

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2020**

New Jersey



**PART C DUE
February 1, 2022**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

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

This report is submitted February 1, 2022, and contains 1) performance data from FFY 2020, 2) newly determined targets for the required indicators for FFY 2020 through FFY 2025 and 3) the State Systemic Improvement Plan (SSIP) covering both FFY2020 performance and long-range improvement plans.

New Jersey (NJ) is a geographically small northeastern state with a diverse population of 9,267,130 according to the July 1, 2021 estimate by the U.S. Census Bureau. Despite its small geographic size, for every square mile of New Jersey, there is an average of 1,195.5 people, which makes it the most densely populous state in the country. New Jersey is made up of a very diverse population and 32.0% of New Jersey's population aged 5 and older speak a native language other than English. New Jersey has a twenty-one (21) county governmental structure and is one of the only states to have every county deemed "urban" as defined by the Census Bureau's Combined Statistical area.

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.

The NJEIS has a system point of entry for children and families through four Regional Early Intervention Collaboratives (REICs) that cover the state's twenty-one (21) counties. Grants are executed with the four(4) REICs and thirteen (13) Service Coordination Units (SCUs) to provide service coordination services throughout all 21 counties.

Early intervention services identified on an Individualized Family Service Plan (IFSP) are provided by fifty-two (52) Early Intervention Program (EIP) provider agencies through contracts with the DOH. EIPs may also be contracted to provide Targeted Evaluation Services (TET) and provide evaluation and assessment to children throughout their time with NJEIS. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs and are required to meet established personnel standards.

The REICs facilitate family and community involvement through written Community Impression Plans, which use regional data to assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Specialist.

The REICs provide important points of contact for families to ensure they have an active voice in the NJEIS. Parents serve on the REIC Boards, sub-committees, and related community councils. The Family Support Specialists maintain contact information for the families in their regions which offers the NJEIS the ability to solicit input from families throughout the state. In recent years, the increased use of social media platforms has provided additional touchpoints for sharing information and resources to families who participate in the NJEIS.

The NJEIS is fortunate to have a total 17 members of the Interagency Coordinating Council. The ICC members have been vital contributors to the revised and most current SPP/APR/ SSIP. Four sub-committee stakeholder groups were also created to support the New Jersey Early Intervention System and broader goals of the ICC.

The DOH ensured engagement of stakeholders from various interests on regular basis throughout FFY 2020. As part of the engagement strategies, the DOH provided a monthly newsletter with updates to over 200 system partners, held listening sessions for EIP providers regarding American Rescue Plan funds, recruitment and retention strategies and COVID-19 related updates. The Service Coordination Units hold monthly technical assistance sessions with the DOH designated liaison, in addition to the provider meetings that take place across the state. The pivot to remote/virtual meetings has resulted in greater participation by stakeholders (including parents) in the ICC meetings, topic specific webinars and trainings, sub-committee work, and intra-agency collaborations.

Additional information related to data collection and reporting

NJEIS utilizes a statewide electronic case-management and billing system to manage the functions of the Part C system. The Early Intervention Management System (EIMS) is maintained by a contracted vendor and managed by the Part C Data Manager at the DOH. The EIMS provides real-time data on such important factors as referrals, IFSPs, service utilization, billing and claiming data, and exiting reasons. The centralized system of data collection is vital to the data collection and analysis reporting contained in this SPP/APR/SSIP.

In addition to the EIMS, the DOH uses the electronic BDI DataManager to score and store the BDI2 evaluation data which is the cornerstone of the reporting for Indicator 3 (Child Outcomes). The NJEIS utilizes the Family Survey developed by the National Center Special Education Accountability Monitoring (NCSEAM) to report in Indicator 4. This instrument was selected because of its rigorous development process which ensures the state has valid and reliable data.

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, the Part C Data Manager and the Part C Coordinator. General supervision includes the ongoing activities of data verification, data analysis of performance data, fiscal monitoring, response to disputes, public reporting of data, local determinations, contracts management, personnel development, training, technical assistance, issuing of findings, corrective actions, verification of correction, virtual monitoring and enforcement.

Additional information about these processes is included here:

Monitoring Activities: A significant component of the NJEIS general supervision system is the performance desk audit process implemented using data compiled from the Early Intervention Management System (EIMS) database. The purpose of the data desk audit is to: 1) ensure data in the database are accurate; 2) identify noncompliance and areas for improvement; and 3) verify correction of noncompliance in accordance with federal requirements in OSEP.

The EIMS database is an electronic central data system that: 1) ensures an unduplicated count for federal reporting, 2) assists in the verification of data, 3) establishes and provides trend data for improvement planning, 4) identifies potential areas of non-compliance that are targeted for follow-up, and 5)

allows tracking of required corrective actions. Data Analysts at the REICs assist the lead agency with on-going data verification, clean-up and analysis. Data desk audits review compliance and results data for selected priority indicators for all counties/provider agencies. An inquiry response format has been developed and implemented to verify accuracy of data, request missing information, and determine if barriers are appropriately addressed to correct performance issues. As needed, findings and corrective action plans are issued and verification of correction is completed in accordance with federal requirements.

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

In FFY20, onsite monitoring could not be accomplished, as lead agency staff were primarily working remotely in response to the COVID-19 pandemic at the direction of the Governor. Monitoring duties, including fiscal monitoring, verifying correction, or determining the need for additional sanctions such as designation of at-risk or high-risk status or untimely correction were instead completed via virtual meetings/observations and the submission of documentation or information via email as required. Lead agency staff returned to full-time on-site work effective January 31, 2022.

The NJEIS has a Procedural Safeguards Office,(PSO) located within the DOH, Office of the Assistant Commissioner, to ensure the effective implementation of procedural safeguards including family rights. The PSO helps ensure that parents receive and understand their rights and have access to formal, as well as informal systems of dispute resolution. Parents can contact the PSO through a toll-free hotline.

The PSO staff advise parents of their rights, helps them understand the options available to them when disputes arise, and assists in resolving informal disputes. The staff respond to parent issues/concerns and documents all contacts for review and analysis. Data collection tracks all requests and the outcomes of informal and formal dispute resolutions received and resolved through the PSO. The information is compiled and shared with stakeholders, as necessary, to facilitate necessary systematic training and/or technical assistance.

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. Procedural safeguards are described in the document "New Jersey Early Intervention System Family Rights" and all NJEIS providers/practitioners are responsible to ensure that families understand their rights under Part C. 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 prior to beginning work with children and families.

Formal dispute resolution procedures are used to identify and correct non-compliance through a statewide mediation system. Parents may voluntarily access a non-adversarial process for the resolution of individual disputes regarding the NJEIS including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. Mediators are required to undergo training as a condition of serving as mediators. The PSO maintains a list of qualified and impartial mediators who are trained in effective mediation techniques and are knowledgeable in laws, regulations and best practices related to the provision of early intervention services.

A statewide impartial hearing system is available through the Office of Administrative Law (OAL) to ensure parents have access to a fair process for the resolution of disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services.

A complaint resolution process is 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.

The Procedural Safeguards Office issues compensatory services as appropriate. In FFY2020, the PSO issued over 25,000 hours of compensatory services to children and families who had service interruptions due to the COVID-19 pandemic. As families individually and collectively managed their concerns, priorities and resources in response to COVID-19, the NJEIS considered parent requests for compensatory services with a relaxed strategy and one that was liberal in the approval of these requests in support of the children and families as the pandemic unfolded.

Lastly, 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.

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 led by a CSPD coordinator at the lead agency who directs 4 regional Training and Technical Assistance coordinators (TTA), 1 CSPD Support Specialist and the Service Coordinator Liaison in meeting the technical assistance needs of the EIS programs and service coordination units. The lead agency sets statewide priorities for TA based upon 1) operational needs (e.g. use of new data systems) 2) and quality improvement strategies identified in the SSIP. Each TTA also creates a Community Impression Plan designed to address a local or regional need, which is in addition to any state directed initiatives. The Community Impression Plans use data-based decision-making to provide universal, targeted, or intensive TA to agencies or personnel in their respective region. The Regions report on their progress to the DOH at 6 month intervals.

Under the leadership of the CSPD coordinator the CSPD team 1) Coordinates and prioritizes training initiatives across topic areas, including evidence-based practices and the goals and activities outlined in the State Systemic Improvement Plan; 2) Ensures consistency of messaging in professional development materials; 3) Establishes streamlined processes for on-boarding and off-boarding with accountability for agency administrators; 4) Establishes accountability measures for practitioners/SC in completing required training. The team is highly invested in maximizing and updating the use of technology platforms for training, community of practice work and general communication about NJEIS, federal and state requirements and connections with families. In addition to the established Learning Management System (LMS), and EIMS, the DOH has invested in Go-to-Training software, Zoom, and Microsoft Teams in the past year.

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

Professional Development System:

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

Effective service provision begins with quality controls for hiring and on-boarding of the practitioners responsible to provide services to children and families through the NJEIS. The NJEIS has established personnel standards for all practitioners that provide early intervention services, including service coordinators. These standards are maintained and monitored for all early intervention practitioners, requiring educational background and licensure as appropriate for each position in the state. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs and credentials (licensure, certifications etc.) are verified through state processes in conjunction with the EIMS vendor.

Each new hire to the NJEIS must complete required professional development sessions, provided through the CSPD team, in addition to on-boarding procedures required by the hiring agency. The service coordinator liaison regularly reviews the work product of the service coordinators through desk audits or targeted inquiry and provides professional development opportunities specific to the role of a service coordinator, IFSP development and family outcomes.

In FFY2020 the lead agency added the position of Research Scientist to support the investigation of factors that influence the results of infants and toddlers, the impact of the pandemic on those results, the impact of telehealth services on results, and the current workforce needs for retention and development of personnel. Using multiple data sources, including Indicator 3 results data, billing data, service logs and practitioner progress summaries, the research scientist has the capacity to drill into county and local patterns that support improved child outcomes and/or areas in need of TA to improve results.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

General Stakeholder Input

Throughout FFY2020, the DOH engaged stakeholders in new and efficient way to ensure that each segment of the NJEIS (families, providers, service coordination, PTIs REICs etc.) were represented in the various sub-committees that were formed to plan and set targets for the required indicators and for the development of the SSIP. The DOH team prioritized the inclusion of stakeholders who had not previously participated in meetings and sub-committees, those from all geographic parts of the state, racial and ethnic diversity and was successful in identifying new community partners. Combined with the new members on the ICC, new board members on the REIC boards, the use of virtual meeting formats and sustained regular communication channels, the DOH is confident that it engaged a wide variety of stakeholders, not just for the development of the SPP/APR/SSIP, but for many other operational concerns of the overall system. For example, the early intervention provider agencies actively engaged with the NJ legislature during the most recent budget cycle and brought the importance of Part C to their representatives.

APR Target setting (2, 3, 4, 5, 6)

NJ is reporting on the individual sub-committee composition within each indicator and more information about the specific groups can be found in those sections. Overall, however, each sub-committee group assisted with reviewing data and making recommendations on targets for indicators 2, 3, 4, 5, 6 for the next six years. Indicators 2, 5 & 6 were grouped together and indicators 3, 4 & 11(SSIP) each had their own separate stakeholder groups. The groups reflected expertise in the topics, diversity in race/ethnicity, experience and role in Early Intervention System, and representation from various geographical and socioeconomic areas of the state. Each group had 7-12 members, which included parent involvement.

To set targets, all subcommittee members were presented historical trend data regarding NJ's previous targets and performance. There were opportunities to discuss the variables which may be expected to impact the various targets. Additional relevant data were presented for each indicator including information regarding referral rates, trend data, and data from relevant target setting methodologies. The stakeholders were able to provide input on improvement strategies.

The stakeholder process and recommended targets were presented to the ICC at both the September and November 2021 meetings where the opportunity to provide comment was provided. The ICC meeting date, time and link to the virtual meeting is posted on the Department of Health/Early Intervention website and is open to the public.

The target setting recommendations from each of the four workgroups were voted on and approved by the ICC and final recommendations on all targets were provided to the lead agency. The C-4 subcommittee group will continue to meet through 2022 to discuss NJ's family survey methodology, tool, and dissemination process to determine if any changes to the current process should be recommended.

SSIP

The slippage in Indicator 3 and the effects of COVID-19 on children and families, required NJEIS to be very planful in engaging its stakeholder group for Indicator 11. A fresh perspective from individuals from diverse system positions and personal backgrounds was necessary to encourage innovation. To assemble the group, individuals were solicited from the usual positions within the NJEIS including agency administrators, practitioners, and REIC staff. However, emphasis was placed on selecting NJEIS participants who had not participated in the past. Efforts were also made to include stakeholders from outside the NJEIS who had not previously been involved in this process. Some of these individuals represented stakeholders from Montclair State University, the NJ Pyramid Model State Leadership Team, school districts, and community partners.

Parent members were solicited from new REIC Board members and the ICC. Although the Indicator 11 stakeholder group chose to maintain the same SIMR, there is now a new, evidence-based approach to the strategy to achieve its outcome. This novel and clinically based strategy led to the development of a revised Theory of Action, Evaluation Plan, and numerous new, purposefully designed activities. NJEIS has now re-tooled, re-focused, and re-energized its efforts to reach its SIMR with broad and diverse support from stakeholders around the state.

NJEIS relies each year on the Interagency Coordinating Council (ICC) to advise and assist in the development of NJEIS State Performance Plans/Annual Performance Reports (SPP/APR). This FFY 2020 SPP/APR was developed with stakeholder input obtained at a January 21, 2022 Part C ICC meeting. This included review of data for fiscal year 2020 (July 1, 2020 - June 30, 2021). 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 2020-2025. 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).

The ICC members certified the FFY 2020 SPP/APR as their annual report.

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

NO

Number of Parent Members:

15

Parent Members Engagement:

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

Each parent member of the ICC is assigned to one or more sub-committee of the ICC and in turn was offered the opportunity to join the ad-hoc APR/SPP sub-committees described in this report. NJ has a robust group of individuals who are dual stakeholders in the NJEIS, as they are/were the parent of a child with a disability and are a professional in the NJEIS at the local, regional, or state level. The Stakeholder selection process for the development of this SPP/APR was enhanced by the outreach to parents that was conducted by each REIC which resulted in newly engaged parent members on their respective Boards. These individuals were pleased to be included in the statewide target setting process which allowed them the opportunity for broader input beyond their regional work.

DOH took advantage of the networking of the Family Support Specialists at the REICs and the new ICC member connections to identify new stakeholders, including a community pediatrician, college professor, parents of young children in or newly exited from Part C, school district personnel

and the advocacy arm of NJ ARC.

Parent members were invited to participate in each of the subcommittees. Parent members, along with the rest of the subcommittee, were presented with state data relevant to the particular indicator being discussed, including but not limited to trend data, referral data, 618 data, indicator performance trends, family survey data as well as NJ comparisons to national data. Parent members were active in participating in the discussion regarding improvement strategies by relating their personal experience to the topic at and providing suggested areas for improvement in terms of the indicator being discussed.

In addition to the engagement processes that are described in each Indicator, the DOH staff committed to the new stakeholder's inclusion in other activities beyond the limits of the SPP/APR. For example, the state CSPD coordinator frequently engaged with the parent member on the SSIP team in-between the official stakeholder meetings, to clarify and answer his concerns and listen to and consider his ideas. These conversations allowed this parent to join the next meeting feeling a little more prepared and educated about the process of developing improvement strategies and evaluating progress related to Indicator 11. This parent has also joined a standing subcommittee of the ICC Fiscal Infrastructure Committee. The community pediatrician has continued to work with the regional and state staff regarding child referrals to the NJEIS and providing insights as to the landscape of well child visits during the pandemic

Additional specific information on parent engagement and their assistance with each indicator is provided in the individual indicator.

Activities to Improve Outcomes for Children with Disabilities:

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

The on-going Covid-19 pandemic proved to be a stressful time for families of young children, especially those with young children with delays and disabilities. Engaging parents of young children in system building and the development of implementation activities can be challenging during the best of circumstances, and FFY2020 was not the best of circumstances and therefore activities to increase the capacity to engage diverse families was limited. However, DOH did succeed in several key infrastructure areas which provides the opportunity for the NJEIS to build moving forward.

Data collection improved statewide for the recording of race/ethnicity after a refresher training was provided to the Single Point of Entry (SPOE) service coordinators in each region on how to gather this information from new parent callers. The Early Intervention Management System (EIMS) processes were updated to manage parent emails and contact information in real-time. The Family Support Specialists (FSS) at each REIC made collection and maintenance of contact information of the families in their region a priority, which allowed for easier access to solicitation of input on the goals of the NJEIS. The FSS also worked directly with family delivering a program called "Positive Solutions for Families" (detailed in the SSIP section) which provided parents with opportunity to build their individual capacity for supporting their child, but also provided the NJEIS with diverse families willing to engage at the stakeholder level. Additionally, the DOH data analyst has created and prepared Risk Ratio maps for the state staff, which detail service utilization differences by county, race and service type before and during various points in time in the pandemic. The creation and distribution of these maps provides information that can inform the selection of implementation activities and the identification of diverse parents that the DOH will need to engage in next phases of the SSIP and other system activities.

Soliciting Public Input:

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

NJEIS relies each year on the Part C Interagency Coordinating Council (ICC) to advise and assist in the development of NJEIS State Performance Plans/Annual Performance Reports (SPP/APR). This FFY 2020 SPP/APR was developed with broad stakeholder input obtained at a January 21, 2022 Part C ICC meeting. This included review of data for fiscal year 2020 (July 1, 2020 - June 30, 2021). The stakeholders reviewed available data and analyzed the status of the state Part C system including local performance data and the current targets as well as future targets for FFY 2020-2025. 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).

Both the SICC members as well as the public had an opportunity to comment and ask questions. After a rich discussion the SICC was asked to vote and approve the FFY 2020 APR. The acting chair of the SICC certified the final approval. The SICC members certified the FFY 2020 SPP/APR as their annual report.

Making Results Available to the Public:

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

At the January 21, 2022, SICC the APR were presented and after each indicator was discussed. Both the ICC members as well as the public had an opportunity to comment and ask questions. After a rich discussion the ICC was asked to vote and approve the FFY 2020 APR. The acting chair of the ICC certified the final approval.

The NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) is disseminated to the public through posting to the state website (<http://nj.gov/health/fhs/eis/public-reporting/>) and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>. The SPP/APR/SSIP is also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council, 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 are prepared and submitted each February. These NJEIS reports and past reports are posted at: <http://nj.gov/health/fhs/eis/public-reporting/>.

The SPP/APR/SSIP is disseminated to all of the above individuals electronically for distribution through their dissemination mechanisms (e.g., newsletters, websites, list serves, etc.) throughout the State.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, 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://nj.gov/health/fhs/eis/public-reporting/>) and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>. The SPP/APR/SSIP is also disseminated electronically to representatives of the Interagency Coordinating Council (ICC), 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 are prepared and submitted each February. These NJEIS reports and past reports are posted at: <http://nj.gov/health/fhs/eis/public-reporting/>.

The SPP/APR is 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 2020 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. Existing County Performance Reports and Part C Determinations are located at: <https://www.nj.gov/health/fhs/eis/public-reporting/>

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2019 SPP/APR

NJ's determination of Needs Assistance in 2020 and 2021 were due to two difference segments of the Part C program and the Determination matrix. In 2020, Results Driven Accountability needed improvement. At the time the state had a robust system of improvement measures in place that included an emphasis on increasing the N, as well as intensive training activities around the data anomalies that were prevalent in the Results Matrix. NJ has a strong connection with all of the federal TA partners and ensured that state, regional and local staff participated in community of practice sessions related to the BDI and child outcome reporting, participation with the DaSY center for analysis of data anomalies and with ECTA for strategies to improve the N – including on-boarding of additional evaluators to meet the high need to conduct additional exit evaluations for child outcomes. The state received an improved score on Results Driven Accountability in 2021.

In 2021 the area in need of TA was Dispute Resolution as the state had 1 untimely resolution reported. The procedural safeguards office staff regularly attended the Dispute Resolution Community of Practices provided by ECTA. Additionally, the procedural safeguards staff engaged individualized and intensive TA from the state's ECTA provider on no less than a monthly basis for assistance. In 2022 (FFY2020) the state had no request for formal Dispute Resolution.

Intro - OSEP Response

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Intro - Required Actions

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	94.58%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	93.13%	94.61%	97.56%	94.51%	96.08%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
159	180	96.08%	100%	93.33%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As part of the Indicator #1 monitoring plan, the state is divided into 2 different cohorts of counties which are monitored in alternating years. NJEIS uses those 2 cohorts and reports every other year on each cohort, and the data for FFY2020 represents Cohort "B". The slippage comparison for FFY 2020 cohort B data is 2.75% compared cohort A data of FFY 2019. When cohort B FFY 2020 is compared to the FFY 2018 cohort B group, there was less of a decrease at 1.18%.

The COVID-19 pandemic impacted the NJEIS workforce in ways similar to other workforce sectors as the pandemic lingered and new variants emerged. For the NJEIS, workforce turnover in most areas of the state was up to 10% higher than typical which resulted in an overall shortage of providers willing and available to provide in-person services. To facilitate the assignment of practitioners to IFSP services, flexibilities were made to the regular policy and procedures involving the "rotation schedule" for provider assignment. Each REIC director and the DOH Service Coordinator Liaison, worked with service coordinators to identify alternative options, including telehealth, alternate locations and alternate providers to meet the IFSP service needs identified for children.

The DOH has determined to utilize American Rescue Plan funds to support the EIPs and Service Coordination units in their recruitment and retention efforts into FFY2021 and FFY2022. In addition, the provider assignment policy flexibilities remain in place which have shown to be effective in reducing barriers to the assignment of practitioners during this unprecedented time.

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.

9

Provide reasons for delay, if applicable.

NJEIS identified 9 children with 9 services which were determined to have exceptional family circumstances that resulted in services being considered acceptable, however untimely, due to a child/family reason for delay. These delays included families delaying services due to COVID-19 concerns, illness/hospitalization, and family requests to cancel/reschedule.

The reasons for systems delays were primarily due to provider hesitancy to return to in-person services and turnover in the workforce due to COVID-19.

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

NJEIS established with prior 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 Parent(s) documenting consent for the services on the IFSP." This criteria continued to be used for FFY2020.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

NJ continues to monitor all 21 counties every two years with 10 counties monitored in odd numbered FFYs (Cohort A) and 11 counties monitored in even numbered FFYs (Cohort B). NJEIS has a statewide database that authorizes the IFSP services consented to by the parent for assignment and billing by local provider agencies. Data from the data system assists in the process.

Business rules for this monitoring include starting with all active children and all new services during a quarter (3 months) of the FFY. To ensure a representative pool, NJEIS pulls a random selection of child records within the quarter verifying there is a 95% confidence level and +/- 5 confidence interval to ensure the child records chosen, appropriately represent the state population for the entire reporting year. Therefore, the FFY 2020 timely services monitoring used the statewide database to randomly select the data which was then drilled down through a data desk audit inquiry process of all actual service claim data for the period. The data represents all active child records for the months of August through October 2020 for eleven of the twenty-one counties in New Jersey.

The other ten counties were reviewed in FFY 2019 and reported in the APR submitted February 1, 2021. To ensure the data described below accurately reflects data for infants and toddlers with IFSPs for the full reporting period, NJEIS compares the pool of children to the statewide December 1 child count by county size to ensure a representative pool of children and their services for their entire reporting year of data.

Data Desk Audit, Inquiry and Record Review: The NJEIS state database does not yet 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 (provided within 30 calendar days) 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 to exclude any services reauthorized by a subsequent IFSP. 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 meeting; (3) identify root cause and ensure correction of any systemic barriers; and (4) verify that the delayed service was provided, although late (prong 1). The monitoring team uses all the information received to determine where in the process the delay occurred and who was responsible. The identification of the data needed to conduct a timely data desk audit, inquiry, and record review is driven by the availability of actual service date claims data to ensure that complete and accurate data is available for the data desk audit. Timely service data passes through a number of edit checks including: verification that there is a valid IFSP data with a billing authorization within the IFSP period; verification there is a valid claim filed by the provider agency; verification that the claim is supported by a service encounter verification log attested and signed by the parent and; an explanation of benefits provided to the family that details the services rendered as a secondary verification that the service type, actual date and intensity are accurate. This year, because of COVID-19, and the subsequent use of Telehealth as a modality for the delivery of services, additional means of verifying parental acknowledgment of service encounter verification were considered acceptable if clearly documented and presented along with the other documentation required in the desk audit process. The data is analyzed to verify the number of actual calendar days to the first service by comparing the parent consent date of service to the first service claim date. Further inquiry includes: Reason and explanation of delay; Identification of type of IFSP (initial, review, annual review); Date IFSP was sent by Service Coordination Unit (SCU) and received by the Early Intervention Program (EIP); EIP assignment date; Reasons and barriers that affected meeting the 30

day timely service provision; EIP and/or SCU response to correct the system barrier; Description of how the agency and/or SCU is assured that the barrier has been corrected; Submission of policies and procedures which were created or revised; and confirmation the agency followed NJEIS policies and procedures.

Provide additional information about this indicator (optional)

The time period in which the data were collected was the quarter of August, September and October of 2020.

The Total Number of Children meeting the business rules stated above for the quarter = 3294 children which were taken from the state database. The DOH NJEIS analyzes timely services data by children and by individual service and reports data using actual number of calendar days (no averages) as described below.

To ensure the data described below accurately reflects data for infants and toddlers with IFSPs for the full reporting period, NJEIS compares the pool of children to the statewide December 1 child count by county size to ensure a representative pool of children and their services for their entire reporting year of data.

Total number of Records Monitored (Denominator) = 180 active children who had a total of 393 services were monitored. The desk inquiry conducted by the lead agency monitoring staff identified the following: Of the 180 children, 159 children had 372 total services which were verified as timely based on the consent date of the IFPS (less than 30 days); 9 children had 1 service which was determined to have exceptional family circumstances that resulted in services being considered acceptable however untimely due to a child/family reason for delay (including child illness/hospitalization, family cancellations and requests to reschedule); 12 Children had had 1 service each, were determined to have non-compliance in timely services were verified as untimely (over 30 days). The 12 untimely service types were: Physical Therapy (2 children), Speech Therapy (9 Children) and Social Work (1 child). The number of days delayed were between 1-5 days (2 children), 11-20 days (3 children) and >20 days (5 children). 2 children left the jurisdiction of NJEIS prior to service initiation. The reasons for the system delays were lack of providers and service coordinator or provider lack of follow-up. The DOH confirmed that all 10 children who remained within NJEIS jurisdiction received their services, although late, and verified this through claims data, service encounter verification sign-off (or alternate means for telehealth services), and progress notes (Prong 1). 2 children left NJEIS jurisdiction prior to receiving their service.

Therefore, the NJ Compliance Percentage: $(159+9)/180=93.33\%$ children: $(372+9)/393=96.95\%$ services. Overall, 93.33% of the children had timely services including 9 children whose services were delayed due to a family reason. As a result of the additional inquiry of the 12 children and the 12 services which were late, NJEIS identified the responsible agencies, their percentage and determined reasons for delay (root causes).

Findings Issues:

Five findings were issued on November 23, 2021 to : Bergen County Human Services Department SCU, Catholic Family & Community Services SCU, Southern NJ Perinatal Cooperative SCU, Children's Specialized Hospital EIP and Sunny Days Early Childhood Developmental Services EIP. The agencies all provided documentation to the DOH of training and procedure review/updates to staff order to address each finding's root cause. Upon review of the agencies' updated/revised policies and procedures and training documentation, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. Once each agency is verified as operating at 100% compliance for both prongs 1 and 2 through a review of more current data, and the DOH is able to verify that the 5 agencies are now implementing the regulatory requirements (Prong 2), the finding will be closed. Any agency not operating at 100% compliance will receive continued technical assistance from DOH staff and may be issued a Corrective Action Plan to address ongoing noncompliance.

Each agency has until June 30, 2022 to verify correction.

Correction of Findings of Noncompliance Identified in FFY 2019

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	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

NJEIS issued three (3) findings for Indicator #1 noncompliance in FFY 2019 to the following agencies: Burlington SCU, Cape May SCU, and Virtua EIP on August 11, 2020. To verify the 3 agencies with identified noncompliance were now implementing the regulatory requirements (Prong 2), NJEIS reviewed and provided technical assistance in the revision of the three agencies policies and procedures which may have contributed to the reasons for delays. The three agencies submitted policies and procedures on September 11, 2020. Upon review of the agencies' updated/revised policies and procedures, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. The agencies were then required to provide an in-service training for all staff to review the state and revised agency policies and procedures. The agencies are held accountable to specific actual days at each step of the process to facilitate services started sooner to better ensure meeting the 30-day timeline. 2) Additionally, NJEIS reviewed subsequent data in the following month of September 2020. NJEIS verified that the three agencies each had 100% compliance for all children receiving their services within 30 days of parental consent. This was verified using the NJEIS databased and verification of claims and service authorization data. The subsequent data pull in September 2020, verified timely service provision for all three agencies verified at 100%. Once each agency was verified as operating at 100% compliance for both prongs 1 and 2, the finding was closed. All 3 findings were closed timely between August 11, 2020 and September 15, 2020 after correction of both prongs were verified in accordance with federal requirements.

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

All 3 agencies met prong 1 as described in the FFY2019 APR. NJEIS verified that all 6 children determined as having received their services late, received their services although late (greater than 30 calendar days from family consent), unless the child was no longer in the jurisdiction of NJEIS. However, there were no children who left the jurisdiction before the services were initiated although late. The 6 children had 6 services which were provided between 10-85 days late. NJEIS accounted for all instances of noncompliance identified through the NJEIS database, review of each child's records, claims data, service encounter verification parental sign-off forms and progress notes.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

NJEIS issued three (3) findings for Indicator #1 noncompliance in FFY 2019 to the following agencies: Burlington SCU, Cape May SCU, and Virtua EIP on August 11, 2020. To verify the 3 agencies with identified noncompliance were now implementing the regulatory requirements (Prong 2), NJEIS reviewed and provided technical assistance in the revision of the three agencies policies and procedures which may have contributed to the reasons for delays. The three agencies submitted policies and procedures on September 11, 2020. Upon review of the agencies' updated/revised policies and procedures, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. The agencies were then required to provide an in-service training for all staff to review the state and revised agency policies and procedures. The agencies are held accountable to specific actual days at each step of the process to facilitate services started sooner to better ensure meeting the 30-day timeline. 2) Additionally, NJEIS reviewed subsequent data in the following month of September 2020. NJEIS verified that the three agencies each had 100% compliance for all children receiving their services within 30 days of parental consent. This was verified using the NJEIS databased and verification of claims and service authorization data. The subsequent data pull in September 2020, verified timely service provision for all three agencies verified at 100%. Once each agency was verified as operating at 100% compliance for both prongs 1 and 2, the finding was closed. All 3 findings were closed timely between August 11, 2020 and September 15, 2020 after correction of both prongs were verified in accordance with federal requirements.

All 3 agencies met prong 1 as described in the FFY2019 APR. NJEIS verified that all 6 children determined as having received their services late, received their services although late (greater than 30 calendar days from family consent), unless the child was no longer in the jurisdiction of NJEIS. However, there were no children who left the jurisdiction before the services were initiated although late. The 6 children had 6 services which were provided between 10-85 days late. NJEIS accounted for all instances of noncompliance identified through the NJEIS database, review of each child's records, claims data, service encounter verification parental sign-off forms and progress notes.

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	99.81%

FFY	2015	2016	2017	2018	2019
Target>=	99.84%	99.87%	99.89%	99.92%	99.92%
Data	99.79%	99.87%	99.87%	99.96%	99.94%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	99.30%	99.40%	99.50%	99.60%	99.70%	99.80%

Targets: Description of Stakeholder Input

C-2 Stakeholder Input FFY2020 Results:

The FFY2020 results were shared with NJ's ICC at the January 2022 public meeting. Members of the ICC and the public were presented the data and provide the opportunity to ask clarifying questions. After discussion, the ICC voted to accept the results presented for C-2.

C-2 Stakeholder Input Target Setting

NJEIS staff, in order to obtain stakeholder input on targets for the FFY2020-2025 SPP/APR Indicator C-2, identified 7 individuals with relevant expertise to act as stakeholders on a subcommittee. In addition, 4 state staff served as liaisons for the committee, and 1 National TA staff was available to provide overall assistance as needed. Of the 7 stakeholder subcommittee members, there was a Parent Advocacy Organization Leader (SPAN), a pediatrician, early intervention professionals, and 4 parents of children who received early intervention services, some of whom also have experience working within the EI system. To ensure a diverse group of stakeholders, the EI team identified members from different areas of the state, and various racial/ethnic groups were represented.

This group planned a total of 2 meetings in order to achieve the goal of developing recommended targets for FFY2020 – FFY2025 for this indicator.

Meetings were held virtually.

The first meeting served as an orientation, in which the group was provided with general information regarding the SPP/APR, targets, and target setting methodology. Any members who were unable to attend either of the 2 meetings were provided the opportunity to review the meeting materials, the meeting recording, and provide additional input following the meeting. During this meeting, a brainstorming session was held regarding the factors they believed could impact NJ's performance for indicator C-2.

The stakeholder subcommittee members believed COVID-19, closures of daycares and other community settings, family hesitancy to have practitioners in the home, and national/state policy (i.e.. public health executive orders) could all affect this indicator.

The second meeting provided an opportunity for the stakeholder subcommittee members to review and discuss current data, review analyses that offered possible forecasting based on trends and history, the impacts of COVID-19 and other relevant variables, with the goal of recommending targets for C-2. Data provided included: 1) 618 Settings information from 2019 and 2020, 2) statewide data that showed the decrease in services provided in community settings due to Covid-19 3) a Linear Forecast Trend provided high, linear and low performance bounds, 4) examples of targets using the Forecast information, and 5) percentage point increase methods (Overall Difference, and Average Growth). This data provided a starting point for reference and discussion. It was noted that the percentage point improvement methods yielded targets over 100%, which could not be used for this indicator.

The members discussed the effect of COVID-19 on childcare closures, the increased use of telehealth, and overall reduced early intervention participation. Federal regulations to consider for this target were discussed, primarily that the FFY 2025 target does not need to show improvement over baseline for Indicator C-2 if the FFY 2025 target is at least 95%.

Stakeholder subcommittee members proposed initial targets. State staff then asked the rest of the group to comment on the proposed targets. The committee members considered that the effects of COVID might last beyond a couple of years, as the trajectory of the pandemic is still unknown. Stakeholders also considered families' reluctance to participate in in-home and childcare services, and hypothesized that this might continue on for some time. However, in the end the stakeholder subcommittee came to a consensus that NJ's performance can and should return to near baseline levels by FFY 2025. State staff discussed how these recommended targets would be shared with the ICC at the September 2021 meeting and asked if any of the committee members would assist in presenting the final targets along with the state team. On 9/24/2021 state staff and the Pediatrician member presented the subcommittee's targets to the ICC. After discussion and an open forum for public comment, the ICC voted to accept the subcommittee's recommended targets for C-2.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	12,010
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	12,040

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
12,010	12,040	99.94%	99.30%	99.75%	Met target	No Slippage

Provide additional information about this indicator (optional).

In FFY 2020, the 618 data reported (12,010/12,040) 99.75% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. The 12,010 included 11,747 (97.57%) children who received services primarily in the home, plus 263 (2.18%) children who received services primarily in community-based settings.

In FFY 2019, 99.94% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. This is a decrease of 0.19%. In FFY 2019 10.45% of infants and toddlers with IFSPs primarily received early intervention services in community-based settings. This is a decrease of 8.27%. Community-based settings were affected by COVID-19 closures early in the pandemic which contributed greatly to this decrease.

Overall, 20 of the 21 counties in New Jersey exceeded the target of 99.30% of children primarily served in natural environments.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

Stakeholder Input on the reported results for Indicator 3.

As the methodology for collecting and reporting this Indicator was severely impacted by the COVID-19 pandemic, the DOH sought advice and assistance from NJ's OSEP State Lead. The DOH considered with the State Lead the potential options of 1)revising the business rules used to report in this indicator and or 2) continuing to report using the established business rules with the knowledge of the limitations the available data, namely the limited number of children who met the criteria for inclusion. The DOH considered the operational resources needed to pivot to a different methodology in consultation with the Regional Collaboratives and the Service Coordination Units. Since the State will be maintaining the use of the BDI and adopting the BDI-3 in calendar year 2022, it was determined by stakeholders to report as per NJ's usual methods and business rules, acknowledging the smaller N. The stakeholder group assembled to set targets (description follows) was presented the FFY2020 performance data as part of the target setting process. At the public ICC meetings in November 2021 and January 2022, ICC members and the public were presented the data for this indicator for consideration and discussion.

Stakeholder Input: Target setting.

To set targets for this indicator, the DOH convened a set of stakeholders familiar with the intricacies of the methods and business rules for reporting. Stakeholders included parents, evaluation team leaders, regional technical assistance providers, NJEIS service coordinators, members of the ICC, early intervention provider agency administrators and state staff. The Indicator 3 sub-committee stakeholders held 3 meetings to review the measurement table requirements, study trend performance data, consider potential analytic models for target setting and then finally set targets. The proposed targets were then presented to the public at the January 2022 ICC meeting for input and and final ICC approval.

Target setting stakeholders were provided 3 potential methods for setting targets: 1) Average year -Over -Year Growth/change method, 2) Overall Growth/Change method, and 3) Trend line forecasting method. Given the slippage in performance during this reporting cycle, and the continuing influence of COVID-19 on the State, stakeholders determined to use a conservative approach to target setting and chose to use the lower confidence bounds that the analytics provided. Stakeholders considered the effects of the pandemic on young children's development, in particular their social-emotional development, the overall stress on families unrelated to their child's participation in NJEIS, closures and/or limited access to childcare, and the health of the NJEIS workforce as factors that have the potential to influence the results in Indicator 3. Public comment at the November 2021 ICC meeting on the proposed targets echoed the concerns of the stakeholder group, and the ICC provided final input and approval of the targets as set by the stakeholder sub-committee. Lastly, the stakeholder sub-committee agreed to continue advising and assisting the DOH throughout 2022 as the NJEIS transitions from the BDI2 to the BDI3.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2012	Target>=	39.85%	41.55%	43.25%	45.00%	45.00%
A1	30.62%	Data	39.63%	43.34%	39.17%	36.08%	32.55%
A2	2012	Target>=	77.97%	78.65%	79.33%	80.00%	80.00%
A2	79.03%	Data	77.36%	79.12%	72.87%	60.84%	57.82%
B1	2012	Target>=	83.20%	83.80%	84.40%	85.00%	85.00%
B1	77.32%	Data	82.54%	85.33%	83.12%	85.82%	64.51%
B2	2013	Target>=	46.90%	47.90%	49.02%	50.00%	50.00%
B2	45.87%	Data	46.65%	49.93%	43.27%	43.32%	58.10%
C1	2012	Target>=	92.85%	92.88%	92.88%	93.00%	93.00%
C1	92.25%	Data	93.01%	94.92%	94.57%	93.24%	86.74%
C2	2012	Target>=	79.81%	80.87%	81.93%	83.00%	83.00%
C2	80.37%	Data	79.79%	79.80%	75.81%	88.34%	93.99%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	30.62%	31.00%	37.34%	39.34%	41.34%	43.34%
Target A2>=	64.03%	67.03%	70.03%	73.03%	76.03%	79.10%
Target B1>=	77.32%	77.32%	82.71%	83.15%	83.59%	84.02%
Target B2>=	44.03%	44.70%	45.38%	46.05%	46.72%	47.38%
Target C1>=	85.00%	85.00%	88.00%	89.00%	90.30%	92.30%

Target C2>=	79.24%	80.31%	81.38%	82.44%	83.51%	84.58%
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FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

1,867

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	79	4.23%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	719	38.51%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	220	11.78%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	123	6.59%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	726	38.89%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	343	1,141	32.55%	30.62%	30.06%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	849	1,867	57.82%	64.03%	45.47%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

To understand the slippage in 3A, a deeper look at the individual progress categories provided additional insight for the overall slippage in the Summary Statement. In FFY2020, less children progressed to be counted in progress category (d), which shows a drop from 9.56% in FFY2019 to 6.59% in FFY2020. NJEIS did see a positive change in progress category (c) which improved from 7.28% in FFY2019 to 11.78%. In FFY2020, however this gain was negated by the change in progress category (b) which saw a change from 30.81% in FFY2019 to 38% in FFY2020. The DOH posits that the Covid-19 pandemic is a primary factor in the slippage reported in A1, which measure the positive social emotional development of children.

Preliminary national research on the overall pandemic uncertainties and family stress shows patterns of regression and concerns for all children's social emotional well being, including those aged 0-3. NJ was in lock-down, or partial lock-down for the 12 months of the reporting period for this APR. Children were limited in their exposure to peers as childcare was closed or had limited availability and social gatherings and general exposure to adults and children were limited. Data from the NJEIS Regional Collaboratives found that food insecurity, job loss/financial changes, and homeschooling of other children were the top 3 concerns for families participating in the NJEIS. NJEIS provided services exclusively by telehealth until September 2020 when in-person services were permitted by the Governor. Families, however, continued to choose telehealth options and until March 2021, more than 50% of services were by telehealth. By April 2021, the percentage of children with face to face services reached 60% and is now steady at about 75% in person and 25% via telehealth. Lock-downs, limited access to peers and regular exposure to social situations, along with increase pandemic family stress have all contributed to the slippage in A1 for FFY2020.

Provide reasons for A2 slippage, if applicable

Slippage in A2. The data set reported in all of Indicator 3 includes 82% of children who were eligible for Part B services or eligibility for Part B had not yet been determined. Therefore the data set is skewed and captures those children who were known to continue needing special education services. These children did not reach functioning with their same age peers. For NJEIS, the percentage of children in 3A (e) dropped from 48% in FFY2019 to 38% in FFY2020, indicating that more children entered the system with needs in their social-emotional development. As reported in A1 above, the effects of the pandemic on the social emotional development of young children has contributed to the slippage in A2 for FFY2020

The slippage in all C-3 indicators may also be partially accounted for by the lower overall N.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	168	9.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	787	42.15%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	267	14.30%

Outcome B Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	455	24.37%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	190	10.18%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	722	1,677	64.51%	77.32%	43.05%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	645	1,867	58.10%	44.03%	34.55%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

A deeper look at the individual progress categories in 3B provides additional insight for the overall slippage in the Summary Statement. The data set reported in all of Indicator 3 includes 82% of children who were eligible for Part B services or eligibility for Part B had not yet been determined. Therefore the data set is skewed and captures those children who were known to continue needing special education services. These children did not reach functioning with their same age peers.

Indicator 3B uses the BDI domains of communication and cognition to report on children in the progress categories and children must meet the definition of "with peers" or a Standard Score of 80 or greater in both domains to be placed into (d). In FFY2020, progress category (c) was comparable to FFY2019, however the number of children in progress category (b) increased from 26.39 to 42.15%. The use of telehealth measure for services may be a factor in the increase in children in progress category (b) as learning (cognition) and language (communication) may be more challenging for very young children with disabilities to acquire using prolonged telehealth delivery. NJEIS is using the state's available data to research the impact of the telehealth model on children's progress. Here again, changes in the routines of children and priorities of their families due to Covid-19 cannot be ruled out as a reason for slippage in this indicator.

Provide reasons for B2 slippage, if applicable

Slippage in B2. The data set reported in all of Indicator 3 includes 82% of children who were eligible for Part B services or eligibility for Part B had not yet been determined. Therefore the data set is skewed and captures those children who were known to continue needing special education services. These children did not reach functioning with their same age peers. For NJEIS, the percentage of children in 3B (e) dropped from 19.76% in FFY2019 to 10.18% in FFY2020, indicating that more children entered the system with needs in their communication and cognitive development. In addition, the percentage of children who did not meet the 2-pronged requirement (>=80 in both domains) for inclusion in progress category (d) slipped from 38.34% in FFY2019 to 24.37% in FFY2020. The slippage in all C-3 indicators may be partially accounted for by the lower overall N.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	154	8.25%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	173	9.27%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	48	2.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	460	24.64%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,032	55.28%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	508	835	86.74%	85.00%	60.84%	Did not meet target	Slippage

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,492	1,867	93.99%	79.24%	79.91%	Met target	No Slippage

Provide reasons for C1 slippage, if applicable

Slippage in C1. The data set reported in all of Indicator 3 includes 82% of children who were eligible for Part B services or eligibility for Part B had not yet been determined. Therefore the data set is skewed and captures those children who were known to continue needing special education services. These children did not reach functioning with their same age peers.

Indicator 3C is measured using the Motor and Adaptive domains on the BDI2 and also requires a 2-pronged requirement of both domains to have a standard score equal to or greater than 80 to be reported in progress category (d). In comparison to 3B, which had a greater than 10 point differences, the differences in progress category (d) for 3C is more modest decrease from 27.94% to 24.64%. In addition, the progress category (c) had an increase from SFY2019 of 1.51% to 2.57%. In NJ, services that addressed motor concerns returned to in-person service delivery sooner than other services, (at the request of parents not at the request of or policy of the State). This trend continued throughout the changes in the public health situation and it is posited that although there is slippage, children with delays in motor and adaptive skills the slippage was minimized with the provision of in-person services. Like 3A and 3B, NJEIS is researching these data for the impact of Covid-19 on the progress and outcomes of children in all developmental areas.

The slippage in all C-3 indicators may be partially accounted for by the lower overall N.

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	12,290
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	10,109

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

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

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

The Battelle Developmental Inventory 2nd Edition, (BDI) is used by NJEIS to collect baseline information on each outcome area at entry into the program and again upon exit from the program. The business rules answer each of the three questions using the 5 domains on the BDI. Personal-Social Domain to answer progress on 3A, Communication and Cognitive Domains answer 3B and the Motor and Adaptive Domains are used to answer 3C. NJEIS has used the same business rules since 2008 and the procedures allow for comparison over time and across populations. All children who participate in the program for at least 6 months and who are exiting the program, are eligible for an exit evaluation. NJEIS does not sample for this indicator, although the FFY2020 data is primarily for children who exited the program with referral to Part B.

Provide additional information about this indicator (optional).

The data in this Indicator was significantly affected by the onset of the Covid-19 pandemic. From March 2020 through June of 2021, NJ was under a State Public Health Emergency which severely limited in-person activities, including NJEIS services. The NJEIS utilized telehealth methods to deliver all services, including evaluations and assessment of child outcomes. The BDI2 is designed and validated to be administered in person, and administration of the BDI2 via telehealth compromises the fidelity of the tool. For this reason, NJEIS, authorized the use of other assessment tools that are more conducive to administration via telehealth for determining children's eligibility, IFSP development and progress monitoring. Therefore the number of children who were administered a full BDI2 was limited resulting in the smaller N. As in-person activities were limited by Governor's orders, the NJEIS prioritized exit evaluations with the BDI2 to those children for whom a referral to and consideration for Part B services was in-progress and/or transition activities indicated a referral was appropriate. As transitions for children to the LEA were also challenged by the pandemic on the resources of the LEAs, the NJEIS supported families by ensuring they had recent developmental information for their child to facilitate any determination of eligibility for Part B. Eighty-two percent (82%) of the data reported in this indicator is for children with an exit reason of either 1) Part B Eligible (1138) or 2) Part B Eligibility not determined (398). The State has returned to conducting in-person evaluations for all those that use the BDI as part of the evaluation process.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2012	Target>=	72.14%	73.09%	74.05%	75.00%	75.00%
A	69.37%	Data	66.22%	78.78%	75.52%	75.38%	71.08%
B	2012	Target>=	67.50%	68.34%	69.17%	70.00%	70.00%
B	64.77%	Data	62.85%	75.55%	72.97%	71.68%	68.53%
C	2012	Target>=	83.57%	84.05%	84.52%	85.00%	85.00%
C	80.96%	Data	82.29%	88.96%	85.06%	86.05%	82.61%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	71.00%	71.00%	72.30%	73.51%	74.73%	75.00%
Target B>=	68.00%	69.00%	70.00%	71.00%	72.00%	73.00%
Target C>=	81.00%	81.50%	82.00%	82.50%	83.00%	83.50%

Targets: Description of Stakeholder Input

An Indicator 4-Family Outcomes Stakeholder subgroup was created by NJEIS Monitoring Team alongside the National Technical Assistant Consultants from the Early Childhood TA Center. The purpose of this subcommittee group was to recommend targets for the next six years and review the current family survey tool to suggest changes if needed. These changes would be a result of analyzing the methods used now for the family survey distribution process as well as reviewing the current survey tool itself to confirm if the questions are still effective in measuring family outcomes.

NJEIS invited a total of 9 members to participate in this subcommittee group. In addition to a variety of professionals with experience in Early Intervention services, there were also 5 members whose own children received services from NJEIS. Some of their professional backgrounds included Family Support Specialist, Unit Coordinator, Professor, SICC Member-Rowan University, TTA provider Service Coordinator in Middlesex/Somerset/Union, EIP Administrator, SPAN Advocate (PTI), EIP Administrator for Pillar Care-Formerly and the Assistant Director of Children's Advocacy for The Arc of New Jersey Family Institute.

These experiences greatly contributed to the group's overall task and gave them an opportunity to generate forward thinking conversations while providing relatable input for the target recommendation process. The first charge of this subcommittee group, to set targets, was determined to need two meetings while the second charge of the subcommittee group, survey tool review, would begin in January 2022 with one startup preparation meeting to be held after the first charge was completed. The dates planned were as followed: 9/9/21 (60 min)-Target Setting Recommendation Meeting 1, 9/28 (90 mins)-Target Setting Recommendation Meeting 2 and 10/14/21 (90 mins)-Family Survey Tool Preparation Meeting 1.

During the 1st meeting, sub-stakeholders were introduced to indicator 4-family outcomes and provided with an overview of the requirements of their task. The subcommittee was notified that the first series of meetings would provide familiarity with the indicator while the next meeting would analyze further the data and target setting recommendations process.

The agenda for the first series of part 1 meetings were as followed: Introduction, review of subcommittee tasks, explanation of indicator C-4, review of data, open discussion, recommend targets, discuss next steps and thank you message for time and participation served.

In addition to the agenda and overview of indicator 4, subcommittee members were provided with the following detailed methods to assist with the target setting recommendation process: -Guideline on federal requirements of target setting -Historical & national data for comparison -Three different statistical/mathematical calculation options to assist with determining targets. (-i.e.,: average over year trend, overall/growth change trend, forecasted trend)

-Open discussion on past, present and future circumstances that may impact targets setting recommendations. (Ex. COVID-19, subcommittee member's personal experiences as being EI parents, EI professionals and additional community partners, services being provided only at childcare centers, lack of communication among parents & EIPs, Role of EIP, current correspondence/distribution methods of survey, telehealth)

-Provided dialogue to remind subcommittee members to be aspirational but realistic when recommending targets -Reminded members that OSEP requires 2025 targets to be higher than the current baseline Subcommittee members were also provided with the presentation slides after each meeting to have information to review afterwards as well as prior to the following meeting for reference.

During the 2nd meeting for the first charge, and after all factors were assessed, considered, and discussed, subcommittee members recommended indicator 4 targets collectively. The targets suggested were both achievable and aspirational. Overall, the group appreciated the opportunity and openness of the process. Some members wish they had more time to review and breakdown the material and data but were still satisfied with the outcome overall. The subcommittee members were notified that their collective target recommendations will be presented at the November 19, 2021, SICC meeting for a final target setting vote and approval. NJEIS requested and recruited two subcommittee members to participate and assist with presenting to the SICC members, on behalf of their subcommittee group. The volunteers were asked to briefly discuss the tool and process their group used in order to reach those recommended targets.

One volunteer created key points to discuss with the SICC members while the second volunteer verbally and successfully presented those points directly. The C-4 Subcommittee group met again on 10/14 to begin brainstorming ideas on what needs to be reviewed during the Part 2 Series, family survey tool review process, which was set to begin on January 12, 2022.

During this part 2 series, the subcommittee group will review the current family survey tool along with its distribution methods and recommend changes if needed. Some topics that were discussed during this brainstorming meeting were as followed. -Texting options for distribution -Surveys with multiple languages -Survey link within parent portal -Reviewing current questions on NCSEAM -Comparing both ECO & NCSEAM surveys -Review current survey distribution vendor -Review/revamp current marketing outreach options (Flyer, etc.) -Review the inclusion of SPAN's (PTI) name on the survey introduction letter to parents instead of EIS -Provide incentives/raffle for survey completion -Recruit FSO (Family support organization)/Parent to Parent outreach to assist with survey completion/response rate On January 12, 2022, The Indicator 4 subcommittee group met again to begin the second charge, survey tool review. Members were presented with historical information and data on the current survey tool methodology, distribution process, survey tool review itself and how to continue to increase response rate. Members were also given information on additional survey tool options that other states are utilizing.

After all information was presented, the subcommittee group decided to focus on NJEIS's family survey methodology which will include our marketing tool, ensuring representativeness across the state, increasing overall response rate and incorporating more diverse languages for our family survey tool when being distributed to families. The indicator 4 subcommittee group will be divided into smaller focus groups so the process can be properly individualized. This subcommittee group will meet again on February 16, 2022 and March 16, 2022 to continue with the second charge.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	6,275
Number of respondent families participating in Part C	1,430
Survey Response Rate	22.79%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,049

A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,430
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	997
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,430
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,203
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,430

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	71.08%	71.00%	73.36%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	68.53%	68.00%	69.72%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	82.61%	81.00%	84.13%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

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:

1. Children must have been in the system for at least 9 months from referral; and 2. Children that had an active IFSP or exited early intervention 3 months or less from the survey mailing date. The analysis of NJEIS data using the above business rules identified a total population size of 10,221 families. The NJEIS filters out all duplicate child records. The total un-duplicated survey population was 10,101. NJEIS then filtered out records that were missing complete identifiable information such as address, contact information, etc. This brought the survey population down to 8,974 with a sample size of 6,275.

Sampling Plan

NJEIS conducted a two-year analysis of historic family survey data to identify a potential return rate in an effort to prevent a high margin of error. The return rate in FFY 2006 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/HI/PI/MULTI). Therefore, NJEIS continues to over sample 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 for the overall population, but also wanted to understand the difference between key demographic subgroups within the population. In order to be certain to obtain a sample that is representative of the NJEIS population and based on analysis results from previous family surveys, NJEIS implemented the use of a county stratified random sampling without replacement, unequal allocation. African American/Not Hispanic and Hispanic race group were pulled at higher percentages than other race groups. 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 stratum size of 75.

The margin of error (MOE) per county varied from 11% to 20%. The margin of error for 12 out of the 21 counties was less than or equal to 15%. The overall statewide margin of error (MOE) was 3%.

Step 2: Calculate outgoing sample.

To compensate for a projected lower response rate from African American/Not Hispanic and Hispanic race groups, an additional sample was drawn in each of the county stratum. With a 20% expected return rate, the expected number of surveys mailed was 6,275 for the population of 8,974. Gender was also identified within the drawn sample. 2155 females and 4120 males were represented.

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 the Response rate)

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. The contractor doesn't share information with NJEIS on how an individual family responded to the survey.

To ensure NJEIS receives the representative sample, the following are implemented annually: 1. Distributing the survey with the impact questions on

one form with both English and Spanish on each side so that all families in the sample receive the survey in both languages. 2. Families who do not identify English as their primary language are identified through the demographic data and are provided with a translated version of the survey (if available); or 3. offers to conduct a phone survey utilizing Language Line.

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 coordinators prior to the initial mailing. The response rate is reviewed, and any race/county under-represented on the expected return rate are identified. Additional follow up surveys have been conducted to the under-represented race groups by using an independent consultant to contact families and offer assistance to complete the survey by mail or the internet. Once there is sufficient response, the survey is closed.

The NJEIS analyzed both the performance and response rate. The response rate increased in FFY 2020 from 17.4% to 22.8 % and the number of returned surveys exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines and remains representative of the population and adequately reflects the distribution by county.

Due to NJEIS' slippage in all indicator 4 sub-indicators in FFY 2015, NJEIS identified several factors that may have contributed to the performance. NJEIS uses the National Center for Special Education Accountability Monitoring (NCSEAM) 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. Also, there was a significant increase in the overall number of surveys completed and a significant increase in the number of survey responses completed by telephone interview. NJEIS dis-aggregated the data, discussing with staff who assisted in the process to determine if the method of survey completion could have been a factor in the performance. As a result of preliminary data analysis and discussions with stakeholders, the following decisions were made regarding the implementation of all future surveys:

1. 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;
2. Revise current survey protocols including development of standard scripts to be used when interviewing families to complete the survey;
- and 3. Contract with an independent research firm to make the calls to parents to ensure consistency in how the survey calls are conducted.

In the following years, the performance in all three sub-indicators increased. The use of the of an outside research firm to interview families with a consistent established script, has increased NJEIS' confidence in the quality of the data. Therefore, NJEIS continued to institute the same procedures for all future surveys. In FFY 2017, NJEIS began emailing the non-responding families, reminders with their personal PLINK password and a link to the on-line survey. Due to the change in the Early Intervention Management System database, NJEIS was able to collect families' email addresses.

On July 20, 2021, 6,275 surveys were mailed to families. Cover letters as well as postage-paid business reply envelopes were included. The return deadline was September 17, 2021. Respondents were also given the option of completing an online version of the survey. In an effort to increase the response rate, over 3,300 non-respondent families were contacted via telephone to provide options for completing the survey. Additionally, reminder emails were sent to families who provided email addresses to NJEIS. NJEIS continues to explore ways to increase response rates.

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The NJEIS works to ensure the response data are representative of NJEIS demographics in the following ways:

1. Population Size by County Location

Since the 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. Each year the sample pull is compared to the most recent December 1 Headcount. Adjustments are made to ensure the appropriate number of family responses by county and by race are received prior to closing the survey.

2. Race by County Location

NJEIS not only wanted to examine the results for 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. As part of the sampling methodology and to decrease the Margin of Error (MOE), NJEIS annually over samples the African American/Not Hispanic (AA/NH) and Hispanic (H) families due to historically lower return rates than other race groups (White/Asian/American Indian/Hawaiian-Pacific Islander/Multi Race) (W/A/AI/HI/PI/MULTI).

3. Confidentiality and Unbiased Analysis

Each year, families mail the completed survey using the postage paid return envelope directly to an outside contractor to analyze the survey results. Due to NJEIS' slippage in all three indicator 4 sub-indicators in FFY 2015, NJEIS identified several factors that may have contributed to the performance. One of the issues found in FFY 2015, was a significant increase in the overall number of surveys completed as well as a significant increase in the number of telephone survey interview responses completed by Regional Early Intervention Collaborative Family Support Coordinators. NJEIS dis-aggregated the data, discussing with staff who assisted in the family survey process to determine if the method of survey completion could have been a factor in the performance. As a result of preliminary data analysis and discussions with stakeholders, the following decisions were made regarding the implementation of future surveys:

- a. Continued 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;
- b. Revised current survey protocols including development of standard scripts to be used when interviewing families to complete the survey; and
- c. Contracted with a research firm to make the calls to parents to ensure consistency in how the survey calls are conducted.

NJEIS was pleased that the performance in all three sub-indicators increased significantly over the following years by utilizing these changes. The use of the of an outside research firm to interview families with a consistent established script, has increased NJEIS confidence in the quality of the data. Therefore, NJEIS continued to institute the same procedures for all future surveys.

4. Language and Accessibility

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

- a. 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.

- b. 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
- c. Offer to conduct a phone survey with the family utilizing Language Line; and
- d. NJEIS has an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number).
- e. Options to expand on additional survey tool translations are being discussed presently within the second charge subcommittee group

5. Additional Follow up of Non-Responders of Under-Represented Race Groups

The unique child identification PLINK number is documented on each survey to allow for demographic analysis. This enables the NJEIS to conduct follow-up activities to obtain a representative sample by race and county. The response rate is reviewed, and any race/county under-represented on the expected return rate are identified as depicted in Table 5. Additional follow up surveys were conducted to the under-represented race groups by using an independent consultant to contact families and offer assistance to complete the survey by mail or the internet. Once there was a sufficient representative response up until the deadline of September 17, 2021, the survey was closed.

In FFY 2017, NJEIS began emailing reminders to non-responding families which included their personal PLINK password and a link to the on-line survey due to the change in the Early Intervention Management System database which has the capacity to store email addresses. This has produced an increased number of respondents to be contacted and followed up through email, which then assists with increasing the overall response rate.

On March 17, 2020, New Jersey Governor Murphy declared a state of emergency and issued a stay-at-home order due to surges of COVID-19 infections. Throughout 2020-2021, safety measures relaxed as Covid infections decreased, however measures were not completely eliminated as a result. In more typical times without the concern of COVID-19, NJEIS' additional strategies to ensure a representative response rate as referenced above, have been sufficient in obtaining a statistically sound representative demographic. NJEIS hoped that this strategy would prove to be effective in FFY 2020 since FFY 2019 drew some concerns relating to Covid and indeed it did.

In FFY 2020, NJEIS instructed the consultant to send out additional scripted email reminders to the families who did not respond to the survey. This allowed NJEIS to target counties and races that were underrepresented in comparison to the Dec 1 Headcount population. Also, in an effort to increase the response rate, over 3,300 non-respondent families were contacted via telephone by the consultant agency to provide options for completing the survey.

At the close of the survey, NJEIS analyzed both the performance and response rate and the number of returned surveys exceeded the minimum number required for an adequate confidence level based on established survey sample guidelines and was closely representative of the population and adequately reflected the distribution by county between +0.21% through +5.04% by county and 0 through +24% by race for the state.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	17.40%	22.79%

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

The NJEIS works to ensure the response data are representative of NJEIS demographics in the following ways:

1. Population Size by County Location

Since the 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. Each year the sample pull is compared to the most recent December 1 Headcount. Adjustments are made to ensure the appropriate number of family responses by county and by race are received prior to closing the survey.

2. Race by County Location

NJEIS not only wanted to examine the results for 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. As part of the sampling methodology and to decrease the Margin of Error (MOE), NJEIS annually over samples the African American/Not Hispanic (AA/NH) and Hispanic (H) families due to historically lower return rates than other race groups (White/Asian/American Indian/Hawaiian-Pacific Islander/Multi Race) (W/A/Al/Hi/PI/MULTI).

3. Confidentiality and Unbiased Analysis

Each year, families mail the completed survey using the postage paid return envelope directly to an outside contractor to analyze the survey results. Due to NJEIS' slippage in all three indicator 4 sub-indicators in FFY 2015, NJEIS identified several factors that may have contributed to the performance. One of the issues found in FFY 2015, was a significant increase in the overall number of surveys completed as well as a significant increase in the number of telephone survey interview responses completed by Regional Early Intervention Collaborative Family Support Coordinators. NJEIS disaggregated the data, discussing with staff who assisted in the family survey process to determine if the method of survey completion could have been a factor in the performance. As a result of preliminary data analysis and discussions with stakeholders, the following decisions were made regarding the implementation of future surveys:

- a. Continued 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;
- b. Revised current survey protocols including development of standard scripts to be used when interviewing families to complete the survey; and
- c. Contracted with a research firm to make the calls to parents to ensure consistency in how the survey calls are conducted.

NJEIS was pleased that the performance in all three sub-indicators increased significantly over the following years by utilizing these changes. The use of the of an outside research firm to interview families with a consistent established script, has increased NJEIS confidence in the quality of the data. Therefore, NJEIS continued to institute the same procedures for all future surveys.

4. Language and Accessibility

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

- a. 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.
- b. 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

- c. Offer to conduct a phone survey with the family utilizing Language Line; and
- d. NJEIS has an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number).
- e. Options to expand on additional survey tool translations are being discussed presently within the second charge subcommittee group

5. Additional Follow up of Non-Responders of Under-Represented Race Groups

The unique child identification PLINK number is documented on each survey to allow for demographic analysis. This enables the NJEIS to conduct follow-up activities to obtain a representative sample by race and county. The response rate is reviewed, and any race/county under-represented on the expected return rate are identified. Additional follow up surveys were conducted to the under-represented race groups by using an independent consultant to contact families and offer assistance to complete the survey by mail or the internet. Once there was a sufficient representative response up until the deadline of September 17, 2021, the survey was closed.

In FFY 2017, NJEIS began emailing reminders to non-responding families which included their personal PLINK password and a link to the on-line survey due to the change in the Early Intervention Management System database which has the capacity to store email addresses. This has produced an increased number of respondents to be contacted and followed up through email, which then assists with increasing the overall response rate.

In FFY 2018, NJEIS instructed the consultant to send out 2 email reminders to the families who did not respond to the survey. This allowed NJEIS to target counties and races that were underrepresented in comparison to the Dec 1 Headcount population. Also, in an effort to increase the response rate, over 1,800 non-respondent families were contacted via telephone by the consultant agency to provide options for completing the survey.

At the close of the survey, NJEIS analyzed both the performance and response rate and the number of returned surveys exceeded the minimum number required for an adequate confidence level based on established survey sample guidelines and was significantly representative of the population and adequately reflected the distribution by county between +/- 4.48% by county and +/-4% by race for the state.

In FFY 2019, NJEIS instructed the consultant to send out additional scripted email reminders to the families who did not respond to the survey. This allowed NJEIS to target counties and races that were underrepresented in comparison to the Dec 1 Headcount population. Also, to increase the response rate, over 2,500 non-respondent families were contacted via telephone by the consultant agency to provide options for completing the survey. At the close of the survey, NJEIS analyzed both the performance and response rate and the number of returned surveys exceeded the minimum number required for an adequate confidence level based on established survey sample guidelines and was closely representative of the population and adequately reflected the distribution by county between +/- 3.32% by county and +/-10% by race for the state.

In FFY 2020, NJEIS provided the same instructions as previous years to the consultant agency and over 3,300 non-respondent families were contacted via telephone to provide options for completing the survey. At the close of the survey, NJEIS analyzed both the performance and response rate and the number of returned surveys exceeded the minimum number required for an adequate confidence level based on established survey sample guidelines and was closely representative of the population and adequately reflected the distribution by county was between +0.21% to +5.04% and within 0 to +24% for the state. In addition, in January 2021, the DOH hired a full-time researcher to investigate the effects of the NJEIS system and to discern the variables that contributed to positive or negative outcomes for families and children. This will be a continued task for future family survey data review.

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

The NJEIS will continue to take steps to reduce identified bias and promote response from a broad cross section of families by ensuring the sampling of all race, ethnic groups, and gender to receive representation of the population. 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. NJEIS surveys all race/ethnicity groups in hopes of receiving representative data. Families receive surveys in two different languages and can also receive assistance with the language line to complete the survey. Completed surveys can also be mailed using the postage paid return envelope directly to an outside contractor to analyze the survey results that assist with eliminating identified biases.

The State continues to explore additional options to expand on this process and has a committed group of stakeholders to advise and assist the DOH in expanding the representation of families in Indicator 4.

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

For the 15th 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 regarding the impact of early intervention on family outcomes. The mean measure on the IFS was 656. The standard deviation was 185, and the standard error of the mean was 4.9. The 95% confidence interval for the mean was 646.8 – 666.0. This means that there is a 95% likelihood that the true value of the mean is between these two values.

On July 20, 2021, 6,275 surveys were mailed to a sample of families served by NJEIS. Cover letters as well as postage paid business reply envelopes were included with the surveys.

The final cutoff date for processing surveys was extended to September 17, 2021, to allow families additional time to respond and to reach out to underrepresented counties and races/ethnicities. Respondents were also given the option of completing an online version of the survey. To increase the response rate, over 3,300 non-respondent families were contacted via telephone to provide options for completing the survey.

Of the 6,275 surveys distributed across twenty-one counties, 1,430 were returned for a response rate of 22.8%. The number of return surveys exceeds the minimum number required for an adequate confidence level based on established survey guidelines (e.g., <https://www.surveysystems.com/sscalc.htm>). In total, 320 paper surveys and 1,110 web responses were collected.

There were 1,275 responses in English and 155 in Spanish.

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, 2020, child count by county distribution was +0.21% to +5.04%. The median percent difference was 1.5%.

Bergen County is overrepresented by +5.04%. Warren county is also over represented by 0.21%.

The December 1, 2020 population by race/ethnicity matched the FFY 2020 survey race/ethnicity of respondents within 0 to +24% 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 with a slight variation in the White/Not Hispanic and Hispanic population.

The range of variance between the return race/ethnicity population and the December 1, 2020, race/ethnicity by county was 0% to +24%.

The Median difference between the race/ethnicity population and the returns was +1.51%.

The Caucasian/Not Hispanic population was over-represented by 24%, and the Hispanic population was over-represented by 12%.

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

The metric varied due to using a statistical testing to determine if the survey response rates and December 1, 2020 (Child Count) population are considered different from each other. Rasch measurement framework was utilized to determine if the surveys received were representative of the target population (i.e., Child Count). The range of variance between the return rate and the December 1, 2020, Child Count by county was +0.21% to +5.04%. The median percent difference was 1.5%. The December 1, 2020, population by race/ethnicity matched the FFY 2020 survey race/ethnicity of respondents within 0 to +24% for all race/ethnicity groups with a median difference of between the race/ethnicity population and the returns was +1.51%.

Provide additional information about this indicator (optional).

Survey responses were received from 1,430 families, representing all 21 counties and a 22.8% return rate (1430/6275).

The targets were met for 4A, 4B and 4C and there was no slippage within any of the three sub indicators. Specifically:

Performance increased 2.28% in 4A from 71.08% in FFY 2019 to 73.36% in FFY 2020.

Performance increased 1.19% in 4B from 68.53% in FFY 2019 to 69.72% in FFY 2020.

Performance increased 1.52% in 4C from 82.61% in FFY 2019 to 84.13% in FFY 2020.

Gender was also identified within the drawn sample. 2155 females and 4120 males were represented within the 6,275 population. NJEIS received responses for 510 females and 920 males. In addition, age was identified within the drawn sample. 3558-children were age three, 2442 children were age two and 475 children were under the age of one.

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2019 SPP/APR

The NJEIS will continue to take steps to reduce identified bias and promote response from a broad cross section of families by ensuring the sampling of all race, ethnic groups, and gender to receive representation of the population. 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. NJEIS surveys all race/ethnicity groups in hopes of receiving representative data.

Families receive surveys in two different languages and can also receive assistance with the language line to complete the survey. Completed surveys can also be mailed using the postage paid return envelope directly to an outside contractor to analyze the survey results that assist with eliminating identified biases.

The State continues to explore additional options to expand on this process and has a committed group of stakeholders to advise and assist the DOH in expanding the representation of families in Indicator 4.

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State submitted its sampling plan for this indicator with its FFY 2020 SPP/APR. OSEP will follow up with the State under separate cover regarding the submission.

4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	0.62%

FFY	2015	2016	2017	2018	2019
Target >=	0.65%	0.66%	0.66%	0.67%	0.67%
Data	0.75%	0.88%	0.78%	0.81%	0.74%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	0.67%	0.69%	0.72%	0.73%	0.75%	0.75%

Targets: Description of Stakeholder Input

C-5 Stakeholder Input FFY2020 Results:

The FFY2020 results were shared with NJ's ICC at the January 2022 public meeting. Members of the ICC and the public were presented the data and provided the opportunity to ask clarifying questions. After discussion, the ICC voted to accept the results presented for C-5

C-5 Stakeholder Input target setting:

NJEIS staff, in order to obtain stakeholder input on targets for the FFY2020-2025 SPP/APR Indicator C-5, identified 7 individuals with relevant expertise to act as stakeholders on a subcommittee. In addition, 4 state staff served as liaisons for the committee, and 1 National TA staff was available to provide overall assistance as needed. Of the 7 stakeholder subcommittee members, there was a Parent Advocacy Organization Leader (SPAN), a pediatrician, early intervention professionals, and 4 parents of children who received early intervention services, some of whom also have experience working within the EI system. To ensure a diverse group of stakeholders, the EI team identified members from different areas of the state, and various racial/ethnic groups were represented. This group planned a total of 2 meetings in order to achieve the goal of developing recommended targets for FFY2020 – FFY2025 for this indicator. Meetings were all held virtually.

The first meeting served as an orientation, in which the group was provided with general information regarding the SPP/APR, targets, and target setting methodology. Any members who were unable to attend either of the 2 meetings were provided the opportunity to review the meeting materials, recording, and provide additional input following the meeting. During this meeting, a brainstorming session was held regarding the factors they believed could impact NJ's performance for indicator C-5. The stakeholder subcommittee members believed COVID-19, lack of well visits, health disparities, underserved populations, and family hesitancy to have practitioners in the home, could all affect this indicator.

The second meeting provided an opportunity for the stakeholder subcommittee members to view and discuss current data, analyses offering possible forecasting based on trends and history, the impacts of COVID-19 and other relevant variables, with the goal of recommending targets for C-5. Some of the data included cumulative child counts for 2018 and 2019, a Linear Forecast Trend based on trend data which provided high, linear and low performance bounds, and comparisons between state and national data for C-5. Additionally, state staff provided information on NJEIS referrals from the beginning of the pandemic (March/April 2020) and gave a side-by-side comparison to 2021. This data reflected a return to more typical referral patterns. The Pediatrician member offered information which indicated that although infant and toddler well-visits were often missed and/or delayed during the early stages of the COVID-19 pandemic, data has shown that these visits are occurring at a more consistent frequency as well. State staff asked if any stakeholder subcommittee members had a proposal regarding targets, and these were entered in the blank chart. Looking at the comparison between state and national data for C-5, the subcommittee opened a discussion regarding how NJ's performance in this indicator is far below the national average, while NJ's performance in C-6 is well above the national average. There were some subcommittee members that believed that in this case, the targets for C-5 should be more aggressively set, in order to drive efforts by the lead agency to improve performance in this indicator. There were also some subcommittee members who agreed the state should focus attention in this area in the upcoming years, however, the pandemic's impacts may last longer than anticipated or take an unexpected turn, and that the state should have more conservative targets. The consensus of the stakeholder subcommittee was to set rigorous targets, but keep them reasonable, considering more recent trend data (FFY 2015-2019). State staff discussed how

these recommended targets would be presented to the ICC at the September 2021 meeting and asked if any of the subcommittee members would be interested in presenting the final targets along with the state team. On 9/24/2021 state staff and the Pediatrician subcommittee member presented the targets to the ICC. The ICC voted to accept the subcommittee's recommended targets for C-5 following a discussion of the methods used during the target setting process.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	664
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	99,506

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
664	99,506	0.74%	0.67%	0.67%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2012	3.22%

FFY	2015	2016	2017	2018	2019
Target >=	3.40%	3.42%	3.43%	3.45%	3.45%
Data	3.98%	4.38%	4.40%	4.61%	4.97%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	3.40%	3.40%	3.50%	3.60%	3.80%	4.00%

Targets: Description of Stakeholder Input

C-6 Stakeholder Input FFY2020 Results:

The FFY2020 results were shared with NJ's ICC at the January 2022 public meeting. Members of the ICC and the public were presented the data and provide the opportunity to ask clarifying questions and give input. After discussion, the ICC voted to accept the results presented for C-6

C-6 Stakeholder Input target setting:

NJEIS staff, in order to obtain stakeholder input on targets for the FFY2020-2025 SPP/APR Indicator C-6, identified 7 individuals with relevant expertise to act as stakeholders on a subcommittee. In addition, 4 state staff served as liaisons for the committee, and 1 National TA staff was available to provide overall assistance as needed. Of the 7 stakeholder subcommittee members, there was a Parent Advocacy Organization Leader (SPAN), a pediatrician, early intervention professionals, and 4 parents of children who received early intervention services, some of whom also have experience working within the EI system. To ensure a diverse group of stakeholders, the EI team identified members from different areas of the state, and various racial/ethnic groups were represented. This group planned a total of 2 meetings in order to achieve the goal of developing recommended targets for FFY2020 – FFY2025 for this indicator. Meetings were held virtually.

The first meeting served as an orientation, in which the group was provided with general information regarding the SPP/APR, targets, and target setting methodology. Any members who were unable to attend either of the 2 meetings were provided the opportunity to review the meeting materials, recording, and provide additional input following the meeting. During this meeting, a brainstorming session was held regarding the factors they believed could impact NJ's performance for indicator C-6. The stakeholder subcommittee members believed COVID-19, lack of well visits, health disparities, underserved populations, and family hesitancy to have practitioners in the home, could all affect this indicator.

The second meeting provided an opportunity for the stakeholder subcommittee members to review and discuss current data, review prepared forecast models based on trends and history, the impacts of COVID-19 and other relevant variables, with the goal of recommending targets for C-6. Some of the data included cumulative child counts for 2018 and 2019 along with a Linear Forecast Trend based on trend data that provided high, linear and low performance bounds, and comparisons between state and national data for C-6. Additionally, state staff provided information on NJEIS referrals from the beginning of the pandemic (March/April 2020) and gave a side-by-side comparison to 2021. This data reflected a return to more typical referral patterns. The Pediatrician member offered information which indicated that although infant and toddler well-visits were often missed and/or delayed during the early stages of the COVID-19 pandemic, data has shown that these visits are occurring at a more consistent frequency as well.

State staff asked if any stakeholder subcommittee members had a proposal regarding targets, and these were entered in the blank chart. Since NJ typically performs well above the national average for this indicator, the subcommittee discussed how high the target should theoretically reach, while still remaining aspirational. The proposed targets were modified based on the discussion and a consensus was agreed upon.

State staff discussed how these recommended targets would be presented to the ICC at the September 2021 meeting and asked if any of the subcommittee members would be interested in presenting the final targets along with the state team. On 9/24/2021 state staff and the Pediatrician subcommittee member presented the targets to the ICC. The ICC voted to accept the subcommittee's recommended targets for C-6 following a discussion of the methods used during the target setting process.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	12,040
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	304,277

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
12,040	304,277	4.97%	3.40%	3.96%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	98.21%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.61%	99.76%	99.71%	99.69%	99.69%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
308	320	99.69%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of 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.

12

Provide reasons for delay, if applicable.

Acceptable family delays discovered in the annual desk audit included: child illness and/or hospitalization, parental work schedule changes, and parental cancelations and rescheduling.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Sampling Plan:

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

Data Desk Audit, Inquiry and Record Review:

The NJEIS data system reflects the 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. The children pulled for the sample were identified using the NJEIS data system. Monitoring begins with a data desk audit based on a simple random sample without replacement of a quarter of the FFY 2020 data (September, October and November 2020). This included an inquiry process conducted by the monitoring team to drill down to obtain child specific information, reasons for delays and verification of an initial IFSP meeting, although late.

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

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

The time period in which the data was collected was September, October and November 2020.

Provide additional information about this indicator (optional).

Of the 3,627 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selections of 320 children were monitored. Of the 320 children, 308 of the IFSPs were in compliance with the 45 calendar day requirement, including 12 initial IFSP meetings that were delayed because of family reasons.

The 12 family-initiated reasons for delay 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.

Indicator 7 Data Children

Total IFSPs for Quarter of Data: September-November 2020= 3,627

Sample of the Quarter (Denominator) =320

Preliminary Timely Initial IFSPs =308

Preliminary Untimely Initial IFSPs =12

Desk Inquiry Verification of Family Reason & Extreme weather =12

Desk Inquiry Verification of Untimely IFSPs =0

Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely) =308+12=320

State Compliance Percentage 320/320=100%

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

In FFY 2019, one (1) initial IFSP meeting was delayed based on a system/communication error. The Targeted Evaluation Team's (TET), Sunny Days, was delayed in notifying the System's Point of Entry, Service Coordination Unit (SCU)-Cape May County, of a child's eligibility. This caused a family's IFSP to be two (2) weeks delayed. The agency was given a finding on July 20, 2020, as a result.

Sunny Days was required to review and provide their current policies and procedures, relating to communicating eligibility with SCU agencies, to ensure families receive a timely IFSP. In addition, Sunny Days was required to conduct this training with staff.

After review, NJEIS approved Sunny Day's existing procedures for compliance.

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

NJEIS verified the one (1) child's IFSP meeting, mentioned above, was held and the necessary verification paperwork was signed by the parent. In addition, NJEIS reviewed subsequent data and found no systemic issues as the agency met 100% compliance for this indicator prior to 12 months of the finding and months thereafter. The agency's finding was closed on 8/13/20, as the correction was verified for both prongs 1 and 2 as required.

In addition, Sunny Days was also reviewed more closely again within FFY 2020 desk audit and no further concerns or non-compliance were identified.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory

requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

In FFY 2019, one (1) initial IFSP meeting was delayed based on a system/communication error. The Targeted Evaluation Team's (TET), Sunny Days, was delayed in notifying the System's Point of Entry, Service Coordination Unit (SCU)-Cape May County, of a child's eligibility. This caused a family's IFSP to be two (2) weeks delayed. The agency was given a finding on July 20, 2020, as a result.

Sunny Days was required to review and provide their current policies and procedures, relating to communicating eligibility with SCU agencies, to ensure families receive a timely IFSP. In addition, Sunny Days was required to conduct this training with staff.

After review, NJEIS approved Sunny Day's existing procedures for compliance.

NJEIS verified the one (1) child's IFSP meeting, mentioned above, was held and the necessary verification paperwork was signed by the parent. In addition, NJEIS reviewed subsequent data and found no systemic issues as the agency met 100% compliance for this indicator prior to 12 months of the finding and months thereafter. The agency's finding was closed on 8/13/20, as the correction was verified for both prongs 1 and 2 as required.

In addition, Sunny Days was also reviewed more closely again within FFY 2020 desk audit and no further concerns or non-compliance were identified.

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2011	98.10%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
359	359	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data were reported for all twenty-one counties.

Data reported for 8A were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g., NJEIS IFSP Review Transition Information Page). The data desk audit was conducted on one quarter of FFY20 for the months of January, February and March 2021 and identified 2,734 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 2734 children who exited the program, a random selection of the 359 children were monitored. Data Desk Audit, Inquiry and Record Review

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

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

Provide additional information about this indicator (optional)

Data Analysis and Results

Indicator 8A Data Children

Total of Children who turned 3 for Quarter of Data: January, February and March 2021 = 2,734

Sample of the Quarter (Denominator)= 359

Developed IFSP Transition Steps and Services >= 90 days to <= 9 months prior to the third birthday= 359

State Compliance Percentage 359/359=100%

NJEIS achieved 100% compliance on 359/359 records.

NJEIS has continued 100% compliance on this indicator from FFY 2012-FFY 2020.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	90.24%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	96.84%	97.30%	95.55%	96.36%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
309	359	100.00%	100%	98.10%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The NJEIS performance for this indicator showed slippage of 1.9% from 100% in FFY 2019 to 98.10% in FFY 2020.

The slippage was due to 6 children who did not receive a formal letter of notification to the LEA or have any documentation of Notification or an opt out signed by the parent in the records. All children missing notification were late referrals to Early Intervention after thirty (30) months of age. The slippage can be attributed to the following reasons and in more detail below: Service coordinators needing TA regarding children who are late referrals to early intervention; failure to maintain detailed documentation by the service coordinator and difficulties with communication with the LEA due to closures and of the districts due to Covid. Although the service coordinators met with families and discussed transition, there was no documentation of a formal notification to the LEA or signed Opt-out form by the parent for six (6) families. All families did receive transition planning. The identified children were in Atlantic, Bergen, and Camden counties.

Number of parents who opted out

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

44

Provide reasons for delay, if applicable.

Some of the reasons for acceptable delays included in this audit: family delays included medical issues, schedule changes, and parent cancelations.

Describe the method used to collect these data.

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 FFY 2020 for the months of January, February and March 2021 that identified 2,734 children that turned age three.

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

Of the 2,734 children, a random selection of 359 children was monitored.

Of the 359 children, forty-four (44) families opted out of SEA/LEA notification.

Data Desk Audit, Inquiry and Record Review

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

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

The monitoring team implemented inquiry which drilled down to obtain child specific information, reasons for delays and verification of transition notice, although late.

The Service Coordination Units were required to submit copies of child progress notes, IFSPs, service encounter verification logs, signed opt out forms and LEA notification letters.

The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

Do you have a written opt-out policy? (yes/no)

YES

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

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Data is selected from all twenty-one counties.

A data desk audit was conducted on one quarter of FFY2020 for the months of of January, February and March 2021 and identified 2,734 children that turned age three representing all twenty-one counties.

The NJEIS implemented a sampling methodology for monitoring notification to the SEA and LEA to ensure that the NJEIS population is appropriately

represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- confidence interval ensures that child records were appropriately represented.

Data Desk Audit, Inquiry and Record Review.

The data desk audit was conducted on one quarter of FFY20 for the months of January, February and March 2021 and identified 2,734 children that turned age three.

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

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

Provide additional information about this indicator (optional).

Data Analysis and Results

Indicator 8B Data Children

Total of Children who turned 3 for Quarter of Data: January, February and March 2021 and identified 2,734 children that turned age three representing all twenty-one counties.

Sample of the Quarter (Denominator) = 359

Notified the SEA at least 90 days prior to third birthday = 315

Notified to the LEA at least 90 days prior to third birthday =309

Opt Out = 44

Untimely Notification =6

Potentially Eligible - Opt Out = 359-44=315

State Compliance Percentage = 309/315=98.10%

The DOH sent 100% (315/315) of notifications that were required (consistent with any opt-out policy adopted by the state) directly to the SEA at least 90 days prior to toddlers with disabilities turning three in January, February and March 2021.

NJEIS achieved 98.10% compliance based on 309/315 records of notification 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 (January-March 2021)

County SCU's did not send 6 Notification letters to the LEA or obtain a parental signed Opt-Out form which resulted in noncompliance.

NJEIS ensures that each agency was correctly implementing the specific regulatory requirements (prong 2) and that each child received a Transition Planning Conference unless the child was no longer in the jurisdiction of NJEIS (prong 1). Upon the monitoring of these prongs, the following Findings were issued.

Findings Issued:

As a result of the additional inquiry, three (3) findings were issued to the following agencies: Atlantic SCU, Bergen SCU, and Camden SUC.

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

2) The NJEIS reviewed the agencies' Infrastructure/Staffing and Provision of training and their Provision of Technical Assistance. As a result of the review, NJEIS required the identified agencies to provide additional targeted Transition training to staff; review newly revised policies and procedures with all staff; continue to address Transition requirements, procedures and required documentation at monthly staff meetings and; required supervisors to administer additional direct supervision, internal monthly chart audits and observation of staff upon the additional training. In addition, one agency, Camden SCU, was required to collaborate with the Southern Regional Training and Technical Assistance Coordinator to provide additional targeted training and technical assistance with specific focused on the process of engaging families in the transition process with regard to Notification when entering Early Intervention after thirty months of age.

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

The agencies have until June 30, 2022 to verify 100% correction.

As of 1/28/22, one (1) of the three findings have verified 100% correction of both prongs and were closed. This agency was Bergen SCU.

Two (2) agencies, Atlantic SCU and Camden SCU continue to show progress in correction and have until June 30, 2022 to verify correction.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	93.38%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.27%	99.66%	100.00%	99.47%	97.18%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
203	359	97.18%	100%	98.98%	Did not meet target	No Slippage

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

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

65

Number of documented delays attributable to exceptional family circumstances

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

88

Provide reasons for delay, if applicable.

Reasons for acceptable delays included in this audit: family delays included medical issues, schedule changes, and parent cancellations.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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

A data desk audit was conducted on one quarter of FFY 2020 for the months of January, February and March 2021 that identified 2,734 children that turned age three.

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

Of the 2,734 children, a random selection of 359 children were monitored. Of the 359 children, 65 families declined the TPC, reducing the total number of records monitored to 294 children.

Data Desk Audit, Inquiry and Record Review

The NJEIS used two sources of data from the database: (1) date of the TPC obtained from the team page signed by the parent; and (2) date of the TPC recorded from the service coordinator verification log. The monitoring team confirmed this data through desk audit analysis using the state database.

Based on these dates, and the child's date of birth, an inquiry was prepared and forwarded to the appropriate county to review possible non-compliance. The monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of a transition planning conference, although late. The Service Coordination Units were required to submit copies of child progress notes, TPC and LEA notification letters, IFSPs, and service encounter verification logs. The monitoring team used all the information received and reviewed service claim data to determine where in the process the delay occurred and who was responsible.

Provide additional information about this indicator (optional).

Data Analysis and Results

Indicator 8C Data Children

Total of Children who turned 3 for Quarter of Data: January, February and March 2021 = 2,734

Sample of the Quarter (Denominator) = 359

Families who declined a TPC = 65

Initial Timely TPCs= 203

Desk Inquiry Verification of Family Reason for delay or on time = 88

Desk Inquiry Verification of Untimely TPC = 6

Final Numerator (Timely + Family Reasons) = 203+88=291

Final Denominator (Sample of the Quarter - Family Declines) = 359-65=294

State Compliance Percentage = 291/294=98.98%

98.98% (291/294) of all children exiting Part C, received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference within the required timeline.

The numerator and denominator do not include the 65 families who did not provide approval to conduct a transition planning conference. Of the 359 children, 203 were timely and 88 were delayed due to family reasons.

The 88 family-initiated reasons were included in the calculation 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.

The NJEIS performance for this indicator did not have slippage but also did not meet the target of 100% compliance. NJEIS performed at 98.98% in FFY2020 as compared to a performance of 97.18% in FFY 2019. There were three (3) children who did not receive a TPC nor have any documentation that a TPC occurred or that the family declined.

The reason for not hitting the target can be attributed to the following specific reasons below:

Need for additional TA for service coordinators in some counties regarding late referrals of children entering early intervention;

Lack of detailed documentation by the service coordinator and;

Inability to coordinate a meeting date between the service coordinator, LEA representatives and the family's schedule due to COVID-19.

The three (3) children who did not have a timely transition planning conference were from the following two (2) county service coordination units: Middlesex SCU and Passaic SCUs.

Although the service coordinators met with families and discussed transition, there was no documentation with regard to a formal invite to convene a TCP for three (3) families. This was an issue with both Middlesex SCU and Passaic SCU.

All three (3) families did not move forward with the TPC process due to a late referral and the service coordinators did not fully understand the requirements of offering a TPC to the family. This was an issue with both Middlesex SCU and Passaic SCU. Therefore, of the three (3) children, all whom did not receive a TPC, were no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry.

NJEIS ensures that each agency was correctly implementing the specific regulatory requirements (prong 2) and that each child received a Transition Planning Conference unless the child was no longer in the jurisdiction of NJEIS (prong 1). Upon the monitoring of these prongs, the following Findings were issued.

Findings Issued:

As a result of the additional inquiry, two (2) findings were issued to the following agencies: Middlesex SCU and Passaic SUC.

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

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

In addition, one agency, Passaic SCU, was required to collaborate with the Northeast Regional Training and Technical Assistance Coordinator to provide additional targeted training and technical assistance as this was not the first monitoring cycle that found non-compliance with the Passaic Unit. Transition activities are formally an Improvement Activity of the Northeast Regional Early Intervention Collaborative's Community Impressions Plan and the regional office will continue to provide training, support and technical assistance to Passaic SCU and inform the lead agency on Passaic SCU's progress in this area.

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

The agencies have until June 30, 2022 to verify 100% correction.

As of 1/28/22, one of the two findings have verified 100% correction of both prongs and were closed. Middlesex SCU finding has been closed.

One (1) agency, Passaic SCU, continues to show progress in correction and has until June 30, 2022 to verify correction.

Correction of Findings of Noncompliance Identified in FFY 2019

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 2019 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 2019 data, four (4) agencies were found to have noncompliance for 8C. The four (4) agencies were given a finding issued on September 25, 2020. NJEIS reviewed subsequent data, tracked and verified correction of the noncompliance. The agencies verified corrections of both prongs. The findings were closed timely after correction of both prongs were verified in accordance with federal requirements. Hudson SCU closed timely on 1-15-2021; Monmouth County SCU closed timely on 1-7-2021; Morris SCU closed timely on 1-8-2021; and Passaic SCU closed timely on 5-6-2021.

Therefore, the finding was closed was within one year of the finding.

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review. In addition, subsequent data were reviewed to verify timely transition planning conferences were held and verified correction of all non-compliance. Activities for documentation and verification of the correction include review of updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data.

NJEIS:

Identified Hudson SCU, Monmouth SCU, Morris SCU and Passaic SCU as the responsible agencies and determined their percentage of noncompliance and reasons for delay (root causes);

Determined if any policies, procedures and/or practices contributed to the reasons for delays. As part of the corrective action plan, NJEIS required each agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2) and; Ensured that Hudson SCU, Monmouth SCU, Morris SCU and Passaic SCU were 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).

In summary, based on FFY 2019 data, four (4) findings were issued. The four (4) agencies revised/developed policies and procedures that were reviewed by NJEIS. NJEIS reviewed subsequent periodic data, tracked and verified correction of the non-compliance. The finding was closed timely

after correction of both prongs were verified in accordance with federal requirements. Hudson SCU closed timely on January 15, 2021. Monmouth County SCU closed timely on 1-7-2021. Morris SCU closed timely on 1-8-2021. Passaic SCU closed timely on 5-6-2021.

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, subsequent data was reviewed to verify timely Transition Planning Conferences. Activities for documentation and verification of the correction included updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance for this indicator, the finding was closed.

NJEIS has accounted for all instances of non-compliance identified through the NJEIS database, desk inquiry, and record review. The DOH confirmed that the transition planning conference was held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. For any child whose TPC did not occur in a timely manner, a TPC was provided late unless the child was no longer in the jurisdiction of NJEIS, consistent with OSEP memo 09-02 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Based on FFY 2019 data, four (4) agencies were found to have noncompliance for 8C. The four (4) agencies were given a finding issued on September 25, 2020. NJEIS reviewed subsequent data, tracked and verified correction of the noncompliance. The agencies verified corrections of both prongs. The findings were closed timely after correction of both prongs were verified in accordance with federal requirements. Hudson SCU closed timely on 1-15-2021; Monmouth County SCU closed timely on 1-7-2021; Morris SCU closed timely on 1-8-2021; and Passaic SCU closed timely on 5-6-2021.

Therefore, the finding was closed was within one year of the finding.

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review. In addition, subsequent data were reviewed to verify timely transition planning conferences were held and verified correction of all non-compliance. Activities for documentation and verification of the correction include review of updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data.

NJEIS:

Identified Hudson SCU, Monmouth SCU, Morris SCU and Passaic SCU as the responsible agencies and determined their percentage of noncompliance and reasons for delay (root causes);

Determined if any policies, procedures and/or practices contributed to the reasons for delays. As part of the corrective action plan, NJEIS required each agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2) and; Ensured that Hudson SCU, Monmouth SCU, Morris SCU and Passaic SCU were 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).

In summary, based on FFY 2019 data, four (4) findings were issued. The four (4) agencies revised/developed policies and procedures that were reviewed by NJEIS. NJEIS reviewed subsequent periodic data, tracked and verified correction of the non-compliance. The finding was closed timely after correction of both prongs were verified in accordance with federal requirements. Hudson SCU closed timely on January 15, 2021. Monmouth County SCU closed timely on 1-7-2021. Morris SCU closed timely on 1-8-2021. Passaic SCU closed timely on 5-6-2021. The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences. Activities for documentation and verification of the correction included updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance for this indicator, the finding was closed.

NJEIS has accounted for all instances of non-compliance identified through the NJEIS database, desk inquiry, and record review. The DOH confirmed that the transition planning conference was held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. For any child whose TPC did not occur in a timely manner, a TPC was provided late unless the child was no longer in the jurisdiction of NJEIS, consistent with OSEP memo 09-02 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

New Jersey Part C utilizes Part C procedures for due process hearings.

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

N/A

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target>=					
Data	100.00%	100.00%	100.00%		

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	0.00%					

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

No Mediations or Due Process complaints were received in FFY 2020(2020-2021).

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

The NJEIS continues to define its SiMR as: Infants and toddlers with disabilities will substantially increase their rate of growth and development of positive social emotional skills by the time they exit the program.

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

NO

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

NO

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

YES

Please provide a description of the changes and updates to the theory of action.

Although NJEIS and its Indicator 11 stakeholders decided to keep the same SiMR because more time is needed to achieve the intended result, the group posited that a shift in strategy to achieve the goal was necessary. Therefore, the Theory of Action has changed to reflect the course correction that NJEIS intends to implement to reach its target.

The stakeholders assembled to work on this next iteration of the SSIP included a wide array of individuals who are internal and external to the NJEIS. This broad cross section of perspectives provided new ideas, insights, and points of view. From the start, the group asked the question "Why have we not made more progress?"

The discussion that followed revealed that perhaps NJEIS needs to take a step back and focus on family relationships before diving into the work of improving the social and emotional outcomes for children. Clinicians in the group offered the thinking that a shift in focus to the early relational health needs of and families could be the foundational starting point necessary to precede improvement of social emotional skills of the children. Therefore, the NJEIS SSIP Theory of Action has changed to represent this new approach to meeting the goal set out in the original SiMR.

Four new strands have been created to guide the change in strategy which include Infrastructure Development, Early Relational Health Messaging and Communication, IFSP Service Provider Development and Support, and Service Coordinator Development and Support.

Infrastructure Development has been and continues to be a critical component of the NJEIS SSIP. Much work has been done to build a solid foundation within the Comprehensive System of Personnel Development (CSPD) and there is much more to do to support the ongoing efforts to achieve the SiMR. The new coherent improvement strategy for this strand continues the commitment to build organizational capacity, develop workforce knowledge and skills around evidence-based practices and early relational health, and create a system of results-driven accountability.

Early Relational Health Messaging and Communication is a critical strand because it is imperative that stakeholders throughout the NJEIS, including families, clearly understand what early relational health is, why it is an important focus, and how it will become woven into the fabric of the NJEIS strategy for improving child and family outcomes. Ultimately, all NJEIS materials, media and messaging channels will be updated with the consistent language and definition of early relational health and its criticality for improving the social emotional outcomes for children.

The next two strands focus on specific areas of the NJEIS workforce. The COVID-19 pandemic has taken and continues to take a toll on recruitment and retention of qualified EI providers. NJEIS and its stakeholders felt strongly that this next iteration of the SSIP should be a plan that demonstrates a commitment to the needs of the workforce both professionally and personally. Therefore, the next two strands focus on IFSP Service Provider Development and Support and Service Coordinator Development and Support respectively. In both cases, NJEIS is making a commitment to support the acquisition of knowledge and skills related to the evidence-based practices and early relational health that will result in better outcomes for children and families.

Specific to the IFSP Service Providers, the coherent improvement strategy is intended to result in the development of quality IFSPs by using evidence-based practices and achieving better outcomes with a focus on the early relational health needs of families. IFSP Service Providers will also need to strengthen their knowledge and skills around the subject of diversity, equity, and inclusion so that all families in New Jersey are given individualized and appropriate consideration throughout their EI experience.

The Service Coordinator Development and Support Strand includes a coherent improvement strategy that will provide a similar level of support for SCs around the evidence-based practices, early relational health, and diversity, equity, and inclusion. The goal of this strand is that families will have their concerns and priorities accurately captured throughout the EI process, their early relational health needs will be assessed, and evidence-based practices will be used in the overall provision of service coordination.

The other critical component of both the IFSP Service Provider and Service Coordinator strands is a commitment to work with EI Provider Agencies to enhance the well-being of the practitioners that interact with families daily. As pandemic challenges persist, a significant amount of stress has been and continues to be experienced by the workforce. As part of a larger focus on workforce recruitment and retention, NJEIS acknowledges the need to prioritize the well-being of its practitioners in order to provide optimal service delivery for children and families.

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2012	30.62%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	30.62%	31.00%	37.34%	39.34%	41.34%	43.34%

FFY 2020 SPP/APR Data

		FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
343	1,141	32.55%	30.62%	30.06%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

To understand the slippage in 3A, a deeper look at the individual progress categories provided additional insight for the overall slippage in the Summary Statement. In FFY2020, less children progressed to be counted in progress category (d), which shows a drop from 9.56% in FFY2019 to 6.59% in FFY2020. NJEIS did see a positive change in progress category (c) which improved from 7.28% in FFY2019 to 11.78%. In FFY2020, however this gain was negated by the change in progress category (b) which saw a change from 30.81% in FFY2019 to 38% in FFY2020. The DOH posits that the Covid-19 pandemic is a primary factor in the slippage reported in A1, which measure the positive social emotional development of children. Preliminary national research on the overall pandemic uncertainties and family stress shows patterns of regression and concerns for all children's social emotional well being, including those aged 0-3. NJ was in lock-down, or partial lock-down for the 12 months of the reporting period for this APR. Children were limited in their exposure to peers as childcare was closed or had limited availability and social gatherings and general exposure to adults and children were limited. Data from the NJEIS Regional Collaboratives found that food insecurity, job loss/financial changes, and homeschooling of other children were the top 3 concerns for families participating in the NJEIS. NJEIS provided services exclusively by telehealth until September 2020 when in-person services were permitted by the Governor. Families, however, continued to choose telehealth options and until March 2021, more than 50% of services were by telehealth. By April 2021, the percentage of children with face to face services reached 60% and is now steady at about 75% in person and 25% via telehealth. Lock-downs, limited access to peers and regular exposure to social situations, along with increase pandemic family stress have all contributed to the slippage in A1 for FFY2020.

Provide the data source for the FFY 2020 data.

The NJEIS uses the data reported in Indicator 3 - Child Outcomes as the data source for Indicator 11. The SiMR is specific to Indicator 3A Summary Statement 1.

Data for Indicator 3A 1 is calculated according to the business rules for Summary statement 1 in Indicator 3.: Progress categories b+c/a+b+c+d. For NJ this is calculated as 343 /1,141 resulting performance data for FFY 2020 of 30.06%.

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

The Battelle Developmental Inventory 2nd Edition, (BDI) is used by NJEIS to collect baseline information on each outcome area at entry into the program and again upon exit from the program. The business rules answer each of the three questions using the 5 domains on the BDI. The Personal-Social Domain scores are used to answer progress on 3A.

NJEIS has used the same business rules since 2008 and the procedures allow for comparison over time and across populations. All children who participate in the program for at least 6 months and who are exiting the program, are eligible for an exit evaluation. NJEIS does not sample for this indicator, although the FFY2020 data are primarily for children who exited the program with referral to Part B.

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

NO

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

NO

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

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

The data in this Indicator was significantly affected by the onset of the Covid-19 pandemic. From March 2020 through June of 2021, NJ was under a State Public Health Emergency which severely limited in-person activities, including NJEIS services. The NJEIS utilized telehealth methods to deliver all services, including evaluations and assessment of child outcomes. The BDI2 is designed and validated to be administered in person, and administration of the BDI2 via telehealth compromises the fidelity of the tool. For this reason, NJEIS, authorized the use of other assessment tools that are more conducive to administration via telehealth for determining children's eligibility, IFSP development and progress monitoring. Therefore the number of children who were administered a full BDI2 was limited resulting in the smaller N. As in-person activities were limited by Governor's orders, the NJEIS prioritized exit evaluations with the BDI2 to those children for whom a referral to and consideration for Part B services was in-progress and/or transition activities indicated a referral was appropriate. As transitions for children to the LEA were also challenged by the pandemic on the resources of the LEAs, the NJEIS supported families by ensuring they had recent developmental information for their child to facilitate any determination of eligibility for Part B. Eighty-two percent (82%) of the data reported in Indicator 3 are for children with an exit reason of either 1) Part B Eligible (1138) or 2) Part B Eligibility not determined (398). The State has returned to conducting in-person evaluations for all those that use the BDI as part of the evaluation process. NJEIS has resumed in-person evaluations using the BDI2 as the public health emergency was lifted in June 2021.

Section B: Implementation, Analysis and Evaluation

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

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

Because NJEIS is changing its strategy to reach the original SiMR, it is necessary to update not only the Theory of Action but the Evaluation Plan. Four new evaluation questions have been developed to reflect the new approach to meeting the SiMR. The updated Evaluation Plan reflects new short-term and long-term outcomes, as well as appropriate performance indicators for the new strands in the Theory of Action. The four new strands, as discussed previously, are Infrastructure Development, Early Relational Health Messaging and Communication, IFSP Service Provider Development and Support, and Service Coordinator Development and Support.

Evaluation Question #1 relates to the Infrastructure Development strand and includes one long-term outcome and two short-term outcomes. This strand focuses on continuing efforts to build a Comprehensive System of Personnel Development (CSPD) infrastructure that supports a modern, efficient and sustainable system for workforce development. The short-term outcomes focus on implementing a modern and efficient Learning Management System (LMS) and building systemwide organizational capacity that supports the development of a professional, competent, and committed workforce.

Evaluation Question #2 is tied to the Theory of Action strand Early Relational Health Messaging and Communication and includes one long-term outcome and two short-term outcomes. The focus of this strand is to assure that the meaning of early relational health is clearly and consistently articulated, communicated, and supported across all stakeholder groups as the foundation of healthy social emotional development. The first short-term outcome focuses on making sure the definition of early relational health is woven through all relevant system materials, documents, and modes of communication, both internally and externally. The second short-term outcome seeks to assure that the concept of early relational health is introduced and communicated to families at all relevant points throughout the early intervention process.

Evaluation Question #3 applies to both the IFSP Service Provider and the Service Coordinator strands and seeks to evaluate if NJEIS practitioners are gaining knowledge of the early relational health needs of families, the skills to use the evidence-based practices, and access to relevant resources to improve children's social emotional development. One long-term outcome and two short-term outcomes were developed. The first short-term outcome measures the level of practitioner access to appropriate, meaningful, and relevant training and professional development on early relational health, evidence-based practices, and diversity equity and inclusion. The second short-term outcome is designed to assure that coaching and reflective supervision and consultation practices are used to encourage transfer of learning and to provide emotional and professional support to practitioners.

Evaluation Question #4 also applies to both the IFSP Service Provider and the Service Coordinator strands and seeks to determine if families have the knowledge, skills, and resources to support the early relational health needs of their children to achieve appropriate levels of social emotional development. There is one long-term outcome and one short-term outcome. The short-term outcome associated with this evaluation question is designed to evaluate if families are provided the opportunities to acquire knowledge and build relevant skills that will support their child's early relational health through a robust partnership with IFSP Service Providers, Service Coordinators, and Family Support Specialists.

All long-term and short-term outcomes associated with each of the four evaluation questions have several evaluation measures tied to them that will allow DOH to gauge its progress over the course of multiple SSIP reporting periods. Given that this SSIP is a six-year plan, not all measures on the plan will be achieved immediately and it is possible that additional measures may be added in future reporting periods to more accurately capture progress.

In sum, it was necessary for DOH to modify its Evaluation Plan to measure future progress toward SiMR achievement more accurately due to the changes in strategy and execution that have been previously outlined. The link provided will show the detailed evaluation Plan that DOH has developed.

<https://nj.gov/health/fhs/eis/documents/NJES%20Evaluation%20Plan%20SSIP%20February.1.2022.pdf>

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

In this reporting period, NJEIS continued to focus on four core infrastructure improvement strategies intended to support activities toward SiMR achievement: strengthening its partnership with Montclair State University (MSU), building an improved model of professional development, using Community Impression Plans at the REICs, and adding new State and regional data personnel.

NJEIS has continued to develop its partnership with Montclair State University (MSU) to build system capacity and collaborate on workforce development initiatives. MSU began working with four regional Family Support Specialists (FSS) to develop them as trainers of the Positive Solutions for Families (PSF) training. PSF uses the Pyramid Model framework to offer effective strategies to parents for supporting their infant or toddler.

Once certified as PSF trainers, FSS have been receiving ongoing coaching and reflective consultation from MSU through the first three parent trainings. A total of ten families participated in these initial offerings. While the participation number is small, the feedback from families has been very positive and the direct interaction with families allows the regional FSS to make personal and direct contact that can be sustained through a families' time in the NJEIS.

Also, during this reporting period, four regional Training and Technical Assistance Coordinators (TTA) began working with MSU to become certified trainers of the Parents Interacting with Infants 1.0 (PIWI 1.0) program. After successful completion of this certification process, the TTAs will be co-facilitating a PIWI 1.0 training with MSU and receiving coaching and reflective consultation opportunities to strengthen their skills. Once this next phase of the capacity building process has been completed, the NJEIS regional TTAs will be able to deliver the PIWI 1.0 training program Statewide to enhance the knowledge and skills of NJEIS practitioners.

The full PIWI training has been split into two separate trainings, PIWI 1.0 and PIWI 2.0, to give time for practitioners to reflect on their learning and to practice PIWI 1.0 skills. PIWI 2.0 will be offered to assist practitioners in deeper levels of planning and reflection.

To support the NJEIS professional development efforts, the four TTAs have been certified to provide reflective consultation (RC) services. This RC certification will allow the TTAs to offer RC sessions to NJEIS practitioners and agency administrators as part of the knowledge and skill building process.

All train-the-trainer activities are an intensive immersion in the training material on a level that has not been provided to the NJEIS REIC staff previously. The partnership with MSU is allowing for significant time, energy and focus to be put on professionally developing NJEIS staff and building organizational capacity. These efforts will ultimately allow NJEIS to reach all direct service providers and service coordinators more efficiently and effectively with relevant professional development

NJEIS has also committed to developing an improved model of professional development for the entire workforce. In addition to enhancing the training skills set of the REIC staff who have direct contact with practitioners and families, NJEIS has committed to finding ways to promote transfer of learning beyond any specific training opportunity. Using the practice of Reflective Consultation (RC) is one way to engage practitioners in on-going and sustained professional discussions to support and extend their learning once a training program has concluded. During this reporting period, three RC groups were established for practitioners who had completed PIWI 1.0 training, and one RC group was established for agency administrators to enhance their ability to support their staff in using the PIWI strategies and the evidence-based practices.

NJEIS has also continued to utilize its Evidence-Based Practice Cohort Group to engage stakeholders in process discussions and to systematically offer new trainings to the practitioners at these agencies first to build local capacity. Four agency administrators from the Cohort group were invited to become certified in PIWI 1.0 along with the four TTAs. The idea is to support these local agencies in building their professional development capacity. As certified PIWI 1.0 trainers, these administrators are now fully prepared to turnkey this training to their own staff as needed. NJEIS will continue to monitor the success of this element of its capacity building model to see if there is any noticeable increase in the frequency of EBP integration.

NJEIS continued to work with the REICs to develop Community Impression Plans (CIP) designed to be data-driven State and local system improvement plans. Some of these CIPs have yielded some interesting findings that support and guide State-level infrastructure development.

One TTA surveyed practitioners regarding their understanding of family engagement, EBP (FAM 6). Using a 10-question format with a mix of multiple choice, open-ended and scale/ranked questions, the data revealed a variation in the way family engagement is defined by practitioners even though NJEIS has developed, messaged, and disseminated one standard definition. Not only did the data show definitional discrepancies, but it also indicated practitioner challenges in identifying family engagement strategies.

Armed with the data, the TTA at this REIC collaborated with a local Early Intervention Program (EIP) to establish a Community of Practice (CoP) group designed to support practitioner knowledge and skills in developing family engagement strategies. Overall, there was interest in this CoP group and meetings occurred for several months. However, attendance was inconsistent and often low, leading the TA to wonder what barriers were present.

Self-assessments conducted within the CoP also revealed that practitioners rate themselves as having moderate to high understanding of the concept of family engagement as a practice. However, ensuing group discussions among these practitioners often overlooked any family participation component.

This disconnect between perceived understandings and actual understanding/execution was seen again in the data of another regional CIP. It appears that how practitioners often describe their understanding or knowledge on a survey is often over-inflated when the same topics are delved into during discussion in a CoP or reflective consultation session.

Some of the findings of the CIPs suggest that offering practitioners opportunities to participate in CoP or RC groups are effective in surfacing actual disconnects between perceptions and practice. These group settings, when conducted appropriately, can offer a safe space for peer-to-peer dialogue and professional growth. This line of thinking supports the NJEIS focus on using CoP and RC groups as a means of solidifying and extending professional development opportunities.

In the previous reporting period, NJEIS added four regional data analysts and one State-level Research Scientist. The four data analysts have been integral in working with the TAs and the FSSs on CIPs. As mentioned in the section above, some of the CIP data has been key in informing and supporting State-level decisions. Ongoing work is being done to achieve consistency of data collection and reporting at the regional level. Monthly meetings with the DOH Data Manager have been critical in arriving at a consistent process.

The new DOH Research Scientist (RS), after spending time analyzing COVID-19 data, is working to understand Indicator 3 and 4 data. This RS supported the target setting for Indicators 3 and 4 by creating the predictive modeling required for these indicators. With a strengthened data analysis team in place, NJEIS has staff dedicated to collecting, analyzing, and synthesizing data so better decisions can be made related to all SSIP-related activities.

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

Partnership with MSU

Enhancing the partnership with Montclair State University (MSU) has led to the short-term outcome of NJEIS significantly building organizational capacity to deliver training programs in support of the EBPs. The professional development component of the systems framework is being strengthened in this process. As the TTAs and FSSs build their skill set to deliver PIWI and PSF programs, both practitioners and families will be the beneficiaries of learning opportunities designed to drive the NJEIS towards achievement of its SiMR. By including several agency administrators in the PIWI train-the-trainer process, NJEIS is systematically working to scale up its EBP-related training programs to reach across all areas of the State. NJEIS continues to plan for sustainability of these training initiatives by committing to professionally developing its staff.

Improved Model of PD

Focusing on an improved model of professional development has multiple short-term outcomes. First, building the capacity of both the regional TTAs and FSSs by certifying them to deliver PIWI and PSF training programs to practitioners and families is a significant step forward toward goal achievement. Both Pyramid Model-focused training programs support the efforts toward the SiMR and improving the social emotional development of infants and toddlers. This model of professional development where DOH builds capacity of internal staff, as well as agency administrators is a model that has never been implemented in the NJEIS.

A second short-term outcome is that the four TTAs are now certified to provide reflective consultation to practitioners and administrators. RC groups will be instrumental in solidifying the knowledge and skills that training programs deliver. NJEIS has already established several RC groups as discussed in the previous section.

These efforts to improve the delivery of professional development support a modern, efficient and sustainable Comprehensive System of Personnel Development and are in clear support of the professional development component of the systems framework.

With a well-trained cadre of professionals prepared to offer professional development statewide, NJEIS is on track to make positive and sustainable gains toward SiMR achievement. The approach to this process has been designed to build a solid foundation that will ultimately support an appropriate and systematic scale up throughout the system.

Community Impression Plans

A short-term outcome of implementing CIPs at the REICs is that regional staff is learning how to best use State and local data to inform system improvement efforts. This is a valuable skill set in and of itself and directly relates to the data component of the systems framework. However, additional value is added when CIP goals focus on activities related to the SiMR. The CIP process requires data to drive decisions and to inform next steps. Several of the regional CIP goals have revealed that using Community of Practice groups and Reflective Consultation groups have value in helping practitioners to identify their areas of strengths and weaknesses related to knowledge and understanding of the EBPs. The data supports the efforts NJEIS is making to strengthen the professional development component of the systems framework.

Looking forward, NJEIS' intention to offer stipends to TTAs and practitioners for engaging in these professional communities using American Rescue Plan funds may lead to a change in the overall governance structure of the CSPD process.

Regional and State Data Staff

Adding regional and State data staff has achieved the short-term outcome of more effective data-driven decision making in NJEIS. Regional data analysts supported TTAs and FSSs in data collection and analysis for the CIPs. Some of the CIP goal were directly related to improving the EBPs. This infrastructure improvement strategy is in support of the data component of the system framework. Ultimately, access to and use of quality data is allowing NJEIS to drill down on specific areas of practice where more intense work related to the EBPs is needed.

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

NO

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

Partnership with Montclair State University (MSU)

As discussed previously, the Indicator 11 stakeholder group, which included several MSU professionals, surfaced a potential gap in the current approach NJEIS is taking to achieving its current SiMR. The stakeholder group hypothesized that perhaps taking a step back to focus on the idea of early relational health with families would be beneficial in helping the early intervention system to ultimately improve the social emotional development trajectory of infants and toddlers. While NJEIS is not changing the SiMR for the next reporting period, what the stakeholder group decided to do was to redirect the approach to achieving the current SiMR.

The thinking behind this adjustment is that the relational health of a family system is critical to solid emotional development of a child, and solid emotional development is key to achieving appropriate social development. Stakeholders posited that by first focusing on family relationships, healthy emotional-social development of the infants and toddler in the system would follow. Therefore, the new SiMR strategy that the NJEIS is adopting is to educate and train the workforce on understanding and assessing families' early relational health.

Based on the renewed focus, NJEIS will partner with MSU to train the regional TTAs to deliver the Brazelton Touch Points program. Touch Points will be the cornerstone training program that will help to build the knowledge and skills of the entire NJEIS workforce to be attuned to a family's early relational health. In order to reach the entire workforce efficiently, building the capacity of the TTAs to deliver this program is essential. MSU also has the clinical professionals available to support the NJEIS is making this shift. In similar fashion to the TAs experience with the PIWI training, MSU will train, coach, mentor and provide overall support throughout this process.

MSU will also be working with the TTAs to certify them to deliver PIWI 2.0 which is the second half of the PIWI program. PIWI 2.0 focuses on planning and reflection activities with practitioners.

MSU has received an additional year of Preschool Development Grant (PDG) funding. The DOH portion of the PDG has been allocated directly to MSU for disbursement. MSU is using PDG funds to create a Professional Formation Center for the Early Relational Health Workforce. The three-pronged approach of this Center focuses on Training and Professional Development, Consultation and Coaching, and Systems Building and Coordination. The NJEIS/MSU partnership is collaborating on all three components simultaneously.

Anticipated Outcome: TTAs will be trained to deliver Brazelton Touch Points and PIWI 2.0 trainings to its workforce with a follow-up Reflective Consultation component.

CEUs

Additionally, NJEIS is working with MSU to offer CEUs through its School of Social Work to eligible practitioners for certain qualifying training programs. NJEIS has long aspired to be aligned with a university that could assist in this area. Offering CEUs to practitioners is a way to encourage them to attend to their professional development and ultimately retain them in the NJEIS workforce.

Anticipated Outcome: NJEIS practitioners will be able to earn CEUs for attendance at select trainings.

Improved Model of PD

The Agencies that are part of the Cohort Group will continue to receive PIWI 1.0 and KBCM training opportunities, as well as the new Touch Points and PIWI 2.0 trainings. Reflective Consultation groups will also be established. NJEIS will continue to expand the Cohort Group by adding one new agency that is strictly a Targeted Evaluation Team (TET) agency. With the addition of this TET agency, all segments of the NJEIS workforce will be represented, EIPs, SCs and TETs. The Cohort Group will continue to receive priority training opportunities for their staff to provide a concentrated dosing of programs that support knowledge and skill building of the EBPs and ERH.

As NJEIS builds the capacity of its four regional TTAs to facilitate PIWI 1.0, 2.0 and Brazelton Touch Points training, larger segments of the workforce will be able to receive these professional development opportunities. Regional TAs will also schedule and facilitate RC groups to enhance transfer of learning and provide collegial support to practitioners. To encourage practitioners to attend the RC groups, NJEIS is developing a process to use American Rescue Plan Funds to provide a stipend to those who attend.

The NJEIS improved model of PD is grounded in efforts to include all segments of the workforce in professional development opportunities. With this strategy in mind, NJEIS is integrating the System Point of Entry (SPOE) Service Coordinators under the umbrella of the DOH Service Coordinator Liaison who will meet with this group regularly and support their specific professional development.

Anticipated Outcome: NJEIS will be able to saturate the field with training and reflection around the EBPs and ERH with enhanced program facilitation capacity and the ability to use American Rescue Plan funds as stipends to pay practitioners for their time.

Anticipated Outcome: The professional development and support needs of all segments of the NJEIS workforce will be considered so individuals feel valued. NJEIS is taking steps on multiple fronts to improve systemwide retention rates.

Community Impression Plans

REICs will be directed to have each TTA and FSS develop two goals for each CIP. One goal will be a state data-driven goal specifically targeted to SSIP-related activities, and one will be a regional date-driven goal based on regional needs.

Anticipated Outcome: Each of the four regions will be looking at data related to areas of the State in need of training and technical assistance related to EBPs, social emotional development, early relational health or any other SIMR-related activity. Doing a deep dive to identify areas of need will allow plans to be adjusted and executed more efficiently in order to focus on the SIMR.

State Infrastructure:

In FFY2020, DOH hired a Research Scientist (Data Analyst) responsible to analyze the effects of COVID on several sectors of the Part C system, including child outcomes, the effectiveness of telehealth for Part C programs, and the effect of the pandemic on the workforce -its preparedness and wellness. The data is not only providing a reflective look backwards, but provides the DOH with more sophisticated data points from which to move forward in policy, PD, and/or monitoring.

Anticipated Outcomes: One anticipated outcomes of the Data Analyst's work, is greater ability of the DOH to provided universal, targeted or intensive TA to agencies, practitioners and service coordination. A second outcome of this work is to establish infrastructure within the lead agency staff that can be responsive to public health crises beyond COVID all which have the potential to affect the early relational health of the children and families in the NJEIS.

BDI-3 Consultant Is working to develop policies, procedures and processes around the rollout of the updated evaluation tool. Since BDI is the measurement tool for the SIMR, it is critical to get all system processes in place for a seamless transition.

Outcome: NJEIS practitioners will have an update evaluation tool to that will capture child outcome data. This data will be analyzed by the new NJEIS Research Scientist so that there is a better understanding of trends.

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

family Engagement (FAM 6)
Teaming and Collaboration (TC2)
Coaching (INS13)
Positive Interactions (INT2)
Planning, accommodating, and adapting (INS4)

Provide a summary of each evidence-based practice.

NJEIS was able to touch on each of the evidence-based practices in some capacity during this reporting period.

F6 Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family's preferences.

Engage & Exchange techniques are at the heart of family engagement and require a practitioner to build a solid rapport with families and to encourage the free-flowing exchange of ideas and information. A solid Engage & Exchange effort is vital to attaining the SIMR because it is a way to model and encourage personal interactions and relationships.

TC2 Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems.

In the Teaming & Collaboration process, practitioners and families work together to find ways to help a child grow and learn within routines and in natural environments. During a session, the family becomes empowered to work with their child in the absence of a practitioner. When the family is empowered to help their child learn, there is more social emotional interaction, and therefore the potential for increased social emotional growth for the child.

INS13 Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

Coaching is another practice that practitioners can use to empower families to effectively work with their child. Coaching leads to parents feeling competent and confident in assisting and supporting their child in building social emotional skills which can support the appropriate regulation of behaviors. Coaching also has applications for Agency Administrators with their practitioners and for regional TAs as they work with MSU.

INT2 Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

The Parents Interacting with Infants training teaches the skills in this EBP using dyadic and triadic strategies.

INS4 Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.

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

Engage and Exchange (FAM6)

The PIWI training program offers practitioners significant opportunities to consider how to best “engage and exchange” information and ideas with families. As NJEIS builds organizational capacity, this EBP is more often being seamlessly woven into encounters with families as evidenced by conversations in reflective consultation groups conducted by TAs. PIWI training offers a range of skills that practitioners can use with families to support the connection between parent/caregiver and child. Supportive connections within the family strengthen the social emotional development of the child and ultimately allow NJEIS to demonstrate SiMR improvement. Small scale use of Reflective Consultation groups following PIWI training indicates this practice is effective in facilitating practice change.

As the regional Family Support Specialists (FSS) begin to roll out Positive Solutions for Families (PSF) statewide, they have the opportunity to model the Engage & Exchange mindset to parents and caregivers. FSS are constantly engaging with families throughout the seven weeks of training and together they exchange ideas about how families can best support their child. As parents and caregivers strengthen their relationships with their children using strategies from the PSF program, they are also attending to the social emotional development of their child. Targeted work directly with families will support the NJEIS’ efforts toward the SiMR.

Teaming and Collaboration (TC2)

Teaming and Collaboration is happening on several levels within the NJEIS. The ongoing partnership that the DOH-CSPD team has with Montclair State University (MSU) is a prime example of this EBP. Together, DOH-CSPD and MSU are working together to build the organizational capacity of the NJEIS. There is abundant knowledge and skill building that has occurred during the PIWI 1.0 certification process. As the regional TAs and Cohort Administrators experience this teaming and collaborative process with MSU, the practice is becoming a valued part of the work. Ultimately, TAs and Administrators are seamlessly using a teaming approach with the practitioners in the field as more practitioners attend PIWI 1.0 training. Practitioners can see the value of partnering with families to achieve optimal child and family outcomes. Additionally, the use of Reflective Consultation groups supports the transfer of learning of this EBP back to the work with families.

Coaching

NJEIS is systematically working towards a solid coaching model. For this reporting period, the coaching that occurred was primarily between the TTAs and MSU partners and Family Support and MSU partners. As TTAs and FSSs have a personal, direct experience with being coached, they will be better positioned to eventually become coaches to practitioners, who, in turn, will become coaches for families.

The Cohort Administrators who participated in the PIWI 1.0 certification process have also received coaching from MSU. This is a practice that these Administrators are beginning to replicate with their practitioners. Steady, incremental progress is being made to bring the coaching practice to the NJEIS. NJEIS continues to work toward establishing a more formal and systemwide coaching process that will support all efforts toward SiMR achievement.

Positive Interactions

The PIWI training uses dyadic and triadic strategies to encourage and empower families to interact with their children during EI sessions. These positive interactions are modeled by the practitioners and then families are encouraged to try various approaches. As NJEIS provides more extensive access to PIWI training due to increase organizational capacity, the concept of modeling positive interactions with families is becoming more commonplace. NJEIS use of Community of Practice and Reflective Consultation groups will continue to support reflection and discussion around strategies to encourage positive interactions and to weave this EBP seamlessly into interactions with the child and family. As practitioners establish and model positive interactions with families, families will be able to establish positive interactions with their children which is critical for enhancing social emotional development.

Planning, accommodating, and adapting

The COVID reality and the need to utilize virtual platforms required this EBP to come front and center. Organically, NJEIS practitioners had the need to plan, accommodate and adapt to the changing circumstances. Behaviors are changing out of necessity, resulting in practitioners making adjustments to best meet the needs of the child and family. As practitioners increase their level of flexibility, they will be better equipped to meet the individual needs of families. Meeting families where they are will help families to obtain the knowledge and skills needed to support the growth of their child across all domains, including improvement of social emotional development, which directly ties to the SiMR.

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

NJEIS is committed to building sufficient capacity to effectively monitor the fidelity of implementation of the evidence-based practices (EBPs). To that end, NJEIS is making the adoption of the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF) developed by the National Center for Pyramid Model Innovation (NCPMI) a priority for the next reporting period. Plans are underway for CSPD staff, regional TAs and select Cohort administrators to be trained by Montclair State University and NCPMI to use this fidelity instrument. Data will begin to be collected from the Cohort practitioners. Systematically, NJEIS will work to improve its ability to monitor for fidelity of implementation at the Cohort level and ultimately scaling up statewide.

NJEIS has, however, been able to put certain practices in place to begin to assess for practice change among practitioners. Many of these practice change assessments have taken place as a result of the Community Impression Plans and the work of the TAs at the regional level.

At one REIC, a TA disseminated a survey to a small group of practitioners at one EIP agency to gather data regarding practitioners’ understanding of Family Engagement (F6). The self-assessment survey was comprised of 10 questions which were a mix of multiple choice, open-ended and scale ranked. The responses indicated a wide variation in understanding of the definition of family engagement even though NJEIS has established and communicated a consistent definition to the field. Survey responses indicated that practitioners have difficulty articulating strategies that can be used to

engage families. However, most practitioners rated themselves as having a moderate to high level of skill in the area of family engagement.

Armed with this information, the regional TA, in collaboration with the EIP agency, established a Community of Practice group designed to enhance practitioner knowledge of family engagement and to support the building of skills and strategies that can be used to engage families. Although practitioners gave themselves high marks in the practice of family engagement, the discussion revealed a clear disconnect.

While practitioners had interest in participating in the Community of Practice group, attendance ebbed and flowed. Since NJEIS believes in the value of these types of groups, moving forward in the next reporting period, American Rescue Plan funds will be used to provide a stipend to practitioners who attend. One way of strengthening practitioner knowledge and skills around the evidence-based practices is to provide support in a safe forum for learning and development occur.

Other data to assess practice change has been collected more informally as the result of establishing Reflective Consultation groups as a follow up to Parents Interacting with Infants 1.0 (PIWI) training. PIWI 1.0 training is a program that touches on all of the NJEIS selected EBPs. Eventually, as discussed above, the NCPMI EIPPF will be used to gauge fidelity of implementation. But for now, NJEIS has been able to capture anecdotal information to support and assess practice change.

Two Reflective Consultation groups were facilitated by a regional TA following practitioners' attendance at PIWI 1.0 training. Word Cloud activities and surveys were used to capture information related to practitioners' feelings about participating in an RC group and the ways in which the group enhanced the use of the EBPs in their work with families.

The participants were asked to share words and/or phrases that described the impact of their participation in the group. The most common Word Cloud responses appeared largest in the graphic representation. In general, the RC groups were perceived as a vehicle for improving practitioners' use of family-centered strategies as a way to engage and exchange with families. Qualitative analysis of the responses indicates an increased emphasis on relationships at various levels including the practitioner-parent relationship, parent-child relationship, practitioner-practitioner relationship, as well as the relationships within the RC group. This method of assessing practice change reveals that, with ongoing support and reflection, practitioners are actively using the EBPs to enhance their work with families.

In addition to the Word Cloud activity, a survey was also administered that captured additional qualitative data. Some comments included, "The greatest impact the reflective group had on me is paying attention to the value of the practitioner-parent relationship, which in turn supports the parent-child relationship." One additional comment stated, "The reflective group is helping me to focus increasingly within supporting a parent and family within their relationship with their baby, thereby promoting their baby's development." Both of these statements indicate that the use of RC groups deepens practitioner learning about the EBPs and facilitates the transfer of these skills back to the interactions with families.

One additional survey asked participants to share something that they had changed in the way they work with children and families as a result of participating in an RC group. One participant noted, "I realized I needed to observe child/parent interaction, include parent by asking feelings and concerns." This realization demonstrates the shift to understanding the value of using the EBPs of Family Engagement (F6) and Teaming and Collaboration (TC2).

While NJEIS is very aware of the need for a more formal evaluation process for EBP implementation, it is evident that the EBPs are taking root in certain areas of the system with appropriate training and ongoing support. The use of Community of Practice groups and Reflective Consultation groups is a top strategy and priority for NJEIS for the next reporting period. Bringing COP and RC groups to scale is part of the NJEIS long-range plan for achieving EBP fidelity statewide.

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

NA

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

NJEIS will continue to work to improve practitioners' knowledge and skills of the select evidence-based practices and bring these practices to scale in the State. The Indicator 11 stakeholder group decided to pare back the select evidence-based practices (EBPs) from five in the previous SSIP to four in the updated version. This decision was made because it was felt that it was best to dedicate resources to going deep on four EBPs and gaining traction Statewide, rather than going too broad. The four evidence-based practices that NJEIS will continue to focus on are F6, TC2, INT2, and INS13.

The first step for NJEIS will be to create a virtual overview of the four select evidence-base practices that will be available to all segments of the workforce. Discussion of the EBPs at regional Provider meetings will also continue to assist agency administrators in improving their ability to support their staff with implementation.

The next step will be for each of the four TAs to focus on one of the four EBPs. Each region will create a plan of action to be executed locally to determine ways to embed the assigned EBP into practice. Once a process has been developed and piloted, each region can share their process with the other regions.

Anticipated Outcome: Each of the four EBPs will have sustained and focused attention placed on it to find actionable ways to embed the practice into the work with families.

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

The four regional TAs will offer direct and specific training on all four of the selected EBPs to Cohort agencies until saturation is achieved. This targeted TA will be in tandem with the regional offerings of PIWI 1.0. As the regional TAs attain certification to facilitate the PIWI 1.0 program, there will be more opportunity to saturate the field with this information that directly brings the EBPs to life. PIWI 1.0 has elements of F6, TC2, INT2 and INS13 which is why PIWI is an important addition to the NJEIS professional development offerings.

Following PIWI 1.0 training, in an effort to support transfer of learning, Reflective Consultation groups offering a stipend for attendance will be scheduled. As previously discussed, NJEIS has data suggesting that the use of Reflective Consultation helps practitioners to use EBP skills and strategies in their work with families. Since RC groups meet for multiple sessions, each of the four selected EBPs can be discussed in turn spending more time where necessary. This approach will also allow TTAs to gauge which EBPs practitioners need additional support with integrating into practice to achieve fidelity

of implementation.

Anticipated Outcome: Progress assessment measures, and ultimately the use of the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF1), will show a move toward fidelity of implementation of all four of the EBPs, F6, TC2, INT2, INS13 with Cohort practitioners.

Because IFSP Service Providers, Service Coordinators and the Targeted Evaluation Teams (TETs) all have direct, personal contact with families and children, they will need to be well-versed in all four of the selected EBPs. The System Point of Entry (SPOE) Service Coordinators primarily will need knowledge and skill building on family engagement (F6) and teaming and collaboration (TC2). Since SPOE Service Coordinators will not attend PIWI 1.0 training, there will need to be more direct and focused work provided for this segment of the workforce. With the DOH Service Coordinator Liaison supporting the SPOE Service Coordinators, there will be opportunities for virtual training on these two EBPs followed by establishing a Community of Practice (COP). Using a COP with SPOE SCs will allow them a space for discussion on the different ways that the EBPs can be used during phone interactions with families. As the regional Family Support Specialists (FSS) increasingly partner with SPOE SCs, both groups will have a need to strengthen engagement (F6) and teaming (TC2) skills in real time.

Anticipated Outcome: SPOE SCs will make meaningful connections between the work that they do via their phone interactions with families and the need to have strong engagement (F6) and collaboration (TC2) skills. SPOE is the first point of contact for families, and therefore an anticipated outcome is that families report a positive experience with NJEIS from the start.

Coaching (INT2)

Specific opportunities for coaching will begin with the TAs receiving coaching as they gain certification in both the PIWI 1.0 and Touch Points programs. As the TAs experience the direct effects of the coaching process, they will become better prepared to coach practitioners and agency administrators in the future. Additionally, as DOH staff, TAs and Cohort administrators receive coaching from MSU and NCPMI on using the EIPPF1, this group will also become better prepared to extend the coaching practice out to practitioners. NJEIS is investing time and resources in a systematic process that will ultimately lead to a sustainable coaching framework throughout the system.

Anticipated Outcome: TAs, DOH staff and Cohort administrators will participate in a coaching process that will lay the groundwork for bringing a coaching framework to practitioners.

Positive Interactions (INS13)

INS13 will be supported by the PIWI and the Touch Points training, as well as NJEIS' new strategy to focus on the early relational health needs of families. An ERH focus will organically lead to discussions about positive interactions. MSU will support the TAs in learning to facilitate the Touch Points program during the next reporting period and at least two Touch Points trainings will be offered to Cohort practitioners during this process.

Anticipated Outcome: Cohort practitioners will attend Touch Points training and will experience the benefit of improving positive interactions in all types of relationships for the benefit of the child and family.

To date, NJEIS has spent more time working with practitioners on Family Engagement (F6) and Teaming and Collaboration (TC2). These EBPs are most familiar to practitioners. Therefore, additional time and effort is being allocated to Coaching (INT2) and Positive Interaction (INS13) in the next reporting period.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

As discussed in the Theory of Action section at the beginning of this document, NJEIS has changed its strategy to achieving its SiMR. NJEIS will pivot to focus on the early relational health needs of families as the foundation to improving the social emotional development of the child. With this change in strategy new activities have been developed that support the shift in focus. An overview of the activities and timelines for each new Theory of Action strand will be summarized next.

Infrastructure Development

A modern and efficient Learning Management System (LMS) is a critical infrastructure component needed to support the systemic improvement initiatives. It is anticipated that, with the accomplishment of many small steps, a new LMS will be fully operational by July 1, 2022. This includes the actual build and implementation of the LMS, training internal staff as LMS Administrators, shifting all LMS users from the legacy system over to the new system and providing training on the use of the new LMS to all end users.

As NJEIS continues its work on capacity building, it is anticipated that all regional TAs will be certified to deliver, and actively delivering, the Parents Interacting with Infants 1.0 (PIWI) training to practitioners statewide by April 2022. The regional TAs will also be certified in providing Reflective Consultation (RC) services to practitioners and agency administrators to strengthen the knowledge and build skills discussed during training programs.

From March to May 2022, TAs will be working with Montclair State University (MSU) to become certified in Brazelton Touch Points training, which will be the foundational course to introduce early relational health to the field.

From May to June 2022, a team of DOH staff, the TTAs, and Cohort agency administrators will be certified to use the National Center for Pyramid Model Innovation's EIPPF1 which will be used to evaluate EPB fidelity of implementation.

From August to October 2022, TTAs and select Cohort agency administrators will be certified to deliver PIWI 2.0. The PIWI 2.0 program is the second half of the PIWI program. It is designed to offer participants the opportunity to plan and reflect. NJEIS and MSU decided that it was best to split the entire PIWI training into two segments to allow practitioners time to absorb and apply the content most effectively. This is the way PIWI 1.0 and PIWI 2.0 came to be.

The four regional Family Support Specialists (FSS) will be fully certified to deliver Positive Solutions for Families by March 2022. Regularly scheduled trainings for families will be offered statewide. The FSS will also transition to be under the guidance of the DOH Service Coordinator Liaison and begin to build strong and sustainable partnerships with all Service Coordination Units. These internal system partnerships will provide families with a more supportive and comprehensive EI experience.

Also in 2022, it is anticipated that the DOH will add two positions to its State CSDP Team that will allow for a more intense capacity building effort. Additional CSPD staff will be supporting the administration of the LMS, developing asynchronous learning opportunities related to diversity, equity and

inclusion and the evidence-based practices and utilizing the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF) to measure fidelity of implementation of the evidence-based practices.

Early Relational Health Messaging and Communication.

As stated previously, with a shift in focus to the concept of early relational health, it will be important for clear and consistent messaging to be developed and disseminated. Most of the activities within this strand will occur in the early stages of this updated SSIP. It is proposed that updating documents, websites and all modes of communication with early relational health messaging will be started in 2022. Some activities will be completed, and others are ongoing. Moving forward, it is possible that NJEIS will add to the activities in this stand as new and innovative ways of communicating and discussion early relational health with practitioners and families are conceived.

IFSP Service Provider Development and Support

As discussed earlier, NJEIS envisions this revised SSIP as a workforce development plan designed to build the knowledge, skills and attitudes of all practitioners, as well as to recognize their need to feel valued and support in the work that they do.

Various training opportunities will be provided for IFSP Service Providers in an effort to build knowledge and skills around the early relational health needs of families, the evidence-based practices, and diversity equity and inclusion. All of these training topics are foundational for ultimate SiMR achievement. IFSP Service Providers will have access to Keeping Babies and Children in Mind (KBCM), Brazelton Touch Points, PIWI 1.0 and 2.0, as well as trainings of diversity, equity and inclusion. Other just-in-time training opportunities will provide specific information on the four select EBPs and the Seven Key Principles of Early Intervention.

The KBCM and Touch Points trainings will lay the foundation for the concept of early relational health. PIWI 1.0 and 2.0 will provide specific strategies related to the evidence-based practices that practitioners can use to work directly with children and families.

In support of the training that NJEIS will provide, opportunities for Reflective Consultation will also be offered. RC groups can provide a means for deep reflection that will support professional skill building and application, as well as support the personal growth and development of practitioners. NJEIS is not only interested in building a knowledgeable and skilled workforce, but it also wants to improve its ability to attract, prepare and retain qualified practitioners that can provide optimum service to children and families. To this end, NJEIS will be using American Rescue Plan funds to offer stipends to practitioners who choose to attend RC groups.

Service Coordinator Development and Support

NJEIS intends to focus on all segments of its workforce in order to meet the individual needs of each sector. Service Coordinators will also have access to KBCM and Touch Point trainings, the foundation for understanding the concept of early relational health. KBCM is ongoing and Touch Points will begin being offered in March 2022.

Specific to the work of Service Coordination, they will also be participating in Routines-Based Methods including Routines-Based Interviewing as NJEIS begins to shift to a more consistent routines-based approach for working with families. Robin McWilliam will be working with NJEIS Service Coordinators beginning in February 2022.

Service Coordinators will also have access to training on diversity, equity and inclusion, the four select evidence-based practices and the Seven Key Principles of Early Intervention. These trainings will be developed and accessible once the LMS is in place after July 2022.

NJEIS has plans to revise the Family Directed Assessment and the Family Information Meeting processes and materials considering the shift to a focus on early relational health and routines-based methods. This process will begin with reconvening the FDA workgroup from the past SSIP. The work to make the revisions and updates will be comprehensive and systemwide and therefore, will stretch into the later years (2004-2005) of this updated SSIP.

SPOE Service Coordinators will also have access to the trainings mentioned above, as well as specific training that is most relevant to their phone interactions with families. By aligning the SPOE Service Coordinators with the DOH Service Coordinator Liaison, a more in-depth assessment of the needs of SPOE as the first point of contact with families will be better understood. This new alignment begins in February 2022 and will be ongoing.

Section C: Stakeholder Engagement

Description of Stakeholder Input

NJEIS reached out to a diverse group of stakeholders to support the revisioning of the SSIP. This diversity took many different forms including individuals of various racial and ethnic backgrounds, individuals holding different roles within the EI system, individuals with a vested interest in EI who hail from outside the system, community partners, higher education partners, parents and DOH staff. It was truly an eclectic mix of talent, professional perspectives and personal experiences that made up this group of 15 stakeholders who participated in the Indicator 11 meetings. Many of these individuals had not previously been asked to participate in the SSIP process or any part of the SPP process. This opportunity for fresh perspectives led to robust brainstorming and collaboration.

This group, tasked with envisioning the next iteration of the SSIP, met virtually once a month for five months starting in June and ending in October. Each one-hour meeting was recorded and made available to anyone who had a scheduling conflict. In some cases, the recordings were requested by individuals who attended the meeting as a way to review and reflect on the discussion. This is significant because it speaks to the level of engagement and ownership that these stakeholders brought to this process.

At the conclusion of all five working sessions, DOH asked the stakeholders to complete a survey to see what worked well, what could be improved upon, and if they would be willing to participate in future stakeholder groups to support the work of the NJEIS. 11/15 surveys were returned for a response rate of 73%. There were four closed ended and two open-ended questions.

Closed-Ended Questions

"Did you feel your ideas and suggestions were 'heard' and acknowledged during the group discussions?" 100% of respondents said yes.

"Did you feel engaged in the process of brainstorming ideas for the development of the SSIP?" 100% of respondents said yes.

"Did the process give you a better understanding of what the SSIP is designed to do to improve child outcomes in the NJEIS?" 100% of respondents said yes.

"Would you consider participating in other stakeholder groups in the future?" 100% of respondents said yes.

Open-ended responses to the question, "What worked well for you during these discussions?"

"It was great to brainstorm with other colleagues. This group had great ideas that we collaborated on, and the [CSPD Coordinator] was helpful in taking our ideas and putting them into a workable proposal/plan."

"The collaborative space between disciplines and stakeholders."

Open-ended responses to the question "Please offer any suggestions you have for improvement?"

"Keep up the good work! Continue to reach out to stakeholders for input as it feels great to be a part of the process!"

"Thank you for actively listening and pulling all of the information together as a smaller team. Please continue to collaborate with all layers of the EI system to help integrate changes and promote positive communication (especially with those who are on the 'front line'). Thank you!"

The Interagency Coordinating Council (ICC) was also an important stakeholder group who was engaged at certain points throughout this process. At the November 2021 SICC meeting, council members were presented with the overview of the new SSIP, including the new Theory of Action and evaluation questions in support of the existing SiMR. At the January 2022 ICC meeting, the council members were presented with an overview of the report that is being submitted to OSEP that included both FFY 2020 reporting and the new iteration of the SSIP. The ICC voted to accept the report and the recommendations in the new plan.

Overall, the stakeholder involvement in the Indicator 11 process was very successful.

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

The first meeting of the Indicator 11 stakeholder group was designed as an orientation to make sure that everyone got an overview of the SPP process and understood the intent of Indicator 11 (SSIP). Because of the diversity of the stakeholder group, many participants were unfamiliar with the behind-the-scenes processes that drive the work of NJEIS-CSPD and that are required programmatic components for a Part C system.

After acquainting the group with SSIP language and sharing an overview of the indicator 3 trend data, it was obvious that NJEIS was having significant challenges achieving the SiMR outlined in Indicator 11. A question was posed to the group using a word cloud engagement tool. In general, the question sought to understand what stakeholders think NJEIS needs to focus on to achieve better social emotional development outcomes for children. The two most prominent answers displayed in the word cloud were RELATIONSHIPS and PARENT TRAINING. Some clinicians in the group posited that perhaps NJEIS started at the wrong entry point trying to reach its SiMR. It was suggested that backing up the approach to a place where the focus was on the early relational health needs of families might be a better sequencing to eventually obtaining growth in the emotional and social realms. After lengthy discussion, the group agreed that NJEIS had a SiMR worthy of continued work, but that a new strategy was needed. The stakeholders decided that the SiMR should remain the same for the next SSIP, but changes needed to be made to the Theory of Action, the activities, and the Evaluation Plan.

Because stakeholders were engaged in this process from the beginning, there was a safe space to share ideas and perspectives. Stakeholders were encouraged to share freely in Zoom meetings by speaking or using the chat feature. They were also invited to email the CSPD Coordinator between meetings with any questions, concerns, or ideas. The CSPD Coordinator had multiple conversations after meetings via Zoom and email with one of the parent participants who had many questions, was eager to learn more and was very willing to share his thoughts.

ICC stakeholders were also engaged in the process of outline improvement efforts. After both the November 2021 and January 2022 presentations to the Council, members were invited to make comments, share thoughts, or ask questions. At the end of the Council meetings, during the Public Comment portion of the meeting, all members of the public had the opportunity to voice comments, questions, or concerns related to the suggested improvement strategies.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

There were two main concerns that surfaced in the Indicator 11 stakeholder group discussions. The first was the slippage in Indicator 3. This concern was shared by the State and anticipated prior to the meeting. Therefore, the Orientation meeting included the word cloud activity as a way to acknowledge the slippage and generate solutions. Ultimately, the State adopted the suggestion of the stakeholder group to change the strategy of achieving the SiMR by shifting to a focus on Early Relational Health. This new strategy will require new messaging, additional infrastructure components, and a significant investment in training and professional development.

The second concern was borne out of the first. Stakeholders expressed concern about how to motivate practitioners to attend the various training opportunities that are necessary to shift the system focus to early relational health. The NJEIS workforce is comprised of some full-time employees at the agency level, however, the majority are independent contractors. All practitioners work directly for local provider agencies or Service Coordination units. None are employees of the State making required training a challenge. Most practitioners, as independent contractors, do not get paid to attend training. As COVID challenges have remained, the workforce turnover has persisted creating challenges in retention, wellness, and overall morale. Retaining practitioners during this time of considerable turmoil and stress has been quite difficult.

To address some of these concerns, the State has shifted the Theory of Action and the overall focus of the SSIP to be a workforce development plan committed to developing and supporting its workforce on multiple levels. Two of the strands of the Theory of Action are specifically focused on the service providers who work with the children and families. Specific SSIP activities are designed to provide professional and personal support to all segments of the workforce.

The State has also proposed using American Rescue Plan Funds to offer stipends to practitioners for attending training and reflective consultations groups. The recognition is there that practitioners' time is valuable, and that professional development is essential. ARP funds provide a way to merge these two ideas.

The SSIP activities also propose that DOH works with provider agencies to find ways to support all practitioners during these challenging times. As the State and provider agencies partner to build a workforce that is professionally prepared and feels valued, it is posited that practitioner longevity in the EI system will improve.

The stakeholders' concerns were heard and addressed at various points within the development of the new SSIP.

Additional Implementation Activities

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

Some additional activities planned for the next reporting period that have not previously been described in depth include:

- Hiring two DOH-CSPD Training and Technical Assistance Coordinators.
- Offering CEUs to practitioners for specific training courses
- Introducing revised Progress Summary Form to support the IFSP process
- Revising the Family Directed Assessment and the Family Information Meeting.
- Enhancing awareness of diversity, equity and inclusion across the workforce

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

DOH-CSPD Staff

While hiring additional DOH staff is a priority, the process can be lengthy. Initial paperwork has been initiated and it is anticipated that positions could be filled by December 2022. As soon as the CSPD team is more fully staffed, the expected outcome is that more intense work will begin on activities that will support SiMR achievement.

CEUs

Montclair State University (MSU) has already begun the process of working with the MSU School of Social Work to allow certain NJEIS training programs and certain personnel titles to earn CEUs for program attendance. It is anticipated that the first CEU-eligible course will be available by June 2022. The expected outcome is that NJEIS practitioners will be incentivized to participate in training programs that support the EBPs and reward them with continuing education credits.

IFSP Progress Summary Form

NJEIS has been working on a revision to the IFSP Progress Summary Form that practitioners use to maintain accurate documentation for all practitioners to share. The revision is multi-faceted because it requires updates to the form contents as well as the Early Intervention Management System. It is anticipated that training on the use of the revised form will begin in May 2022. Ongoing TA and support will be provided as needed. The expected outcome is that the teaming and collaboration between practitioners will improve as this collaborative document allows practitioners to share child and family progress. Ultimately, it is anticipated that better and more collaborative documentation regarding child and family outcomes will result in better outcomes for the child and family.

Family-Directed Assessment (FDA) and Family Information Meeting (FIM)

As NJEIS pivots to a focus on early relational health (ERH), the documents and processes used to conduct initial family assessments will need to be updated. NJEIS currently uses a Family Directed Assessment (FDA) and Family Information Meeting (FIM) to capture family concerns, priorities, and resources. Revisions will need to be made to the FDA document to include questions and prompts related to ERH. The FIM process will need to be more appropriately designed to ask questions and gather information related to ERH. Revising the FDA and the FIM will be a lengthy and ongoing process. However, it is anticipated that the previous FDA workgroup will be reassembled by September 2022 and will begin to identify the path forward for the necessary updates. The expected outcome, at the end of this process, is that Service Coordinators will have an FDA document and a FIM process that will assist in accurately capturing information about a family's relational health. With solid information about ERH, all practitioners working with the family will be better able to meet their needs.

Diversity, Equity, and Inclusion Training

NJEIS will be using American Rescue Plan Funds to improve its ability to offer comprehensive and relevant training on issues related to diversity, equity, and inclusion. With the introduction of the new LMS, multiple channels can be utilized to bring research-based information to practitioners. By August 2022, NJEIS will begin to house DEI trainings, resources, and links on its LMS. This initiative will be ongoing with the expected outcome of all families receiving culturally relevant and situationally appropriate information and services. New Jersey is an incredibly diverse State, and it is necessary to find ways to meet the needs of all segments of the EI population so that appropriate interventions can be established to improve the social emotional development of children from all backgrounds.

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

This new iteration of the SSIP is a worthy but ambitious plan toward achievement of the SiMR. One of the barriers to its successful implementation is the lack of DOH CSPD staff available to execute it. Currently, at the State-level, the CSPD team consists of a CSPD Coordinator. All other CSPD support personnel are hired at the regional level, are not State employees, and are only available to support CSPD activities on a half-time basis. Within the new SSIP, DOH proposes hiring two additional State-level CSPD positions that can assist with developing online learning activities, administering the new Learning Management System (LMS), and taking responsibility for evaluating the fidelity of implementation of the evidence-based practices using the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF).

The newly hired Early Intervention System Operations Manager will be key to navigating these position requests through upper-level managerial channels to support the work of EI and allow SSIP implementation to unfold as planned.

Provide additional information about this indicator (optional).

Beyond FFY 2021, NJEIS plans to build the capacity of Agency Administrators to use the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF) with staff at the local level, continue its work on building the coaching structure throughout the system, begin to offer more CEUs to practitioners for certain eligible trainings, build a system of results-driven accountability, strengthen and streamline its onboarding process, and identify specific personnel titles within the Personnel Standards that can be used to focus on assessing the early relational health needs of families.

11 - Prior FFY Required Actions

None

11 - OSEP Response

OSEP notes that the State provided the descriptions of the numerator and denominator in the narrative, however did not provide the descriptions in the FFY 2020 data table.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

11 - Required Actions

The State must provide the required numerator and denominator descriptions within the data table in the FFY 2021 SPP/APR.

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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.

Select the certifier's role

Lead Agency Director

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:

Susan Evans

Title:

Part C Coordinator

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