.56%	0.63%	0.65%	0.57%	0.67%	0.64%	0.63%	0.62%	0.65%	0.70%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

For federal fiscal year 2015 reporting on performance for July 1, 2015 - June 30, 2016, the Part C stakeholders reviewed current state/local data and performance trends over time.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 1 with IFSPs	784	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 1	103,853	null

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
784	103,853	0.70%	0.65%	0.75%

Provide additional information about this indicator (optional)

FFY 2015 status of 0.75% is 0.05% higher than the FFY 2014 performance and also met the target of 0.65% as recommended by stakeholders for this reporting period.

When compared with FFY 2015, the New Jersey state percentage of children birth to one year increased by 0.05% (0.70%-0.75%) while the national percentage of 1.2% (47,848/3,978,038) increased by 0.05% (1.15%-1.20%).

In FFY 2015, 61.90% (13/21), thirteen of the twenty-one NJEIS counties met or exceeded the target of 0.65%.

The total number of referrals of children, birth to age one year, received from July 1, 2015 through June 30, 2016, increased by 1.84% (4,608 to 4,693) than the number received from July 1, 2014 through June 30, 2015.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The number of referrals from July 1, 2014 through June 30, 2015 examined by age and eligibility outcome indicates that:

- 4.46% (4,608/103,305) of 2014 live births as per the Centers for Disease Control and Prevention National Center for Health Statistics website (most current data as of December 2016) were referred to NJEIS.
- The ineligibility rate for children referred birth to age one was 28.3% in FFY 2015 and 27.7% in FFY 2014. This is a 0.60% increase in the amount of ineligible children aged 0-1.

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

- In FFY 2015 there was an increase in the overall referral growth rate of 2.96% and 1.84% in children aged 0-1.
- The ineligibility rate increased by 0.6% from 27.7% in FFY 2014 to 28.3% in FFY 2015.

Age	FFY 2011 Referrals	FFY 2012 Referrals	FFY 2013 Referrals	FFY 2014 Referrals	FFY 2015 Referrals	FFY 2011 % Growth	FFY 2012 % Growth	FFY 2013 % Growth	FFY 2014 % Growth	FFY 2015 % Growth	FFY 2011 Inelig	FFY 2012 Inelig	FFY 2013 Inelig	FFY 2014 Inelig	FFY 2015 Inelig
0 – 1	3,349	3,673	3,843	4,608	4,693	5.88%	9.67%	4.63%	19.91%	1.84%	31.3%	34.0%	32.3%	27.7%	28.3%
1 – 2	6,617	7,434	7,863	8,409	8,688	1.21%	12.35%	5.77%	6.94%	3.32%	23.0%	22.6%	22.3%	19.7%	18.6%
2 – 3	5,722	6,579	7,005	7,476	7,719	8.52%	14.98%	6.48%	6.72%	3.25%	26.8%	31.5%	26.2%	23.3%	23.0%
Total	15,688	17,686	18,711	20,493	21,100	4.77%	12.74%	5.80%	9.52%	2.96%	26.2%	28.3%	25.8%	22.8%	22.4%

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

N/A

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			2.31%	2.31%	2.55%	2.70%	2.87%	3.14%	3.14%	3.38%	3.38%
Data		2.53%	2.80%	2.84%	2.93%	3.14%	3.31%	3.35%	3.22%	3.38%	3.61%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

For federal fiscal year 2015 reporting on performance for July 1, 2015 - June 30, 2016, the Part C stakeholders reviewed current state/local data and performance, trends over time.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 3 with IFSPs	12,491	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 3	314,191	

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
12,491	314,191	3.61%	3.40%	3.98%

Provide additional information about this indicator (optional)

For FFY 2015, New Jersey served 3.98% (12,491/314,191) of infants and toddlers, birth to three, with IFSPs, compared to the national average of 3.00% (357,715/11,913,185).

New Jersey met the target of 3.40% as set by stakeholders for this reporting period.

When compared to FFY 2014, percentage of infants, birth to three, with IFSPs in New Jersey increased by 0.37% (3.98%-3.61%) while the national percentage increased 0.5% (3.00%-2.95%).

The total number of referrals birth to three years received July 1, 2015 through June 30, 2016 increased by 607 children, which is a 2.96% increase (21,100-20,493).

Sixteen out of twenty one counties (76.19%) of NJEIS counties met or exceeded the target of 3.40%.

Actions required in FFY 2014 response

none

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Responses to actions required in FFY 2014 response

N/A

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		86.20%	95.80%	92.77%	91.59%	97.89%	97.92%	99.11%	98.21%	98.85%	96.26%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
316	360	96.26%	100%	98.61%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i>	39
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan

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

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

Data Desk Audit, Inquiry and Record Review

Monitoring begins with a data desk audit based on a simple random sample without replacement of three months of FFY 2015 data (October, November and December 2015). This included inquiry where the monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of an initial IFSP meeting, although late.

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

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

Provide additional information about this indicator (optional)

Data Analysis and Results

Of the 3,181 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 360 children were monitored. Of the 360 children, 355 of the IFSPs were in compliance with the 45 calendar day requirement, including 36 initial IFSP meetings that were delayed because of family reasons and 3 due to verified extreme weather.

The 36 family-initiated reasons for delay and the 3 verified extreme weather delays were included in the calculations and documented in service coordination notes and the 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 schedule.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Total IFSPs for Quarter of Data: October, November, December 2015

3,181

Sample of the Quarter (Denominator)

360

Preliminary Timely Initial IFSPs (Preliminary Data without Desk Inquiry)

316

Preliminary Untimely Initial IFSPs (Preliminary Data without Desk Inquiry) Desk Inquiry Verification of Family Reason & Extreme weather

44

Desk Inquiry Verification of Family Reason for delay & Extreme weather

36+3=39

Desk Inquiry Verification of Untimely IFSPs

5

Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely)

316 + 39= 355

State Compliance Percentage

355/360= 98.61%

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

- Of the five (5) initial IFSP meetings delayed for systems reasons: two (2) out of the 360 (0.56%) were due to the targeted evaluation team (TET); three (3) out of the 360 (0.83%) delays were the result of the Service Coordination Unit.
- No finding was issued to the two (2) TETs as NJEIS verified correction according to both prongs.
- NJEIS reviewed documentation to verify that all five (5) children who were delayed for system reasons received their initial IFSP meeting although late. The range of days delayed is depicted in the chart below:

Indicator 7 Data	Children
Untimely Initial IFSPs: # of Days Delayed	Children
1 to 4 Days Delayed	4
5 to 14 Days Delayed	1
Total Delayed	5

Findings Issued:

As a result of the additional inquiry, one (1) finding was issued and the agency was required to complete a Corrective Action Plan (CAP) and monthly reports until 100% compliance is verified as per OSEP 09-02.

Indicator 7 Agencies	Findings	Agency Name(s)	Date of Finding
Service Coordination Units (SCUs)	1	Children's Specialized Hospital SCU (for Middlesex, Somerset and Union counties)	June 3, 2016 (FFY 15)
Targeted Evaluation Team (TETs)	0		
Regional Early Intervention Collaborative (REICs)	0		
Total Findings for FFY 2015	1		
Number of Findings Closed As of 2/1/17	1		
Number of Findings Not Verified as of 2/1/17	0		Agency verified correction and CAP was closed on 8/31/16

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	null	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

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

NJEIS:

- Identified the responsible agencies, the percentage of noncompliance in each county and 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 (Prong 2).
- Ensured that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initial IFSP meeting events. These monthly reviews continued until the agency is operating at 100% compliance for this indicator at which point the finding is closed (Prong 2).

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, monthly updated data was used to track and verify correction of all non-compliance. 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.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

FFY 2013 Findings of Noncompliance Verified as Corrected

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

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

NJEIS:

- Identified Southern NJ Regional Early Intervention System's (SNJREIC) 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. The corrective action plan required SNJREIC to establish and/or revise appropriate policies, procedures and practices (Prong 2).
- Ensured that for each identified noncompliance, SNJREIC was correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initial IFSP meeting events. These monthly reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2).

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

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

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

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2011

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		95.20%	96.50%	99.20%	99.70%	100%	99.65%	98.10%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

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

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
322	322	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	0
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data were reported for all twenty-one counties.

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

The data desk audit was conducted on one quarter of FFY15 for the months of March, April and May 2016 and identified 2,502 children that turned age three.

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

Of the 2,502 children who exited the program, a random selection of the 322 children were monitored.

Data Desk Audit, Inquiry and Record Review

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

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

Provide additional information about this indicator (optional)

Data Analysis and Results

Indicator 8A Data

Children

Total of Children who turned 3 for Quarter of Data: March-May 2016

2,502

Sample of the Quarter (Denominator)

322

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

322

State Compliance Percentage

322/322=100%

NJEIS achieved 100% compliance on 322/322 records.

NJEIS had continued 100% compliance on this indicator in FFY 12, FFY 13, FFY 14 and FFY 15.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2014

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

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		98.90%	98.40%	98.74%	99.70%	100%	99.19%	91.14%	90.24%	92.40%	95.74%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
276	322	95.74%	100%	96.84%

Number of parents who opted out <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	37
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Describe the method used to collect these data

Sampling Plan

Data were reported for all twenty-one counties.

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

A data desk audit was conducted on one quarter of FFY15 for the months of March, April and May 2016 that identified 2,502 children that turned age three.

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

Of the 2,502 children, a random selection of 322 children was monitored.

Of the 322 children, thirty-seven (37) families opted out of SEA/LEA notification.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Data Desk Audit, Inquiry and Record Review

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

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

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

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data is selected from all twenty-one counties.

A data desk audit was conducted on one quarter of FFY 15 for the months of March, April and May 2016 that identified 2,502 children that turned age three representing all twenty-one counties.

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 +/- confidence interval ensures that child records were appropriately represented.

Provide additional information about this indicator (optional)

Data Analysis and Results

Indicator 8B Data	Children
Total of Children who turned 3 for Quarter of Data: March-May 2016	2,502
Sample of the Quarter (Denominator)	322
Notified the SEA at least 90 days prior to third birthday	285
Notified to the LEA at least 90 days prior to third birthday	276
Opt Out	37
Untimely Notification	9
Potentially Eligible - Opt Out	322 - 37 = 285
State Compliance Percentage	276/285=96.84%

The DOH sent 100% (285/285) 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 March, April and May 2016).

NJEIS achieved 96.84% compliance based on 276/285 records of notifications that were required sent (consistent with any opt-out policy adopted by the state) to the LEA at least 90 days prior to toddlers with disabilities turning three (in March, April and May 2016).

Of the nine children who did not have timely notification:

- Five children from Middlesex, Ocean, Salem and Somerset SCUs had noncompliance. NJEIS ensured that each agency was correctly implementing the specific regulatory requirements (prong 2) and that each child received notification unless the child was no longer in the jurisdiction of NJEIS (prong 1)
- Three children from Bergen SCU had difficulties generating notification to late referrals. This agency received a finding.
- One child from Warren SCU did not receive notification who was less than 90 days but older than 45 days. Prong 2 data also identified noncompliance. This agency received a finding.

NJEIS increased compliance by 1.1% on this indicator moving from 95.74% reported for FFY 2014 to 96.84% for FFY 2015.

Findings Issued:

As a result of the additional inquiry, two (2) findings were issued and the agencies were required to complete a Corrective Action Plan (CAP) and monthly reports until 100% compliance is verified as per OSEP 09-02:

Indicator 8B			
Agencies	Findings	Agency Name(s)	Date of Finding
Service Coordination Units (SCUs)	2	Bergen SCU, Warren SCU	June 30, 2016 (FFY 15)
Total Findings for FFY 2014	2		
Number of Findings Closed As of 2/1/17	2		
Number of Findings Not Verified as of 2/1/17	0		Agencies had until June 29, 2017 to verify correction
As of January 2016, both of the two (2) findings have verified 100% compliance and therefore have been closed.			

Actions required in FFY 2014 response

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

none

Responses to actions required in FFY 2014 response, **not including correction of findings**

N/A

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	8	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

Based on FFY 2014 data, eight (8) agencies were found to have noncompliance for 8B. The eight agencies were each given a finding issued on June 30, 2015. These agencies developed Correction Action Plans (CAPs) and NJEIS reviewed monthly data, tracked and verified correction of the noncompliance. Eight of the eight agencies corrected within one year of the finding.

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

NJEIS:

- Identified the responsible agencies, their 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 (Prong 2).
- Ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a monthly review and verification of timely transition notification events. These monthly reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2).

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

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

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

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2013

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		96.00%	95.20%	95.00%	92.70%	90.48%	90.94%	96.18%	95.88%	93.38%	95.94%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

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

FFY 2015 SPP/APR Data

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

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
242	322	95.94%	100%	99.27%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	49
Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	29

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data were reported for all twenty-one counties.

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

A data desk audit was conducted on one quarter of FFY 2015 for the months of March, April and May 2016 that identified 2,502 children that turned age three.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

Of the 2,502 children, a random selection of 322 children were monitored. Of the 322 children, 49 families declined the TPC, reducing the total number of records monitored to 273 children.

Data Desk Audit, Inquiry and Record Review

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

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

Provide additional information about this indicator (optional)

Data Analysis and Results

Indicator 8C Data	Children
Total of Children who turned 3 for Quarter of Data: March-May 2016	2,502
Sample of the Quarter (Denominator)	322
Families who declined a TPC	49
Initial Timely TPCs (Dirty Data without Desk Inquiry)	242
Initial Untimely TPCs (Dirty Data without Desk Inquiry)	31
Desk Inquiry Verification of Family Reason for delay or on time	29
Desk Inquiry Verification of Untimely TPC	2
Final Numerator (Timely + Family Reasons + corrected Timely)	242 + 29 = 271
Final Denominator (Sample of the Quarter - Family Declines)	322 - 49 = 273
State Compliance Percentage	271/273= 99.27%

99.27% (271/273) of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference within the required timeline.

The numerator and denominator does not include the 49 families who did not provide approval to conduct a transition planning conference.

Of the 273 children, 242 were timely, 29 were delayed due to family reasons and 2 untimely due to NJEIS.

There were two children whose TPCs were delayed for systems reasons. Middlesex and Somerset SCU had noncompliance for one child each. NJEIS ensured that each agency was correctly implementing the specific regulatory requirements (prong 2). Both children exited the system prior to receiving a TPC (prong 1).

The 29 family-initiated reasons were included in the calculations and documented in service coordinator notes. Family reasons included family vacations, child illness or hospitalization, family response time, family not keeping scheduled appointments and family requested delays.

NJEIS performance for this indicator increased by 3.33% from 95.94% in FFY 2014 to 99.27% in FFY 2015.

Findings Issued:

As a result of the additional inquiry, no findings were issued and compliance was verified as per OSEP 09-02.

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings

N/A

Correction of Findings of Noncompliance Identified in FFY 2014

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

FFY 2014 Findings of Noncompliance Verified as Corrected

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

Based on FFY 2014 data, four (4) findings were issued on June 30, 2015 based on FFY 2014 noncompliance. These agencies developed Corrective Action Plans (CAPs) and NJEIS reviewed monthly data, tracked and verified correction of the noncompliance. All of the findings were closed timely between January 2016 and June 2016 after correction of both prongs was verified in accordance with federal requirements.

NJEIS:

- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- Ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a monthly review and verification of timely transition planning conference events. These monthly reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2).

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

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

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

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions**

Explanation of why this indicator is not applicable

NJEIS implements Part C requirements for Due Process Hearings and is not required to have Resolution Sessions.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

This indicator is not applicable.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation**

Explanation of why this indicator is not applicable

NJEIS had less than ten (10) Mediation requests.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

This indicator is not applicable.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015
Target		38.15%	39.85%
Data	38.15%	39.87%	

Key: Gray – Data Prior to Baseline Yellow – Baseline
 Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	41.55%	43.25%	45.00%

Key:

Description of Measure

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

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

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Overview

Data Analysis

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

See Complete SSIP as attached.

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

See Complete SSIP as attached.

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

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

Statement

The SIMR for NJEIS is:

The New Jersey Early Intervention System will substantially increase the rate of children's growth in their development of positive social emotional skills by the time they exit the program, as defined by the targets established for Indicator 3A, Summary Statement 1 in each of the years FFY 201-FFY2018.

See Complete SSIP as attached.

Description

See Complete SSIP as attached.

Selection of Coherent Improvement Strategies

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

See Complete SSIP as attached.

Theory of Action

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

Submitted Theory of Action: No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

See complete SSIP as attached.

Support for EIS programs and providers Implementation of Evidence-Based Practices

- Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

See complete SSIP as attached

Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See complete SSIP as attached

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

See complete SSIP as attached

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Terry L. Harrison

Title: Part C Coordinator

Email: terry.harrison@doh.nj.gov

Phone: 609-777-7734