



Friday, January 16, 2026
Meeting Minutes

Public Meeting 9:30 a.m. to 12:30 p.m.
TEAMS Meeting Platform

A regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) was held on Friday, January 16, 2026. The meeting was held via the Microsoft Teams meeting platform. The meeting was called to order at approximately 9:30 a.m. by Joyce Salzberg, Acting Chair.

Welcome

I. Joyce Salzberg welcomed attendees and read the Welcome Statement.

Attendance

I. Attendance maintained by the Department of Health (DOH).

Introductions

- I. SICC members and DOH representatives were introduced.
- II. Quorum requirements were met.
- III. Public members signed their attendance through the chat box on the Teams platform.

Approval of Minutes

The November 21, 2025, Minutes were APPROVED; no discussion, 2 abstain. Motion by Kathleen Hinnigan-Cohen, seconded by Virginia Lynn.

SICC Standing & Ad Hoc Committees Reports

Administrative/Policy Committee, Samuel Kivell, Chair and Saira Hussain Akhter, Co-Chair

- The committee members have created an onboarding packet for new members of the SICC that can be circulated to help familiarize them with the SICC and provide general background earlier in the process.
- Saira Hussain Akhter stated that the committee has created a project card that can be used by each subcommittee to outline its processes, members, and other relevant details. This can be included in the committee membership requirements or used as a reference to help others understand the focus and responsibilities of the different subcommittees.
- Sarah Hussain Akhter added that both documents are done and asked Joyce Salzberg to advise on next steps, specifically whether they should be circulated for comments and then finalized at the next meeting.

Service Delivery Committee, Virginia Lynn, Chair

- The committee is continuing to work on a child care package, building on the components that have already been approved and expanding it to include an introductory letter and a video.
- The committee is also planning to speak with Kristen Kugelman about including an Early Intervention (EI) child care workshop at the virtual conference taking place in May.

Fiscal Infrastructure Committee, Kathleen Hinnigan-Cohen, Chair

- The committee met with Suzanne Buchanan and John Gottlieb in December to discuss their experience implementing 2019 legislation that enabled children with autism to receive various therapy services.
- Kathleen Hinnigan-Cohen added that the outcome of the discussion was that the state will need to make several key decisions before moving forward, including clarifying the specific goals it hopes to achieve regarding insurance.
- Kathleen Hinnigan-Cohen highlighted significant statewide concerns about enrollment, referrals, children leaving the system, and fiscal impact. She also mentioned that Josephine Shenouda suggested the Fiscal Infrastructure Committee meet with her team in Trenton, and that is what they are planning to do.
- Kathleen Hinnigan-Cohen acknowledged that this is a significant problem with systemic budget implications, including the funds that must be returned to the state at the end of the year, the appropriations for the following year, and the many unintended consequences that result.
- Virginia Lynn asked for clarification on the data, noting that the report initially indicated the numbers were significantly down, and requested some additional information.
 - Kathleen Hinnigan-Cohen responded that the issue is multi pronged. She noted that immigration related concerns are preventing some families from enrolling, contributing to lower numbers. Additionally, fewer children are becoming eligible due to the BDI, and family cost share. She added that these three issues are being reported throughout the state, but the overarching concern is the amount of revenue the state must return, the revenue received from Medicaid, and the impact on next year's budget.
- Corinne Catalano asked whether there is data showing that enrollment numbers are lower in districts with preschool expansion aid, where children can attend preschool at no cost regardless of having an Individual Education Plan (IEP). She suggested that the availability of free preschool might unintentionally discourage families from seeking special education services for their children.
- Josephine Shenouda added an anecdote, noting that accessibility and the dissemination of information to families are key issues. She explained that many families only learn about early intervention after their child turns two, even though the average age of referral is 20 to 21 months. She emphasized the need to reach out to families earlier and to a broader population across the state.

- Joyce Salzberg added that it is also important to consider the impact of immigration policies, noting that she has heard anecdotally that many families have been deported, which presents an additional challenge.
- Josephine Shenouda stated that she will review all of these notes with the data team. She plans to discuss the available data, determine what additional data can be obtained, and then hold a meeting with the full team to examine these factors and consider next steps.

Personnel Preparation Committee, Corinne Catalano, Chair

MOTION: Council Members were asked to vote on whether to pass along one of these titles to the Department or to pass along both titles to the Department. Motion by: Corinne Catalano, NOT APPROVED: 5 approved, no opposed, 2 not present during the voting.

- Kathleen Hinnigan-Cohen asked what the advantage would be of putting forth both titles rather than just one. She asked why they would not simply use “Early Intervention Educator,” noting that this is the national term.
- Corinne Catalano responded that the committee had provided justifications in the recommendations they put forward. She explained that by recommending the titles to the Department of Health, they were effectively moving the decision forward for the Department to make.
- Saira Hussain Akhter asked whether the Personnel Preparation Committee had any preference or recommendation for one title over the other. Corinne Catalano responded that the committee chose to put both forward because there was a split within the committee, which is why they provided written recommendations for both.

MOTION: Council members were asked to vote on whether to put forth Early Intervention Educator as the preferred title. Motion by: Corinne Catalano, APPROVED: 7 approved, no opposed, 2 not present during the voting.

- Dr. Thomas Lind asked for clarification, stating that if both titles were being put forward, he wanted to understand why one would be identified as the preferred option. He added that he was hesitant to make that decision on the Department’s behalf.
- Joyce Salzberg and Corinne Catalano clarified that the Department has the final authority to decide and could choose to reject the committee’s recommendation.

MOTION: Council members were asked to vote on whether to forward the written recommendations on revised standards to the Department of Health. Motion by Corinne Catalano, seconded by Saira Hussain Akhter.

- Steven Weiss asked why a certification required under the current standards had been removed in the proposed standards.
- Corinne Catalano explained that the certification that previously existed applied only to the position of Special Educator. Because the roles of Special Educator, Child Development Specialist, and Behavior Specialist involve essentially the same work and fee structure, the standards were being collapsed.
- Joyce Salzberg interjected, noting that Steve's point raised an important concern. She explained that in New Jersey, a Special Educator holds a certification. Without such certification, an individual committing fraud or a criminal act would have nothing to lose, whereas a certified Special Educator could potentially lose their certification. She emphasized that this is a current concern, noting that other professionals, such as Occupational Therapists (OTs), Physical Therapists (PTs), speech therapists, social workers, and nurses, hold licenses that provide protection. Without any professional licensure or certification, there is no similar accountability.
- Kathleen Hinnigan-Cohen added that there are a Medicaid verification list and other databases that include more than just therapists. She noted that agencies should screen all staff through these resources, regardless of their title, to identify anyone who has committed fraud.
- Virginia Lynn expressed concern that reducing the required experience with children from birth to age five down to age three may make it harder to find qualified candidates, noting that opportunities to gain such experience outside of early intervention programs or specialized settings are limited.
- Corinne Catalano explained that their recommendations aim both to expand the field and raise competencies for working with children birth to three. While this may make it harder for candidates without infants or toddler experience, mentorship could provide the necessary guidance to ensure professionals are prepared.
- Josephine Shenouda suggested holding a retreat, a closed session, or another presentation from Corinne and her team to explain how the recommendations were developed.
- Corinne Catalano added that at the last meeting, the group met on December 17 and January 9. Following the Department of Health's recommendation, they decided to develop a standard for the Targeted Evaluation Team, which currently lacks state or national standards. The next step is to create a survey for agencies to gather information.

Family Support Committee, Nicole Edwards, Chair

- Nicole Edwards provided an update for Joyce Salzberg to read, as she was unable to attend the meeting.
- The Family Support Committee continues to meet, working in subgroups to develop an informational flyer for pediatric healthcare providers to address survey related misinformation and to create a system for sharing referral status updates with doctors after they make a referral.

Transition Committee, Steven Weiss, Chair and Josephine Shenouda, Co-Chair

- The Parent Support and Education Subcommittee has drafted a packet for families transitioning out of Early Intervention, which has been submitted for review by the full committee and is expected to be presented at the March meeting.
- The Bridge the Gap Subcommittee has not met since the last meeting but is scheduled to meet at the end of January or early February.

Lead Agency Report

Susan Evans, Part C Coordinator

- Miray Mankarious provided an overview of the Annual Performance Report (APR).
- Part C programs are required to submit to the Office of Special Education Programs (OSEP) an annual report of performance as outlined in the published Measurement Tables. The council members are tasked with reviewing, commenting, and providing input to this report.
- This report provides progress and Data for FFY24/SFY25. This includes the date range July 1, 2024-June 30,2025
- Indicator 1: Timely Provision of Services, presented by Melody Lee
 - New services must start within 30 days of the signed parental consent date to be in compliance. The sample is based on individual children. All services for those children are assessed for timeliness. If a child has at least one untimely service, that child is considered untimely.
 - For Indicator 1, there was an improvement in timely service compliance: a 7.61% increase from fiscal year 2023 to 2024 and a 7.8% increase from 2022 to 2024. Among counties, Warren had the highest compliance at 100%, while Salem had the lowest at 40%.
 - Twelve findings were issued as a result of the FFY 2024 Desk Audit. All were corrected according to both prongs within 12 months of the finding date.

- Indicator 2: Services in Natural Environments, presented by Sirisha Vadrevu
 - Indicator 2 is the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who primarily receive early intervention services in the home or community-based settings.
 - In federal fiscal year 2024, 99.8% of children receiving services did so in natural environments, exceeding the state target of 99.7%. Performance has remained high and stable over the past three years, with targets increasing slightly each year to reflect ongoing system improvements.
 - Children of all racial and ethnic groups predominantly receive services in home or community-based settings. Hispanic/Latino, and White children make up the largest groups, reflecting overall enrollment patterns, while children from other groups receive services in different settings.

SICC Discussion & Public Comment on Indicators 1 & 2:

- Samuel Kivell asked whether this report would eventually be sent to the Governor's office. He mentioned already discussed the possibility of repurposing a similar report for the Governor's office and questioned whether a larger sample size could be used, noting that one slide indicated 40% of children were not receiving timely services and wondering if a larger sample might align more closely with the results from other counties.
- Susan Evans answered that the primary audience for the report is the federal Office of Special Education Programs. She noted that sending it to the Governor's office is a separate decision, best postponed until after the gubernatorial transition and after receiving federal feedback, so it can be properly packaged. Regarding a larger sample size, she explained that the department is considering moving away from Cohorts A and B to include the entire state in data collection. This change aligns with upcoming federal reporting requirements for the Annual Performance Report (APR) under the State Performance Plan (SSP), starting next year. Any adjustments to indicators or data collection methods will depend on federal guidance, though discussions about expanding the sample and improving data collection are ongoing.
- Josephine Shenouda added that these are still internal discussions about how the department will move forward with monitoring. Regarding the question about sample size, she explained that some counties naturally have small samples, and because data must be analyzed by county.
- Indicator 3: Early Childhood Outcomes, presented by Susan Evans
 - Indicator 3 measures how children make progress during their time in the system through three specific areas:
 - 3A: Children have positive social-emotional skills, including social relationships.
 - 3B: Children acquire knowledge and skills, including early language and communication.
 - 3C: Children use appropriate behavior to meet their needs.

- Data completeness is defined as the number of children who exited the program and are included in the indicator divided by the total number of children who exited the program. This year, the data completeness rate for Indicator 3 is 66.5%.
- New Jersey achieved a 66.5% data completeness rate for Indicator 3, the largest dataset ever reported for the state and above the federal target of 65%.
- Summary Statement 1 Data FFY 2024 (made substantial progress):
 - 3A – 47.68%
 - 3B – 59.87%
 - 3C – 58.35%
- The social-emotional development indicator improved to 47.68% this year, up from 32.51% last year, marking the highest performance ever.
- Summary Statement 2 represents the percentage of children who were functioning within age expectations in each outcome by the time they exited NJEIS. It is calculated as (d + e) divided by N.
- Summary Statement 2 FFY2024 (left EI “with peers”)
 - 3A – 65.75%
 - 3B – 64.96%
 - 3C – 79.73%

Overall Indicator 3:

Indicator	Summary Statement 1	Summary Statement 2
3A	Met Target No slippage *highest performance ever	Did not meet Target No slippage
3B	Did not meet Target No Slippage	Met Target No slippage
3C	Did not meet Target Slippage	Did not Meet Target Slippage

- Indicator 11: State Systemic Improvement Plan Part 2 –Proposed Activities for FFY25 in Support of Evaluation Plan, presented by Kristen Kugelman
 - State-identified Measurable Result (SiMR): Infants and toddlers with disabilities will substantially increase their rate of growth and development of positive social emotional skills by the time they exit the program, as measured by Indicator 3A, summary statement 1.
 - Kristen Kugelman went over the four evaluation questions that were developed, explaining that each one includes both short term and long term outcomes.
 - Kristen Kugelman explained that she would focus on the orange boxes, which represent the program’s strands: infrastructure development, early relational health messaging and communication, IFSP service provider development and support; and service coordinator development and support. She noted that all of this work supports the state’s SiMR, highlighting that data from Indicator 3 shows the state has focused on a measurable result related to social emotional development for the past 10 years, emphasizing that meaningful progress takes time.
- Kristen Kugelman went into detail about the proposed FFY2025 activities for infrastructure development, early relational health messaging, and IFSP service provider and SCU development and support. The slides discussed are shown below:

Proposed
FFY2025
Activities:

Infrastructure
Development

- Transition to MSU SteamsOnline training platform
- EIPFFI ARC Cohort
- Extending/ building partnerships (MSU, CEUs, NJAIMH)
- FSCs certified as PSF Coaches
- TTAs providing more targeted and intensive TA as needed

Proposed FFY2025
Activities:

IFSP Service
Provider/SCU
Development &
Support

- Routines- Based Method Overview for TET (followed by SCs and EIPs)
- Progress Summary Form training-quality documentation
- Shorter-duration topic specific workshops
- 2026 Virtual Conference (May)
- CEU Opportunities-Pilot Program
- LMS Course Catalog
- Service Coordinator Manual

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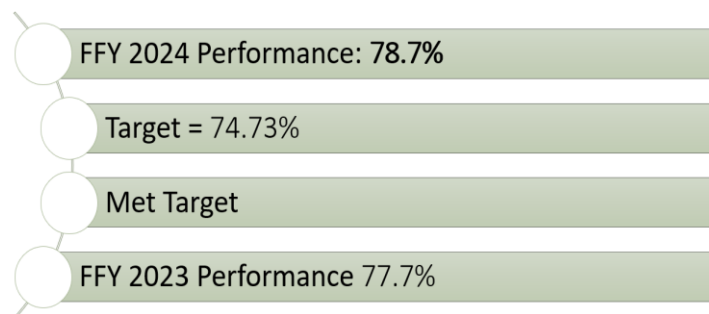
SICC Discussion & Public Comment on Indicators 3 & 11:

- Kathleen Hinnigan-Cohen asked whether anyone from the SICC is represented on the Early Relational Health Coordinating Council.
- Kristen Kugelman responded that she had been involved in the group that developed the framework for the council. She explained that the council itself has not yet been identified. Now that the framework, including the mission, vision, and goals, is in place, Montclair State University (MSU) will present it to the funder. She added that the next step is to establish the council sometime within the year.

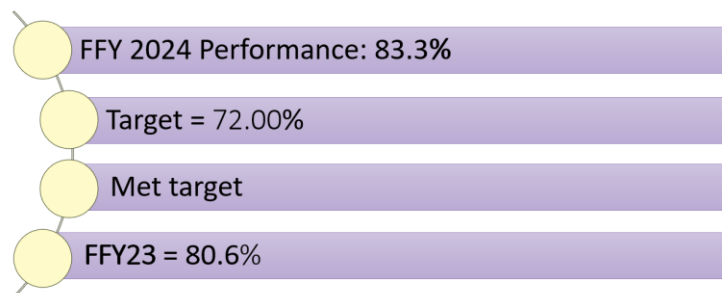
- Corinne Catalano added that she was also part of the early relational health coordinating council and, while no decisions have been made yet, it is likely that she could serve as a representative.
- Corinne Catalano also emphasized that early relational health focuses not just on the child, but on all adults who support the child. She noted that this focus is evident in current work and should guide the development of competencies and standards for early intervention professionals, ensuring they are knowledgeable about both children and families. She also praised Kristen Kugelman and her team for their excellent work.
- Samuel Kivell added that he wanted to commend the team on the data completion, noting that when his son graduated, the completion rate was around 40%, and he hopes it could reach 90% by 2029–2030. He also suggested a follow up analysis for the children who did not show improvement in the system, to understand whether it is due to skill acquisition, social-emotional factors, genetic conditions, or late entry into the program.
- Susan Evans answered that each child is reported in multiple areas, so a child might not show improvement in one area but could show progress in others. While the data is complex, it presents valuable opportunities for deeper analysis, and some interesting findings have already emerged.
- Josephine Shenouda added that she wanted to thank all the Targeted Evaluation Team (TET) teams and service coordinators for promoting the exit evaluations and recommending them. She noted that she had been requesting this for the past 2–3 years and was pleased that, for the first time in EI history, completion reached 66%. She expressed hope that this becomes the baseline and continues to improve.
- Indicator 4: Family Involvement, presented by Patty Green and Kendra Taggart
 - Patty Green stated that Indicator #4, which measures family involvement, examines three aspects through the annual family survey: whether families know their rights, whether they feel they are effectively communicating their child’s needs, and whether they have learned how to support their child’s development and learning.
 - The survey tool uses a rating scale developed by the Early Childhood Outcomes (ECO) Center. Section B of the Family Outcomes Survey Revised (FOS-R) specifically measures how effectively Early Intervention has helped families achieve positive outcomes, including the three outcomes defined in Indicator #4.
 - Indicator #4 Methodology/Business Rules:
 - Business Rule 1: Children must have been in the Early Intervention System for at least 6 months from their initial service claim date from their initial IFSP and/or public expense date
 - Business Rule 2: Children must have had an active IFSP, public expense plan or exited EIS within 3 months or less from the date of survey dissemination.

- Kendra Taggart began her presentation by noting that a little over 6,000 surveys were sent across 21 counties. She reported receiving 2,167 responses, with more completed online than by mail. She also explained that the survey was distributed in the program’s five most common languages: English, Spanish, Haitian Creole, Portuguese, Arabic, and Korean.
- Kendra Taggart reported that the response rate for this federal fiscal year was 35.8%, the highest in nearly 19 years. She noted that the previous year’s response rate was 32.9%, representing a 2.9% increase.
- Kendra Taggart also reviewed the specific survey details presented in the slideshow below:

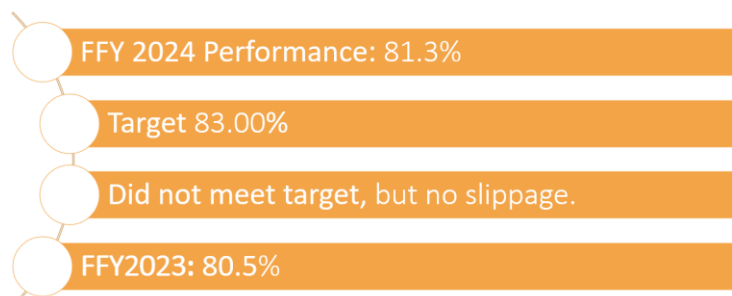
4A Early Intervention helped the family
“Know their Rights”



4B: EI helped the family
“effectively communicate their child’s needs”



4C: NJEIS helped their child
“develop and learn”



- Patty Green concluded the presentation on Indicator 4 by explaining what has been accomplished and outlining the next steps:

What's Been Done	Next Steps
<ul style="list-style-type: none"> • Updated the survey introduction letter to families receiving the survey • Distributed Family Outcomes Flyer for Families • Distributed Family Outcomes Flyer for Professionals • Filmed and distributed a Family Outcomes video for families in English and Spanish • Filmed and Distributed a Family Outcomes video for professionals 	<ul style="list-style-type: none"> • The Family Outcomes Stakeholders Committee continues to meet and: <ul style="list-style-type: none"> • Explores additional options that will increase the survey response rate and performances within each sub-category. • Increase representativeness • Revisit business rules and adjust or include new requirements from OSEP as needed. • Explore the delivery option of text messaging for survey distribution

SICC Discussion & Public Comment on Indicator 4:

- Susan Evans highlighted that the efforts of committees and stakeholders, including their public relations strategies, are beginning to show results, such as increased survey return rates. She emphasized that change takes time, but these efforts are gradually becoming integrated into the system. She also thanked everyone who contributed their time and insights to help families and professionals understand the importance of Indicator 4. Kathleen Hinnigan-Cohen agreed with her statements.
- Indicator 5: Child Find Birth to age one, presented by Sirisha Vadrevu
 - Indicator 5 measures the percentage of infants and toddlers from birth to age 1 with IFSPs compared to national data.

Indicator 5
December 1 ,2024

FFY	Number of children	Census Birth to 1 population	Percentage	Target
FFY 2024	1,250	102,387	1.22%	0.75%
FFY 2023	1,015	102,477	0.99%	0.73%

- Indicator 6: Child Find Birth to age Three, presented by Sirisha Vadrevu
 - Indicator 6 measures the percentage of infants and toddlers' birth to 3 with IFSPs compared to National data.

Indicator 6

December 1, 2024

FFY	Count	Birth to 3 population	Percentage	Target
FFY 2024	17,788	316,063	5.63%	3.8%
FFY 2023	18,169	307,055	5.92%	3.6%

SICC Discussion & Public Comment on Indicators 5 & 6:

- Samuel Kivell questioned why the percentage for infants aged birth to one exceeds the target, given his understanding that New Jersey was struggling in this area.
- Susan Evans explained that the data shows they are above the target because progress is being made in that area, just as it was last year.
- Samuel Kivell asked whether the targets are set by the federal government or are self-imposed. He also asked if New Jersey was behind other states in terms of performance for birth to one.
- Susan Evans explained that the targets are state set, established by stakeholders a few years ago. She noted that historically, New Jersey was below the national percentage for birth to one and above the national percentage for birth to three. She added that the census numbers provided by OSEP serve as the data source for the denominator, which is consistent across the country.
- Susan Evans also added that, as she mentioned earlier, all of the targets will need to be revisited next year or the following year. She explained that part of the process will involve reviewing the most recent trend data before setting the updated targets.

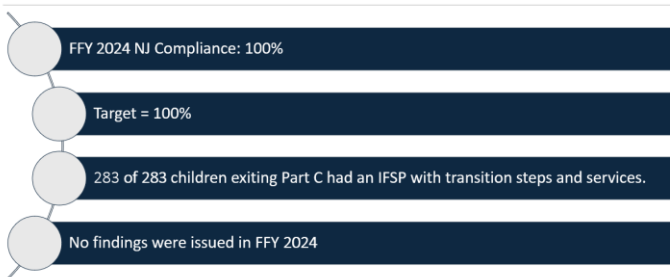
- Josephine Shenouda shared that, as Susan Evans had mentioned, the trends show improvement in that area. Samuel Kivell questioned whether this is the department's main initiative for birth to one. Susan Evans responded that it is another example of an effort that has been worked on, targeted, and discussed for a long time across multiple sectors.
- Catherine Colucci reminded the group of what Josephine Shenouda had shared at the beginning of the meeting: the average age of referral in New Jersey has been about 26 months. She noted that in past years, the age was much lower and suggested that the state likely set reasonable goals for itself.
- Josephine Shenouda added that they are seeing incremental improvement. She explained that for the birth to one population, Indicator 6 shows that the overall population is around 5.6%, but when stratified by age, the birth to one group is only about 1%. She noted that many children are being referred to after age one, and what they would like to see is improvement in the birth to one category. This is a national priority, not just specific to New Jersey, and even within the current trends, incremental improvements are visible.
- Virginia Lynn stated that, having attended this meeting for many years, she is thrilled to see the changes that have occurred over time. She noted that it was once a struggle to improve these numbers, and it is very rewarding to see them increasing across the board.
- Indicator 7: 45-Day Initial IFSP Timeline, presented by Melody Lee
 - Indicator 7 is the percentage of eligible infants and toddlers with IFSPs for whom an initial evaluation, initial assessment, and initial IFSP meeting were conducted within Part C's 45-day timeline.
 - Melody Lee reviewed the methodology used for this indicator. A total of 3,699 children met the business rules, and 386 were included in the sample.
 - Melody Lee explained that Indicator 7 is a compliance indicator with a target of 100%. In FFY 2024, compliance was 99.48%, with 384 of the 386 eligible children receiving evaluations and initial IFSP meetings within the 45 day timeline or having documented exceptions. Of these, 348 were completed within the timeline, while 36 were delayed due to family reasons or system delays. There was one finding in 2024, which was closed in April, and all counties except Passaic achieved 100% compliance.

SICC Discussion & Public Comment on Indicator 7:

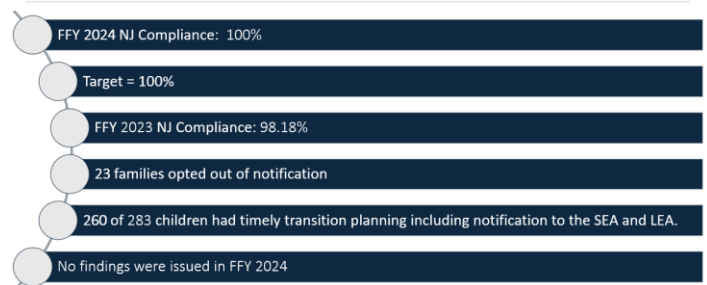
- Susan Evans added that it is worth noting that Passaic experienced a transition last year. She noted that having only two system delays overall is a positive and encouraging outcome. She also expressed appreciation for the service coordination units, as they drive the process and help ensure that timelines are met.

- Indicator 8: Early Childhood Transition, presented by Miray Mankarious
 - Indicator 8 is the percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has:
 - 8A: Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than 9 months, prior to the toddlers' 3rd birthday.
 - 8B: Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddlers' 3rd birthday for toddlers potentially eligible for Part B preschool services and;
 - 8C: Conducted the transition conference held with the approval of the family for at least 90 days, and at the discretion of all parties, not more than 9 months prior to the toddler's 3rd birthday for toddlers potentially eligible for Part B Preschool services.
- For this year, a simple random sample was drawn from the full data pool. All collected data were verified by comparing IFSP meeting dates with the database to ensure accuracy. A total of 3,837 children met the criteria, and a sample of 283 children was selected.
- Miray Mankarious reviewed the slides below related to Indicators 8A, 8B, and 8C.

Indicator 8A: Transition Steps
Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than 9 months, prior to the toddlers' 3rd birthday.



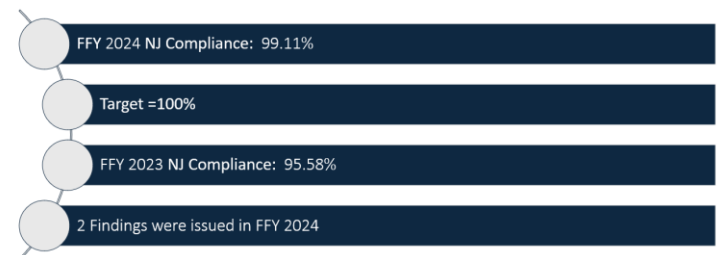
Indicator 8B: Notification
Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddlers' 3rd birthday for toddlers potentially eligible for Part B preschool services



Prior Indicator 8B Findings

- 2 findings were issued in FFY 2023, and all have verified correction as of these dates:
 - Gloucester SCU-closed 11/01/24
 - Passaic SCU-closed 01/16/25

Indicator 8C: Transition Planning Conference (TPC)
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 9 months prior to the toddler's 3rd birthday for toddlers potentially eligible for Part B Preschool services



- Indicator 8C: Transition Planning Conference (TPC)
 - 222 of 224 children exiting Part C had a timely transition planning conference at least 90 days but not more than 9 months prior to their 3rd birthday. 59 families did not provide approval to conduct a TPC (283-59=224).
 - 203 TPC's were timely, 19 TPC's were delayed due to family reasons, and 2 families did not receive a TPC prior to turning 3 due to service coordinator delays.
- Miray Mankarious stated that, in summary, the state met the targets for Indicators 8A and 8B with no slippage, and although the target for 8C was not met, performance improved, and the related findings were closed.

SICC Discussion & Public Comment on Indicator 8:

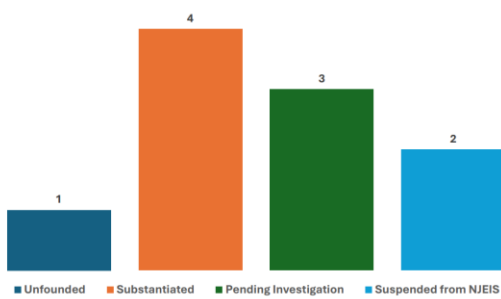
- There was no discussion or comment regarding Indicator 8
- Indicator 12, presented by Miray Mankarious
 - Miray Mankarious explained that Indicator 12 reports on findings from the monitoring process and other Department of Health activities throughout the year. The indicator measures the timely closure of findings rather than the number issued. For both the prior year and the current year, New Jersey achieved 100% compliance across all related measures.
 - Susan Evans added that Indicator 12, introduced last year, summarizes all findings of noncompliance identified through APR monitoring, procedural safeguards, or other departmental activities. The indicator measures the timeliness of resolving findings rather than the number issued. Performance this year was strong, with fewer findings compared to previous years. She acknowledged the work of the monitoring and data teams.

MOTION: Council members were asked to vote to accept this report as presented. Motion by: Corinne Catalano, seconded by Kathleen Hinnigan-Cohen. No further discussion. APPROVED: 9 approved, no opposed, 3 not present during the voting.

Procedural Safeguards Office (PSO) – Beth Lohne, Coordinator

- Beginning in March 2026, the PSO office hours will move to quarterly. The dedicated office hours will be an open forum focus on Procedural Safeguards for the DOH, Regional Early Intervention Collaborative (REICs), Service Coordination Unit (SCUs), and Early Intervention Program (EIP's), via Teams platform to allow maximum attendance. 139 Participated in December.

- Partnership with the Statewide Parent Advocacy Network: Collaboration on joint training for families on Creating Agreements and Formal Dispute Resolution Options in the New Jersey Early Intervention System (NJEIS). SICC Family Support Committee Collaboration.
- Beth Lohne explained that one of the major trends observed in complaints through the Procedural Safeguards Office relates to signatures. To address this, PSO created an informative infographic that has been distributed and used in the field by various agencies and service coordinators. The infographic helps families understand the significance of their signatures and emphasizes the importance of providing them.
- Beth Lohne provided further details on the following data:



Fraud, Waste, and Abuse Investigations
SFY26, 8 total; July 1, 2025- January 9, 2026

SFY26: Summary of Dispute Categories

**As of 1/9/2026. Please note that there may be more than one category in a complaint.

Dispute Category	Total Cases	Concern	Status
Administrative Complaint	3	Practitioner Conduct, Billing dispute	2 with Findings of Correction, 1 Pending
Fraud, Waste Abuse	8	2 Suspension from NJEIS	4 Substantiated, 1 Unfounded, 3 Pending
Due Process	1	Suspension from NJEIS	Withdrawn
FERPA Violation	2	Confidentiality of PII	1 Resolved, 1 Pending

- PSO SFY26 Compensatory Awards Data:
 October– 46 Children, 932 Compensatory Hours
 November – 23 Children, 309 Compensatory Hours
 December – 23 Children, 478 Compensatory Hours
 Total: 92 Children, 1,719 Compensatory Hours

Regional Early Intervention Collaborative (REIC) Update

- There was no presentation for this meeting in lieu of the Annual Performance Report.

Old Business

- Josephine Shenouda added that, although this item was from the previous agenda, she had the communication director reach out to the Governor's office for updates, and they are currently awaiting a response. This request was made at the end of December.
- Update on the Rutgers Study (NIEER):
 - Josephine Shenouda noted that they are hoping that, at the next SICC meeting, NIEER will provide updates on their work so far and share plans to launch the family satisfaction survey, hopefully by the end of next month.

Public Comments

The following comments were made by members of the public:

Kenneth (David) Holmes, ABCD EIPA – Mr. Holmes' statement is summarized below:

- Kenneth (David) Holmes congratulated everyone on the success of the APR, noting the significant effort involved. He expressed support for bringing a group together to discuss key issues such as referrals, eligible children, BDI, and decreases in service hours, which are impacting providers' revenues.
- Kenneth (David) Holmes emphasized the importance of statewide aggregated data to help providers make strategic decisions, maintain sustainability, and identify growth opportunities. Holmes suggested making such data accessible, for example, via the department's website, to provide a clear statewide and county level perspective.

Submitted Written Comments (Attached):

There were no additional public comments.

The Public can submit comments to the Department or in the Q&A section which are recorded for the Department.

The next SICC public meeting is March 20, 2026, 9:30 a.m. to 12:30 p.m.

Adjournment

MOTION to adjourn the meeting by Virginia Lynn and seconded by Kathleen Hinnigan-Cohen at approximately 12:04 p.m.