

NJ Part C

FFY2017 State Performance Plan / Annual Performance Report

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

The New Jersey Early Intervention System (NJEIS) is submitting this Part C State Performance Plan/Annual Performance Plan (SPP/APR), to the U.S. Department of Education, Office of Special Education Programs (OSEP) by February 1, 2019 in accordance with the Individuals with Disabilities Education Act (IDEA). The plan was developed based upon guidance from OSEP and with broad stakeholder involvement and input.

The US Census Bureau (<https://www.census.gov/quickfacts/NJ>) and the World Population Review (New Jersey Population, (2018-12-12) found at <http://worldpopulationreview.com/states/new-jersey-population/>) documented that New Jersey (NJ) is a geographically small north eastern state with a diverse population of 8,908,520 according to the July 1, 2018 estimate by the U.S. Census Bureau. New Jersey is the 11th most populous state in the country despite being ranked 47th in terms of total land mass. 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 divided into three geographic regions: North Jersey, Central Jersey and South Jersey. New Jersey has a twenty-one (21) county governmental structure and is one of the only states to have every single county deemed "urban" as defined by the Census Bureau's Combined Statistical area.

The U.S. Census Bureau estimates that New Jersey's median household income in 2017 was \$76,475. The median family income for families with children was \$99,991. The 2017 U.S. Census estimates include 310,305 children under three years of age in New Jersey. The US Census Bureau reported for 2017 that 13.9% of New Jersey's children were below the federal poverty level and 19.2% were living in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP benefits.

New Jersey is made up of a very diverse population and 30.9% of New Jersey's population aged 5 and older speak a native language other than English.

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

The NJEIS has a referral system point of entry for children and families through four Regional Early Intervention Collaboratives (REICs) that cover the state's twenty-one (21) counties. Grant/Contracts to the REICs and thirteen (13) Service Coordination Units (SCUs) that provide ongoing service coordination for the twenty-one counties are executed annually. Direct early intervention services are provided by fifty (50) Early Intervention Program (EIP) provider agencies through contracts with the DOH. EIPs are contracted to serve as a comprehensive agency, a service vendor agency, and/or a targeted evaluation team (TET). Comprehensive agencies are expected to serve as an early intervention home for a child and family, providing all identified services on the IFSP. Service vendors serve as a backup in providing services not available through a comprehensive agency. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs.

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

NJEIS received a "Needs Assistance" determination from OSEP in 2016 and 2017 and most recently, a "Meets Requirements" in 2018. Consistent with federal requirements and a directive in the OSEP Determination letter, NJEIS requested and received technical assistance from the Early Childhood Technical Assistance Center (ECTA) and The Center for IDEA Early Childhood Data Systems (DaSy) during FFY 2016. Throughout the year, ECTA technical assistance was received in areas such as: general supervision, policies and procedures, procedural safeguards, SSIP and child and family outcomes. This assistance provided was consistently a valuable addition to the activities conducted and decisions made throughout the year. Based on technical assistance received, NJEIS reviewed and revised family outcome data collection procedures to ensure high quality data. Implementation of revised procedures, increased the confidence in the data quality as reflected in the indicator performance for FFY 16. Another example is the technical assistance provided in the development of new training on BDI fidelity and on incorporating evidence based practices to enhance child outcome performance.

All of these changes helped NJEIS obtain a "Meets Requirements" determination in 2018. NJEIS continued to access technical assistance in FFY 2017 from ECTA, DaSy and other OSEP funded TA centers for specific projects and identified areas of need, and will continue to utilize these centers as necessary to maintain these programmatic gains.

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General Supervision System:

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

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

Additional information about these processes is included below:

Monitoring Activities

A significant component of the NJEIS general supervision system is the performance desk audit process implemented using data compiled through the System Point of Entry (SPOE) database and as of December 1, 2017, the Early Intervention Management System (EIMS) database. The purpose of the data desk audit is to: (1) ensure data in the databases are accurate; (2) to identify noncompliance and areas for improvement; and (3) to verify correction of noncompliance in accordance with federal requirements in OSEP 09-02.

The SPOE and EIMS databases are an electronic central data systems that:

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

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

On-site focused monitoring is an important component of the NJEIS general supervision system used to address reoccurring or long standing noncompliance. In addition, 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.

Procedural Safeguards Office

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

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

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

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

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

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

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

Family Survey

NJEIS utilizes the Family Survey developed by the National Center Special Education Accountability Monitoring (NCSEAM). This instrument has been selected because of the rigorous development process it underwent to ensure that the data obtained are valid and reliable. Data from the family survey are analyzed as part of the identification of issues and areas for improvement. See Indicator 4 for a discussion of how the survey is implemented and the data utilized.

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Technical Assistance System:

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

The New Jersey Comprehensive System of Personnel Development (CSPD) is designed as a statewide network of regional training and technical

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

The New Jersey CSPD:

- Provides training for a variety of early intervention practitioners, including service coordinators and paraprofessionals; families; and primary referral sources.
- Ensures that training relates specifically to understanding the basic components of early intervention services, federal and state requirements, and how to coordinate transition services for infants and toddlers with disabilities from early intervention to a preschool program under Part B of IDEA or to other early childhood services.
- Provides regional ongoing targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.

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

NJEIS requires that every practitioner enrolled with the NJEIS have an active email to ensure that the NJEIS can communicate information to the direct service practitioner without needing the intermediary of the agency administrator. Additionally, the new EIMS database provides methods of electronically communicating to each NJEIS practitioner directly.

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

Procedural Safeguards Modules

NJEIS implemented six modules on procedural safeguards and effective July 1, 2014, NJEIS requires completion of the modules for any individual prior to their enrollment and approval to provide early intervention services through the NJEIS. MCCC provides a weekly report to NJEIS on the use of online modules. Additionally, survey results are available to NJEIS for each of the six procedural safeguards modules and any additional modules that may be developed.

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Professional Development System:

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

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

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

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

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Stakeholder Involvement: apply this to all Part C results indicators

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

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

This FFY 2017 SPP/APR was developed with broad stakeholder input obtained at a January 15, 2019 Part C Steering Committee meeting. This included review of data for fiscal year 2017 (July 1, 2017 - June 30, 2018). The stakeholders reviewed available data and analyzed the status of the state Part C system including local performance data and the current targets for FFY 2014-2018. This included discussion on progress and slippage as well as challenges and resources related to each indicator. Discussion included potential implications for the OSEP results driven accountability initiative and the current NJEIS work on the State Systemic Improvement Plan (SSIP). A final draft of the SPP/APR was reviewed and discussed at the January 25, 2019 SICC meeting at which time the SICC certified the FFY 2017 SPP/APR as their annual report.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2016 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2016 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, 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 is also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council (SICC), state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State.

Updates on this SPP/APR 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 2017 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/>

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Actions required in FFY 2016 response

OSEP Response

States were instructed to submit Phase III Year Three of the State Systemic Improvement Plan (SSIP) by April 1, 2019. The State provided the required information.

Required Actions

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In the FFY 2018 SPP/APR, the State must report FFY 2018 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2019); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SiMR data.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 1: Timely provision of services**

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)

Historical Data

Baseline Data: 2013

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

FFY	2015	2016
Target	100%	100%
Data	93.13%	94.61%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
296	328	94.61%	100%	97.56%

<p>Number of documented delays attributable to exceptional family circumstances <i>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.</i></p>	24
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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 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."

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan:

- NJ continues to monitor all 21 counties every two years for 10 counties in odd numbered FFYs (Cohort A) and 11 counties in even number FFYs (Cohort B).
- NJEIS has a statewide database that authorizes the IFSP services consented to by the parent for assignment and billing by local provider agencies.
- Business rules include all active children and all services during a quarter (3 months) of the FFY.
- A simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen, appropriately represent the state population.
- Therefore, the FFY 2017 timely services monitoring used the statewide database to begin a data desk audit based on a simple random sampling without replacement of three months of the FFY 2017 service claim data. The data represents all active child records for the months of August through October 2017 for ten of the twenty one counties in New Jersey. The other eleven counties were reviewed in FFY 2016 and reported in the APR submitted February 1, 2018.

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Data Desk Audit, Inquiry and Record Review:

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

Provide additional information about this indicator (optional)

Data Analysis and Results:

There were 2,395 children in the state database for the quarter monitored meeting the business rules stated above. These children had a total of 4,043 services.

Indicator 1 Data	Children	Services
Quarter of the Data: August-October 2017	2,395	4,043
Sample of the Quarter (Denominator)	328	558
Initial Timely Services (Dirty Data without Desk Inquiry)	296	520
Initial Untimely Services (Dirty Data without Desk Inquiry)	32	38
Desk Inquiry Verification of Family Reason for delay or On-Time	24	29
Desk Inquiry Verification of Untimely service	8	9
Corrected Numerator (Timely + Family Reasons)	296+24= 320	520+29= 549
State Compliance Percentage	320/328=97.56%	549/558=98.39%

Indicator 1 Data	Number of
Delayed Service Type	Services
Physical Therapy	0
Speech Therapy	3
Occupational Therapy	0
Developmental Intervention	6

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Total 9

Indicator 1 Data

Days Delayed	Count
Delayed between 1-7 days	2
Delayed between 8-14 days	3
Delayed over 14 days	4
Total	9

- The desk audit random sample included 328 active child records and 558 services obtained from the NJEIS data system.
- The initial data desk audit identified that 296 of the 328 children (520 of 558 services) did receive timely services based on consent date of the IFSP.
- Without the necessary drill down for reason for delay, 32 children (38 services) appeared to have received at least one service untimely.
- The inquiry was conducted by the lead agency monitoring staff to obtain the necessary additional information on 32 of the 328 children and 38 of their 558 services.
- The results of the inquiry identified that for 24 of the 32 children in the database identified to have received their services late (29 of the 38 services), the delays were child or family related (including child illness/hospitalization, family cancellations and requests to reschedule). The data for these children are included in both the numerator and the denominator. Therefore, 24 of the 32 children (29 of the 38 services) were determined to have exceptional family circumstances that resulted in services being considered acceptable however untimely. Eight (8) children (9 services) were determined to have non-compliance in timely services.
- Overall, 97.56 (320/328) of the children had timely services including 24 children who services were delayed due to a family reason.
- Overall, 98.39% (549/558) of the services were timely including 29 services which were delayed due to a family reason.

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

NJEIS 21 Counties	FFY 09-10	FFY 10-11	FFY 11-12	FFY 12-13	FFY 13-14	FFY 14-15	FFY 15-16	FFY 16-17	FFY 17-18
Cohort A (10 counties)	92.09%		97.12%		94.58%		93.13%		97.56%
Cohort B (11 counties)		92.7%		97.10%		95.12%		94.61%	

As a result of the additional inquiry of the eight (8) children (9 services), NJEIS has:

- Identified the responsible agencies, their percentage and determined reasons for delay (root causes).
- Of the eight (8) children for whom one or more services were late, all services were verified to have been started although late. In all instances, the agencies involved were determined to have followed all federal and state policies and procedures and NJEIS reviewed their existing procedures for compliance. Despite each agencies adherence to these required policies and procedures, providers for the services indicated in the eight (8) children's IFSPs were not available. Therefore, according to NJEIS procedures the agencies were not issued findings as correction was verified for both prongs as required.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

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

FFY 2016 Findings of Noncompliance Verified as Corrected

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

Eight (8) findings of noncompliance were issued in FFY 2016 based on monitoring data from FFY 2016 performance. These findings went to three (3) SCU and five (5) EIPs.

- All findings were issued on October 19, 2017.
- Five (5) of the eight findings were verified as corrected according to both prongs within four (4) months.

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- One (1) finding was verified as corrected according to both prongs within five (5) months.
- One (1) finding was verified as corrected according to both prongs within six (6) months.
- One (1) finding was verified as corrected according to both prongs within nine (9) months.

NJEIS has:

- Identified the responsible agencies, their percentage of non-compliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices. Agencies are held accountable to specific timelines at each step of the process to facilitate services starting sooner to better ensure meeting the 30 day timeline (Prong 2).
- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on review of subsequent data to verify the timely initiation of services. Once an agency is operating at 100% compliance for this indicator, the finding is closed.

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

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

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

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 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 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

[Empty text box for Required Actions]

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Services in Natural Environments**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2012

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

FFY	2015	2016
Target ≥	99.84%	99.87%
Data	99.79%	99.87%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	99.89%	99.92%

Key:

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

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	13,626	
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Total number of infants and toddlers with IFSPs	13,644	

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
13,626	13,644	99.87%	99.89%	99.87%

Provide additional information about this indicator (optional)

In FFY 2017, the 618 data reported (13,626/13,644) 99.87% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings.

The 13,626 included 12,350 children who received services primarily in the home (90.52%) plus 1,276 who received services primarily in community-based settings (9.35%).

NJEIS finds that the requirement, which designates the primary setting as the location where the child receives most of their services, under represents the number of services provided in community settings.

A review of the December 1 data from FFY 2017 indicated that 992 of the 12,350 that received services primarily in the home and 4 that received services primarily in other settings, also received at least one service in the community.

The percentage of children who received any services in the community is 16.33% ((1232+996)/13,644). This is a decrease of 1.37% compared to FFY 2016, which was 17.70%.

In FFY 2017, 99.87% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. This percentage remains the same as compared to FFY 2016.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The percentage of children receiving services in primarily community-based settings increased 0.08%, from 9.27% in FFY 2016 (1259/13,579 children) to 9.35% in FFY 2017 (1276/13,644).

In FFY 2017, 0.13% (18/13,644 children) of children were counted in other settings (percentage of non-natural environment settings).

In FFY 2017, 76.19% (16 of the 21) counties exceeded the target of 99.89% of children primarily served in natural environments.

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

Historical Data

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

	FFY	2015	2016
A1	Target ≥	39.85%	41.55%
	Data	39.63%	43.34%
A2	Target ≥	77.97%	78.65%
	Data	77.36%	79.12%
B1	Target ≥	83.20%	83.80%
	Data	82.54%	85.33%
B2	Target ≥	46.90%	47.90%
	Data	46.65%	49.93%
C1	Target ≥	92.85%	92.88%
	Data	93.01%	94.92%
C2	Target ≥	79.81%	80.87%
	Data	79.79%	79.80%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A1 ≥	43.25%	45.00%
Target A2 ≥	79.33%	80.00%
Target B1 ≥	84.40%	85.00%
Target B2 ≥	49.02%	50.00%
Target C1 ≥	92.88%	93.00%
Target C2 ≥	81.93%	83.00%

Key:

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

Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	4585.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	167	3.64%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	850	18.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	227	4.95%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	428	9.33%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,913	63.53%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	655.00	1672.00	43.34%	43.25%	39.17%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	3341.00	4585.00	79.12%	79.33%	72.87%

Reasons for A1 Slippage

In December 2017, the NJEIS changed data systems and collection methods for child information and for documenting IFSP services. The new system is the Early Intervention Management System (EIMS). The collection of data for Indicator 3, did not change with the adoption of the EIMS. The results in this APR are reported using the BDI Data Manager, which is the long standing electronic system used by NJEIS for Indicator 3.

Although the data for reporting Indicator 3 was taken from the BDI Data Manager, there are several operational components of the transition to the EIMS, which affected the quality of this year's data.

1. Overall decrease in the number of children reported in this indicator (N). The internal procedures that were in place to obtain "exit evaluations" were disrupted due to the transition to EIMS. The legacy data system provided reports for Service Coordination and Evaluation Teams to prompt and ensure the evaluation teams identified all children to who should be evaluated upon exit from the NJEIS (Exit BDI/Exit Evaluation). This report was not routinely available during 2018 due to the roll-out of EIMS resulting in a smaller N of children reported in this indicator than last submission.
2. In addition to the loss of the prompting mechanism described above, the back-end data matching and clean-up procedures for Indicator 3 were not possible with the new EIMS. This resulted in the inability of DOH to find and match all children who met the exit criteria across the 2 data systems. The EIMS continues to undergo additional functionality improvements, one of which is the collection and analysis of the Indicator 3 data using the NJEIS business rules. It is expected to be fully operational by next year's submission.

Reasons for A2 Slippage

The positive take away from the data in Indicator 3A SS2, is the improvement in the distribution of the progress categories, including the lowering of the percentage of children reported in 3A (e). This has been a long term goal as NJEIS data has been an outlier for several years as compared to other states. NJEIS percentage of children in 3A(e) has been as high as 75%.

As a result, NJEIS has devoted significant resources to refreshing all evaluators statewide on the properties of the BDI with an emphasis on identifying children who may have delays in social emotional development at entry into the program. The decrease in the progress category validates the improvement work that was done in this area. This APR reports a decrease in the progress category 3A(e) at 64%. This percentage should be closer to the national data.

A drill down into the results by county, shows 7 counties for whom additional technical assistance is needed to achieve a better distribution in their progress data for 3A.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	44	0.96%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	644	14.05%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,913	41.72%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,475	32.17%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	509	11.10%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	3388.00	4076.00	85.33%	84.40%	83.12%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	1984.00	4585.00	49.93%	49.02%	43.27%

Reasons for B1 Slippage

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In December 2017, the NJEIS changed data systems and collection methods for child information and for documenting IFSP services. The new system is the Early Intervention Management System (EIMS). The collection of data for Indicator 3, did not change with the adoption of the EIMS. The results in this APR are reported using the BDI Data Manager, which is the long standing electronic system used by NJEIS for Indicator 3.

Although the data for reporting Indicator 3 was taken from the BDI Data Manager, there are several operational components of the transition to the EIMS, which affected the quality of this year's data.

1. Overall decrease in the number of children reported in this indicator (N). The internal procedures that were in place to obtain "exit evaluations" were disrupted due to the transition to EIMS. The legacy data system provided reports for Service Coordination and Evaluation Teams to prompt and ensure the evaluation teams identified all children to who should be evaluated upon exit from the NJEIS (Exit BDI/Exit Evaluation). This report was not routinely available during 2018 due to the roll-out of EIMS resulting in a smaller N of children reported in this indicator than last submission.

2. In addition to the loss of the prompting mechanism described above, the back-end data matching and clean-up procedures for Indicator 3 were not possible with the new EIMS. This resulted in the inability of DOH to find and match all children who met the exit criteria across the 2 data systems. The EIMS continues to undergo additional functionality improvements, one of which is the collection and analysis of the Indicator 3 data using the NJEIS business rules. It is expected to be fully operational by next year's submission.

Reasons for B2 Slippage

NJEIS reviewed the 5 progress categories and compared them to last year's distribution. The distribution for this year's data does not raise any red flags. This leave the NJEIS to conclude that the decrease in N (almost 1,200 fewer children) is accounting for the slippage and for the program not meeting its targets.

As the new data system is fully implemented, the NJEIS will be re-activating the former processes to assist with the completion of exit BDIs and data matching procedures.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	13	0.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	104	2.27%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	992	21.64%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,046	22.81%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,430	53.00%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	2038.00	2155.00	94.92%	92.88%	94.57%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	3476.00	4585.00	79.80%	81.93%	75.81%

Reasons for C2 Slippage

NJEIS reviewed the 5 progress categories and compared them to last year's distribution. The distribution for this year's data does not raise any red flags. This leave the NJEIS to conclude that the decrease in N (almost 1,200 fewer children) is accounting for the slippage and for the program not meeting its targets.

As the new data system is fully implemented, the NJEIS will be re-activating the former processes to assist with the completion of exit BDIs and data matching procedures.

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

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	13518
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.	2492

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? No

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

NJEIS uses the BDI-2 to report child outcomes and to measure progress against peers. NJEIS uses the domain scores of a child upon entry to the program compared to the child's domain scores upon exit from the program

The Personal -Social Domain of the BDI is used to answer question 3A and "Peers" is defined as a standard score equal to or above the standard score of 80 in the domain area.

The Communication and Cognitive Domains are used to answer question 3B, NJEIS uses this business rule for consideration of "with peers": The child must have a standard score equal to or greater than 80 in *both* domains to be counted as "with peers".

The Adaptive and Motor domains are used to answer question 3C. NJEIS uses this business rules for consideration of "with peers": The child must have a standard score equal to or greater than 80 in *both* domains to be counted as "with 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.
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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.

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

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

	FFY	2015	2016
A	Target ≥	72.14%	73.09%
	Data	66.22%	78.78%
B	Target ≥	67.50%	68.34%
	Data	62.85%	75.55%
C	Target ≥	83.57%	84.05%
	Data	82.29%	88.96%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	74.05%	75.00%
Target B ≥	69.17%	70.00%
Target C ≥	84.52%	85.00%

Key:

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

Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data

Number of families to whom surveys were distributed	4,214
Number of respondent families participating in Part C	14.93% 629
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	475
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	629
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	459
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	629
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	535
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	629

	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their	78.78%	74.05%	75.52%

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	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
rights			
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	75.55%	69.17%	72.97%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	88.96%	84.52%	85.06%

Was sampling used? 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. Children must have been in the system for at least 9 months from referral; and Children that had an active IFSP or exited early intervention 3 months or less from the population selection date. The analysis of NJEIS data using the above business rules identified a total population size of 6,859 families. The NJEIS filters out all duplicates (siblings, multiple births). NJEIS total unduplicated population size is 6,627 (6,607 with identified race/ethnicity) and is documented by the table below.

CountyName	African American/ Not Hispanic	American Indian/ Alaskan Native	Asian	Hispanic	Multiracial	Native Hawaiian or other Pacific Islander	White/ Not Hispanic	NULL	Grand Total
ATLANTIC	17		8	58	9		67	1	160
BERGEN	21	3	71	230	36	2	288	2	653
BURLINGTON	32		13	31	16		159	2	253
CAMDEN	27	1	14	87	27		135		291
CAPE MAY	2		1	8	5		28		44
CUMBERLAND	12			57	4		25		98
ESSEX	217	2	28	317	19		160	5	748
GLOUCESTER	13		4	25	12	1	121		176
HUDSON	26	2	65	296	25	1	104	1	520
HUNTERDON	1		4	7	1		49	1	63
MERCER	31		13	81	12		78		215
MIDDLESEX	41		109	241	20	1	189		601
MONMOUTH	22	1	15	130	24		237		429
MORRIS	8	1	31	87	11		159	4	301
OCEAN	14	1	5	114	19	1	641		795
PASSAIC	28		24	296	24	1	151		524
SALEM	1			4	2		29		36
SOMERSET	12		25	54	7		79		177
SUSSEX	1			24	3		57	1	86
UNION	67		14	186	19		133	3	422
WARREN	1			12	3		19		35
Grand Total	594	11	444	2345	298	7	2908	20	6627

Sampling Plan

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

NJEIS not only wanted to examine the results 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 African American/Not Hispanic (AA/NH) and Hispanic (H) race group were pulled at higher percentages than other race groups (W/AI/PI/MULTI). The detailed plan follows:

Step 1: Target number of survey returns per county.

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

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

The margin of error (MOE) per county varied from 11% to 21%. The margin of error for 14 out of the 21 counties is less than or equal to 18%.

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

Step 2: Calculate outgoing sample.

To compensate for a projected lower response rate from African American/Not Hispanic and Hispanic race groups, an additional sample was drawn in each of the county stratum. With a 20% expected return rate, the actual number of family surveys mailed was 4,214 for the NJEIS population of 6,607 as documented by the table below.

Step 3: Analysis Weights

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

CountyName	Child Count			Expected returns			design effects		Sample out				
	W/AI/A/PI /MULTI	B/H	Child count	N	s.f.	MOE	wt	wt-norm	W/AI/A/PI /MULTI	f.s.r.	B/H	f.s.r.	total
ATLANTIC	84	75	159	20	13%	20%	0.8	1.E-03	53	63%	71	95%	124
BERGEN	400	251	651	65	10%	12%	1.0	2.E-03	200	50%	188	75%	388
BURLINGTON	188	63	251	25	10%	19%	1.0	2.E-03	94	50%	47	75%	141
CAMDEN	177	114	291	29	10%	17%	1.0	2.E-03	88	50%	85	75%	173
CAPE MAY	34	10	44	20	45%	16%	0.2	3.E-04	34	100%	10	100%	44
CUMBERLAND	29	69	98	20	20%	20%	0.5	7.E-04	29	100%	69	100%	98
ESSEX	209	534	743	74	10%	11%	1.0	2.E-03	104	50%	399	75%	503

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GLOUCESTER	138	38	176	20	11%	21%	0.9	1.E-03	78	57%	32	84%	110
HUDSON	197	322	519	52	10%	13%	1.0	2.E-03	99	50%	242	75%	341
HUNTERDON	54	8	62	20	32%	18%	0.3	5.E-04	54	100%	8	100%	62
MERCER	103	112	215	22	10%	20%	1.0	1.E-03	53	51%	86	77%	139
MIDDLESEX	319	282	601	60	10%	12%	1.0	2.E-03	159	50%	211	75%	370
MONMOUTH	277	152	429	43	10%	14%	1.0	2.E-03	139	50%	114	75%	253
MORRIS	202	95	297	30	10%	17%	1.0	1.E-03	102	50%	72	76%	174
OCEAN	667	128	795	75	9%	11%	1.1	2.E-03	315	47%	91	71%	406
PASSAIC	200	324	524	52	10%	13%	1.0	2.E-03	99	50%	241	74%	340
SALEM	31	5	36	20	56%	15%	0.2	3.E-04	31	100%	5	100%	36
SOMERSET	111	66	177	20	11%	21%	0.9	1.E-03	63	57%	56	85%	119
SUSSEX	60	25	85	20	24%	19%	0.4	6.E-04	60	100%	25	100%	85
UNION	166	253	419	42	10%	14%	1.0	2.E-03	83	50%	190	75%	273
WARREN	22	13	35	20	57%	14%	0.2	3.E-04	22	100%	13	100%	35
Grand Total	3668	2939	6607	749		4%	688	688	1959		2255		4214

Promotion of the survey and Follow-up

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

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

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

Language	Total
African	2
Arabic	17
Chinese	9
English	3323
French	5
French Creole	11
German	1
Greek	1
Hebrew	3
Hindi	14
Japanese	1
Korean	11
Pacific Islander	1
Persian	1
Polish	7
Portuguese	15
Russian	3
Sign Language	3
Spanish	775
Tagalog	1
Turkish	5
Vietnamese	4
Yiddish	1
Grand Total	4214

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

Additional follow up surveys have been conducted to the under-represented race groups per counties by having an independent consultant group contact families and offer assistance to complete the survey by mail or through the Internet. Once there is sufficient response, the survey is closed.

The NJEIS looked at both performance and response rate for this indicator in FFY 2017. The response rate increased in FFY 2017 from 12.86% to 14.93% 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.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

In FFY 2015, NJEIS had slippage in all three sub-indicators under indicator 4. Due to that slippage, NJEIS identified several factors that may have contributed to the performance in FFY 2015. NJEIS uses the NCEAM survey with Rasch analysis. For some of the survey questions, there was a shift in the level of agreement (agree (4), strongly agree (5) and very strongly agree (6) or disagree (3), strongly disagree (2) and very strongly disagree (1)) reported by families. The Rasch score is weighted to be sensitive to the distribution of scores across 1-3 and 4-6. This resulted in lower performance based upon the individual weighting of response choices. For example, even though families may have agreed in a category, that the NJEIS helped them know about their child's and family's rights concerning Early Intervention services, the level of very strongly agree decreased and disagree increased.

In FFY 2015, there was a significant increase in the overall number of surveys completed as well as a significant increase in the number of survey responses completed by telephone interview. NJEIS disaggregated the data, discussing with staff who assist 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 the FFY 2016 survey and future surveys:

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;

Revised current survey protocols including development of standard scripts to be used when interviewing families to complete the survey; and

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 subindicators increased significantly in FFY 2016. 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 the FFY 2017 survey. In addition, in FFY 2017, NJEIS contracted with the same research firm to send two (2) scripted email reminders and follow up message to non-responders which included their personal PLINK password and a link to the on-line survey. This is a new procedure that became an option due to the change in the Early Intervention Data Management System (EIMS) database whereby a family's email address is captured. There were two rounds of reminder mails. The first reminder was emailed the week of November 8, 2018 and the second reminder emailed the week of November 19, 2018. This process increased NJEIS' ability to obtain more responses.

NJEIS continues to explore ways to increase parent completion of the survey.

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. No

Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

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

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

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

Data from the scale was analyzed through the Rasch measurement framework. For the IFS scale, the analysis produced a measure for each survey respondent. Individual measures can range from 0 to 1,000. For the IFS, each family's measure reflects the extent to which the family perceives that early intervention has helped them achieve positive family outcomes. The IFS measures of all respondents were averaged to yield a mean measure reflecting overall performance of the state in regard to the impact of early intervention on family outcomes. The mean measure on the IFS was 662. The standard deviation was 181, and the standard error of the mean was 7.2. The 95% confidence interval for the mean was 647.3 - 675.7. This means that there is a 95% likelihood that the true value of the mean is between these two values.

Due to the continuing challenges and limitations related to the implementation of the new Early Intervention Management System (EIMS), the data related to the sample were not available until mid October. This resulted in the survey being mailed on October 22, 2018 which is three months later than usual. 4,214 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.

As a result, the final cut off date for processing surveys was extended to December 2, 2018 to allow families additional time to respond. Even with this extension, the total time period to collect these data and complete follow up phone calls (6 weeks) was significantly reduced from the typical follow up time (12 weeks).

Of the 4,214 surveys distributed across twenty-one counties, 629 were returned for a response rate of 14.93%. 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, 258 paper surveys and 371 web responses were collected. There were 592 responses in English and 37 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, 2017 rate by county was -2.0% to +1.6%. The median percent difference was 0.1% as depicted in the table below. Passaic county is slightly under represented by 2.0%. Bergen county was slightly over represented by 1.6%.

COUNTY NAME	Distributed	% Distributed	N Returned	% Returned	Dec 1 2017	% Dec 1 2017	Difference Return - Dec 1
ATLANTIC	124	2.9%	20	3.2%	340	2.5%	0.7%

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

County	Count	Return Rate	Count	Return Rate	Count	Return Rate	Difference
BERGEN	388	9.2%	72	11.4%	1338	9.8%	1.6%
BURLINGTON	141	3.3%	27	4.3%	504	3.7%	0.6%
CAMDEN	173	4.1%	28	4.5%	650	4.8%	-0.3%
CAPE MAY	44	1.0%	10	1.6%	110	0.8%	0.8%
CUMBERLAND	98	2.3%	13	2.1%	207	1.5%	0.5%
ESSEX	503	11.9%	61	9.7%	1494	10.9%	-1.3%
GLOUCESTER	110	2.6%	20	3.2%	365	2.7%	0.5%
HUDSON	341	8.1%	40	6.4%	1053	7.7%	-1.4%
HUNTERDON	62	1.5%	13	2.1%	116	0.9%	1.2%
MERCER	139	3.3%	21	3.3%	461	3.4%	0.0%
MIDDLESEX	370	8.8%	64	10.2%	1269	9.3%	0.9%
MONMOUTH	253	6.0%	41	6.5%	907	6.6%	-0.1%
MORRIS	174	4.1%	29	4.6%	644	4.7%	-0.1%
OCEAN	406	9.6%	58	9.2%	1493	10.9%	-1.7%
PASSAIC	340	8.1%	38	6.0%	1103	8.1%	-2.0%
SALEM	36	0.9%	6	1.0%	69	0.5%	0.4%
SOMERSET	119	2.8%	15	2.4%	382	2.8%	-0.4%
SUSSEX	85	2.0%	16	2.5%	182	1.3%	1.2%
UNION	273	6.5%	32	5.1%	856	6.3%	-1.2%
WARREN	35	0.8%	5	0.8%	101	0.7%	0.1%
TOTAL	4214	100.0%	629	100.0%	13644	100.0%	0.0%

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 did not adequately represent the NJEIS county race/ethnicity population surveyed.

- The range of variance between the return race/ethnicity population and the December 1 2017 race/ethnicity by county was -8.89% to +6.95%.
- The Median difference between the race/ethnicity population and the returns was 0.03%
- The Caucasian/Not Hispanic population was over-represented by 6.95%, and the Hispanic population was under-represented by -8.89% as depicted in the table below.

NJEIS notes the underrepresentation of Hispanic and overrepresentation of White/Non-Hispanic populations. This could be related to a number of factors unique to this year's data collection. The survey mailing was three months later and extended into the winter holiday season and the response time was shortened by six weeks thereby resulting in fewer follow up phone calls to the underrepresented population of families. NJEIS feels certain that once the implementation of the data system is fully operational and NJEIS is able to return to the usual survey schedule which allows for a full 12 weeks for the family survey process that includes ample time necessary to complete follow up phone calls to ensure a representative sample.

2017-2018 Race/Ethnicity	Distributed	Returned	Return Rate	Percent of Return	Dec 1 2017 Race	Dec 1 2017 Race %	Difference Return - Race
White/ Not Hispanic	1,434	306	21.34%	48.65%	5,690	41.70%	6.95%
African American/ Not Hispanic	540	61	11.30%	9.70%	1,327	9.73%	-0.03%
Hispanic	1,715	174	10.15%	27.66%	4,987	36.55%	-8.89%
Native Hawaiian or other Pacific Islander	3	0	0.00%	0.00%	13	0.10%	-0.10%
Asian	308	58	18.83%	9.22%	1,026	7.52%	1.70%
American Indian/ Alaskan Native	8	1	12.50%	0.16%	18	0.13%	0.03%
Multiracial	206	29	14.08%	4.61%	583	4.27%	0.34%
Total	4,214	629	14.93%	100.00%	13,644	100.00%	

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

For the twelfth 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.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

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

Data from the scale was analyzed through the Rasch measurement framework. For the IFS scale, the analysis produced a measure for each survey respondent. Individual measures can range from 0 to 1,000. For the IFS, each family's measure reflects the extent to which the family perceives that early intervention has helped them achieve positive family outcomes. The IFS measures of all respondents were averaged to yield a mean measure reflecting overall performance of the state in regard to the impact of early intervention on family outcomes. The mean measure on the IFS was 662. The standard deviation was 181, and the standard error of the mean was 7.2. The 95% confidence interval for the mean was 647.3 - 675.7. This means that there is a 95% likelihood that the true value of the mean is between these two values.

- On October 22, 2018, 4,214 surveys were mailed to a sample of families served by NJEIS. Cover letters as well as postage paid business reply envelopes were included with the surveys.
- The final cut off date for processing surveys was extended to December 2, 2018 to allow families additional time to respond.
- Of the 4,214 surveys distributed across twenty-one counties, 629 were returned for a response rate of 14.93%. 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, 258 paper surveys and 371 web responses were collected.
- There were 592 responses in English and 37 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, 2017 rate by county was -2.0% to +1.6%. The median percent difference was 0.1% as depicted in the table below.
- Passaic county is slightly under represented by 2.0%. Bergen county was slightly over represented by 1.6%.

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ESSEX	503	11.9%	61	9.7%	1494	10.9%	-1.3%
GLOUCESTER	110	2.6%	20	3.2%	365	2.7%	0.5%
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HUNTERDON	62	1.5%	13	2.1%	116	0.9%	1.2%
MERCER	139	3.3%	21	3.3%	461	3.4%	0.0%
MIDDLESEX	370	8.8%	64	10.2%	1269	9.3%	0.9%
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MORRIS	174	4.1%	29	4.6%	644	4.7%	-0.1%
OCEAN	406	9.6%	58	9.2%	1493	10.9%	-1.7%
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SALEM	36	0.9%	6	1.0%	69	0.5%	0.4%
SOMERSET	119	2.8%	15	2.4%	382	2.8%	-0.4%
SUSSEX	85	2.0%	16	2.5%	182	1.3%	1.2%
UNION	273	6.5%	32	5.1%	856	6.3%	-1.2%
WARREN	35	0.8%	5	0.8%	101	0.7%	0.1%
TOTAL	4214	100.0%	629	100.0%	13644	100.0%	0.0%

- The December 1, 2017 population by race/ethnicity matched the FFY 2017 survey race/ethnicity of respondents within +/-8.89% 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.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- o The range of variance between the return race/ethnicity population and the December 1 2017 race/ethnicity by county was -8.89% to +6.95%.
- o The Median difference between the race/ethnicity population and the returns was 0.03%
- o The Caucasian/Not Hispanic population was over-represented by 6.95%, and the Hispanic population was under-represented by -8.89% as depicted in the table below.

2017-2018 Race/Ethnicity	Distributed	Returned	Return Rate	Percent of Return	Dec 1 2017 Race	Dec 1 2017 Race %	Difference Return - Race
White/ Not Hispanic	1,434	306	21.34%	48.65%	5,690	41.70%	6.95%
African American/ Not Hispanic	540	61	11.30%	9.70%	1,327	9.73%	-0.03%
Hispanic	1,715	174	10.15%	27.66%	4,987	36.55%	-8.89%
Native Hawaiian or other Pacific Islander	3	0	0.00%	0.00%	13	0.10%	-0.10%
Asian	308	58	18.83%	9.22%	1,026	7.52%	1.70%
American Indian/ Alaskan Native	8	1	12.50%	0.16%	18	0.13%	0.03%
Multiracial	206	29	14.08%	4.61%	583	4.27%	0.34%
Total	4,214	629	14.93%	100.00%	13,644	100.00%	

Provide additional information about this indicator (optional)

Responses were received from all twenty one (21) counties in New Jersey.
 Survey responses were received from 629 families, representing a 14.93% return rate (629/4214).
 The targets were met for 4A, 4B or 4C. Specifically:
 Performance decreased 3.26% in 4A from 78.78% in FFY 2016 to 75.52% in FFY 2017.
 Performance decreased 2.58% in 4B from 75.55% in FFY 2016 to 72.97% in FFY 2017.
 Performance decreased 3.9% in 4C from 88.96% in FFY 2016 to 85.06% in FFY 2017.
 The following chart represents the performance by race/ethnicity groups:
 FFY 2017 Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4 by Race/Ethnicity

Race/Ethnicity	Indicator 4A Percent of families who report that Early Intervention services helped them know their rights	Indicator 4B Percent of families who report that Early Intervention services helped them effectively communicate their children's needs	Indicator 4C Percent of families who report that Early Intervention services helped them help their child develop and learn
STATE PERFORMANCE	75.52%	72.97%	85.06%
STATE TARGETS	74.05%	69.17%	84.52%
African American/Not Hispanic (N=61)	68.85%	68.85%	90.16%
American Indian/ Alaskan Native (N=1)	0.00%	0.00%	100.00%
Asian (N=58)	81.03%	81.03%	87.93%
Hispanic (N=174)	76.44%	73.56%	84.48%
Multiracial (N=29)	68.97%	65.52%	86.21%
Native Hawaiian or Other Pacific Islander (N=0)	N/A	N/A	N/A
White/Not Hispanic (N=306)	76.14%	72.88%	83.66%

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

In the FFY 2018 SPP/APR, the State must report whether its FFY 2018 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.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

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

FFY	2015	2016
Target ≥	0.65%	0.66%
Data	0.75%	0.88%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	0.66%	0.67%

Key:

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

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 1 with IFSPs	793	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 1	101,902	null

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
793	101,902	0.88%	0.66%	0.78%

Compare your results to the national data

When compared with FFY 2016, the New Jersey state percentage of children birth to one year of 0.78% (793/101,902) decreased by 0.10% (0.88% - 0.78%).

The national percentage of 1.25% (49,307/3,939,295) increased by 0.01% (1.24%-1.25%).

Although the national percentage continues to increase, New Jersey's birth to one census decreased by 365 along with the percentage of children birth to one with IFSPs.

Provide additional information about this indicator (optional)

FFY 2017 status of 0.78% is 0.10% lower than the FFY 2016 performance however, met the target of 0.66% as recommended by stakeholders for this reporting period.

In FFY 2017, 61.90% (13/21), thirteen of the twenty-one NJEIS counties met or exceeded the target of 0.66%.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

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

FFY	2015	2016
Target ≥	3.40%	3.42%
Data	3.98%	4.38%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	3.43%	3.45%

Key:

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

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 3 with IFSPs	13,644	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 3	310,305	

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
13,644	310,305	4.38%	3.43%	4.40%

Compare your results to the national data

For FFY 2017, New Jersey served 4.40% (13,644/310,305) of infants and toddlers, birth to three, with IFSPs, compared to the national average of 3.26% (388,694/11,936,322).

When compared to FFY 2016, the percentage of infants, birth to three, with IFSPs in New Jersey increased by .02% (4.40%-4.38%) while the national percentage increased 0.14% (3.26%-3.12%).

Provide additional information about this indicator (optional)

New Jersey met the target of 3.43% as set by stakeholders for this reporting period.

The total number of referrals for children age birth to three, received July 1, 2017 through June 30, 2018 decreased by 147 children, which is a 0.65% decrease (22,427 -22,280).

Twenty-one of the twenty-one NJEIS counties met or exceeded the target of 3.43%.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

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

FFY	2015	2016
Target	100%	100%
Data	98.61%	99.76%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
323	343	99.76%	100%	99.71%

<p>Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i></p>	19
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan

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

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

Data Desk Audit, Inquiry and Record Review

Monitoring begins with a data desk audit based on a simple random sample without replacement of three months of FFY 2017 data (July, August and September 2017). This included inquiry where the monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of an initial IFSP meeting, although late.

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

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

Provide additional information about this indicator (optional)

Of the 3,476 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 343 children were monitored. Of the 343 children, 342 of the IFSPs were in compliance with the 45 calendar day requirement, including 19 initial IFSP meetings that were delayed because of family reasons.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The 19 family-initiated reasons for delay were included in the cacluations 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: July-September 2017	3,476
Sample of the Quarter (Denominator)	343
Preliminary Timely Initial IFSPs (Dirty Data without Desk Inquiry)	323
Preliminary Untimely Initial IFSPs (Dirty Data without Desk Inquiry) Desk Inquiry Verification of Family Reason & Extreme weather	20
Desk Inquiry Verification of Family Reason for delay & Extreme weather	19
Desk Inquiry Verification of Untimely IFSPs	1
Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely)	323+19=342
State Compliance Percentage	342/343=99.71%

- The one (1) initial IFSP meeting delayed for a systems reason was due to the Service Coordination Unit (SCU) (0.29% of all Initial IFSPs sampled).
- NJEIS verified the one (1) child's IFSP meeting was held although late. The meeting was scheduled day 45 but was rescheduled and occurred on day 58. The service coordinator is no longer employed by the agency. The agency involved was required to provide their policies and procedures and conduct training with staff. NJEIS reviewed their existing procedures for compliance. Subsequent data was reviewed to ensure correction. Therefore, according to NJEIS procedures the agency was not issued a finding as correction was verified for both prongs as required.

Indicator 7 Data

Untimely Initial IFSPs: # of Days Delayed	Children
1 to 13 Days Delayed	1
Over 13 Days Delayed	0
Total Delayed	1

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

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

OSEP Response

The State's FFY 2016 data for this indicator reflected less than 100% compliance. The State did not provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016, as required by the Measurement Table.

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 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 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance. In the FFY 2018 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2016.

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the 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)

Historical Data

Baseline Data: 2011

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

FFY	2015	2016
Target	100%	100%
Data	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

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

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
341	341	100%	100%	100%

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan
Data were reported for all twenty-one counties.
Data reported for 8A were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g., NJEIS IFSP Review Transition Information Page).
The data desk audit was conducted on one quarter of FFY 17 for the months of August, September and October 2017 and identified 2,998 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.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Of the 2,998 children who exited the program, a random selection of the 341 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: August, September, October 2017	2,998
Sample of the Quarter (Denominator)	341
Developed IFSP Transition Steps and Services >= 90 days to <= 9 months prior to the third birthday	341
State Compliance Percentage	341/341=100%

NJEIS achieved 100% compliance on 341/341 records.

NJEIS has had continued 100% compliance on this indicator in FFY 12, FFY 13, FFY 14, FFY 15, FFY 16 and FFY 17.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

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

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the 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)

Historical Data

Baseline Data: 2012

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

FFY	2015	2016
Target	100%	100%
Data	96.84%	97.30%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
279	341	97.30%	100%	95.55%

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.	49
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Reasons for Slippage

The slippage is primarily due to Passaic county which had a compliance percentage of 50% (9 of 18 children were late). This was due to a turnover in their Unit Coordinator who was the person responsible for completing notification/opt-out for the county. The other three counties which had four (4) children total with non-compliance were due to staff difficulties in timely response for children who were referred close to their third birthday.

Describe the method used to collect these data

Sampling Plan

Data were reported for all twenty-one counties.

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

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

A data desk audit was conducted on one quarter of FFY17 for the months of August, September and October 2017 that identified 2,998 children that turned age three.

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

Of the 2,998 children, a random selection of 341 children was monitored.

Of the 341 children, forty-nine (49) 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

Is the policy on file with the Department? Yes

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data is selected from all twenty-one counties.

A data desk audit was conducted on one quarter of FFY 17 for the months of August, September and October 2017 that identified 2,998 children that turned age three representing all twenty-one counties.

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

Provide additional information about this indicator (optional)

Data Analysis and Results

Indicator 8B Data	Children
Total of Children who turned 3 for Quarter of Data: August, September, October 2017	2,998
Sample of the Quarter (Denominator)	341
Notified the SEA at least 90 days prior to third birthday	292
Notified the LEA at least 90 days prior to third birthday	279
Opt Out	49
Untimely Notification	13
Potentially Eligible - Opt Out	341-49= 292
State Compliance Percentage	279/292=95.55%

The DOH sent 100% (292/292) 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 August-October 2017).

NJEIS achieved 95.55% compliance based on 279/292 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 (in August-October 2017).

The thirteen (13) children who did not have timely notification:

- were from the following four (4) counties: Gloucester, Middlesex, Union and Passiac SCUs;
- three counties had difficulties generating notifications due to late referrals between 4-46 days before turning three and did not have an opt out designation;
- One particular county had a staff vacancy of the person responsible for LEA notifications;
- all thirteen (13) children were no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry;

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- NJEIS ensures that each agency was correctly implementing the specific regulatory requirements by reviewing subsequent data for compliance (prong 2) and that each child received notification unless the child was no longer in the jurisdiction of NJEIS (prong 1).

Findings Issued:

As a result of the additional inquiry, four (4) findings were issued and the agencies were required to develop/revise procedures in regard to children who enter NJEIS less than 90 days but before 45 days prior to their third birthday. NJEIS will review subsequent children who would be turning three to verify the agencies are implementing the correct policies and procedures (prong 2). The agencies have until September 3, 2019 to verify 100% correction.

Indicator 8B

Agencies	Findings	Agency Name(s)	Date of Finding
Service Coordination Units (SCUs)	4	Gloucester, Middlesex, Union, Passaic	September 4, 2018
Total Findings for FFY 2017	4		
Number of Findings Closed As of 2/1/19	3		
Number of Findings Not Verified as of 2/1/19	1		Agencies have until September 3, 2019

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2016 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 2016 data, five (5) agencies were found to have noncompliance for 8B. The five agencies were each given a finding issued on June 23, 2017. These agencies developed Correction Action Plans (CAPs) and NJEIS reviewed monthly data, tracked and verified correction of the noncompliance. All five (5) agencies corrected within one year of the finding.

NJEIS has accounted for all instances of noncompliance identified through the NJEIS desk inquiry and record review. Subsequent data were reviewed to verify timely notification. Activities for documentation and verification of the correction include review of updated data from the database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and, in some cases, on-site visits to verify child records.

NJEIS:

- Identified the responsible agencies, their percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).
- Ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a monthly review and verification of timely transition notification events. These monthly reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2). Based on FFY 2016 data, five (5) findings were issued on June 23, 2017 based on FFY 2016 non-compliance. These agencies developed Corrective Action Plans (CAPs) and NJEIS reviewed monthly data, tracked and verified correction of the non-compliance. All of the findings were closed timely between June 24, 2017 and June 22, 2018 after correction of both prongs was verified in accordance with federal requirements.

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. Subsequent data were reviewed to verify timely notification. Once an agency is operating at 100% compliance for this indicator, the finding is closed.

NJEIS has accounted for all instances of non-compliance identified through the desk inquiry and record review. The DOH confirmed that notification to the SEA and the LEA where the toddler resides, consistent with the NJEIS opt-out policy, was provided at least 90 days prior to the toddlers third birthday for toddler potentially eligible for Part B preschool services. For any child whose notification did not occur in a timely manner, notification was provided unless the child was no longer in the jurisdiction of NJEIS, consistent with OSEP memo 09-02 (Prong 1).

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 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 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the 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)

Historical Data

Baseline Data: 2013

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

FFY	2015	2016
Target	100%	100%
Data	99.27%	99.66%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

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

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
263	341	99.66%	100%	100%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	52
Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	26

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Sampling Plan

Data were reported for all twenty-one counties.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

A data desk audit was conducted on one quarter of FFY 2017 for the months of August, September and October 2017 that identified 2,998 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 2,998 children, a random selection of 341 children were monitored. Of the 341 children, 52 families declined the TPC, reducing the total number of records monitored to 289 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: August, September, October 2017	2,998
Sample of the Quarter (Denominator)	341
Families who declined a TPC	52
Initial Timely TPCs (Dirty Data without Desk Inquiry)	263
Initial Untimely TPCs (Dirty Data without Desk Inquiry)	26
Desk Inquiry Verification of Family Reason for delay or on time	26
Desk Inquiry Verification of Untimely TPC	0
Final Numerator (Timely + Family Reasons + corrected Timely)	263+26=289
Final Denominator (Sample of the Quarter - Family Declines)	341-52=289
State Compliance Percentage	289/289=100%

100% (289/289) of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference within the required timeline.

The numerator and denominator does not include the 52 families who did not provide approval to conduct a transition planning conference.

Of the 289 children, 263 were timely and 26 were delayed due to family reasons.

The 26 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.

NJEIS performance for this indicator increased by 0.34% from 99.66% in FFY 2016 to 100% in FFY 2017.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

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 2016 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 2016 data, one (1) finding was issued to Ocean SCU on June 23, 2017 based on FFY 2016 non-compliance. This agency developed a Corrective Action Plan (CAP) and NJEIS reviewed subsequent data, tracked and verified correction of the non-compliance. The finding was closed timely between June 24, 2017 and June 22, 2018 after correction of both prongs was verified in accordance with federal requirements.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

NJEIS:

- Identified the responsible agency, the percentage of noncompliance and determined reasons for delay (root causes);
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2);
- Ensured that the agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a review of subsequent data verifying timely transition planning conference events. Once the agency was operating at 100% compliance for this indicator, the finding was closed (Prong 2).

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. Subsequent data were reviewed to track and verify correction of all noncompliance. Activities for documentation and verification of the correction included updated data from the state database, child records and verification of claims and authorization data.

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

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 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 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

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

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											NA

FFY	2015	2016
Target ≥		
Data		

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥		

Key:

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

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1(a) Number resolution sessions resolved through settlement agreements	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1 Number of resolution sessions	n	null

FFY 2017 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0			

Actions required in FFY 2016 response

none

OSEP Response

This Indicator is not applicable to the State.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation**

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data		100%	100%	100%	100%	50.00%	50.00%	0%	100%		

FFY	2015	2016
Target ≥		
Data	100%	100%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥		

Key:

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

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1 Mediations held	n	null

FFY 2017 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1	0	1	100%		100%

Provide additional information about this indicator (optional)

Targets were not set for this indicator because the total number of mediations received in 2017-2018 was one (1).

Actions required in FFY 2016 response

none

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

OSEP Response

The State reported fewer than ten mediations held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016	2017
Target		38.15%	39.85%	41.55%	43.25%
Data	38.15%	39.87%	39.63%	43.34%	39.17%

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

FFY 2018 Target

FFY	2018
Target	45.00%

Key:

Description of Measure

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

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

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

Enter additional information about stakeholder involvement

Overview

The completed SSIP for Indicator 11 will be added on or before April 1, 2019

Data Analysis

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

See Complete SSIP as attached April 1, 2019

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

See Complete SSIP as attached.

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

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

Statement

The SIMR for NJEIS is:

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

See Complete SSIP as attached.

Description

See Complete SSIP as attached.

Selection of Coherent Improvement Strategies

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

See Complete SSIP as attached.

Theory of Action

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

Submitted Theory of Action: No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

Infrastructure Development

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

See complete SSIP as attached.

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

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

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

See complete SSIP as attached

Evaluation

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

See complete SSIP as attached

Technical Assistance and Support

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

See complete SSIP as attached

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

See Complete SSIP as attached

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

See Complete SSIP as attached

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

See Complete SSIP as attached

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

See Complete SSIP as attached

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR
4. Measurable improvements in the SiMR in relation to targets

See Complete SSIP as attached

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

See Complete SSIP as attached

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

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

Selected: 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

Email: susan.evans@doh.nj.gov

Phone: 609-777-7734