

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2021

New Jersey



**PART C DUE**  
**February 1, 2023**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The New Jersey Early Intervention System (NJEIS) is submitting this Part C State Performance Plan/Annual Performance Plan (SPP/APR) to the U.S. Department of Education, Office of Special Education Programs (OSEP) in accordance with the Individuals with Disabilities Education Act (IDEA). The data and supporting information reported in this SPP/APR was collected to meet the federal reporting requirements and were carried out with technical assistance from OSEP funded Technical Assistance Centers (TA) and with meaningful and broad stakeholder input on each required indicator throughout the year.

The New Jersey Department of Health (DOH) is the designated State lead agency for the 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.

This report is being submitted February 1, 2023, and contains 1) performance data from FFY 2021, 2) the State Systemic Improvement Plan (SSIP) covering FFY2021 performance, the State's Theory of Action and Evaluation plans, and 3) the State's responses to the Required Actions identified by OSEP in the FFY 2020 APR/Determination process.

New Jersey (NJ) is a geographically small northeastern state with a diverse population estimated at 9,261,699 persons according to the July 1, 2022, estimate by the U.S. Census Bureau. Five point six percent (5.6%) of NJ's population is under the age of 5 years. 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. The State has very diverse population and 32.0% of New Jersey's population aged 5 and older speak a native language other than English.

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

Early intervention services identified on an Individualized Family Service Plan (IFSP) are provided by fifty-two (52) Early Intervention Program (EIP) provider agencies who are contracted with the DOH. Selected EIPs have an additional contractual responsibility to provide evaluation and assessment services to children to determine program eligibility and for progress monitoring. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs and are required to meet established personnel standards.

The REICs facilitate family and community involvement through written Community Impression Plans, which use regional data to assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. Each of the four REICs employs one full-time Training and Technical Assistance Coordinator (TTA), one full-time Family Support Coordinator (FSC) and one Data Analyst. The REICs provide important points of contact for families to ensure they have an active voice in the NJEIS.

#### Additional information related to data collection and reporting

The NJEIS collects and reports data from several sources, which allows the Lead Agency to assure data reliability and data quality by having data verification sources within the established system infrastructure. The primary source of data collection is the Early Intervention Management System (EIMS), which is the statewide case-management and billing system. Often referred to simply as the "data system", the EIMS is an electronic system used by the entire NJEIS workforce to collect and store all child and family information from Intake to Transition. The EIMS is maintained by a contracted vendor and managed by the Part C Data Manager at the DOH. The EIMS contains all the elements of a child's evaluation and Individualized Family Service Plans (IFSP). It tracks all claiming and billing of IFSP services rendered, captures service coordination activities, and contains a portal for families to access their Explanation of Benefits and remit any cost-sharing payments required by the NJEIS. The EIMS database ensures an unduplicated count for federal reporting, 2) assists in the verification of data, 3) establishes and provides trend data for improvement planning, 4) identifies potential areas of non-compliance that are targeted for follow-up, and 5) allows tracking of required corrective actions.

The NJEIS has used the EIMS as its primary data system since 2018.

Data collection for reporting on Indicator 3, Child Outcomes, is collected in the BDI DataManager system which scores and stores the data for each administration of the Battelle Developmental Inventory 2nd edition. Data analysts employed by the REICs collect additional data using a variety of methods such as surveys and excel files, to support the activities of the regional TTA providers and Family Support Coordinators. The data analysts work under the general supervision of the Part C Data Manager and are engaged in the data verification and data cleaning necessary for the submission of required 618 data.

The DOH Part C Data Team supports the Annual Performance Report by teaming and collaborating with the DOH Monitoring Team throughout the monitoring cycles for Indicators 1, 2, 4, 7, & 8 to assist with the desk audits and other data that is needed for APR reporting.

#### General Supervision System

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

The NJEIS implements a general supervision system that identifies noncompliance, ensures verification of correction in a timely manner in accordance with federal requirements and promotes enhanced performance and results for children and families. This is accomplished through the Monitoring Unit, Procedural Safeguards Office, the Part C Data Manager and the Part C Coordinator.

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

Additional information about these processes is included here:

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

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

On-site focused monitoring has historically been an important component of the NJEIS general supervision system to address reoccurring or long standing noncompliance. On-site visits are conducted as necessary to verify correction or to determine the need for additional sanctions such as designation of at-risk or high-risk status when correction is not timely. During the Covid-19 public health emergency, the DOH monitoring team did not conduct on-site monitoring but pivoted to a broader and more frequent use of virtual and electronic methods to accomplish needed oversight activities. By example, the monitoring team virtually attends Family Information meetings held by the service coordinators on a set schedule as part of fiscal monitoring of family cost-participation activities. As the public health emergency was lifted during this reporting cycle, DOH monitors are prepared to return to on-site visits as needed.

The NJEIS has a Procedural Safeguards Office, (PSO) located within the DOH, Office of the Assistant Commissioner, to ensure the effective implementation of procedural safeguards including family rights. The Procedural Safeguards Office is responsible for investigating and resolving complaints in accordance with Part C requirements. A complaint resolution process is available to address complaints filed by individual, families, groups, organizations, or from any source, including an organization or individual from another state, indicating a deficiency(s) in the fulfillment of the requirements, or a violation of the requirements, by public or private agencies, which are or have been receiving financial funding or payment under Part C of IDEA or other pertinent state or federal early intervention legislation; or by other public agencies involved in the state's early intervention system.

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

Service coordinators are given the responsibility to directly assist families in accessing informal and formal dispute resolution. Procedural safeguards are described in the document "New Jersey Early Intervention System Family Rights" and all NJEIS providers/practitioners are responsible to ensure that families understand their rights under Part C. Each new hire to the NJEIS is required to successfully complete six procedural safeguard online training modules prior to beginning work with children and families.

Formal dispute resolution procedures are used to identify and correct non-compliance through a statewide mediation system. Parents may voluntarily access a non-adversarial process for the resolution of individual disputes regarding the NJEIS including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. The PSO maintains a list of qualified and impartial mediators who are trained in effective mediation techniques and are knowledgeable in laws, regulations and best practices related to the provision of early intervention services. A statewide impartial hearing system is available through the Office of Administrative Law (OAL) to ensure parents have access to a fair process for the resolution of disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services.

#### **Technical Assistance System:**

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

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

Under the leadership of the CSPD coordinator the CSPD team 1) Coordinates and prioritizes training initiatives across topic areas, including evidence based practices and the goals and activities outlined in the State Systemic Improvement Plan; 2) Ensures consistency of messaging in professional development materials; 3) Establishes streamlined processes for on-boarding and off-boarding with accountability for agency administrators; 4) Establishes accountability measures for practitioners and service coordination in completing required training. The team is highly invested in maximizing and updating the use of technology platforms for training, community of practice work, general communication about federal and state requirements and connections with families.

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

#### **Professional Development System:**

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

The NJEIS improved its overall model of professional development during FFY2021. As fully described in Indicator 11, the DOH has leveraged the use of American Rescue Plan funds to engage with additional professional development partners, including Montclair State University (MSU) and Robin McWilliams' national expert team in Routines Based Interviewing. In FFY2021 NJEIS was challenged in retaining service coordinators and IFSP practitioners and the workforce turnover reinforced the need for the quality control with onboarding beginning with the established personnel standards. These standards are maintained and monitored for all early intervention practitioners, requiring educational background and licensure as appropriate for each position in the state. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs and credentials (licensure, certifications etc.) are verified through state processes in conjunction with the EIMS vendor. The ICC Personnel Preparation committee continues to support and advise the DOH on personnel standards and changing pre-service requirements for practitioners. Each new hire to the NJEIS must complete required professional development sessions in addition to on-boarding procedures required by the hiring agency.

The DOH service coordinator liaison regularly reviews the work product of the service coordinators and provides professional development opportunities specific to the role of a service coordinator, IFSP development and family outcomes.

The regional TTA staff are responsible to provide training about NJEIS to system partners such as Child Welfare staff, community referral sources, and local education agencies.

**Broad Stakeholder Input:**

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

In FFY2021, the DOH continued to use newer methods of engagement that proved successful for engaging stakeholders in all segments of the NJEIS. The addition of virtual and electronic platforms as communication systems has resulted in improved efficiency and reach of the Lead Agency. The use of remote/virtual meetings has resulted in greater participation by stakeholders (including parents) in the ICC meetings, topic specific webinars and trainings, sub-committee work, and intra-agency collaborations.

As part of regular stakeholder engagement strategies, the DOH provides a monthly newsletter via a list-serve to over 200 individuals, holds topic specific sessions for EIP providers (e.g. policy reviews, contractual updates), monthly technical assistance sessions for service coordination in addition to the provider meetings that take place across the state. The Part C coordinator is a member of the Governor's Interagency Disability Task Force and the advisory committee for the Statewide Parent Advocacy Network (NJ's PTI) which provides regular opportunity for meaningful engagement with systems and partners with a vested interest in but who not directly engage in the work of NJEIS.

Target setting was completed in FFY2020 and stakeholder engagement for APR FFY2021 was carried out at the November 18, 2022, and January 20, 2023, meetings of the ICC, attended by Council members and the public. The content of the APR submission was provided to members of the ICC prior to both meetings and presented fully by state staff to the public and ICC. Public members were provided the opportunity and methods by which they could submit comments to the DOH (verbally or in writing).

In November 2022, the ICC met separately to review the content and progress on the SSIP. For this full-day meeting, the NJEIS utilized available TA from ECTA to facilitate the review which allowed the ICC to provide their advice and assistance with planning for SSIP "year two". The review by the ICC, was the last step in preparing the SSIP as most of the ongoing work was accomplished through monthly meetings with the Indicator 11 stakeholders. The commitment of the "Indicator 11" stakeholders in initiating the year 1 SSIP activities was critical to the progress made in FFY2021.

The ICC members certified the FFY 2021 SPP/APR as their annual report.

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

NO

**Number of Parent Members:**

37

**Parent Members Engagement:**

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

In FFY21, the DOH team prioritized the inclusion of stakeholders who had not previously participated in meetings and subcommittees, those from all geographic parts of the state, racial and ethnic diversity and was successful in identifying new community partners. DOH committed to partnering with SPAN in their "Parents as Data Leaders" training for families who, once trained by SPAN, will then become additional members of established committees in the NJEIS and contribute to evaluating progress and developing improvement strategies. The NJ Legislature recently passed legislation that requires additional evaluation and reporting of the language acquisition progress of children with hearing loss. The NJEIS has been working with the newly established advisory group of parent advocates, state DOE staff and hearing consultants to establish the methods to evaluate the progress of this sub-set of children who receive early intervention services. The DOH intends to invite the parent stakeholders from that advisory group to join the NJEIS C-3 team which will be reviewing the business rules and targets for child outcomes as the state transitions from the Battelle Developmental Inventory 2nd edition to the third edition during FFY2022.

The REIC boards were engaged this year to review and provide input on the content provided to families about Transition (Indicator 8), assist with the update of the NJEIS Central Directory and contribute to the creation of updated and novel outreach and child find materials (Indicators 5 & 6).

In consideration of the active work of the ICC, the engagement of REIC board members, partnerships with the state PTI, the use of virtual meeting formats and regular communication channels, the DOH is confident that it engaged a wide variety of stakeholders, not just for the development of the SPP/APR/SSIP, but for many other operational concerns of the overall system.

**Activities to Improve Outcomes for Children with Disabilities:**

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

Each parent member of the ICC is assigned to one or more sub-committee of the ICC and are offered the opportunity to join any ad-hoc APR/SPP sub-committees described in this report. NJ has a robust group of individuals who are dual stakeholders in the NJEIS, as they are/were the parent of a child with a disability and are a professional in the NJEIS at the local, regional, or state level. Committee work provides a forum for parent members to contribute to the NJEIS using an established skill set or interest (e.g. finance, technology) and/or to develop their capacity in area of interest (e.g. state budgeting process).

The Statewide Parent Advocacy Network (SPAN) initiated "Parents as Data Leaders" in the fall of 2022. NJEIS has committed to partnership with this initiative which is designed to increase the capacity of parents to support the development of implementation activities for the systems in which they participate. Upon completion of the training program with SPAN, DOH and SPAN will identify the opportunities for these parents to contribute to the improvement of the NJEIS through membership in regular and/or ad-hoc committees.

Parents serve on the REIC Boards, subcommittees, and related community councils. The Family Support Specialists maintain contact information for the families in their regions which offers the NJEIS the ability to solicit input from families throughout the state. In recent years, the increased use of social media platforms has provided additional touchpoints for sharing information and resources for families to interact with the NJEIS.

**Soliciting Public Input:**

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

The stakeholder process, targets ,and APR performance were presented to the ICC at both the November 18, 2022 and January 20, 2023 meetings where the opportunity to provide public comment was also provided. The ICC meeting dates, time and link to the virtual meeting is posted on the Department of Health/Early Intervention website and is open to the public.

In reviewing the targets and performance for FFY2021, attendees of these meetings were presented historical trend data regarding NJ's previous targets and performance. There were opportunities to discuss the variables which may be expected to impact the various targets. Additional relevant data were presented for each indicator including information regarding referral rates, trend data, and data from relevant target setting methodologies. The stakeholders were able to provide input on improvement strategies and respond to questions.

**Making Results Available to the Public:**

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

The stakeholder process, targets ,and APR performance were presented to the ICC at both the November 18, 2022 and January 20, 2023 meetings where the opportunity to provide public comment was also provided. The ICC meeting dates, time and link to the virtual meeting is posted on the Department of Health/Early Intervention website and is open to the public.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

At the January 20, 2023 meeting of the NJEIS ICC, the final APR data were presented and after each indicator was discussed both the ICC members as well as the public had an opportunity to comment and ask questions.

After a rich discussion the ICC was asked to vote and approve the FFY 2021 APR. The acting chair of the ICC certified the final approval. The NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) is disseminated to the public through posting to the state website <http://nj.gov/health/fhs/eis/public-reporting/> and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>.

The SPP/APR/SSIP is also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council, state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State.

FFY 2020 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements was 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>

At the January 20, 2023 meeting of the NJEIS ICC, the final APR data were presented and after each indicator was discussed both the ICC members as well as the public had an opportunity to comment and ask questions.

After a rich discussion the ICC was asked to vote and approve the FFY 2021 APR. The acting chair of the ICC certified the final approval. The NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) is disseminated to the public through posting to the state website <http://nj.gov/health/fhs/eis/public-reporting/> and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>.

The SPP/APR/SSIP is also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council, state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State.

FFY 2020 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements was 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>

At the January 20, 2023 meeting of the NJEIS ICC, the final APR data were presented and after each indicator was discussed both the ICC members as well as the public had an opportunity to comment and ask questions.

After a rich discussion the ICC was asked to vote and approve the FFY 2021 APR. The acting chair of the ICC certified the final approval. The NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) is disseminated to the public through posting to the state website <http://nj.gov/health/fhs/eis/public-reporting/> and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>.

The SPP/APR/SSIP is also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council, state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State.

FFY 2020 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements was prepared and disseminated within 120 days of the submission of this SPP/APR. Existing County Performance Reports and Part C Determinations are located at: <https://www.nj.gov/health/fhs/eis/public-reporting>

**Intro - Prior FFY Required Actions**

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

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

## **Response to actions required in FFY 2020 SPP/APR**

The DOH takes very seriously the determination of "Needs Assistance" for both 2021 and 2022 and can report to the Department the following actions taken to improve results.

The primary challenge for NJ Part C in "Meeting Requirement" is the performance on Indicator 3, Child Outcomes the past 2 reporting years. In FFY2020, the number of children reported in Indicator 3 was well below the target for quality set by OSEP (65% or greater) due to the Covid-19 pandemic. The smaller N contributed to data anomalies in the progress categories for 3A, B and C. In response during, FFY2021, the DOH communicated to the system and made it a priority that NJEIS return to all in-person evaluations and to ensure the collection of data for children who were exiting from the program returned to an acceptable percentage of data completion and sufficient N for each progress category. Members of the ICC and the contracted evaluation teams, were provided the Results Accountability Matrix from the 2 previous years, to reinforce the expectations and requirements of C-3. The NJEIS is reporting a significant improvement in the results for C-3 in this APR. The State does not have slippage, has returned to a pre-pandemic N size and though the progress categories have anomalies, the State is confident the operational components necessary to collect and report for C-3 have rebounded from the almost 2 years of a pandemic.

The State engaged TA from the DaSY Center and ECTA for concerns specifically related to the Needs Assistance determination. Again focused on C-3, ECTA provided on-site TA to the ICC related to the Results Accountability Matrix, the importance of the Determination process and role of the ICC in the performance of the State. The ICC members adjusted their system priorities, putting the SSIP to the forefront of their energies as the SSIP directly relates to C-3 and the outcomes and progress of children.

The monitoring team utilized the TA resources from DaSY since last SPP/APR to ensure the updates and work in C-4 meet the requirements and expectations of the Department. Specifically, the NJEIS team received TA on methods to ensure adequate representation and diversity in the collection and reporting of survey results for C-4. The TA provider from DaSY engaged with the NJ team no less than 7 times in FFY2021 (almost monthly).

Lastly, the NJEIS has engaged ECTA in FFY2021 for their technical assistance with Procedural Safeguards and Dispute Resolution. The Determination in 2021 was partially a result of non-compliance in Dispute Resolution. The NJEIS PSO officer is a regular, monthly participant in the CADRE Community of Practice and is utilizing the products developed by CADRE and ECTA in assessing the overall standard operating procedures in place to provide families with their rights and to ensure the system meets requirements.

## **Intro - OSEP Response**

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2022 determination letter informed the State that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## **Intro - Required Actions**

OSEP notes that one or more of the Introduction attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	94.58%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	94.61%	97.56%	94.51%	96.08%	93.33%

### Targets

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

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
281	349	93.33%	100%	89.68%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

The approved monitoring plan for Indicator #1 divides the State into 2 cohorts of counties which are monitored in alternating years. NJEIS uses those 2 cohorts, identified as Cohort A and Cohort B and reports every other year on the based on current cohort. The data for FFY2021 represents Cohort "A" and includes 10 of the 21 counties in NJ.

FFY2021 Cohort A data has slipped 3.65% compared to the Cohort B data from FFY2020.

As a compliance Indicator with 100% required performance, DOH has identified the slippage in meeting timely services as a priority for universal and targeted TA to all provider agencies, while findings and/or corrective action plans address the individual local programs.

Emerging from the COVID-19 pandemic, the NJEIS workforce has been impacted by turnover, challenges in recruitment and retention of all types of practitioners resulting in an overall shortage of providers. DOH has drilled down into Indicator 1 and identified that Atlantic County had the lowest percentage of timely services (55%) which affected the overall state compliance, however the Lead Agency acknowledges that timely services are a concern in multiple counties to some extent. In response, the DOH has taken the following actions to support the system in meeting its requirement for timely services: 1) modifications were made to the "provider assignment policy and procedures" allowing for greater flexibility in the rotation used to assign IFSP services, 2) Two current provider agencies had their contracts with DOH expanded to be able to provide services in the most problematic counties, including Atlantic County 3) leadership from DOH and the REICs hold weekly meetings to identify alternative arrangements or options for individual families including telehealth, alternative locations and/or the use of non-network providers to meet the IFSP needs. In addition, the DOH will move from a locally controlled processes for identifying available providers to a statewide controlled system intended to be more efficient for service coordination. The use of the new system and procedures for identification of providers will begin July 1, 2023 and the effects of that implementation on Indicator 1 will be available for the FFY24 APR, submitted in 2025.

**Number of documented delays attributable to exceptional family circumstances**

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

32

**Provide reasons for delay, if applicable.**

NJEIS identified 32 children with 44 services which were determined to have exceptional family circumstances that resulted in services being considered acceptable, however untimely, due to a child/family reason for delay. These delays included families delaying services due to COVID-19 concerns, illness/hospitalization, and family requests to cancel/reschedule.

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

NJEIS established with prior Part C Steering Committee input, a policy for "timely services" as "All services are provided within 30 calendar days from the date the IFSP is signed by the parent documenting consent for the services on the IFSP." This criteria continued to be used for FFY2021.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

NJ monitors all 21 counties every two years with 10 counties monitored in odd numbered FFYs (Cohort A) and 11 counties monitored in even numbered FFYs (Cohort B). NJEIS has a statewide database (EIMS) that authorizes the IFSP services consented to by the parent for assignment and billing by local provider agencies. Data from the EIMS assists in the process of monitoring for Indicator 1.

Business rules for this monitoring include starting with all active children and all new services during a quarter (3 months) of the FFY. To ensure a representative pool, NJEIS pulls a random selection of child records within the quarter, verifying there is a 95% confidence level and a +/-5 confidence interval to ensure the child records chosen, appropriately represent the state population for the entire reporting year. Therefore, the FFY 2021 timely services monitoring used the statewide database (EIMS) to randomly select the data which was then drilled down through a desk audit inquiry process of all actual service claim data for the period.

The data represents all active child records for the months of August through October 2021 for 10 of the twenty-one counties in New Jersey. The other 11 counties were reviewed in FFY 2020 and reported in the APR submitted February 1, 2022.

To ensure that the data described below accurately reflects data for infants and toddlers with IFSPs for the full reporting period, NJEIS compares the selected group of children by county size to the NJEIS 618 Child Count and Settings data to ensure a representative selection of children and their services for their entire reporting year of data.

Data Desk Audit, Inquiry and Record Review: The NJEIS state database does not capture all variables needed to determine whether a service is authorized under a periodic/annual IFSP. Therefore, as part of the monitoring process, the monitoring team conducts a data desk audit and inquiry to exclude any services reauthorized by a subsequent IFSP. The purpose of the of the data desk audit and inquiry is to: (1) identify reasons for delays, including documentation of family reasons; (2) determine if the service was added at a subsequent IFSP meeting; (3) identify root cause and ensure correction of any systemic barriers; and (4) verify that the delayed services was provided, although late (prong 1). The monitoring team uses all the information received to determine where in the process the delay occurred and who was responsible. The identification of the data needed to conduct a timely data desk audit, inquiry, and record review is driven by the availability of actual service date claims data to ensure that complete and accurate data is available for the data desk audit.

Timely service data passes through a number of edit checks including; verification that there is valid IFSP data with a billing authorization within the IFSP period; verification there is a valid claim filed by the provider agency; verification that the claim is supported by a service encounter verification log attested and signed by the parent and; an explanation of benefits provided to the family that details the services rendered as a secondary verification that the service type, actual date, and intensity are accurate.

Due to the continued use of Telehealth for the delivery of services (optional for families) additional methods of verifying parental acknowledgement of service encounter verification were considered acceptable when clearly documented and presented along with the other documentation required in the desk audit process. Alternative methods of service encounter verification include electronic signatures and the use of email verification. The data is analyzed to verify the number of actual calendar days to the first service by comparing the parent consent date of service to the first service claim date.



Further inquiry includes: Reason and explanation of delay; Identification of type of IFSP (initial, review, annual review); Date IFSP was sent by Service Coordination Unit (SCU) and received by the Early Intervention Program (EIP); EIP assignment date; Reasons and barriers that affected meeting the 30 day timely service provision requirement; EIP and/or SCU response to correct the system barrier; Description of how the agency and/or SCU is assured that the barrier has been corrected; Submission of policies and procedures which were created or revised; and confirmation that the agency followed NJEIS policies and procedures.

**Provide additional information about this indicator (optional)**

The time period in which the data were collected was the months of August, September and October of 2021.

The total number of children meeting the business rules stated above = 4,392 children which were taken from the state database. The DOH NJEIS analyzes timely services data by children and by individual service and reports data using actual number of calendar days (not averages) as described below.

Total number of records monitored (Denominator) = 349 active children who had a total of 764 services were monitored. The desk inquiry conducted by the lead agency monitoring staff identified the following: Of the 349 children, 281 children had a total of 665 services which were verified as timely based on the consent date of the IFSPs (less than 30 days); 32 children had a total of 44 services which were determined to have exceptional family circumstances that resulted in service delays being considered acceptable, though untimely, due to a child/family reason for delay (including child illness/hospitalization and family cancellations and requests to reschedule); 36 children had a total of 46 services which were delayed due to systems reasons. The 46 untimely service types were: Speech Therapy (16 children), Occupational Therapy (13 children), Developmental Intervention (9 children), and Social Work (2 children).

**Findings issued:**

DOH issued eleven (11) findings for Indicator #1 noncompliance in FFY 2021. Findings were issued to these service coordination units: Southern NJ Perinatal Cooperative (Atlantic, Cape May and Cumberland counties), Visiting Nurse Association (Monmouth County) and Essex County Department of Health and Rehabilitation (Essex County). Findings were issued to the following Early Intervention Provider agencies: BATA, Classic Rehabilitation, CompCare, , Sunny Days Early Childhood Developmental Services, and TheraCare. The agencies all provided documentation to the DOH of training and procedure review/updates to staff in order to address each finding's root cause. Upon review of the agencies' updated/revised policies and procedures, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services.

Once each agency is verified as operating at 100% compliance for both prongs 1 and 2 through a review of more current data, and the DOH is able to verify that the individual agency is now implementing the regulatory requirements (Prong 2), their finding will be closed. Any agency not operating at 100% will receive continued technical assistance. Each agency has until June 30, 2023, to verify correction.

The DOH confirmed that the 26 children who remained within NJEIS jurisdiction received their services, although late, and verified this through claims data, service verification sign-off (or alternate means for telehealth services), and progress notes (Prong 1). There were 6 children who left the jurisdiction of NJEIS prior to service initiation.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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 2020 Findings of Noncompliance Verified as Corrected**

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

Five findings were issued on November 23, 2021, to: Bergen County Human Services Department SCU, Catholic Family & Community Services SCU, Southern NJ Perinatal Cooperative SCU, Children's Specialized Hospital EIP and Sunny Days Early Childhood Developmental Services EIP. The agencies all provided documentation to the DOH of training and procedure review/updates to staff order to address each finding's root cause. Upon review of the agencies' updated/revised policies and procedures and training documentation, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. NJEIS reviewed subsequent data for each of the agencies which verified timely service provision for all 5 agencies at 100% compliance. All 5 findings were closed between 2/10/22 and 4/7/22.

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

The DOH confirmed that all 10 children who remained within NJEIS jurisdiction received their services, although late, and verified this through claims data, service encounter verification sign-off (or alternate means for telehealth services), and progress notes (Prong 1). 2 children left NJEIS jurisdiction prior to receiving their service.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**1 - Prior FFY Required Actions**

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

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

## **Response to actions required in FFY 2020 SPP/APR**

Five findings were issued on November 23, 2021, to: Bergen County Human Services Department SCU, Catholic Family & Community Services SCU, Southern NJ Perinatal Cooperative SCU, Children's Specialized Hospital EIP and Sunny Days Early Childhood Developmental Services EIP. The agencies all provided documentation to the DOH of training and procedure review/updates to staff order to address each finding's root cause. Upon review of the agencies' updated/revised policies and procedures and training documentation, NJEIS determined that the policies, procedures and/or practices were consistent with state and federal regulations for timely provision of services. NJEIS reviewed subsequent data for each of the agencies which verified timely service provision for all 5 agencies at 100% compliance. All 5 findings were closed between 2/10/22 and 4/7/22.

## **1 - OSEP Response**

### **1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	99.81%

FFY	2016	2017	2018	2019	2020
Target>=	99.87%	99.89%	99.92%	99.92%	99.30%
Data	99.87%	99.87%	99.96%	99.94%	99.75%

### Targets

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

### Targets: Description of Stakeholder Input

Targets for C-2 were developed with a stakeholder committee comprised of 7 individuals with relevant expertise, including Parent Advocacy Leadership, Pediatrician, early intervention professionals, and 4 parents of children who received early intervention. To ensure a diverse group of stakeholders, the EI team identified members from different areas of the state, and various racial ethnic groups were represented. The stakeholder group reviewed and discussed C-2 trend data, analyses offering possible forecasting, discussion regarding COVID-19 impacts and other relevant variables, and thoroughly explored potential targets for recommendation. Targets were presented to ICC members and the public for consideration and discussion and later approved. These targets have been accepted by OSEP through FFY 2025. At this time, no changes to current targets have been proposed. However, the NJEIS continues to monitor state performance and will recall the C-2 target setting subcommittee if evidence exists which indicates that the current targets are no longer appropriate.

A full description of the state target setting process for C-2 has been more fully described in the NJ FFY 2020 SPP/APR submitted February 1, 2022.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	15,087
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	15,118

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
15,087	15,118	99.75%	99.40%	99.79%	Met target	No Slippage

**Provide additional information about this indicator (optional).**

In FFY 2021, the 618 data reported (15,087/15,118) 99.79% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. The 15,087 included 14,186 (93.84%) children who received services primarily in the home, plus 901 (5.96%) children who received services primarily in community-based settings.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

The targets for this indicator were set for the SPP/APR submission in February 2022 and the targets remain the same for this report period. NJEIS targets are set based on meetings with a diverse group of stakeholders whose talents specialize in child outcomes. This diverse group includes individuals from all different roles within the EI system from parents, community partners, service providers and DOH staff. Targets were presented to ICC members and the public for consideration and discussion and then approved. These targets were accepted by OSEP through 2025. The targets that were set were influenced by the impact of the Covid -19 pandemic on the children who were entering the program and who were affected by the public health situation. The stakeholders will be reconvened in the upcoming year, to review and consider updates to the targets in this indicator based on 2 factors: 1) the States changeover to using BDI-3 from BDI-2 ,and 2) to assess the targets in the context of post-pandemic data on the children who are eligible for NJEIS.

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2012	Target>=	41.55%	43.25%	45.00%	45.00%	30.62%
A1	30.62%	Data	43.34%	39.17%	36.08%	32.55%	30.06%
A2	2012	Target>=	78.65%	79.33%	80.00%	80.00%	64.03%
A2	79.03%	Data	79.12%	72.87%	60.84%	57.82%	45.47%
B1	2012	Target>=	83.80%	84.40%	85.00%	85.00%	77.32%
B1	77.32%	Data	85.33%	83.12%	85.82%	64.51%	43.05%
B2	2013	Target>=	47.90%	49.02%	50.00%	50.00%	44.03%
B2	45.87%	Data	49.93%	43.27%	43.32%	58.10%	34.55%
C1	2012	Target>=	92.88%	92.88%	93.00%	93.00%	85.00%
C1	92.25%	Data	94.92%	94.57%	93.24%	86.74%	60.84%
C2	2012	Target>=	80.87%	81.93%	83.00%	83.00%	79.24%
C2	80.37%	Data	79.80%	75.81%	88.34%	93.99%	79.91%

#### Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	31.00%	37.34%	39.34%	41.34%	43.34%
Target A2>=	67.03%	70.03%	73.03%	76.03%	79.10%
Target B1>=	77.32%	82.71%	83.15%	83.59%	84.02%
Target B2>=	44.70%	45.38%	46.05%	46.72%	47.38%
Target C1>=	85.00%	88.00%	89.00%	90.30%	92.30%
Target C2>=	80.31%	81.38%	82.44%	83.51%	84.58%

#### FFY 2021 SPP/APR Data

##### Number of infants and toddlers with IFSPs assessed

6,091

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	375	6.16%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,833	30.09%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	639	10.49%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	415	6.81%

<b>Outcome A Progress Category</b>	<b>Number of children</b>	<b>Percentage of Total</b>
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,829	46.45%

<b>Outcome A</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
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	1,054	3,262	30.06%	31.00%	32.31%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,244	6,091	45.47%	67.03%	53.26%	Did not meet target	No Slippage

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

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	688	11.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,325	21.75%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,264	20.75%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,890	31.03%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	924	15.17%

<b>Outcome B</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
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	3,154	5,167	43.05%	77.32%	61.04%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	2,814	6,091	34.55%	44.70%	46.20%	Met target	No Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

<b>Outcome C Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	402	6.60%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	501	8.23%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	215	3.53%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,356	38.68%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,617	42.97%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,571	3,474	60.84%	85.00%	74.01%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	4,973	6,091	79.91%	80.31%	81.65%	Met target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	13,664
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.	2,074

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

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

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

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

**Provide additional information about this indicator (optional).**

The data reported in FFY21 contain children who entered the NJEIS during COVID-19. NJEIS was emerging from the State declared public health emergency and therefore a portion of the children entering the program were evaluated via virtual/telehealth platforms. The BDI is designed and validated to be administered in person and telehealth administration, while useful, can compromise the fidelity of tool administration. The data set reported in this APR begins July 1, 2022 at which point the NJEIS had returned to over 80% in person evaluations for entry evaluations. Over 90% of exiting evaluations were conducted in person. The data, therefore, does contain scores from children who were evaluated remotely which may have affected the overall state performance. The NJEIS has returned to 100% in-person evaluations of children when the BDI is used.

### 3 - Prior FFY Required Actions

None

### 3 - OSEP Response

### 3 - Required Actions



## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2012	Target>= =	73.09%	74.05%	75.00%	75.00%	71.00%
A	69.37%	Data	78.78%	75.52%	75.38%	71.08%	73.36%
B	2012	Target>= =	68.34%	69.17%	70.00%	70.00%	68.00%
B	###C0 4BBA SEDA TA###	Data	75.55%	72.97%	71.68%	68.53%	69.72%
C	2012	Target>= =	84.05%	84.52%	85.00%	85.00%	81.00%

C	80.96 %	Data	88.96%	85.06%	86.05%	82.61%	84.13%
---	---------	------	--------	--------	--------	--------	--------

**Targets**

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

**Targets: Description of Stakeholder Input**

NJ applied a concentrated and planful approach to engaging Stakeholder input into C-4, Family Involvement in the past 2 years. The NJEIS Monitoring Team engaged ECTA for technical assistance in 2021 in preparation for target setting in the SPP/APR submitted in 2022 and continues to regularly utilize the national TA resources to ensure the State meets the requirements and expectations of OSEP. The work that was begun in 2021 (FFY2020) continued into 2022 (FFY2021) and the stakeholders that set targets with the DOH in FFY2020, were reconvened to review the methodology and survey tool that NJEIS has utilized for 15 years. The C-4 stakeholder group has 9 members, including 5 parents of children who received early intervention services, service providers, representation from higher education, the state PTI and ICC members. The members of the Stakeholders Committee represent diversity with their background relating to race, ethnicity and gender. In FFY21, stakeholders reviewed each aspect of the NJEIS process for collecting and reporting in C-4 which included: the survey tool; distribution methodology; business rules increasing response rates; and outreach opportunities, including examining opportunities available by expanded the use of technology. The stakeholders focused their charge on the NJEIS's family survey methodology process, creating marketing tools, ensuring representativeness across the state, increasing the overall response rate and incorporating more diverse languages for families served. Two subgroups were then formed specifically addressing either Methodology or Marketing (outreach) and each subgroup reports back to the larger group with recommendations. This group of stakeholders met either as a full committee or in subcommittee at least once per month between January 2022 and January 2023. Each member has committed to maintaining their participation in the group through 2023. The C-4 stakeholders recommended that NJEIS change from the historically used family survey from the National Center for Special Education Accountability Monitoring (NCSEAM) to the Family Outcomes Survey- Revised (FOS-R) also known as the Early Childhood Outcome-Revised (ECO-R). The stakeholders suggested the ECO Revised displays a more user friendly format for families compared to the NCSEAM. They further reasoned that the change in survey tool provides the option for more diverse families in NJ to receive the survey as it is available in multiple languages. Several stakeholders for C-4, are parents of children who had Early Intervention services and they stated their preference for the new family survey tool as being more family friendly and believe the increased response rate is a one result of tool being easier to navigate and understand. The ICC and Lead Agency accepted this recommendation. Numerous outreach tools were developed by the marketing stakeholder subgroup. These include: 1) an infographic flyer for early intervention providers on the importance of the family survey; 2) an infographic flyer for families providing information on the importance the survey and how their input is important and 3) a revised parent introduction letter that provides families with information on the survey and ways it can be completed. The subcommittee group is also seeking to develop an infomercial as another method of messaging the importance of the family survey in NJEIS. Lastly, the stakeholders recommended, and the Lead Agency accepted, updated business rules for survey distribution. The updated rules are Business Rule 1: child must have been in the Early Intervention System for at least 6 months from their initial service claim date (service start date) from their initial IFSP and/or public expense date; and Business Rule 2: Children must have had an active Individualized Family Service Plan (IFSP), public expense plan or exited EIS within 3 months or less from the date of survey dissemination. NJEIS continues to explore the availability of additional stakeholders invested in the Committee's work and that will also represent the diversity of New Jersey's population. Parents are continued to be educated on the committee's responsibilities and charge to add additional family input. FFY 2021 was the first year NJEIS utilized the ECO-Revised Family Outcome Survey. New targets and baselines were not changed given this is the first data set using the ECO-Revised Survey. The C-4 Stakeholders recommended, and the lead agency concurred, that with just one year of data from the new survey and updated distribution business rules it is pre-mature to set targets and baseline. The state's preference is to have a minimum of 2 reporting cycles of data from which to set targets and establish a new baseline. NJEIS will continue to work alongside the C-4 Stakeholders with the next set of survey data to determine if adjustment to targets is needed.

**FFY 2021 SPP/APR Data**

The number of families to whom surveys were distributed	8,623
Number of respondent families participating in Part C	2,273
Survey Response Rate	26.36%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,679
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,264
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	1,753
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,265
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,763
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,256

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	73.36%	71.00%	74.16%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	69.72%	69.00%	77.40%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	84.13%	81.50%	78.15%	Did not meet target	Slippage

**Provide reasons for part C slippage, if applicable**

Using the updated business rules and survey, NJEIS improved its response rate from 22.8% to 26.4% over FFY 2020. Additionally, there was progress in two of the indicators: 4a-Know their rights: 73.36% (FFY 2020) improved to 74.2% (FFY 2021) and 4b Effectively communicate their child's needs: 69.72% (FFY 2020) to 77.4% (FFY 2021). Slippage was present in 4c Help their children develop and learn: 84.13% (FFY 2020) decreased to 78.1% (FFY 2021). This is a difference of 6.03%. The NJEIS is cautious in attributing slippage in this sub-indicator to the change in the distributed survey. Rather slippage here is more likely 1) a lasting effect of the Covid-19 pandemic as this cohort entered the program either during the pandemic when services were primarily delivered by telehealth and/or 2) who began the program at a later age and had limited time in NJEIS (6-8 months on average) than previous cohorts NJEIS (average =18 months).

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	FOS Revised.508
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

**Survey Response Rate**

FFY	2020	2021
Survey Response Rate	22.79%	26.36%

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

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

1. Population Size by County Location

NJEIS population varies widely between small and densely populated areas which the state tracks. Family outcomes data is compared to the most recent 618 child count to analyze/compare counties by size and location. In addition, adjustments for the requested return response rate are made accordingly to ensure the appropriate number of family responses by size and county location are received prior to closing the survey. Final comparison once the survey is closed, is also analyzed, and documented.

2. Race by County Location

As previously stated within the above population size by county location section, DOH not only examines the results by population size but also by race/ethnicity. NJEIS investigates any of the differences between key demographic subgroups within the population and compares that data. Again, during FFY 2021, DOH sent the FOS-R, to the entire population that met the revised business rules. To ensure the appropriate number of family responses by race and county were received, NJEIS's instructed its contracted agency, to outreach to additional families, within those identified underrepresented counties by race/ethnicity prior to closing the survey, in order to increase the representation and response rate.

3. Confidentiality and Unbiased Analysis

To maintain confidentiality families, mail the completed survey using the postage paid return envelope directly to an outside contractor to analyze the survey results. The lead agency does not receive individual responses. To facilitate unbiased analysis the following are also implemented by the state:

a. Analysis of any shift in distribution in scores by questions and by county to look for patterns that may assist in the development of improvement activities;

b. Survey protocols have standardized scripts that are used when interviewing families to complete the survey; and

c. The use of a contracted research firm to make the calls to parents to ensure consistency in how the survey calls are conducted. The use of an outside research firm to interview families with a consistent established script has increased NJEIS confidence in the quality of the data.

4. Language and Accessibility

To ensure NJEIS collects a quality dataset, the following are implemented annually:

a. Distributing the survey with the impact questions on one form with English on one side and Spanish on the other side so that all families receive the survey in both languages.

b. Families who do not identify English as their primary language are identified through the demographic data and the NJEIS provides families with a

translated version of the survey (if available); or

c. Offer to conduct a phone survey with the family utilizing Language Line; and

d. NJEIS has an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number).

e. Options to expand on additional survey tool translations are being discussed within the second charge subcommittee group.

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

The unique child identification PLINK number is documented on each survey to allow for demographic analysis. This enables the NJEIS to conduct follow-up activities to obtain a representative data set by race and county. The response rate is reviewed, and any race/county under-represented on the expected return rate are identified. Additional follow-up surveys were conducted to the under-represented race groups by using an independent consultant to contact families and offer assistance to complete the survey by mail or the internet. On November 30, 2022, an increased, sufficient, and representative response rate was achieved and therefore the survey was closed.

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

In FFY 2021, NJEIS changed to a new survey, FOS-revised, as well as increasing the number of surveys sent out to families. The consultant agency contacted over 3,900 non-respondent families via telephone to provide options for completing the survey. At the close of the survey, NJEIS analyzed both the performance and response rate and the number of returned surveys exceeded the minimum number required for an adequate confidence level based on established survey guidelines and was closely representative of the population and adequately reflected the distribution by county was between +0.08% through +12.93% by county and 0 through +35% by race/ethnicity for the state.

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

The response rate for this year's family survey was 26.4%. There was a total of 8,623 surveys sent out to families and 2,273 surveys were returned. This is a difference of 6,350 which were not returned. The breakdown of response was as followed:

White/Not Hispanic-880 out of 3470

African American/Not Hispanic- 310 out of 1046

Hispanic- 849 out of 3248

Native Hawaiian or Other Pacific Islander- 3 out of 9

Asian-155 out of 560

American Indian/Alaskan Native-0 out of 10

Multiracial- 76 out of 280

Female- 753 out of 2965

Male-1520 out of 5658

English-2,009 out of 6690 (additional 319 of other languages were sent in English)

Spanish-264 out of 1614

The NJEIS continues to take steps to increase the response rate by all demographics and to reduce identified bias by promoting responses from a broad range of families. This is done by ensuring the sampling of all races, ethnic groups, and gender is represented by the population. NJEIS conducted surveys on all populations based on the new business rules and will seek to broaden that rule if applicable in the future. In addition, secondary follow-ups were attempted to families from all race/ethnicity groups that did not respond as much as other race/ethnicity groups during the initial survey request.

Families receive surveys in two different languages and can also receive assistance with the language line to complete the survey. Completed surveys can also be mailed using the postage paid return envelope directly to an outside contractor to analyze the survey results that assist with eliminating identified biases. DOH anticipates increasing the survey responses by offering the top five NJ's languages within our mail and online version of the survey, provide marketing materials to increase engagement among all demographics and provide additional methods to complete the survey.

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

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

FFY 2021 is the first year for DOH to use the Family Outcomes Survey- Revised (FOS-R) created in 2006 by the Early Childhood Outcomes (ECO) Center.

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 DOH elected to apply the Part C standards recommended by ECO.

The ECO Center survey, specifically, section B of the FOS-R, provides states with a valid and reliable instrument to measure (a) positive outcomes that families experience because of their participation in early intervention and (b) families' perceptions of the quality of early intervention services.

For the FOS-R, the analysis produces a mean measure for each survey respondent by sub-indicator (4a, 4b, and 4c). Individual mean measures can range from 1 to 5. Each family's measure reflects the extent to which the family perceives that Early Intervention has helped them achieve positive family outcomes. The data are subsequently summarized by adding the number of respondents with a mean score at or above the cut score for each sub-indicator and dividing it by the total number of respondents for the indicator. This reflects the overall performance of the state regarding the impact of Early Intervention on family outcomes.

Of the 8,623 surveys distributed across twenty-one counties, 2,273 were returned for a response rate of 26.4%. 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, 349 paper surveys and 1,924 web responses were collected. There were 2,009 responses in English and 264 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, 2021, child count by county distribution was +0.08% to +12.93%. The median percent difference was 3.0%.

Essex County is overrepresented by +12.93%. Salem county is also overrepresented by 0.08%.

The December 1, 2021, population by race/ethnicity matched the FFY 2021 survey race/ethnicity of respondents within 0 to +35% for all race/ethnicity groups.

As previously stated, This FFY, DOH distributed the survey to the entire population which met the updated business rules. This also assisted with the under-representation component. Additionally, secondary follow-up measures were attempted to families who did not respond to the initial survey request, including those within underrepresented groups. This contributed to an overall increased response rate.

The final county return race/ethnicity distribution for the state adequately represented the NJEIS county race/ethnicity population surveyed with equal variation in the White/Not Hispanic and Hispanic population. The range of variance between the return race/ethnicity population and the December 1,

2021, race/ethnicity by county was 0% to +35%.

The Median difference between the race/ethnicity population and the returns was +5.62%.

The Caucasian/Not Hispanic population was over-represented by 35%, and the Hispanic population was also over-represented by 35%.

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

The metric varied due to using a statistical testing to determine if the survey response rates and December 1, 2021 (Child Count) population are considered different from each other. Rasch measurement framework along with the response rate and representative calculator provided by ECTA, was utilized to determine if the surveys received were representative of the target population (i.e., Child Count). The range of variance between the return rate and the December 1, 2021, Child Count by county was +0.08% to +12.93%. The median percent difference was 3.0%. The December 1, 2021, population by race/ethnicity matched the FFY 2021 survey race/ethnicity of respondents within 0 to +35% for all race/ethnicity groups with a median difference of between the race/ethnicity population and the returns was +5.62%.

**Provide additional information about this indicator (optional).**

NJEIS did not utilize a sampling methodology for FFY21. Instead, the state applied updated business rules for distribution and the survey was sent out to all families that met these rules:

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; and
2. Children must have had an active Individualized Family Service Plan (IFSP), public expense plan or exited EIS within 3 months or less from the date of survey dissemination.

The analysis of NJEIS data using the above business rules identified a total population size of 8,872 families. The NJEIS filters out all duplicate child records. The total un-duplicated survey population including filtered out records that were missing complete identifiable information such as address, contact information, etc. was 8,623 families.

The NJEIS population varies widely for each county. DOH wanted to examine the results for the overall population and wanted to understand the difference between key demographic subgroups within the population. To be certain of obtaining data representative of the NJEIS population DOH decided to distribute the survey to all families who met the revised criteria of the business rules. As a result, no sampling plan was utilized.

Promotion of the survey and Follow-up:

Following the established NJEIS procedures, families mail their completed survey directly to an outside contractor for analysis. 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 DOH. This enables the DOH to conduct follow-up activities to obtain a data set that contains representative families to improve the overall survey response. The contractor does not share information with NJEIS on how an individual family responded to the survey.

To ensure DOH has a final data set that is representative of the population, the following are implemented annually:

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

Since FFY 2008, NJEIS has added an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number).

To improve response rates, the lead agency reviews and verifies family addresses with the service coordinators. Once surveys are returned, the response rate is reviewed, and any race/county under-represented on the expected return rate are identified. Additionally, follow up surveys are conducted using an independent consultant to contact families and assist in the completion of the survey by mail or the internet. Once there is sufficient response, the survey is closed.

The NJEIS analyzed both the performance and response rate. The response rate increased in FFY 2021 from 22.8% to 26.4% and the number of returned surveys exceeds the minimum number required for an adequate confidence level based on established survey guidelines and remains representative of the population and adequately reflects the distribution by county.

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. In FFY 2017, NJEIS began emailing the non-responding families, reminders with their personal PLINK password and a link to the on-line survey. Therefore, DOH will continue to institute the same procedures as well as include more options for future surveys.

On October 10, 2022, 8,623 surveys were mailed to families. Cover letters as well as postage-paid business reply envelopes were included. The return deadline was November 30, 2022. Respondents were also given the option of completing an online version of the survey. To increase the response rate, over 3,900 non-respondent families were contacted via telephone and provided options for completing the survey. Additionally, reminder emails were sent to families who provided email addresses to NJEIS.

Again, this is the first year DOH utilized the FOS-R survey and the updated business rules to collect data for C-4. DOH will continue to monitor trends in performance and in survey return rate to compare results overtime and to monitor for emerging trends or challenges with different response rates within specific subcategories.

NJEIS continues to involve Stakeholders who are community partners, parents, and data analysts, state staff and our ECTA assigned consultant.

Indicator C-4 data and its process is regularly being assessed and reviewed. NJEIS and its Stakeholders agreed that the ECO Revised survey tool is easier to interpret than the previously used NCSEAM and comes in multiple languages for a more diverse group of families. NJEIS is also making it more accessible for families to access and submit successfully.

NJEIS along with its Stakeholders will continue to expand on the goal of improving the family survey process by working diligently to: 1.) Increase the response rate; 2.) Expanding the representation of families that return surveys; 3.) Improve our overall outreach process; 4.) Provide education to the field on the family survey process; 5.) Compare survey results to previous years; 6.) Make changes to building successful outcomes.

#### **4 - Prior FFY Required Actions**

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

#### **Response to actions required in FFY 2020 SPP/APR**

The NJEIS provided a sampling plan to OSEP that provided data consistent with the approved sampling plan. However, since the last OSEP submission, New Jersey changed its survey tool but maintained the same sampling plan to include all families that met the following business rules:

Business Rule 1:

- a. 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:

b. Children must have had an active Individualized Family Service Plan (IFSP), public expense plan or exited EIS within 3 months or less from the date of survey dissemination.

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

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

Since FFY 2008, NJEIS has added an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number).

To improve response rates, the lead agency reviews and verifies family addresses with the service coordinators prior to the initial mailing. The response rate is reviewed, and any race/county under-represented on the expected return rate are identified. Additional follow up surveys have been conducted with the under-represented race groups using an independent consultant to contact families and help complete the survey by mail or the internet. Once there is sufficient response, the survey is closed.

The NJEIS analyzed both the performance and response rate. The response rate increased in FFY 2021 from 22.8% to 26.4% 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.

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, DOH will continue to institute the same procedures for future surveys. In FFY 2017, NJEIS began emailing the non-responding families, reminders with their personal PLINK password and a link to the on-line survey.

#### **4 - OSEP Response**

#### **4 - Required Actions**

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	0.62%

FFY	2016	2017	2018	2019	2020
Target >=	0.66%	0.66%	0.67%	0.67%	0.67%
Data	0.88%	0.78%	0.81%	0.74%	0.67%

### Targets

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

### Targets: Description of Stakeholder Input

NJEIS targets for C-5 were set based on meetings with a diverse group of stakeholders in preparation for the SPP/APR submission in February 2022. Targets for C-5 were developed with a stakeholder committee comprised of 7 individuals with relevant expertise, including Parent Advocacy Leadership, Pediatrician, early intervention professionals, and 4 parents of children who received early intervention. State staff served as liaisons for the committee. To ensure a diverse group of stakeholders, the EI team identified members from different areas of the state, and various racial ethnic groups were represented. Targets were presented to ICC members and the public for consideration and discussion and later approved. These targets have been accepted by OSEP through FFY 2025.

At this time, no changes to current targets have been proposed. However, the NJEIS continues to monitor state performance and will recall the C-5 target setting subcommittee if evidence exists which indicates that the current targets are no longer appropriate.

A full description of the state target setting process for C-5 has been more fully described in the NJ FFY 2020 SPP/APR submitted February 1, 2022.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	725
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	95,197

### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
725	95,197	0.67%	0.69%	0.76%	Met target	No Slippage

### Provide additional information about this indicator (optional)

New Jersey recognizes the continued need to increase the birth to one population served. The ICC has a standing Family Support Child Find Subcommittee who is presently working on the identification of any service barriers facing the birth to one population in Early Intervention. The

subcommittee members on the ICC continue to partner with the Stakeholders who were responsible in setting targets in FFY2020. The FFY 2021 data shows an improvement in the percentage of infants and toddlers birth to 1 currently being serviced in NJ Early Intervention System.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**



## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2012	3.22%

FFY	2016	2017	2018	2019	2020
Target >=	3.42%	3.43%	3.45%	3.45%	3.40%
Data	4.38%	4.40%	4.61%	4.97%	3.96%

#### Targets

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

#### Targets: Description of Stakeholder Input

NJEIS targets for C-6 were set based on meetings with a diverse group of stakeholders in preparation for the SPP/APR submission in February 2022. Targets for C-6 were developed with a stakeholder committee comprised of 7 individuals with relevant expertise, including Parent Advocacy Leadership, Pediatrician, early intervention professionals, and 4 parents of children who received early intervention. State staff served as liaisons for the committee. To ensure a diverse group of stakeholders, the EI team identified members from different areas of the state, and various racial ethnic groups were represented. Targets were presented to ICC members and the public for consideration and discussion and later approved. These targets have been accepted by OSEP through FFY 2025.

At this time, no changes to current targets have been proposed. However, the NJEIS continues to monitor state performance and will recall the C-6 target setting subcommittee if evidence exists which indicates that the current targets are no longer appropriate.

A full description of the state target setting process for C-6 has been more fully described in the NJ FFY 2020 SPP/APR submitted February 1, 2022.

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	15,118
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	303,195

#### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
15,118	303,195	3.96%	3.40%	4.99%	Met target	No Slippage

Provide additional information about this indicator (optional).

## 6 - Prior FFY Required Actions

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	98.21%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.76%	99.71%	99.69%	99.69%	100.00%

### Targets

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

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
304	320	100.00%	100%	99.69%	Did not meet target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

15

Provide reasons for delay, if applicable.

Some of the reasons for acceptable delays with regard to family delays included medical issues, schedule changes, parent cancellations.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Monitoring 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 a quarter of the FFY 2021 data (October, November and December 2021). 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 (SCU) and Early Intervention Program (EIP) Targeted Evaluation Teams (TETs) to submit copies of child progress notes, and service encounter verification logs as verification of the data in the 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.

The time period in which the random sample desk audit was targeted was the months of October, November and December, 2021. 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.

**Provide additional information about this indicator (optional).**

Of the 3,817 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry (October, November, and December of 2021), data from a random selection of 320 children were monitored. Of the 320 children, 304 of the IFSPs were in compliance with the 45-calendar day requirement, including 15 initial IFSP meetings that were delayed because of family reasons.

The 15 family-initiated reasons for delay were included within the calculations, documented within service coordination notes and NJEIS's data system. Family reasons include child illness, family response time, missed scheduled appointments, death in family and family requested delays related to the parent's schedule.

Indicator 7 Data Children

Total IFSPs for Quarter of Data: October-December 2021= 3,817

Sample of the Quarter (Denominator) =320

Preliminary Timely Initial IFSPs (Data without Desk Inquiry) =304

Preliminary Untimely Initial IFSPs ( Data without Desk Inquiry) =16

Desk Inquiry Verification of Family Reason & Extreme weather =15

Desk Inquiry Verification of Untimely IFSPs =1

Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely) =304+15=319

State Compliance Percentage 319/320=99.69%

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

**7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2011	98.10%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
296	296	100.00%	100%	100.00%	Met target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

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

0

**Provide reasons for delay, if applicable.**

N/A

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Sampling Plan

Data were reported for all twenty-one counties.

Data reported for 8A were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g., NJEIS IFSP Review Transition Information Page). The data desk audit was conducted on one quarter of FFY 2021 for the months of January, February and March 2022 and identified 3,706 children that turned age three.

Sampling methodology was implemented to ensure that the NJEIS population is appropriately represented based on the population size of the state.

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

Of the 3,706 children who exited the program, a random selection of the 296 children were monitored. Data Desk Audit, Inquiry and Record Review were utilized.

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 implements inquiry which drills down to obtain child specific information, reasons for delays if any, and verification of transition steps, although late when needed. The Service Coordination Units are required to submit copies of child progress notes, IFSPs and service encounter verification logs.

When a delay is identified, the monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

**Provide additional information about this indicator (optional)**

Data Analysis and Results

Indicator 8A Data Children

Total of Children who turned 3 for Quarter of Data: January, February and March 2022 = 3,706

Sample of the Quarter (Denominator)= 296

Developed IFSP Transition Steps and Services >= 90 days to <= 9 months prior to the third birthday= 296

State Compliance Percentage 296/296=100%

NJEIS achieved 100% compliance on 296/296 records.

NJEIS has continued 100% compliance on this indicator from FFY 2012-FFY 2021.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**



## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	90.24%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	97.30%	95.55%	96.36%	100.00%	98.10%

**Targets**

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

**FFY 2021 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
265	296	98.10%	100%	99.62%	Did not meet target	No Slippage

**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.

30

**Provide reasons for delay, if applicable.**

Reasons for acceptable delays included in this audit are family delays such as medical issues, schedule changes, and parent cancelations

**Describe the method used to collect these data.**

Data was reported for all twenty-one counties.

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

A data desk audit was conducted on one quarter of FFY 2021 for the months of January, February and March 2022 that identified 3,706 children that turned age three.

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

Of the 3,706 children, a random selection of 296 children was monitored.

Of the 296 children, thirty (30) families opted out of SEA/LEA notification.

**Data Desk Audit, Inquiry and Record Review**

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

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

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

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

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

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

YES

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

YES

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

**Sampling Plan**

Data were reported for all twenty-one counties therefore all 21 Service Coordination units were selected for this monitoring inquiry.

Data reported for 8B LEA notification monitoring were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g., NJEIS IFSP Review Transition Information Page, progress notes, opt out letters and notification/identification letters). The data desk audit was conducted on one quarter of FFY 2021 for the months of January, February and March 2022 and identified 3,706 children that turned age three.

The NJEIS implemented a sampling methodology for monitoring notification to the SEA and LEA to ensure that the NJEIS population is appropriately represented based on the population size of the state.

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

Of the 3,706 children who exited the program, a random selection of the 296 children were monitored.

Of the 296 children identified, thirty(30) families opted out of SEA/LEA notification.

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 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 notice, 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 8B Data Children

Total of Children who turned 3 for Quarter of Data: January, February and March 2022 and identified 3,706 children that turned age three representing all twenty-one counties.

Sample of the Quarter (Denominator) = 296

Notified the SEA at least 90 days prior to third birthday = 266

Notified to the LEA at least 90 days prior to third birthday =265

Opt Out = 30

Untimely Notification =1

Potentially Eligible - Opt Out = 296-30=266

State Compliance Percentage = 265/266=99.62%

The DOH sent 100% (266/266) of notifications that were required (consistent with any opt-out policy adopted by the state) directly to the SEA at least 90 days prior to toddlers with disabilities turning three in January, February and March 2022.

NJEIS achieved 99.62% compliance based on 265/266 records of notification that were required sent (consistent with any opt-out policy adopted by the state) to the LEA at least 90 days prior to toddlers with disabilities turning three (January, February and March 2022).

County SCU's did not send 1 Notification letter to the LEA or obtain a parental signed Opt-Out form which resulted in noncompliance.

NJEIS ensures that each agency was correctly implementing the specific regulatory requirements (prong 2) and that each child received a Transition Planning Conference unless the child was no longer in the jurisdiction of NJEIS (prong 1).

Upon the monitoring of these prongs, the following Findings were issued:

As a result of the additional inquiry, one (1) finding was issued to the following agency: Union County SCU.

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

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

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

The agencies have until June 30, 2023 to verify 100% correction.

As of 1/13/2023, Union County SCU has verified 100% correction of both prongs and has been closed.

The NJEIS performance for this indicator showed no slippage for FFY 2021. In FFY 2020, this indicator had a performance of 98.10%. Therefore, although not meeting the 100%, had an increase in compliance of 1.52%.

There was one child in the NJEIS who did not receive notification. The child was in Union County and was a late referral to Early Intervention(34 months of age). Although there was no notification, the child was transitioned out of early intervention and into the Part B system by the service coordinator in that county. Service coordinators in Union County were provided with Technical Assistance regarding children who are late referrals to early intervention.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**FFY 2020 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 2020 data, three (3) agencies were found to have noncompliance for 8B: Atlantic SCU, Bergen SCU, and Camden SCU. The three agencies were each given a finding issued on November 9, 2021. NJEIS required the agencies to develop and/or revised current procedures regarding children who enter NJEIS less than 90 days but before 45 days prior to their third birthday. Once reviewed, the agencies were required to re-train all staff and provide verification and acknowledgment of their training and understanding of the requirements.

Additionally, one of the agencies (Camden SCU) needed a Corrective Action Plan to address concerns including: Infrastructure/Staffing; Provision of training; and the Provision of Technical Assistance regarding LEA Notification and the state's Opt-Out policy.

To verify the agencies with previous noncompliance were now correctly implementing the regulatory requirements for Transition Notification, NJEIS

reviewed subsequent data and verified each of the three (3) agencies had met 100% correction of the noncompliance. NJEIS accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, policy and procedure review and record review. Activities for documentation and verification of the correction include review of updated/revised procedures; updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. In Summary, NJEIS: Identified the responsible agencies, their percentage of noncompliance in each county and determined reasons for delay (root causes). NJEIS reviewed each agencies' policy and procedure revisions and ensured that each was correctly implementing the specific regulatory requirements. Once each agency provided required policy and procedure in-service training, NJEIS reviewed updated subsequent data based on a review and verification of timely transition notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

Each of the three agencies verified correction of both prong 1 and 2 and NJEIS reviewed subsequent updated data during the months of December 2020 through May 2021. Bergen SCU verified 100% correction by January 2021 and was closed as of January 19, 2021. Atlantic SCU verified 100% correction by April 2021 and was closed on April 27, 2021. Camden SCU verified correction by May 2021 and was closed on May 3, 2021. The findings were closed 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 comprehensive process NJEIS used to verify correction that each individual case of noncompliance was corrected is through a data drill down to the child-specific level. In FFY 2020, there were six (6) children who had untimely notification to the LEA. Through the data drill down, the six (6) children who were identified, were no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry however, notification to the SEA occurred timely by the lead agency.

Subsequent data were reviewed to verify timely notification and their monthly performance was used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance for this indicator and both prongs were verified, the finding was closed.

In summary, NJEIS has accounted for all individual instances of non-compliance identified through the NJEIS database and verified the notification occurred although untimely unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2020 APR. The DOH confirmed that the six incidences of noncompliance from FFY2020 were provided notification to the SEA, consistent with the NJEIS opt-out policy and were provided at least 90 days prior to the toddlers third birthday for toddler potentially eligible for Part B preschool services consistent with OSEP memo 09-02 and as verified by the monitoring team (prong 1). However, Notification to the LEA where the toddler resides, was not able to be provided as the SCU documented the families were no longer in the jurisdiction of NJEIS at the time of the finding (prong 1).

In summary, there were six (6) children in FFY 2020 who were notified by the Lead Agency to the SEA in a timely manner but did not have timely transition notification to the LEA and however, were no longer in the jurisdiction of NJEIS.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2020 SPP/APR**

To verify the agencies with previous noncompliance were now correctly implementing the regulatory requirements for Transition Notification, 8B, NJEIS reviewed subsequent data and verified each of the three (3) agencies had met 100% correction of the noncompliance.

NJEIS accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, policy and procedure review and record review. Activities for documentation and verification of the correction include review of updated/revised procedures; updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data.

In Summary, NJEIS: Identified the responsible agencies, their percentage of noncompliance in each county and determined reasons for delay (root causes). NJEIS reviewed each agencies' policy and procedure revisions and ensured that each was correctly implementing the specific regulatory requirements. Once each agency provided required policy and procedure in-service training, NJEIS reviewed updated subsequent data based on a review and verification of timely transition notification events. These reviews continued until the agency was operating at 100% compliance for this indicator.

Subsequent data were reviewed to verify timely notification and their monthly performance was used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance for this indicator and both prongs were verified, the finding was closed.

In summary, NJEIS has accounted for all individual instances of non-compliance identified through the NJEIS database and verified the notification occurred although untimely unless the child was no longer in the jurisdiction of NJEIS as described in the FFY 2020 APR. The DOH confirmed that the six incidences of noncompliance from FFY2020 were provided notification to the SEA, consistent with the NJEIS opt-out policy and were provided at least 90 days prior to the toddlers third birthday for toddler potentially eligible for Part B preschool services consistent with OSEP memo 09-02 and as verified by the monitoring team (prong 1). However, Notification to the LEA where the toddler resides, was not able to be provided as the SCU documented the families were no longer in the jurisdiction of NJEIS at the time of the finding (prong 1).

## 8B - OSEP Response

### 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	93.38%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.66%	100.00%	99.47%	97.18%	98.98%

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
209	296	98.98%	100%	98.33%	Did not meet target	No Slippage

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

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

57

**Number of documented delays attributable to exceptional family circumstances**

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

26

**Provide reasons for delay, if applicable.**

Reasons for acceptable delays included in this audit are family delays such as medical issues, schedule changes, and parent cancellations

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Data were reported for all twenty-one counties.

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

A data desk audit was conducted on one quarter of FFY 2021 for the months of January, February and March 2022 that identified 3,706 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 3,706 children, a random selection of 296 children were monitored. Of the 296 children, 57 families declined the TPC, reducing the total number of records monitored to 239 children.

**Data Desk Audit, Inquiry and Record Review**

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

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

**Provide additional information about this indicator (optional).**

Data Analysis and Results

Indicator 8C Data Children

Total of Children who turned 3 for Quarter of Data: January, February and March 2022 = 3,706

Sample of the Quarter (Denominator) = 296

Families who declined a TPC = 57

Initial Timely TPCs= 209

Desk Inquiry Verification of Family Reason for delay or on time = 26

Desk Inquiry Verification of Untimely TPC = 64

Final Numerator (Timely + Family Reasons) = 209+26=235

Final Denominator (Sample of the Quarter - Family Declines) = 296-57=239

State Compliance Percentage = 235/239=98.33%

98.33% ( 235/239) of all children exiting Part C, received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference within the required timeline.

The numerator and denominator do not include the 57 families who did not provide approval to conduct a transition planning conference. Of the 296 children, 209 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.

The NJEIS performance for this indicator did not have slippage but also did not meet the target of 100% compliance. NJEIS performed at 98.33% in FFY2021 as compared to a performance of 98.98% in FFY 2020. There were four (4) children who did not receive a TPC nor have any documentation that a TPC occurred or that the family declined.

Reasons for not meeting the target include:

Need for additional TA with service coordinators in some counties regarding late referrals of children entering early intervention; Lack of detailed documentation by the service coordinator and; Inability to coordinate a meeting date between the service coordinator, LEA representatives and the family's schedule.

The four (4) children who did not have a timely transition planning conference were from the following two (2) county service coordination units: Salem SCU and Union SCUs.

Although the service coordinators met with families and discussed transition, there was no documentation with regard to a formal invite to convene a TCP for four (4) families. This was an issue with both Salem SCU and Union SCUs.

All four (4) families did not move forward with the TPC process due to a late referral and the service coordinators did not fully understand the requirements of offering a TPC to the family. This was an issue with both Salem SCU and Union SCUs. All four (4) children, who did not receive a TPC, were no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry.

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

Findings Issued:

As a result of the additional inquiry, two (2) findings were issued to the following agencies: Salem SCU and Union SCUs.

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

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

3) NJEIS reviews additional children who would be turning three to verify the agencies are implementing the correct policies and procedures (prong 2). Upon the implementation of the updated training and technical assistance provision, the NJEIS reviews subsequent data to verify procedures have been implemented and effective with SCU staff and their TPC compliance performance. Once all prongs have been verified as corrected, the agency's finding is closed. The agencies have until June 30, 2023 to verify 100% correction.

As of 1/24/2023, both findings have verified 100% correction of both prongs and were closed. Salem SCU was verified in January, 2023 and closed on 1/12/2023. Union SCU was verified in January 2023 and closed on 1/13/2023.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2020 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 2020 data, two (2) agencies were found to have noncompliance for 8C. The two (2) agencies were given a finding issued on November 9, 2021 and were Middlesex SCU and Passaic SCU.

NJEIS reviewed subsequent data, tracked and verified correction of the noncompliance. The agencies verified corrections of both prongs. The findings were closed timely after correction of both prongs were verified in accordance with federal requirements. Middlesex SCU closed timely on 1-19-22 and Passaic SCU closed timely on 5-19-2022. Therefore, the finding was closed was within one year of the finding.

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

NJEIS Identified Middlesex SCU and Passaic SCU as the responsible agencies and determined their percentage of noncompliance and reasons for delay (root causes); Determined if any policies, procedures and/or practices contributed to the reasons for delays.

As part of the finding plan, NJEIS required each agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2) and ensured that Middlesex SCU and Passaic SCU were correctly implementing the specific regulatory requirements based on subsequent data reviews and verification of timely transition planning conference events. These reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2).

In summary, based on FFY 2020 data, two (2) findings were issued. The two (2) agencies ( Middlesex SCU and Passaic SCU) revised/developed policies and procedures that were reviewed by NJEIS. NJEIS reviewed subsequent data, tracked and verified correction of the non-compliance. The



finding was closed timely after correction of both prongs were verified in accordance with federal requirements. Middlesex SCU closed timely on 1-19-22 and Passaic SCU closed timely on 5-19-2022.

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences. Activities for documentation and verification of the correction included updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance for this indicator, the finding was closed.

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2020 SPP/APR**

Based on FFY 2020 data, two (2) findings were issued. The two (2) agencies (Middlesex SCU and Passaic SCU) revised/developed policies and procedures that were reviewed by DOH. DOH reviewed subsequent data, tracked and verified correction of the non-compliance. The finding was closed timely after correction of both prongs were verified in accordance with federal requirements. Middlesex SCU closed timely on 1-19-22 and Passaic SCU closed timely on 5-19-2022. The process DOH used to verify correction was comprehensive with data drill down to the child specific level. In addition, subsequent data was reviewed to verify timely Transition Planning Conferences. Activities for documentation and verification of the correction included updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency was operating at 100% compliance for this indicator, the finding was closed.

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

**8C - OSEP Response**

**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

The State that has adopted Part C due process procedures under section 639 of the IDEA.

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	0

**Targets: Description of Stakeholder Input**

**Historical Data**

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target>=					.00%
Data	100.00%	100.00%			

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=					

**FFY 2021 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0				N/A	N/A

**Provide additional information about this indicator (optional)**

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

**Targets:** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

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

The NJEIS has consistently defined its SiMR as: Infants and toddlers with disabilities will substantially increase their rate of growth and development of positive social emotional skills by the time they exit the program as measured by Indicator 3A, Summary Statement #1.

The Theory of Action, is unchanged and consists of four strands, Infrastructure Development, Early Relational Health Messaging and Communication, IFSP Service Provider Development and Support, and Service Coordinator Development and Support. The Theory of Action drives the work of the NJEIS towards its identified SiMR.

The activities associated with each strand are discussed, where appropriate, in either the infrastructure or EBPs sections of this report.

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

NO

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

NO

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

NO

**Please provide a link to the current theory of action.**

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

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2012	30.62%

**Targets**

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

**FFY 2021 SPP/APR Data**

		FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,054	3,262	30.06%	31.00%	32.31%	Met target	No Slippage

**Provide the data source for the FFY 2021 data.**

The NJEIS uses the data reported in Indicator 3, Child outcomes, as the data source for Indicator 11. The SiMR is specific to Summary Statement 1 for 3A - the percentage of children that entered below age expectations that substantially increased their rate of growth.

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

The Battelle Developmental Inventory 2nd edition, (BDI) is used to collect baseline data on each outcome for each child upon entry into the program and again upon exit from the program. The business rules, agreed to and approved by stakeholders, answer each of the 3 questions using all 5 domains evaluated using the BDI. The Personal-Social Domain scores are used to obtain the progress category determinations for 3A. NJEIS has utilized the same business rules since the inclusion of Indicator 3 in the SPP/APR. The state will update the tool from BDI-2 to BDI-3 at the end of this fiscal year

and reconvene stakeholders to review and consider updates to the business rules for reporting in Indicator 3, which would take effect in FFY 23 (July 1, 2023-June 20, 2024).

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

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

NO

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

YES

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

The data reported in FFY21 contain children who entered the NJEIS during COVID-19. NJEIS was emerging from the State declared public health emergency and therefore a portion of the children entering the program were evaluated via virtual/telehealth platforms. The BDI is designed and validated to be administered in person, and telehealth administration, while useful, can compromise the fidelity of tool administration. The data set reported in this APR begins July 1, 2022, at which point the NJEIS had returned to over 80% in person evaluations for entry evaluations. Over 90% of exiting evaluations were conducted in person. The data, therefore, does contain scores for children who were evaluated remotely which may have affected the overall state performance. The NJEIS has returned to 100% in-person evaluations of children when the BDI is used.

## **Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State's current evaluation plan.**

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

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

NO

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

NJEIS made significant progress on the four core infrastructure improvement strategies intended to support activities toward SiMR achievement including 1) strengthening its partnership with Montclair State University (MSU), 2) building an improved model of professional development 3) using Community Impression Plans at the Regional Early Intervention Collaboratives, and 4) strengthening data quality and analysis processes. While NJEIS has worked with Higher Education partners on initiatives at different times over the years, the current partnership with MSU is being constructed by the lead agency to be a long-term, integral component of the overall CSPD infrastructure. NJEIS has been challenged in its ability to saturate the workforce with needed professional development and the inclusion of this external partner is considered mission critical. Available funding from the American Rescue Plan Act, has enabled the NJEIS to secure a minimum 2 year commitment from MSU to provide multiple professional development opportunities directly to the NJEIS workforce. These will be grounded in the foundational significance of Early Relational Health (ERH) and be designed to strengthen individual clinical skills in implementing EBPs. NJEIS is committed to including necessary allocations in future State CSPD budgets to sustain this important partnership past the initial use of rescue plan funds. The NJEIS-CSPD Coordinator and the MSU team hold working meetings at least twice a month to plan and review progress on current initiatives and strategically plan for future projects.

As outlined in the FFY20 SSIP, NJEIS shifted its approach to focus on ERH as a precursor to strong social emotional development. This trajectory is clinically supported by research and is central in the program content provided by our MSU partners. In FFY21 MSU trained 4 regional Family Support Coordinators (FSC) and 4 TTAs in specific programs for implementation with families and practitioners. Each program has a foundation in the Pyramid Model framework and supports the NJEIS' selected evidence-based practices. MSU used a Train-the-Trainer model to build the FSC and TTA's content knowledge, skills and implementation fidelity to ensure each has the capacity to facilitate these programs with their respective audiences. Additionally, MSU provides extensive coaching and reflective practice with the regional staff which in turn models the coaching skills intended for use with families and practitioners.

Parallel and complimentary to the partnership with MSU, the second major infrastructure component is an improved model of professional development. NJEIS formed an EBP Cohort group in 2019 with a small group of agencies for the purpose of building capacity around specific initiatives prior to statewide implementation. MSU joined this group as a stakeholder and partner in FFY21. In FFY21, MSU trained the cohort agency administrators to deliver the "Parents Interacting with Infants 1.0" (PIWI) program and to use the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) which measures fidelity of implementation of evidence-based practices. The EIPPF is an evaluation tool created by National Center for Pyramid Model Innovations (NCPMI) and members of the MSU team have been trained by NCPMI on the use of this tool.

A critical component to improving the professional development model of NJEIS is the addition of a new Learning Management System (LMS). This system will be available to the entire NJEIS workforce, funded and operationally supported by the lead agency. The LMS is designed to support real-time and asynchronous learning required by the lead agency in addition to elective courses relevant to the provision of EI. The NJEIS originally proposed and planned for a July 2022 start, however that timeframe was moved forward to the end of first quarter 2023. The delay was a result of DOH's internal Health Information Technology team assuming responsibility for procurement and stand-up of the LMS and the need to gather additional business requirements to meet State procurement rules.

The REICs maintained the use of Community Impression Plans (CIPs) as the third component of NJEIS capacity building. The CIPs are data-driven system improvement plans created by FSC and TTA, that analyze local data specific to emerging issues and then provide identified universal, targeted or intensive TA to local programs. DOH requires at least one State-level goal related to SiMR achievement be included in the CIPs. The CIPs are proving to be significant vehicles for testing hypothesis, collecting data and planning technical assistance related to EBPs and Early Relational Health. An outcome of the CIPs has been improved consistency of messaging about ERH to families and practitioners as the individuals implementing the CIPs have received extensive preparation and coaching from MSU and DOH and have been immersed in a process of reflective practice. Messaging is one of one strand in the State's Theory of Action.

NJEIS had several personnel changes that impacted the momentum of some activities outlined in the FFY20 SSIP. Among the changes was turn over in both the FSC roles (3 of 4 positions are new staff), and the state staff which included the loss of a research scientist assigned to the Part C program.

Fortunately, the REICs employ regional data analysts, who provide data for the CIPs and the lead agency as part of operations. NJEIS will continue to utilize the resources of national TA centers and have engaged the DaSY Center to assist in the upcoming analysis of the data collected on EIPPF1.

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

This section addresses outcomes related to Infrastructure Improvement.

#### MSU Partnership

##### Evaluation Question #2 Short-term-outcome #1

MSU and NJEIS crafted a definition of ERH that was introduced to stakeholders via a virtual conference for EI Week, May 2022. The conference was the inaugural presentation of ERH to NJEIS stakeholders and served as the first public opportunity to drive consistent messaging as outlined in the Theory of Action. Consistent messaging is important because SiMR achievement is predicated on stakeholders and the workforce understanding the concept of ERH and helping families build healthy relationships, which are the foundation to achieving solid social emotional development. The conference and new public materials on ERH are examples of progress toward identified evaluation measures numbers 2 and 3. The partnership with MSU supports the framework components Quality Standards and PD as the practices of ERH and related PD programs being provided by MSU support the SiMR.

##### Evaluation Question #1 Short-term Outcome #2

Four TTAs and six EBP Cohort administrators completed a train the trainer PIWI 1.0 program with MSU. This resulted in 10 new individuals with PIWI facilitation skills. PIWI content aligns with quality standards of the pyramid model and the selected DEC recommended practices, which supports SiMR achievement by providing a variety of learning opportunities that consistently address the EBPs.

##### Evaluation Question #1 Short-term outcome #2

The EBP Cohort group was trained on the fidelity tool (EIPPF1) and data collection has begun. 4 TTAs and 3 agency administrators were trained to use this tool. Using the EIPPF1 supports fidelity of EBP implementation since it will be measured through the consistent collection of data. The inclusion of agency administrators in the use of the EIPPF1 assists in monitoring of the skills of their workforce while providing data for the NJEIS for the provision of targeted or intensive TA. The use of the EIPPF1 will continue to be phased in during this SSIP cycle, with statewide implementation not expected until after FFY23.

#### Improved Model of PD

##### Evaluation Question #3 Short-term outcomes #1 & #2

MSU and NJEIS have embarked on a 21-hour hybrid learning opportunity to train 1000 practitioners on the Pyramid Model framework with an implicit bias component supported by 8 hours of reflective consultation. NJEIS chose to pilot this training to 3 select agencies to ensure that all processes are running smoothly before scale-up. The first round began in November 2022 and will complete in January 2023. The second round will commence in February 2023. Rounds will continue until all 1000 paid-for slots have been used.

Using the American Rescue Plan Funds, NJEIS is offering a stipend of \$150 to practitioners who complete the entire training. For the first time, MSU can offer CEUs for this training to social workers who attend. Although the CEUs are limited to this role, there is discussion to expand to other roles in the future. PD hours are available for all NJ-licensed educators. MSU will also extend competency credits to practitioners moving forward to complete the Infant Mental Health Endorsement Program. NJEIS is making significant strides in saturating the field with necessary PD in large part due to the availability of stipends and the increased resources available through the MSU partnership.

TTAs have been certified to conduct reflective groups. In this reporting period, TTAs began delivery of PIWI 1.0 across the state using a reflective model which allows NJEIS to expand the reach of this training. TTAs have trained 100 practitioners in the PIWI model to date. Of these 100, a survey indicated 48 were interested in participating in follow up reflective sessions. Ultimately, 27 (10 administrators and 17 practitioners) joined the group. Discussion topics included building connections with families and healthy relationships.

NJEIS is building capacity with the creation of the "PD Champions" group for agency administrators. These individuals are the point-of-contact with the DOH CSPD team and have responsibility for the development of their local staff. In December 2022, NJEIS held the first PD Champions meeting to review SSIP-related training initiatives and the new Pyramid Model training and the various incentives available.

An improved model of PD includes supporting agencies in developing their staff. With this in mind, NJEIS has allocated \$30,000 of American Rescue Plan funds to sponsor one PD Champion from each agency to become certified in reflective supervision and consultation (RSC). The data supports that using RSC helps professionals feel supported in their work and aids in staff retention. NJEIS is mindful of how a robust PD process aids in recruitment and retention efforts.

The initiatives above relate to the framework components of professional development and quality standards. All activities will serve to professionally develop the workforce to achieve SiMR outcomes and the capacity building is directed at sustainability.

##### Evaluation Question #3 Short-term outcome #1

45% of EBP Cohort practitioners have been trained in KBCM and 45% in PIWI 1.0 programs.

One agency was added to the EBP Cohort group during this reporting period. This agency is a TET (Targeted Evaluation Team) and its presence allows NJEIS to better tailor the use of the EIPPF1 to evaluators. Currently, the EBP Cohort group includes EIP agency administrators, Service Coordinator Administrators and a TET Administrator. All roles are now represented within the cohort.

##### Evaluation Question #3 Short-term outcome #2

MSU consistently uses a coaching framework with the TTAs and EBP Cohort agency administrators, as well as integrates reflective opportunities into the PD process. As TTAs and administrators are coached, they are learning by immersion how to use the coaching process with practitioners. This parallel process touches quality and professional development standards and is part of the NJEIS overall capacity building strategy and improved model of PD.

##### Evaluation Question #4 Short-term outcome #1

FSCs continued training PSF, a pyramid model-based training. Five courses were offered during this reporting period with 19 families attending. Having families and practitioners speaking the same language will result in better outcomes for children which is the crux of the SiMR. Offering families this training opportunity supports PD and quality outcomes and will directly impact the sustainability of efforts to bring the PM framework to all stakeholders, while supporting the use of the EBPs.

#### CIPs

Evaluation Question #2 Short-term outcome #1

Evaluation Question #3 Short-term outcome #3

ERH and the EBPs are investigated through the CIPs. CIPs allow TTAs and FSC to use data to determine where to exert efforts related to SSIP outcomes. Reflective groups are often used for data collection as well. One region facilitated a group of 7 practitioners and a group of 11 administrators in separate reflective groups for 10 sessions. Attendance has been approximately 70% across the two groups.

Another region used Community of Practice groups to support practitioners in family engagement (F6) and coaching (INS13). The third round of COP groups worked together from March-July of 2022. Seven practitioners registered and 5 attended. Survey results indicate that practitioners felt a sense of connection and appreciated a place to talk about barriers and challenges to their practice. Overall, the groups were considered to be helpful and supportive.

Certain CIP goals have been designed to help regions identify local areas in need of targeted and/or intensive TA related to topics such as ERH and the EBP which are foundational in ultimate SiMR achievement.

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

NO

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

During the next reporting period, NJEIS will continue to focus on three main infrastructure improvement strategies of building and expanding upon the MSU Partnership, improving its model of professional development, and using the Community Impression Plan process at the REIC level.

The partnership with MSU will include: 1) an additional round of Keeping Babies & Children in Mind (KBCM) training specifically designed for NJEIS in Spring 2023, 2) follow-up PIWI training with PIWI 2.0 in early fall 2023, 3) expansion of the Pyramid Model initiative past the initial 1,000 practitioners and 4) the addition of Brazelton Touch Points in late Fall 2023. These efforts are targeted at Evaluation question #3, short-term outcome #1 and will be supported in part by the American Rescue Plan funds.

In February 2023, the ERH webinar in English and Spanish will be released to practitioners with follow up training and communication done at REIC level. Family Support Coordinators will work to integrate Early Relational Health messaging into presentations directed to families who are just entering the NJEIS. These efforts will address Evaluation question #2. Short-term outcomes #1 and #2, as well as Evaluation question #4, short-term outcome #1.

The three new FSCs will be fully trained to facilitate Positive Solutions for Families and continue to offer regular training for families that includes messaging, communication and resources on Early Relational Health. These efforts seek to address Evaluation question #4, short-term outcome #1.

NJEIS-CSPD will partner with New Jersey Association for Infant Mental Health to offer Reflective Supervision and Consultation certification to PD Champions. NJEIS has the goal of certifying at least one administrator at each local EIP agency and Service Coordination Unit in how to conduct reflective supervision and consultation with their staff. The regional TTAs will provide ongoing support to the PD Champions in this process. The four regional TTAs and 6 EBP Cohort Administrators will be trained by MSU to facilitate PIWI 2.0. These efforts will address Evaluation question #3, short-term outcome #2

NJEIS will continue to support the EBP Cohort administrators in collecting data using the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF). NJEIS will also engage DaSY support to assist in synthesizing and analyzing data. The EIPPF tool will be introduced to the PD Champions group of administrators in additional capacity building and data collection efforts. NJEIS anticipates expanding the use of this data collection tool to a larger segment of the state during the next reporting period. These efforts will address Evaluation question #3, short-term outcomes #1 and #3.

NJEIS and MSU will continue providing reflective opportunities to TTAs and EBP Cohort administrators and immersing them in coaching practices. Supporting efforts to deepen the coaching knowledge and skills of TTAs and administrators is a means to pushing the coaching process down to the practitioner level. These efforts seek to address Evaluation question #3, short-term outcome #1

Improved Model of Professional Development

The NJEIS LMS should be fully operational by March 2023 with all NJEIS practitioners registered and making use of the system. NJEIS plans to build its on-demand training offerings for statewide availability using the LMS. This infrastructure enhancement effort will address Evaluation question #1, short-term outcome #1.

Professional Development of IFSP Service Providers and Service Coordinators will continue. American Rescue Plan funds will be used for stipends for practitioner attendance at training for as long as possible. MSU is in progress of expanding the provision of CEUs to social workers, and assisting NJEIS with the ability to provide CEUs to other professional disciplines. The Service Coordinator professional development is centered on the use of Routine Based Interview (RBI) working with the national RBI leadership team which will enter the second year of training and support. The RBI framework is a relationship based approach to IFSP development and is complementary to the work and the trainings provided to the practitioners who are providing the services identified on the IFSP.

NJEIS has plans to increase reach and uptake of the Pyramid Model training program to all segments of the workforce. NJEIS envisions this program as the foundational program for its future onboarding process. All these efforts seek to address evaluation question #3, short-term outcome #1.

NJEIS will continue to work with the EBP Cohort Group to collect baseline data using EIPPF. Data will be used to inform professional development of staff at the local level related to the EBPs. NJEIS will work with DaSY or other national TA partners to analyze EIPPF data.

NJEIS is also preparing to offer the EBP Cohort practitioners who have previously completed KBCM, Pyramid Model and PIWI, the opportunity to advance their expertise with training in PIWI 2.0 and Brazelton programs. NJEIS will then have a pilot group of practitioners who have been equipped with the full complement of professional development offerings.

Data related to the level of fidelity of implementation of the evidence-based practices achieved by this cohort group will give an indication of the efficacy of the overall NJEIS plan. These efforts are related to Evaluation question #3, short-term outcomes #1, #2, and #3.

Community Impression Plans (CIPs)

Regional CIPs will continue to follow the data to inform next steps related to solidifying knowledge and skills around the EBPs and ERH. TTAs will use the Provider Meeting forum for discussion, clarification, and the provision of targeted technical assistance. Conversations will weave discussion of EBP and ERH into all Provider and County Meeting discussions. CIPs will also consider how to use the data from the EIPPF to provide necessary technical assistance at the local level. Efforts in this area are related to Evaluation question #3, short-term outcome #3.



CIPs have also proven to be an informative way to determine when, where and how to offer opportunities for reflective consultation or Community of Practice groups to practitioners and administrators at the regional level. NJEIS seeks to grow the reach of reflective groups systemwide. Continued efforts around RSC and COP groups are related to Evaluation question #3, short-term outcome #2.

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

Family Engagement (F6)  
Teaming and Collaboration (TC2)  
Coaching (INS 13)  
Positive Interactions (INT 2)

**Provide a summary of each evidence-based practice.**

Family Engagement (F6) is the process whereby practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family's preferences. Engage & exchange techniques are at the heart of family engagement and require a practitioner to build a solid rapport with families and to encourage the free-flowing exchange of ideas and information. A solid Engage & Exchange effort is vital to attaining the SiMR because it is a way to model and encourage personal interactions and relationships.

Teaming and Collaboration (TC2) is a process whereby practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge and information that build team capacity and jointly solve problems. In the Teaming and Collaboration process, practitioners and families work together to find way to help a child grow and learn within routines and in natural environments. During a session, the family becomes empowered to work with their child in the absence of a practitioner. When the family is empowered to help their child learn, there is more social emotional interaction, and therefore the potential for increased social emotional growth for the child.

INS13 encourages practitioners to use a coaching approach or consultation strategies with the primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. Coaching is another practice that practitioners can use to empower families to effectively work with their child. Coaching leads to parents feeling competent and confident in assisting and supporting their child in building social emotional skills which can support the appropriate regulation of behaviors. Coaching also has applications for agency administrators with their practitioners and for the regional TAs as they work with MSU.

In INT2, practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback or other types of guided support. The Parents Interacting with Infants training teaches the skills inherent in this EBP through the use of dyadic and triadic strategies.

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

**Engage and Exchange (F6)**

The PIWI 1.0 training program offers practitioners significant opportunities to consider how to best "engage and exchange" information and ideas with families. As NJEIS builds organizational capacity, this EBP is more often being seamlessly woven into encounters with families as evidenced by conversations in reflective consultation groups conducted by the TTAs. PIWI training offers a range of skills for practitioners to use with families in support of the connection between parent/caregiver and child. As NJEIS maintains the focus on Early Relational Health, and increases implementation of the PIWI techniques, it is anticipated the healthy connections between caregiver and child will become more prevalent. Supportive connections within the family, which is an indication of healthy relationships, strengthen the social emotional development of the child and ultimately allow NJEIS to demonstrate SiMR improvement.

NJEIS will be following up PIWI 1.0 with PIWI 2.0 and this continuation will allow for more in-depth discussions with practitioners about connections, relationships and ERH. The family engagement component will be woven in and through these discussions. To support the efforts at enhancing the skills of the practitioners, the Family Support Coordinators will continue to offer Positive Solutions for Families training directly to families. PSF is an opportunity for the FSCs to model the Engage and Exchange mindset to parents and caregivers. Parents and caregivers have the opportunity to engage and exchange with the FSCs, as well as with the direct service providers. Consistent modeling of how engage and exchange works in relationships will ultimately support parents in their relationship with their child.

Teaming and Collaboration (TC2) Teaming and collaboration continues to occur on many different levels throughout the NJEIS. The ongoing partnership that the CSPD team has with MSU is a prime example of this EBP in action. Together, CSPD and MSU continue to build the organizational capacity of the NJEIS. There has also been significant teaming and collaboration between NJEIS, MSU, the regional TTAs and the EBP Cohort group. Collectively, this group has worked together to effectuate system change that is all in support of improving outcomes for children and families and SiMR achievement. The inclusion of RBI into the work of service coordination will include systematic plans for improved collaboration between the service coordination, families and the practitioners who provide IFSP services.

The TTAs and the EBP Cohort administrators trained in RSC practices are now teaming and collaborating with practitioners at the local level. The modeling of this type of collaborative behavior is critical for practitioners to experience. As practitioners experience this type of relationship themselves, they are being well prepared to use a teaming approach with families. There is a developing attitude that all levels of the system are working together toward a common goal of achieving the best outcomes for children and families.

Coaching (INS13) NJEIS is systematically working towards a solid coaching model. Similar to TC2, coaching practices are being consistently used by MSU with the TTAs and the EBP Cohort group during train the trainer and other capacity building activities. As the TTAs and administrators experience what it feels like to be coached, they are simultaneously acquiring the skills to provide coaching. TTAs have used coaching skills to facilitate RSC and COP groups with practitioners. This process strengthens the use of this EBP during family interactions. Steady, incremental progress is being made to bring a coaching model to NJEIS. As additional administrators are certified in RSC, funded by American Rescue Plan funds, there will be a wider expanse of agency personnel using a coaching methodology with their staff. Ultimately, this practice will filter down to families as practitioners increase their knowledge and hone their skills around coaching practices.

Positive Interactions (INT2) The PIWI training uses dyadic and triadic strategies to encourage and empower families to interact with their children during EI sessions. These positive interactions are modeled by the practitioners and then families are encouraged to try various approaches. The introduction of PIWI 2.0 will provide more opportunities for practitioners to strengthen their ability to support families in providing positive interactions. NJEIS is also

offering more opportunities for practitioners to experience positive interactions themselves by engaging in RSC and/or COP groups. Again, this parallel process is critical to bringing this EBP directly to families. As more practitioners and administrators experience the Pyramid Model and PIWI training content that integrates reflective opportunities, the more these positive interactions will filter throughout the system, ultimately reaching the children and families. Meeting families where they are will help them to gain the knowledge and skills needed to support the growth of their child across all domains, including social emotional development, which directly ties to the SiMR.

As the NJEIS workforce is experiencing significant turnover since the beginning of the Covid-19 pandemic, the lead agency is cognizant of its responsibility to have these new professional development opportunities available for all sectors of the NJEIS. IFSP service providers, service coordinators, and the administrative teams at each contracted agency have at least one targeted learning program, based in ERH, and supportive of the best practices prioritized in the SSIP. American Rescue Plan funding is providing the NJEIS with the resources needed to achieve these multi-faced, and interconnected programs simultaneously.

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

As previously discussed, NJEIS continues to lay the foundation for data collection related to the evidence-based practices (EBPs). To date, the four regional TTA and the EBP Cohort administrators have been trained to use the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) developed by the National Center for Pyramid Model Innovation (NCPMI). Baseline data collection has begun. Moving forward into the next reporting period, EBP Cohort agencies will continue to collect this baseline data, as well as collect follow up data. NJEIS will engage the help of national TA partners to build a data analysis process that will assist in assessing practice change.

Local agency administrators will use the data as a professional development tool to support the individual growth of their practitioners. NJEIS will examine the data, specifically related to the four selected EBPs, to monitor fidelity of implementation and to identify next steps. NJEIS anticipates making significant progress in this area for the next reporting period.

All regional activities conducted by the REICs and the TTAs that engage administrators in conversation about the EBPs have been helpful and will continue. NJEIS is making strides in building the K-S-As (knowledge, skills and attitudes) related to the EBPs. Knowledge has begun to take hold. Based on conversations and survey data, work is still needed to improve skills and shift attitudes. NJEIS is focusing in on the skills that need to be learned by practitioners so that the EBPs become tools they instinctively use with children and families toward positive outcomes.

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

Very preliminary review of the early baseline data collected by the first EBP Cohort agency is indicating a wide gap in fidelity of implementation of the EBPs between veteran staff and new hires. This is very preliminary data but is an indication that the current Keeping Babies and Children in Mind (KBCM), Pyramid Model and Parents Interacting with Infants (PIWI) training opportunities that NJEIS is offering which focus on the EBPs is the right course. Veteran staff who have been exposed to the EBPs over the last several years and have had the opportunity to take training appear to score better on fidelity of implementation of the EBPs. Practitioners who have been recently hired into the NJEIS appear to have significantly lower scores. More data and proper analysis are needed before any solid conclusions can be made any course corrections be determined.

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

NJEIS will continue to deliver PIWI 1.0 training to the entire workforce with a follow up of reflective consultation sessions. PIWI 2.0 will strengthen the knowledge gained in 1.0 and extend to more skill building. PIWI training incorporates the EBPs and is a practical way to help practitioners learn how to seamlessly integrate the EBPs within the context of their everyday contacts with children and families. Using reflective sessions after training will allow learning to be enhanced and extended through discussion and the exchange of ideas. The process described above addresses Engage and Exchange (F6), Teaming and Collaborating (TC2), Coaching (INS13) and Positive Interactions (INT2).

Incorporating the use of the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) evaluation tool into data collection process will allow agencies and practitioners to understand the significance of using the EBPs as best practice. The EIPPF, as previously mentioned, is designed to measure fidelity of implementation of the EBPs. NJEIS is building a solid process of professional development and data collection around its four selected EBPs, rather than just "training" on them in isolation.

However, with the LMS, NJEIS will be able to easily offer an overview of each of the four selected EBPs that agencies can use in the onboarding of new staff. A brief asynchronous learning opportunity can be used to begin the knowledge acquisition process. This process will continue the emphasis on engage and exchange (F6), teaming and collaboration (TC2), coaching (INS 13) and positive interactions (INT2). But NJEIS has moved beyond the knowledge phase with its veteran workforce and is solidly concentrating on the building of skills and the shifting of attitudes related to the four selected EBPs.

In addition, NJEIS also recognizes the importance of using the practices inherent in each of the selected EBPs throughout ALL levels of the system. With this in mind, the EBPs are evident vertically in the system structure from the partnership and collaboration between and among DOH-NJEIS staff, MSU and the REICs to the relationship between the REIC regional staff and local agency staff, administrators and practitioners, and then ultimately filtering down to the relationship between the practitioners and the families. These EBPs must be modeled, practiced and filtered down for families to reap the intended benefits. The anticipated outcomes to be achieved by the above process relates to Evaluation question #3, short-term outcome #1 and #3. NJEIS seeks to immerse more practitioners in the use of the EBPs and to be able to show via the EIPPF that EBPs are being implemented to fidelity.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

This is the first reporting period for this current iteration of the SSIP. Because this SSIP is designed to be a five-year plan, executed over time, it is prudent to stay the course and continue systemic improvement efforts as outlined. This decision is supported by several indices.

Initial baseline data from the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) suggests that efforts to build practitioner knowledge and skills around the evidence-based practices do yield results when appropriate training opportunities are available. As previously discussed, the use of this tool and the data collection efforts are in the infancy stage. However, NJEIS data is revealing that veteran staff who are exposed to the current MSU/NJEIS training opportunities have a better knowledge and understanding of the EBPs than either newly hired staff or veteran staff who have not yet participated in these trainings. There is also completion data from KBCM and PIWI trainings that further indicate NJEIS has only begun to scratch the surface of reaching all practitioners. More time is needed to reach a saturation point with these professional development opportunities and to collect the data to support their efficacy. The expanded partnership with MSU coupled with the availability of American Rescue Plan Funds has just begun to give

NJEIS-CSPD the traction it needs to effectuate systemic change. Staying the current course is critical right now. The number of practitioners registering for the new Pyramid Model training initiative indicates there is significant interest in attending training. Since this is the first time that NJEIS is offering stipends and CEUs, there is increased practitioner interest in attendance. NJEIS needs to continue the momentum, make use of American Rescue Plan Funds, and stay focused on the current SSIP course of action. Additionally, feedback from reflective supervision and consultation groups (RSC) and community of practice (COP) groups indicates that there is more work needed to solidify the EBP into practice. The work of RSC and COP groups is cumulative over time. NJEIS needs the opportunity to continue broadening the reach of these groups and encouraging practitioner participation. Not only does this process help to deepen knowledge and skills around the EBPs, but practitioners are also supported personally and professionally and these efforts aid in staff retention. NJEIS has high confidence that in the next reporting period, with the introduction of the new LMS, the expansion of the MSU partnership, and the expenditure of American Rescue Plan funds, there will be significant data points available to support this decision to continue with the plan in its current form.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Over the course of this reporting period, NJEIS-CSPD engaged with stakeholders from different parts of the system based on the identified need for feedback and support. Stakeholders weighed in on various programs and new initiatives for NJEIS to gauge buy-in and responsiveness. Feedback was gathered via program evaluations, surveys, conversations or polls at meetings, social media outreach, and email. Stakeholders who have provided input include all levels of personnel at the REICs, EIP agency administrators, Service Coordinator administrators, practitioners, families, SICC members, the Early Intervention Provider Agency, Advocates for Children and Families and the Statewide Parent Advocacy Network.

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

The TTAs and the FSCs at the REICs are a consistent source of regional stakeholder engagement. The CSPD Coordinator meets monthly with the TTAs to discuss all projects and initiatives related to workforce development and the SSIP. The TTAs provide feedback and input from provider agencies, as well as practitioners. This feedback may be generated via Provider Meeting interactions that include discussion or polls, training evaluations, surveys sent out to practitioners, or email comments.

NJEIS has assembled different stakeholder groups such as the EBP Cohort group and the PD Champions group. These groups include agency administrators who are in direct contact with the service providers. Meetings are held monthly, or bi-monthly and email communication is used as needed. The EBP Cohort group is directly involved in supporting PIWI training, as well as the introduction of the EIPPF. The PD Champions group is another effort at supporting NJEIS capacity building efforts to meet the workforce development needs of the entire system. Both groups are vital for CSPD to maintain connected to the field and ensure that there is a consistent means for ongoing two-way communication.

CSPD engaged the SICC during their annual retreat which is a closed working session for the Council. During this full day in-person meeting, NJ engaged TA support from the Early Childhood Technical Assistance Center (ECTA). Members of the ICC were given a full update, data and review of the SSIP through its first 10 months of implementation (Feb 2022-November 2022). The Council provided feedback and suggestions related to SIMR achievement and how the system might work to improve child outcomes. As a result of the discussion at the retreat, the NJEIS-CSPD Coordinator was requested to join the Service Delivery Committee of the SICC as a DOH liaison so that the Council can continue to provide guidance and assistance to NJEIS on SSIP-related activities. Each committee of the ICC was challenged by the lead agency to consider how their committee work can be supportive of the SSIP. Immediately after the ICC retreat, the DOH issued a "special edition" of the NJEIS Dashboard, which provided all stakeholders with an update of the SSIP, and which outlined the progress made and the next steps being undertaken by the system.

NJEIS' reach to families comes through the Family Support Coordinators. When FSCs facilitate the PSF training, they have a direct line to families during and after the training to solicit input and feedback. Feedback is collected on an ongoing basis during training, as well as through evaluations forms and follow up contacts after training completion. In one region, the FSC has been holding monthly Q&A sessions with families who have recently entered the NJEIS. These Q&A sessions will be replicated in all regions to maintain this important feedback loop with families. NJEIS is intent on improving efforts to engage families as the system seeks to enhance its focus on Early Relational Health.

The use of virtual platforms to hold meetings has increased the number of participants and contributes to enhanced interactions in each meeting. Although NJ is geographically small, removing travel time from participants' schedules, means more individuals are likely to attend statewide or Regional meeting that may have been otherwise difficult to attend due to time or distance. Previous in-person ICC meeting (prior to 2020) had an average attendance of 30 public members. In contrast, virtual ICC meetings have an average attendance of 85 public members. The tools provided by these platforms, especially the "CHAT" feature, allows members of the public to provide written input to the ICC and DOH which is captured for response and/or follow-up. Virtual meetings are being used to communicate with the PD Champions team, kick-off new sessions for practitioners preparing for a training course and for provider agency and service coordination forums just to name a few.

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

YES

### **Describe how the State addressed the concerns expressed by stakeholders.**

The most prevalent stakeholder concern is how NJEIS will sustain the current level of professional development when American Rescue Plan funds have been allocated. THE ARP funds are allowing NJEIS to exponentially increase its reach to all practitioners because of the expansion of the MSU contract and the payment of stipends for attendance at training. These opportunities are only now available due to ARP funds. NJEIS is committed to including necessary allocations in future State CSPD budgets to sustain this important partnership past the initial use of rescue plan funds and the Service Delivery committee of the ICC is tasked with providing recommendations to the lead agency on overall sustainability of each of the infrastructure components put in place through the SSIP work. Sustainability of the SSIP work includes human resources in addition to fiscal resources, which is another concern raised by the stakeholder. As mentioned previously, the NJEIS has experienced greater than normal turnover in the workforce which requires the drivers of the SSIP to work more intently with newly hired staff as preliminary data is showing that new hires need additional support to implement strategies to fidelity. Compounding the human resource factor is the limited staffing within the CSPD team at the lead agency. This is a persistent concern of stakeholders as the ambitious nature of the current SSIP requires CSPD staff to execute and manage all plan components, analyze data, assess progress and determine needed strategy adjustment. NJEIS will continue to build and utilize outside networks and partnerships, such as MSU and the NJ Association of Infant Mental Health and the national TA centers in support of this work. Additionally, the NJEIS is beginning partnership conversations with two additional institutes of higher education to support the NJEIS through curriculum development and experiences for pre-service students.

## **Additional Implementation Activities**

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

The fourth strand of the Theory of Action is the professional development and support of Service Coordination in the NJEIS. The infrastructure activities discussed at length in the previous sections are highly concentrated on the IFSP service delivery workforce, however, it is important to note that the work of service coordination will be supported directly and indirectly from the intensive professional development and the infrastructure capacity building. The LMS will be a resource for the onboarding and on-going professional development of service coordinators. Additionally, the shift in knowledge, skill and attitudes about the EBPs and ERH in the provider workforce should be present during IFSP development and review. Consistent messaging and stakeholder opportunities about EFH include the service coordination workforce.

In March 2022, the NJEIS engaged Robin McWilliams and his clinical team to provide full training to all NJEIS service coordinators (240) in the practices and techniques of Routines Based Interviewing for gathering information from families. The NJEIS also selected 20 service coordinators to become "endorsed" as highly qualified in the use of RBI. The endorsement group is to become another arm of the capacity built by the NJEIS. The RBI process will eventually replace the current Family Directed Assessment system used by NJEIS, and the national RBI team has committed to a second year of support to the NJEIS as service coordinators continue their training and begin implementation of key components of the RBI into Family Information Meetings. RBI is based in early relation health principles and building relationships with the family and therefore is a natural and complementary skill set to the ERH skills being developed and advanced in the IFSP service providers.

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

The primary expected outcome in this next time frame, is the final endorsement of up to 20 NJEIS service coordinators by the national RBI team. Endorsement is only granted to those who have proven fidelity of administration. To achieve this outcome, the RBI team has been retained by DOH to continue providing coaching, reflective sessions, and detailed review of individual skills to those seeking endorsement.

Since full implementation of the RBI in NJEIS will need at least one more full year to achieve, the intermediate outcome set for this reporting period is the inclusion of the "Eco Map" into all initial IFSPs by the end of June 2023. The creation of an Eco-Map is the first step in completing a full RBI and begins the process of IFSP development based on the families concerns, priorities and resources. Measurement will be the percentage of initial IFSPs that have an ECO-Map completed. NJEIS will devise a "completion rate" for the Service Coordination Units, which will require target setting as needed by the Units. SCU will need to be in compliance with the lead agency determined performance criteria.

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

Internal DOH staffing has not been immune to the "great resignation" and several key persons moved on from working in the early intervention system since the SSIP was designed and submitted to OSEP. Of note, the Assistant Commissioner for the Division, the EIS Operations Manager and one DOH-level Data Analyst all had turnover in the past year. The new Assistant Commissioner for the Division has previous knowledge of the NJEIS which has made that transition smoother for the program. A new EIS Operations Manager is expected to join the team by the end of the first quarter 2023.

The loss of the project-specific data analyst at the lead agency, however, was an unexpected new barrier. The need for data analyses specific to SSIP implementation will accelerate over the next reporting cycles. The DOH team sees a robust data analysis process as critical to keeping the projected pace of SSIP activities. NJEIS will rely on the regional data analysts, the Part C data manager, and federal TA partners until the position can be filled and onboarded.

The largest barrier to SSIP achievement is the staffing within the Professional Development team within the Lead Agency. External partnerships as outlined in this report will contribute significantly to the overall achievement, however, the DOH must expand the human resources available to CSPD team if these projects are to be sustainable. Fortunately, the NJEIS has fiscal resources from the American Rescue Plan that are supporting the many initiatives, and DOH anticipates financial resources will be available for the next few years in support of overall sustainability.

### **Provide additional information about this indicator (optional).**

## **11 - Prior FFY Required Actions**

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

### **Response to actions required in FFY 2020 SPP/APR**

The numerator and denominator in the data table are taken from the progress categories for Indicator 3A Summary Statement 1.

The Summary Statement is calculated as  $c+d/a+b+c+d$  the percentage of children who made substantial progress.

This is  $1054/3262 = 32.31\%$

## **11 - OSEP Response**

## **11 - Required Actions**

## **Certification**

### **Instructions**

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

### **Certify**

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

### **Select the certifier's role**

Lead Agency Director

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

### **Name:**

Susan Evans

### **Title:**

Part C Coordinator

### **Email:**

susan.evans@doh.nj.gov

### **Phone:**

609-777-7734

### **Submitted on:**

04/25/23 3:51:59 PM

## Determination Enclosures

### RDA Matrix

# 2023 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
81.25%	Meets Requirements

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
<b>Results</b>	8	5	62.50%
<b>Compliance</b>	16	16	100.00%

#### 2023 Part C Results Matrix

##### I. Data Quality

###### (a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	6,091
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	13,664
Percentage of Children Exiting who are Included in Outcome Data (%)	44.58
<b>Data Completeness Score<sup>2</sup></b>	1

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score<sup>3</sup></b>	1
---	---

##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

<b>Data Comparison Score<sup>4</sup></b>	1
--	---

###### (b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

<b>Performance Change Score<sup>5</sup></b>	2
---	---

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
<b>FFY 2021</b>	32.31%	53.26%	61.04%	46.20%	74.01%	81.65%
<b>FFY 2020</b>	30.06%	45.47%	43.05%	34.55%	60.84%	79.91%

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

Part C Compliance Indicator <sup>6</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	89.68%	YES	2
Indicator 7: 45-day timeline	99.69%	N/A	2
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	99.62%	YES	2
Indicator 8C: Timely transition conference	98.33%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>6</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>



**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e<sup>78</sup>. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

<b>Category a</b>	<b>Percent of infants and toddlers who did not improve functioning</b>
<b>Category b</b>	<b>Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>
<b>Category c</b>	<b>Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</b>
<b>Category d</b>	<b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>
<b>Category e</b>	<b>Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>

<sup>7</sup> Numbers shown as rounded for display purposes.

<sup>8</sup> Values based on data for States with summary statement denominator greater than 199 exits.

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\Category a	1.43	1.62	-0.19	3.05
Outcome B\Category a	1.26	2.27	-1.01	3.53
Outcome C\Category a	1.14	1.59	-0.45	2.73

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b	23.62	8.94	5.75	41.49
Outcome A\ Category c	20.32	12.69	-5.05	45.69
Outcome A\ Category d	27.33	9.46	8.42	46.24
Outcome A\ Category e	27.3	15.11	-2.92	57.52
Outcome B\ Category b	25.16	9.76	5.65	44.68
Outcome B\ Category c	28.73	12.11	4.5	52.95
Outcome B\ Category d	31.76	8.06	15.64	47.87
Outcome B\ Category e	13.09	8.56	-4.02	30.21
Outcome C\ Category b	20.27	8.49	3.29	37.26
Outcome C\ Category c	23.01	13.08	-3.16	49.17
Outcome C\ Category d	34.09	8.09	17.9	50.28
Outcome C\ Category e	21.49	15.06	-8.62	51.6

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

**Anomalies in Your State's Outcomes Data FFY 2021**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>6,091</b>
--	--------------

<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	375	1,833	639	415	2,829
<b>Performance (%)</b>	6.16%	30.09%	10.49%	6.81%	46.45%
<b>Scores</b>	0	1	1	0	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	688	1,325	1,264	1,890	924
<b>Performance (%)</b>	11.30%	21.75%	20.75%	31.03%	15.17%
<b>Scores</b>	0	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	402	501	215	2,356	2,617
<b>Performance (%)</b>	6.60%	8.23%	3.53%	38.68%	42.97%
<b>Scores</b>	0	1	1	1	1

	<b>Total Score</b>
<b>Outcome A</b>	3
<b>Outcome B</b>	4
<b>Outcome C</b>	4
<b>Outcomes A-C</b>	11

<b>Data Anomalies Score</b>	1
-----------------------------	---

Appendix C

II. (a) Data Comparison:

**Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement<sup>9</sup>. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

**Your State's Summary Statement Performance FFY 2021**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	32.31%	53.26%	61.04%	46.20%	74.01%	81.65%
Points	0	1	1	1	1	2

<b>Total Points Across SS1 and SS2(*)</b>	6
---	---

<b>Your State's Data Comparison Score</b>	1
---	---

<sup>9</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

## Appendix D

### II. (b) Performance Change Over Time:

#### Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

#### Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on<sup>10</sup>

$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021\text{N}] + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022\text{N})] = \text{Standard Error of Difference in Proportions}$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions / standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

<sup>10</sup>Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	1,141	30.06%	3,262	32.31%	2.25	0.0159	1.4194	0.1558	NO	1
SS1/Outcome B: Knowledge and Skills	1,677	43.05%	5,167	61.04%	17.99	0.0139	12.9743	<.0001	YES	2
SS1/Outcome C: Actions to meet needs	835	60.84%	3,474	74.01%	13.17	0.0185	7.1343	<.0001	YES	2
SS2/Outcome A: Positive Social Relationships	1,867	45.47%	6,091	53.26%	7.78	0.0132	5.9072	<.0001	YES	2
SS2/Outcome B: Knowledge and Skills	1,867	34.55%	6,091	46.20%	11.65	0.0127	9.1568	<.0001	YES	2
SS2/Outcome C: Actions to meet needs	1,867	79.91%	6,091	81.65%	1.73	0.0105	1.6459	0.0998	NO	1

<b>Total Points Across SS1 and SS2</b>	<b>10</b>
--	-----------

<b>Your State's Performance Change Score</b>	<b>2</b>
--	----------

Data Rubric

FFY 2021 APR<sup>11</sup>

Part C Timely and Accurate Data -- SPP/APR Data		
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1
	<b>Subtotal</b>	13
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	18

<sup>11</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

Table	618 Data <sup>12</sup>			Total
	Timely	Complete Data	Passed Edit Check	
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			<b>Subtotal</b>	9
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	18
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	36.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	36.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

<sup>12</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.



## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part C 618 Data

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>