



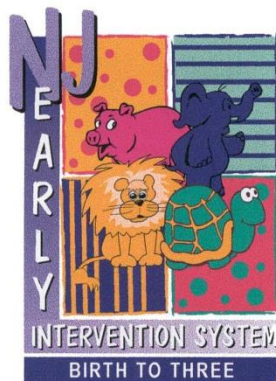
## **New Jersey Early Intervention System**

**SPP/APR FFY 2018 (SFY 2019)**

**Indicator 11-Attachment**

**State Systemic Improvement Plan**

**Submitted: April 1, 2020**





# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## INTRODUCTION

The New Jersey Department of Health (DOH) is the designated State Lead Agency for the Early Intervention System (NJEIS) established under Part C of the Individuals with Disabilities Education Act (IDEA). As such, the DOH is ultimately responsible for using its supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families.

New Jersey is divided into three geographic regions that are North Jersey, Central Jersey and South Jersey. The state has a twenty-one (21) county governmental structure and NJEIS operates in all 21 counties of New Jersey through contracts with 50 Early Intervention Agencies (EIPs), 13 Service Coordination Units (SCUs) and four Regional Early Intervention Collaboratives (REICs).

Phases I & II of the State Systemic Improvement Plan (SSIP) in 2015 and 2016 were completed through the efforts of the DOH and stakeholders through multiple meetings; the formation of small, task-oriented workgroups; data collection and analysis that all support the State-Identified Measurable Result (SIMR). The NJEIS defined the 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 execution of Phase III Years 1 through 4 followed the Actions Steps outlined in each of the four (4) Implementation Plans along with the Methods and Measures of the Evaluation Plan developed and submitted in Phase II. The Implementation and Evaluation Plans continue to align with the Theory of Action and are building infrastructure to improve statewide practices to affect the SIMR. The Theory of Action, found in Appendix A, has remained constant and continues to effectively guide the SSIP process.

The Implementation Plans continue to support the SIMR and relate to the strands of the SSIP Theory of Action. The complete Implementation Plans are found in Appendix B and include:

1. Social and Emotional Development;
2. Family Engagement;
3. Professional Development; and
4. Data Quality.



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DOH-NJEIS continues to use the definition of Social and Emotional Development developed in Phase II. The DOH-NJEIS defines Social and Emotional Development for purposes of the SSIP as:

***"Social and emotional development in young children includes the development of trust and emotional security, self-awareness, self-regulation and relationships with adults and other children. Appropriate social and emotional skills are influenced by a child's age, culture, settings and health. The healthy development of social and emotional competence greatly affects the abilities of children in all other area of development."***

DOH-NJEIS has benefitted, throughout all three phases of the SSIP, from the committed, ongoing, and active support of the SSIP Stakeholders. With only a few changes in membership, the original SSIP Stakeholder group participated in the completion of Phase I, continued with the process and work of Phase II and contributed greatly to the work in Phase III. Phase III, Year 4 continued with stakeholder involvement on each Implementation Plan to ensure subject matter expertise and additional supports for the planned activities.

## SUMMARY OF PHASE III, YEAR 4

In Phase III Year 3, NJEIS discussed the major challenges that emerged as a result of the Early Intervention Management System (EIMS) which is designed to support all case management, data storage and billing functions. Moving forward into Phase III Year 4, with the persistence and tenacity of NJEIS personnel system-wide and in partnership with the vendor, some of these challenges were resolved. As a case management system, many of the functionalities that were intended to support the work of field personnel were running as expected. The reporting functions that previously had not been operational were corrected due to the focus and dedication of a Systems Analyst Consultant and the hiring of a full time, State-level Data Manager. While some reports still need refinement, there is now dedicated staff on board to facilitate this process.

The introduction of EIMS to the NJEIS remained an obstacle for a large part of Phase III Year 4 as the daily operational attention needed to complete the transition, resulted in competing priorities for NJEIS state staff and field personnel. The billing portal did not function in a stable manner resulting in practitioners and agencies unable to bill for services. These challenges had a ripple effect throughout the system that required the NJEIS to spend significant time and resources on a "backlogging process" to systematically identify and enter any services into the system that were eligible for payment. NJEIS brought on additional temporary staff, but full time State and REIC staff were needed to support the process and assist in expediting agency payments. Once again, a significant consequence of this reallocation of State resources, and the continued workload placed on field staff and agencies, had an impact on the amount of time and attention left to focus on SSIP-related activities.



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NJEIS faced several additional priorities in Phase III Year 4 that caused a delay in some anticipated SSIP projects. One new priority was a Family Cost Participation (FCP) “finding” from the Differentiated Monitoring and Support (DMS) process from OSEP. The remediation process required the NJEIS Service Coordinator Liaison and other State staff to invest time and resources in developing and delivering training to service coordinators system wide to address OSEP’s concerns. Between the ongoing work with EIMS, the DMS FCP needs and normal service coordination responsibilities, DOH made the decision to delay some additional SSIP-focused trainings that was intended for this sector of the NJEIS workforce. Additionally, State personnel resources remain strained as NJEIS continues to wait for permanent positions to be filled so that some of the planned infrastructure development may continue.

Regardless of some the roadblocks in Phase III Year 4, and despite experiencing a 50% turnover in CSPD-TA staff, NJEIS worked diligently to maintain a steady focus on the Family Engagement, Social Emotional Development and Professional Development strands of the SSIP. NJEIS can boast some significant accomplishments in Phase III Year 4, one of which is providing intensive technical assistance related to social emotional development and family engagement practices to one Early Intervention Provider (EIP) agency and one service coordination unit in an effort to build organizational capacity, enhance individual knowledge and skills and systematically work toward fidelity of implementation of the NJEIS-selected evidence-based practices (EBPs). The newly developed Engage and Exchange Growth and Development Tool will be one way to measure progress towards ensuring fidelity to the EBPs.

This long term initiative to develop one agency and one service coordination unit into Implementation Sites is not only an opportunity to fine-tune this process on a local level before taking it to scale state wide, it has also provided a mechanism for engaging additional stakeholder groups and reigniting some much needed enthusiasm into a system that has faced many challenges in the recent past.

As a result of expanded stakeholder relationships, NJEIS is also beginning to build a highly anticipated coaching cadre. This endeavor will not only allow for an expanded reach of consistent messaging around social emotional development and family engagement, the coaching cadre is a key piece of infrastructure development that will support the work of the NJEIS in several ways. The anticipated benefits of a coaching cadre include making progress toward the SIMR, improving fidelity of implementation to the evidence-based practices and assisting the NJEIS Monitoring Team in developing a Results-Driven Accountability process. All of these new initiatives will be covered in detail in the following report.

In addition to all of the positive steps forward, NJEIS must acknowledge that there was slippage in the SIMR data in FFY 2018, which needs to be examined and better understood in order to determine the best path forward.

In FFY 2016, NJEIS reported the first significant improvement in the SIMR since the SSIP process began. In FFY 2017, the NJEIS reported slippage in the SIMR compared to FFY 2016



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with the data reflecting similar results as in FFY 2015. NJEIS hypothesized two reasons for this slippage. First, the overall “N” for FFY 2017 decreased by almost 1,200 children due in large part to the operational changes for the TETs that resulted from the use of the EIMS. Second, the data clean-up procedures in place in FFY 2016 were unable to be replicated in FFY 2017 as the data available in the EIMS were not yet stable.

In FFY 2018, Phase III Year 4, although NJEIS experienced some slippage over 2017, a drop from 39.17% to 36.21%, it also achieved its highest data completeness rate to date. The improved data completeness rate was due in part to the needed reporting features being available to service coordinators so that timely exit evaluations could be conducted. NJEIS had the opportunity to discuss the FFY 2018 SIMR slippage with its Steering Committee stakeholder group. The group was helpful in offering some hypotheses that the Lead Agency will explore through data analysis in order to understand and remediate the situation for FFY 2019.

NJEIS posits that even with the ongoing operational challenges that taxed many system resources in Phase III Year 4, the structural supports that have been steadily and consistently built are beginning to take hold. These infrastructure improvements are very likely the reason that additional slippage was avoided. NJEIS is confident that with continued attention to infrastructure development, additional stakeholder engagement and the new initiatives currently being executed, there will be a return to consistent improvement in progress towards the SIMR. Stakeholders set a target of 45.00% for Indicator 3A Summary Statement 1, the state’s SIMR.

## Indicator 3A- Actual

FFY 2018	FFY 2017	FFY 2016	FFY 2015	FFY 2014	FFY 2013	FFY 2012 Baseline
36.21%	39.17%	43.34%	39.63	39.87	38.15	30.62

## Indicator 3A Summary Statement 1 Target Data

FFY 2019	FFY 2018	FFY 2017	FFY 2016	FFY 2015	FFY 2014	FFY 2013
45.00%	45.00%	43.25%	41.555	39.85%	39.15%	38.15%



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## PROGRESS IN IMPLEMENTING THE SSIP

The following sections will outline the progress DOH-NJEIS has made in implementing the four (4) Implementation Plans during Phase III, Year 4 along with supporting data from the corresponding Evaluation Questions. The fourth Implementation Plan is dedicated to data quality and is presented fully in the Data Quality section. Progress on these Implementation Plans is also provided directly on the individual plans contained in Appendix B.

### IMPLEMENTATION PLAN: SOCIAL EMOTIONAL DEVELOPMENT PHASE III YEAR 4

The Implementation Plan on the Social Emotional Development Strand contains four (4) large Action Steps designed to convey a strong, consistent message about the importance of social emotional development and to implement the use of EBPs within the work of the DOH-NJEIS.

NJEIS continues to make significant strides in achieving the action step of ***Developing and disseminating strategies that project the message of social emotional development to practitioners, families, and broad stakeholders.***

One of the goals for Phase III Year 4 was to increase the reach of the NJEIS messaging and branding strategy to include materials disseminated to families and other public facing entities as part of NJEIS' ongoing efforts at infrastructure development. This year, with the expansion of the NJEIS-CSPD team to include the regional Family Support Coordinators located at the four Regional Early Intervention Collaborative, this work has begun.

The Family Support Coordinators have submitted a draft revision of the public-facing *Welcome to Early Intervention* Power Point presentation that has been updated to include the language of Engage & Exchange, the NJEIS definition of social emotional development and the social-emotional train graphic. The purpose of these efforts is to educate families on what to expect when working with NJEIS (Engage & Exchange) and the importance of working to develop social emotional competence in their children (social emotional definition and the train).

The Family Support Coordinators have also drafted a *Parent Guide* that will be housed on State and regional websites to further help to demystify early intervention and its practices for families. These efforts will help families to know what to expect when they engage with our system.

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*Number of NJEIS forms, documents, Websites, and other communications that contain the message on family engagement, EBP and social emotional development. Criteria will be developed to measure extent of inclusion of these components (e.g. present, partially present). An environmental scan will be conducted of internal and external websites, blogs, newsletters etc. using established criteria.*

*Evaluation question #1 short term outcome #1*

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In Phase III, Year 2, the NJEIS began its environmental scan of related websites and NJEIS documents to determine baseline information about the presence or absence of these messages in NJEIS publications. In Phase III, Year 3, the environmental scan provided evidence that NJEIS had “present and accessible” messaging supporting family engagement, an improved message on social emotional development and an emerging message on EBPs. The Environmental Scan Chart has been updated with the messaging and branding activities the occurred in Phase III Year 4 demonstrating further progress of updating public-facing materials and developing additional family-related materials.

The tables below indicate the progress of the NJEIS in this area.

## Website Environmental Scan

Website Location	2017 Environmental Scan	2018 Environmental Scan	2019 Environmental Scan	2020 Environmental Scan
1. NJDOH	Website under construction with state OIT	Updated site includes: <ol style="list-style-type: none"> <li>1. Birth to 3 Early Learning Standards</li> <li>2. Provider Competency Standards</li> <li>3. Current SSIP information</li> </ol>	DOH website maintained the Birth to 3 Early Learning Standards, Provider Competency Standards and Current SSIP information.	Maintained
2. 4 REICs web pages	Included resources for families about EI and family engagement	Additional content added: <ol style="list-style-type: none"> <li>1. Social emotional development</li> <li>2. Links to workshops and webinars related to Social Development</li> </ol>	New & concentrated social media presence developed in 2018 for families.  The REICs coordinate general information on social media and provide specific regional event pages for families.	Maintained
3. NJEIS “Family Matters”	Included resources for families about EI and family engagement	Additional content added: <ol style="list-style-type: none"> <li>1. New video content with EBP and family engagement added</li> </ol>	Content updated with current opportunities (2019) for families, including an 8 week Infant & Preschool Mental Health parenting group.  Maintained EBP and social-emotional specific videos and articles.	Maintained and updated in real-time.



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## Document Environmental Scan

Document(s)	2017 Environmental Scan	2018 Environmental Scan	2019 Environmental Scan	2020 Environmental Scan
1. <b>DOH-NJEIS Welcome Packet</b>	Welcome packet contains information for families about their participation in the NJEIS	No changes to Welcome Packet	No changes to Welcome Packet	Maintained
2. <b>Welcome to the NJEIS online module (formerly Overview of NJEIS Presentation)</b>	Overview of NJEIS contained basic content on family engagement	New Content added: 1. DOH adopted definition of Family Engagement 2. Brief overview of EBPs chosen by NJEIS for SSIP	Welcome to NJEIS maintains new definition of Family Engagement.  Includes "EI State of Mind" tag line	Maintained
3. <b>Introduction to IFSP Development online module</b>	NA	NA	Includes "EI State of Mind" tag line	Maintained
4. <b>Introduction to IFSP Participant's Guide</b>	NA	NA	Includes "EI State of Mind" tag line  Includes definition of social emotional development  Includes Social Emotional Train  Includes Engage & Exchange language	Maintained
5. <b>Introduction to IFSP Development Power Point</b>	NA	NA	Includes Engage & Exchange slide	Maintained
6. <b>Selected forms/ documents used by DOH-NJEIS</b>	DOH forms assessed for practicality of adding EBP, social emotional or family engagement information	Revised NJEIS forms/ documents that include Child Outcome and/or Family Outcomes: 1. Progress Summary Form (used for Periodic Reviews) requires practitioners to indicate a child's	All paper forms are now electronic and part of the EIMS and maintained references to social emotional and/or child outcomes.  Entering information on child outcome progress is a required field in the EIMS. The user is prompted to	Maintained





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		<p>progress on the 3 Child Outcomes.</p> <ol style="list-style-type: none"> <li>2. FDA</li> <li>3. TET “BDI Helpful Hints” learning cards include the 3 Child Outcomes as a prompt for evaluators when talking with families.</li> </ol>	<p>review the 3 Child Outcomes and document progress.</p> <p>The FDA is unchanged.</p>	
<p><b>7. REIC &amp; SCU meeting notes</b></p>	<p>The 4 REICs meet with EIP providers monthly. The agenda is determined to include on-going system information and priorities.</p> <p>The SCU Coordinators meet bi-monthly to review system priorities and updates.</p> <p>DOH requested submission of agendas and minutes from REICs and SCU Coordinators to assess for topics of Child Outcomes, Family Engagement and/or EBP.</p>	<p>Monthly &amp; Bi-Monthly agendas and meeting notes during 2017-2018 reflected:</p> <ol style="list-style-type: none"> <li>1. Southern REIC added the DOH definition of Social Emotional Development on all monthly meeting agenda and minutes provided to EIPs and SCUs</li> <li>2. Southern REIC added the 3 Child Outcomes and 3 Family Outcomes on all monthly meeting agendas and minutes.</li> <li>3. Mid-Jersey monthly meeting notes reflected agenda items specific to social emotional development and speaking to specific resources for EIPs and SCU</li> <li>4. SCU Coordinators meetings (bi-monthly) agendas included reviewing the updates to the</li> </ol>	<p>Monthly provider meetings were held consistently in 2018-2019.</p> <p>September 2018 forward, DOH has established a schedule for state staff to attend and provide specific information and/or content to providers to increase communication and emphasize the special projects of DOH, including SSIP.</p>	<p>Monthly provider meetings were held consistently in 2019-2020.</p> <p>REIC staff has integrated Engage &amp; Exchange and evidence-based practice language into discussions as appropriate.</p> <p>State staff continues to attend meetings to ensure consistency of messaging and policies.</p>



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		FDA and continuing the dialogue on the updated FDA regarding social emotional development		
8. <b>Child/Family Outcomes Brochure</b>	Updated in Phase II Distributed for use by all levels of NJEIS, TET, SCU and EIP	Brochure continues to be distributed in the NJEIS	Brochure continues to be distributed in the NJEIS	Brochure continues to be distributed in the NJEIS
9. <b>Welcome to EI (public and family version)</b>				Updated to include Engage & Exchange, social emotional train, definition of social emotional development and definition of family engagement
10. <b>Parent Guide</b>				In draft form.

Each of the actions noted in the above tables demonstrates steps taken at different levels of the NJEIS to support the action step ***Integrate EBP into NJEIS documents, procedures, and materials***. All updated NJEIS forms have been incorporated into and are generated by EIMS.

## Early Intervention Week 2019

The DOH-NJEIS continues to strategically identify multiple points of contact that provide the opportunity to carry the message of the importance of social emotional development, family engagement and evidence-based practice. These points of contact include families and other stakeholders. In New Jersey, the third week of May each year is designated as “Early Intervention Week” by the legislature. During “EI Week”, the Family Support Coordinators at each of the REICs plan activities for families and the community to highlight the NJEIS and provide resources. Keeping in mind the objectives of the SSIP and the SIMR, each REIC executed activities that focused on including social emotional development during “EI Week” May 2019.

Some of the activities that were held throughout the State included:

- Building Relationships Through Music and Movement
  - Events held regionally
- Literature that promotes social emotional development
  - Events held regionally



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- Early Intervention “Tell Us Your Story” contest supported the EBPs, specifically the concepts of Engage & Exchange and Teaming and Collaboration. The topic for 2019 was *How has Early Intervention helped you or a family member bond with your child?*
- Resources and handouts for families on social emotional development were available for families at these events.

The EI Week activities for 2020 will seek to find a broader reach and include more State-level representation as part of the presentations. NJEIS State staff will be taking a more active role in supporting the regions in the planning and execution of these activities to bring a more unified and cohesive voice to the events Statewide.

The DOH-NJEIS continues to publish a comprehensive Newsletter (aka Dashboard) to regularly communicate with State, REIC, and system personnel. This vehicle allows NJEIS to share important updates about the EIMS, CSPD activities, and SSIP projects, as well as to engage stakeholder feedback on important NJEIS initiatives, when needed (Appendix D).

### **Social Emotional Development**

DOH-NJEIS included in its Evaluation Plan, the use of a confidential self- assessment questionnaire to gather data on practitioner’s “active consideration” of social -emotional development in their work.

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*A confidential self-assessment questionnaire will be developed to allow a sample of practitioners to report the extent to which they “actively consider” relevant information on social emotional development in the development of each child’s IFSP.*

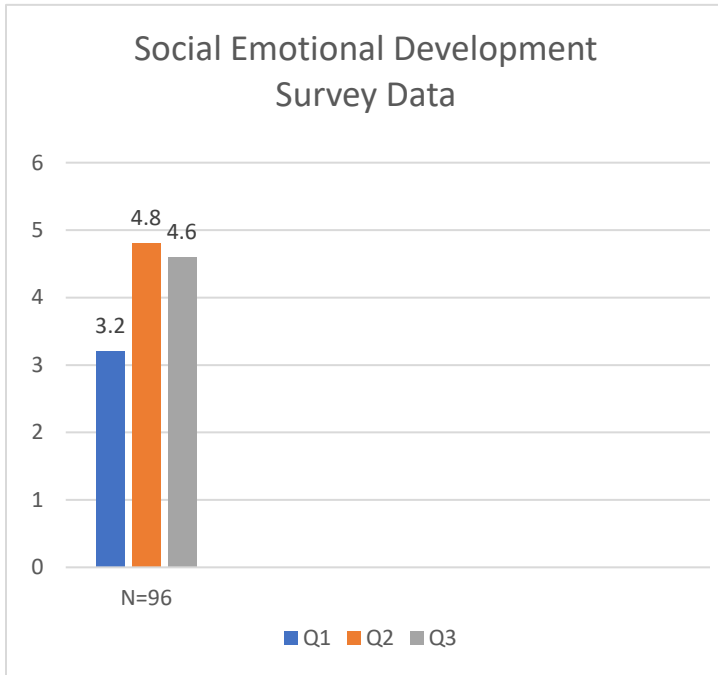
*Evaluation Question #1, Short Term Outcome #3*

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In Phase III Year 3, NJEIS developed an updated survey designed to capture data related to the social emotional knowledge base of new practitioners. This survey posed three questions, rated on a Likert scale of 1-5, and asked two open-ended questions. It was completed by participants in the new hybrid IFSP training prior to the start of the classroom day for the first six months after the initial roll-out. Preliminary data, reported in Phase III Year 3, yielded some new and somewhat surprising information. The data revealed that most practitioners lacked confidence in their own knowledge around social emotional development.



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Q1: My current level of knowledge about social emotional development is:

Q2: How much influence do families have in a child’s social emotional development?

Q3: How important is the social emotional domain in relation to the other developmental domains?

In Phase III Year 4, NJEIS considered how to best use these data from the Social Emotional Development Survey to assist agencies in supporting the professional development of their workforce. The following section details a major initiative driven by the data presented above.

## Building and Developing an Implementation Site

In Phase III Year 4, the DOH-NJEIS Professional Development Coordinator offered NJEIS agencies the opportunity to apply for targeted TA around family engagement and social emotional development as part of a strategic initiative to improve the system’s use of evidence-based practices (EBPs) (Appendix E). This pilot project, driven by the above-mentioned survey data and inspired by the participation in targeted TA with the National

Center for Pyramid Model Innovation is an effort to systematically build capacity at the local level so that provider agencies and service coordination units can support their staff in the use of the evidence-based practices and strategies that support families and children in acquiring positive social emotional skills.

Nine agencies/service coordination units applied for this opportunity and in April 2019, one provider agency and one service coordination unit in Monmouth County were selected. This team is referred to as the “Monmouth County Cohort.” The selected agencies will first be



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developed into “Implementation Sites,” in the language of the Pyramid Model framework, and ultimately, into “Demonstration Sites.”

Best practice in implementation science is to start small and develop a strong and sustainable program before going to scale. NJEIS decided to work with two agencies/units to build a model that would have the best chance of success system wide in making significant strides toward New Jersey’s identified SIMR. Once NJEIS and the Monmouth County Cohort have a stable and sustainable process in place, steps will be taken to expand the reach of the activities that will be discussed next.

This initiative began at a kick-off meeting in May 2019 between DOH-NJEIS and the Monmouth County Cohort Leadership. NJEIS gave a presentation that walked leadership through elements of the SSIP, as well as their county level data, including the summary statements, to support the purpose and objectives for this pilot program.

In May 2019 and extending into June, the Monmouth County Cohort was offered the first opportunity for practitioners to participate in the Keeping Babies and Children in Mind (KBCM) Online program delivered by Montclair State University (MSU). NJEIS has been actively collaborating with its university partner stakeholders to support its professional development initiatives. Based on the NJEIS Professional Development Coordinator’s relationship with Montclair and the NJ Pyramid Model State Leadership Team, Montclair is actively partnering with NJEIS in the training efforts of the Monmouth County Cohort. In this round of KBCM training, 21 system personnel were trained, yielding positive feedback.

In July 2019, NJEIS was able to participate in *Parents Interacting with Infants* (PIWI) training, which will be discussed in detail in the Family Engagement section of this document. Twenty practitioners from the Monmouth County Cohort were invited to participate in this event. The feedback was overwhelmingly positive and is detailed in the Professional Development section.

In September 2019, DOH-NJEIS was invited to provide professional development for the provider agency arm of the Monmouth County Cohort. The PD was developed and delivered

by the NJEIS Professional Development Coordinator and the regional TA who is taking a lead role in this project. The PD was titled “*Getting to the WOW!™: How to Improve Engage and Exchange Techniques with Families*” and will be discussed in more detail in the Family Engagement section.

The purpose of this PD was to walk the practitioners through the SSIP information in a way that was relevant and relatable to the work that they perform daily and to build on the information presented at the PIWI training. NJEIS also took advantage of this opportunity to



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highlight the importance of weaving evidence-based practices throughout the work that is done at all levels of the system. At the conclusion of the training day, DOH-NJEIS offered any interested practitioners the opportunity to participate in Reflective Supervision sessions to deepen their knowledge and practice around family engagement and social emotional development. Twenty practitioners expressed interest in this opportunity out of the 50 practitioners in attendance at the PD session.

Online Reflective Supervision sessions began in November 2019 and are facilitated remotely by the regional TA who is trained in this process. The attendance numbers fluctuate from 5 to 12 individuals. This process is another opportunity to engage a group of stakeholders who are willing to participate in this practice and provide feedback as to future sustainability of reflective supervision system wide. Reflective Supervision sessions have occurred monthly and will continue with the intent of offering them for six consecutive months and then deciding the next steps based on group interest (Appendix F).

To best accommodate practitioners, feedback was solicited about the best days and times for the online sessions. DOH-NJEIS and the lead TA were open to providing evening timeframes. So far, all sessions have occurred from 6:30-8:00 pm. The Professional Development Coordinator and the lead TA involved in this project have made a clear commitment to this process by working to accommodate the busy schedules of the practitioners in the system.

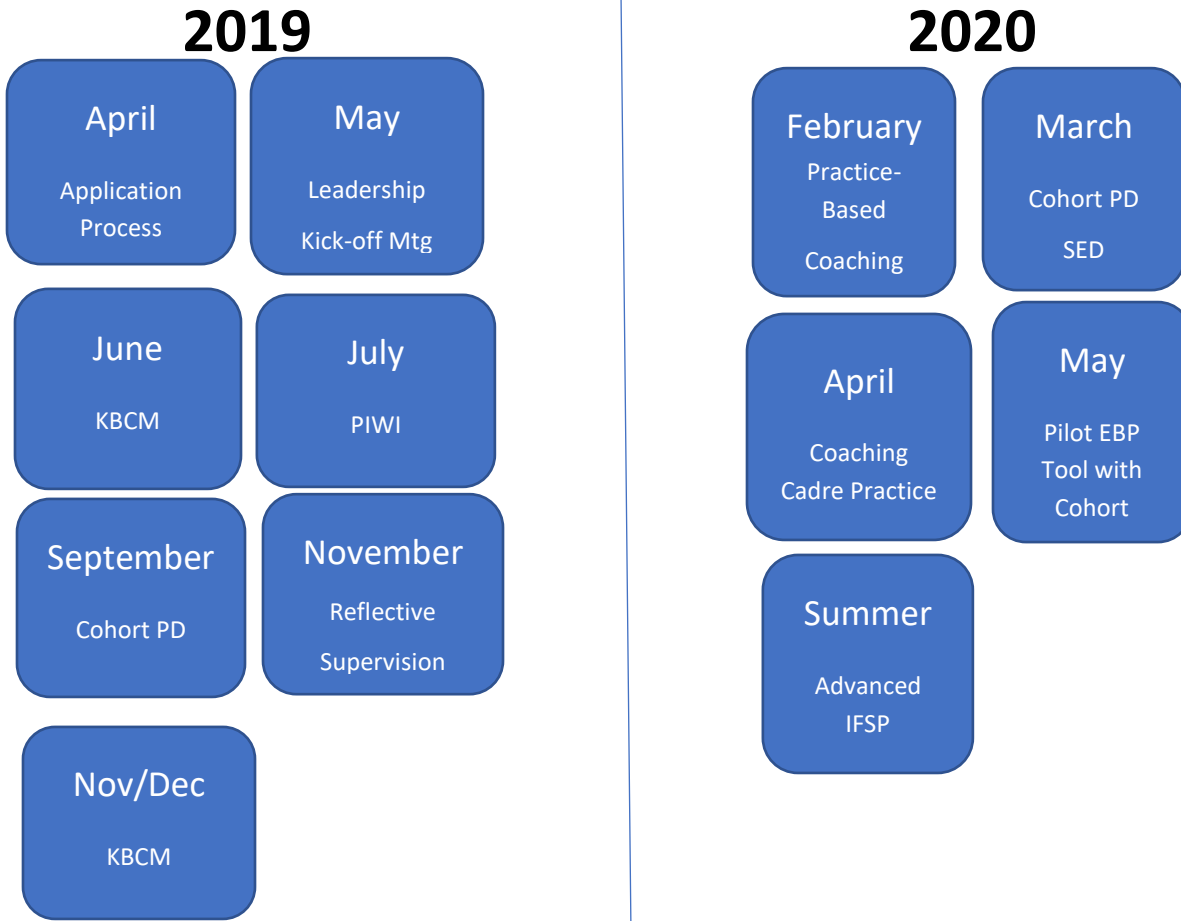
In November and December 2019, Montclair offered a second round of KBCM online training and an additional 21 participants from the Monmouth County Cohort were enrolled. Again, the feedback was positive. The day of the week and the time of the day were adjusted between the May and November offerings to accommodate various schedules. Moving forward, NJEIS will work to better accommodate the service coordinators to increase their attendance and participation. NJEIS is looking forward to a continued partnership with Montclair to bring more KBCM and other training opportunities to NJEIS.

NJEIS has been moving toward the development of a coaching cadre to support the use of evidence-based practices and to begin to achieve fidelity of implementation. In February 2020, six individuals from the Monmouth County Cohort joined DOH and REIC staff in a day of professional development around Practice-Based Coaching, a process that will be discussed in detail later in this document. The vision is to assist the Cohort in building coaching capacity within their EIP and Service Coordination Unit so that they can begin to use this process to recruit and retain staff. The first coaching opportunity will involve the evidence-based practices (EBPs) of Family Engagement (F6) and Teaming and Collaboration (TC2) using the newly developed *Engage and Exchange Growth and Development Tool* that will be described later. DOH-NJEIS will continue to support this capacity-building process for as long as necessary.



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In March 2020, NJEIS was again invited to provide professional development to the direct service practitioners and evaluators of the Monmouth County Cohort. This PD was specifically designed around social emotional development, aligned with New Jersey’s Birth to Three Early Learning Standards, and focused on strategies from the Parents Interacting with Infants program. Due to the COVID-19 pandemic, this PD has been delayed.



Upcoming Cohort activities for 2020 include practice for the coaching cadre, piloting the Growth and Development Tool and piloting the Advanced IFSP training currently in development. NJEIS is also working with Montclair State University to offer additional rounds of Keeping Babies and Children in Mind (KBCM) with the goal of training all cohort staff in this infant mental health program.

NJEIS will be continuing its intensive technical assistance with the Monmouth County Cohort on an on-going basis and for the foreseeable future. The intent of this partnership is to deepen the knowledge and skills of the entire Cohort so that fidelity to the EBPs can be achieved,



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measured and ultimately replicated system wide. By expanding and growing its stakeholder base via the Monmouth County Cohort, NJEIS is cultivating a broader range of opportunities to expand and grow its coaching cadre, and ultimately, these efforts may lead to an increase in fidelity to the evidence-based practices system wide.

### **State and National Partnerships: An Important Stakeholder Component**

NJEIS continues to nurture and grow partnerships that were established in Phase III, Year 2 with the intent of expanding the depth and breadth of its social emotional development messaging and branding strategy in other directions. Efforts are ongoing to grow these partnerships and engage additional stakeholders in other aspects of the NJEIS.

For several years now, NJEIS practitioners have been attending the *Keeping Babies and Children in Mind* (KBCM) series of workshops developed and sponsored by Montclair State University (MSU) and the NJ Departments of Children & Families and Human Services. This series of seven, in-person workshops covers social emotional development in young children and is designed for early childhood professionals.

In Phase III Year 4, Montclair provided two rounds of the (KBCM) online training designed for and delivered specifically to NJEIS personnel, as mentioned earlier. All members of the NJEIS CSPD team have attended and been trained on KBCM. Additionally, Montclair continues to offer many in-person KBCM training opportunities statewide. While, these in-person trainings are not specifically EI-focused, system-personnel are encouraged to attend, as their schedules permit.

As a result of the Birth to 5 Pre-School Development Grant (PDG), Montclair was also able to include NJEIS in a two-day Parents Interacting with Infants (PIWI) training delivered by a national PIWI trainer. NJEIS was offered 50 of the 80 available spots and nine of these participants were members of the NJEIS CSPD Team. Moving forward, NJEIS will continue to seek out additional opportunities to capitalize on the PDG in an effort to strengthen the knowledge and skills of all system personnel.

NJEIS is diligently working to build capacity within the CSPD team and ultimately turnkey PIWI concepts and strategies to the wider system. The work to develop a PIWI-based training for NJEIS practitioners is currently underway. An expanded discussion of these trainings is included in the Family Engagement section.

Much of this work with the Monmouth County Cohort has been inspired and supported by the targeted TA that the NJEIS Professional Development Coordinator is receiving from the National Center for Pyramid Model Innovations (NCPMI) and DaSY. The relationships that the Professional Development Coordinator has forged with the Pyramid Model State Leadership





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Team has also been instrumental. NJEIS will continue to use all available National and State resources to continue to build and support its Comprehensive System of Personnel Development and work toward improvement in its SIMR.

### **Higher Education Partnerships: Another Stakeholder Group**

Montclair is the most significant higher education relationship for NJEIS to date. However, a professor from Rowan University, a published author who has subject matter expertise in social emotional development, has recently joined the NJEIS Steering Committee and is quickly becoming a valuable new partner for the NJEIS. Not only does this new addition to the team provide subject matter expertise, Rowan University is located in the southern part of the State. With Montclair State University situated in the northern tier of the State, Rowan University will allow a geographical balance to the NJEIS that will provide more convenient access to an institute of higher education to a large segment of practitioners.

The SICC committee focusing on Institutions of Higher Education (IHE) has recently regrouped and refocused its efforts after many of the committee members were pulled into the EIMS backlogging efforts and committee work was hampered. Presently, the committee is working on developing an infographic that clearly and succinctly outlines the work of the NJEIS. With an eye on broadening and deepening the messaging and branding efforts across all stakeholder groups, DOH-NJEIS and the SICC Higher Education Committee have decided that assisting IHE in accurately and succinctly explaining the work of the early intervention system is a worthwhile and necessary endeavor.

### **Social Emotional Professional Development Opportunities**

As mentioned earlier, NJEIS designed a professional development program that was intended to be delivered to the Monmouth County Cohort in March 2020 with the intention of finding a way to enhance practitioners' knowledge and skills around the evidence-based practices. This professional development day was postponed due to the novel coronavirus that has required a temporary adjustment in work processes.

Moving forward, two of the regional TAs will begin work to build out a more comprehensive training program on social emotional development based on the New Jersey Birth to Three Early Learning Standards and material available on the CEFEL website. This training will then be offered to agency administrators, clinical educators and any person at the local agency level who may be responsible for the ongoing professional development of the practitioners they hire. These trainings will be facilitated by the NJEIS CSPD Team who will support the agency administrators in acquiring the skill set they need to best support their staff and build capacity at the local level. The CSPD Team will enlist the support of the DOH Service Coordinator Liaison to assist in working with the NJEIS Service Coordination Units on this initiative.



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Partnering with agency administrators to ensure well-prepared staff is an on-going effort at improving retention rates throughout the system.

## **Social Emotional Continuity Scale**

The Social Emotional Continuity Scale was developed by a small stakeholder workgroup in the Fall of 2016 and, after stakeholder review and piloting, finalized in June 2017. The Continuity Scale utilizes the documents produced during the referral and intake process (referral, FDA, Evaluation) to assess an IFSP team's consideration of social emotional development during an IFSP meeting and planning.

For the last five years, service coordinators have used a Family Directed Assessment (FDA) during their initial meeting with each eligible family to capture their concerns, priorities, and resources. During Phase III, Year 2, a revision of the FDA was completed based on suggestions from the field. The revised FDA includes additional focus on social emotional development and provides guided interview questions for families to assess their concerns in this area. Training on the FDA form and process was conducted in April and May of 2017.

To build familiarity with the FDA during Phase III Year 3, the new hybrid IFSP classroom training day incorporates a real, but de-identified, family example to illustrate the way in which information is collected on the FDA and how it should be used in IFSP development. Attention is specifically focused on how social emotional development information is captured and used in child and family outcome development.

In Phase III Year 3, NJEIS reported that a return to a focus on the Family Directed Assessment (FDA) and the Social Emotional Continuity Scale was delayed due to the attention placed on the EIMS challenges. In Phase III, Year 4, NJEIS returned to a focus on these initiatives. Additional details about these plans are forthcoming.

With the introduction of the new Hybrid Introduction to IFSP Development training, there was much interest and enthusiasm from the agencies and practitioners and many veteran staff have inquired about attending the training as a refresher. The NJEIS CSPD team is excited about this enthusiasm and is moving forward with the development of an Advanced IFSP Development training. This training will be designed to meet the needs of staff who have a basic understanding of how to develop an IFSP but who may need some assistance with quality outcome writing and how to use the FDA to best support the process. Development began in February 2020.

Veteran staff will have an opportunity to hone their skills with using the information collected on the FDA to write quality child and family outcomes that consider the social emotional



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developmental domain, as well as all other domains. This project provides NJEIS the opportunity to meet the needs of seasoned practitioners while simultaneously returning to a focus on both the FDA and the Social Emotional Continuity Scale as tools to improve child and family outcomes.

As NJEIS moves in the direction of results-driven accountability, the NJEIS Monitoring Team is partnering with the NJEIS CSPD Team with preliminary discussions focused on developing a process for monitoring the quality of IFSPs. NJEIS will have the opportunity to convene a stakeholder group that can advise and assist NJEIS on how this results-driven accountability process should be structured, as well assist in making any revisions to the Social Emotional Continuity Scale that may be needed. This scale may be a useful tool for the Monitoring Team to use in the quality oversight of IFSP development. An expanded discussion on this process can be found in the Professional Development section of this document.

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*"An observation tool & criteria will be developed to measure the extent of active consideration of social emotional development. A sample of practitioners will be observed and scored in all 4 regions of the state."*

*Evaluation Question #1, Short Term Outcome #3*

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*"A sample of child records will be reviewed and scored on a "Social Emotional Continuity Scale", which will determine the relationship between the BDI, the Family Directed Assessment information and the initial and/or annual IFSP of the Child".*

*Evaluation Question #2, Short Term Outcome #2*

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The Evaluation Plan for the Social Emotional Implementation Strand includes two short term outcomes above that center on the idea of measuring IFSP team's attention to social emotional concerns of the team.



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## FAMILY ENGAGEMENT IMPLEMENTATION PLAN – PHASE III YEAR 4

In both Phase I and II of the SSIP process, stakeholders were very clear in their feedback to the lead agency that the achievement of the SIMR would not be fully realized without attention to the role of families in their child’s development and the contributions of families to the infrastructure of the system. Therefore, the Family Engagement Implementation Strand included the step for the system to ***define Family Engagement for the NJEIS***. This was completed in April 2017. A standard definition and consistent messaging are foundational components to the long-term outcome of ensuring families are better able to support and enhance their child’s overall development.

***NJEIS defines family engagement as the nurturing relationships, developed through partnerships with children, families, and the Early Intervention System, that enhance the capacity of families to meet the ongoing developmental and health-related needs of the child.***

### Evidence-Based Practices (EBPs)-DEC Recommended Practices

In March 2019, the CSPD Team offered the first in a three-part webinar series highlighting the selected evidence-based practices. By inviting former NJEIS parents into the conversation, NJEIS modeled a parallel process by demonstrating the behavior that it expects from its practitioners when they work with families. The NJEIS showcased the importance of engaging families and valuing their perspective, as well as demonstrating the effectiveness of teaming and collaboration.

NJEIS continues to keep a strong focus on the evidence-based practices, that were selected in partnership with NJEIS stakeholders. A central goal is how to best help staff understand *what* the EBPs are and *how* to seamlessly integrate them into their daily work with children and families.

The evidence-based practices that New Jersey has selected to focus on are:

1. 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. (FAM 6)
2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge and information to build team capacity and jointly solve problems, plan and implement interventions. (TC2)
3. Practitioners promote the child’s social emotional 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. (INT2)



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4. Practitioners use coaching or consultation strategies with primary caregiver or other adults to facilitate positive child-adult interactions and instruction intentionally designed to promote child learning and development. (INS13)
5. Practitioners plan for and provide the level of support, accommodations and adaptations needed for the child to access, participate, and learn within and across activities and routines. (INS4)

In Phase III Year 4, NJEIS determined that resources would be best directed towards going “deep” on the first two evidence-based practices (F6 and TC2) rather than going “broad” by immediately introducing the remaining three practices to the field. Taking the time to build and shift the knowledge, skills and attitudes (KSAs) of system personnel takes time and a concentrated effort of resources. NJEIS has chosen to keep its focus on the Family Engagement (F6) and Teaming and Collaboration (TC2) practices until NJEIS can see, in measurable terms, that the practices have taken root and practitioners are using these practices with fidelity.

For now, formal plans to develop webinars on the remaining three EBPs are on hold. However, there are opportunities to begin to integrate some of the language of these three practices into current projects. For example, practice #4 listed above, talks about using coaching and consultation skills. As NJEIS begins to build its coaching cadre, to be discussed in the next section, there will be opportunities to weave elements of this EBP into the discussion.

Therefore, NJEIS plans to slowly and incrementally weave these concepts into appropriate programs and discussions to begin building familiarity with the language and concepts.

The two targeted EBPs, however, will allow NJEIS to stay focused on best practices of family engagement. NJEIS believes this focused strategy will help practitioners to build their skill set in family engagement practices so that they will be more adept at empowering families to meet the social emotional needs of their children. Under these conditions, NJEIS believes there will be increased movement toward meeting the SIMR.

This decision to remain focused on F6 and TC2 rather than forge ahead with the introduction of the remaining three EBPs was guided by the some of the data collected and reported in Phase III Year 3, specifically the EBP Webinar that was presented in March 2019 that focused on F6 and TC2. One of the short-answer evaluation questions asked:



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### **What do you need to better incorporate these two evidence-based practices into your work?**

Two of the more common responses were "*more knowledge*" and "*better collaboration with team members.*"

NJEIS has strategically worked to provide more knowledge and opportunities for collaboration among practitioners in Phase III Year 4. These specific activities will be discussed next.

NJEIS' decision to offer targeted training and technical assistance to one or two agencies or SCUs via an application process, discussed in the previous section, was borne out of the need to determine the best path forward for supporting agencies in using evidence-based practices with fidelity that will ultimately lead to measurable improvements in the SIMR. The concept of developing a small cohort into an Implementation Site is a way to develop and refine the process before taking it to scale system wide. By strategically focusing efforts on a sub-set (Monmouth County Cohort) of the larger system, NJEIS is systematically taking steps to build the knowledge and skills of these practitioners and service coordinators with the ultimate desire of shifting the attitudes to reflect a family engagement mindset across all disciplines and throughout all levels of the system.

In July 2019, NJEIS was invited to participate in a two-day Parents Interacting with Infants (PIWI) training led by a nationally certified trainer and sponsored by Montclair University with funds from the Birth to Five Preschool Development Grant. NJEIS was able to send a total of 49 people: nine members of the CSPD team, 20 practitioners from the Monmouth County Cohort, and 20 individuals from the agencies that submitted an application for the targeted TA program but who were not selected.

The PIWI training provided practitioners with additional knowledge about the importance of family engagement, as well as specific tips and strategies to use to engage families during a home visit and to encourage parent-child interaction. Practitioners also had the opportunity to collaborate with other professionals inside and outside of the NJEIS. The feedback from the PIWI training was just as positive as that received from KBCM attendees. Additionally, this training allowed the CSPD Team to continue to build its own capacity by providing additional professional development to the State and regional CSPD team members.

A total of 75 participants attended the two-day PIWI training and 65% of these attendees were early intervention professionals. After the training, all participants were sent an evaluation from Montclair State University to be completed electronically. The response rate for this evaluation was 76% which is a significant rate of return. Respondents were asked to rate their level of agreement with seven statements related to their workshop experience.



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The average ratings on the 5-point Likert scale ranged from 4.67 to 4.80 indicating a very positive experience was reported.

There were also three open-ended questions on the survey to allow participants the opportunity to more fully elaborate on their experience.

### Select Early Intervention Survey Responses

The first open-ended question yielded the following selected responses from EI practitioners:

**1. Do you have anything else you would like to share about your experience of the workshop?**

*I am glad that I waited to take this survey because I already had an experience that was directly related to the content of this training. Using the strategies that we talked about, I was able to connect to a mother that has not been responding to my requests to schedule a first session. She had already discontinued all of her other EI services. Now we have our first meeting scheduled. I am excited to see what impact this will have on my ongoing work with families.*

*I'm very interested in becoming more educated in the Pyramid and PIWI. This is absolutely the core of EI!*

The second open-ended question yielded the following response from an EI professional:

**2. How do you imagine you will implement the learning of this training into your practice?**

*We will include many key concepts such as Developmental Relational Approach and enhancing competence, confidence and mutual enjoyment. "Change, Learning and Healing" happens during EI experience in the dyad.*

The third question asked for any suggestions about how the workshop could be improved and there were no concretely identifiable EI responses to report.

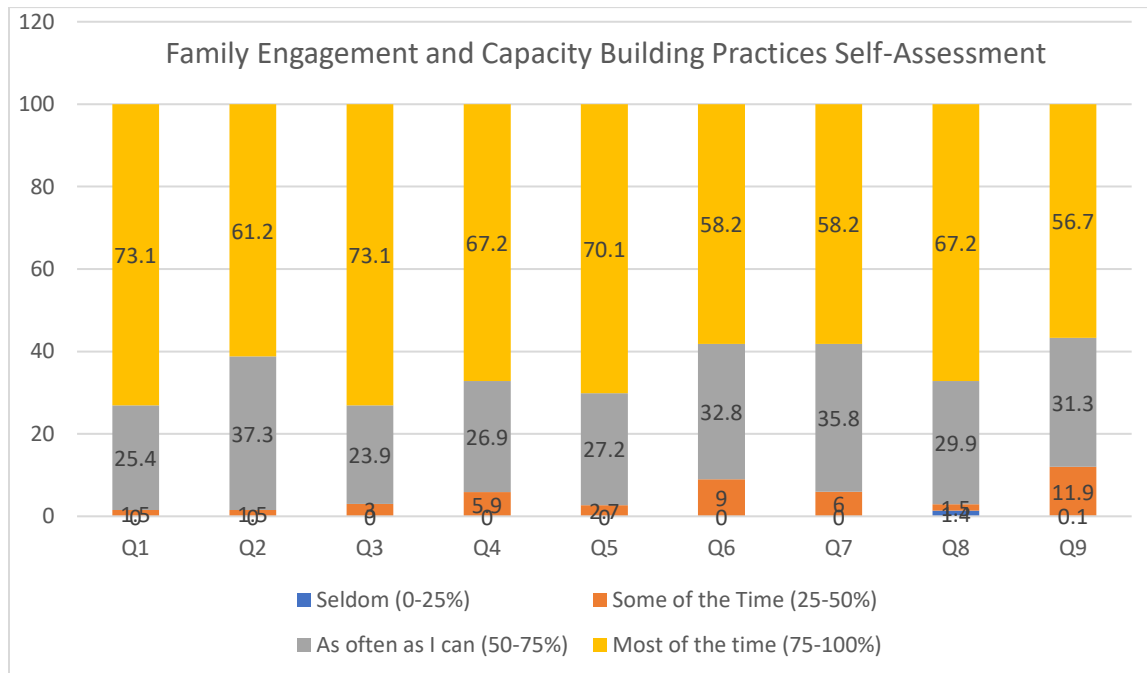
In September 2019, the Professional Development Coordinator and the regional TA were invited to present at a Monmouth County professional development day that also provided NJEIS with the opportunity to collect some valuable stakeholder input on an EBP fidelity tool.



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In the Social Emotional section of this narrative, it was discussed that the title of the PD delivered to the Monmouth County Cohort was *Getting to the WOW: How to Improve Engage and Exchange Techniques with Families*. The **WOW** in the title of this program refers to the **What** and the **hOW** of the *Engage & Exchange* process. The *what* refers to the information and knowledge that is necessary to understand the evidence-based practices and the *how* refers to the skills and strategies necessary to put the evidence-based practices into action with families. The resultant “WOW” is empowering the family to support their child’s optimal growth and development. The purpose of the professional development topic was to continue to build on the July PIWI training for those who had been in attendance and to bring those who had not attended the two-day training up to speed.

At the beginning of the professional development day, the practitioners were asked to complete a short self-assessment that was adapted from the ECTA Self-Assessment Checklists on Family Engagement and Family Capacity Building Practices (Appendix G). The purpose was to collect data on how practitioners view their current family engagement practice. The data revealed some interesting information that supports NJEIS’ decision to take time to develop the knowledge and skills, the *What and the How*, around the family engagement process.



Q1. I describe the use and benefits of everyday activities as sources of child learning.

Q2. I work together with the parent to engage the child in familiar everyday activities.





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Q3. I provide supportive guidance, feedback, and suggestions to the parent regarding ways to promote their child’s development through everyday activities.

Q4. Together with the parent, I identify multiple everyday activities that can be used as sources of child learning opportunities

Q5. I actively engage with the family to exchange ideas, information and expertise.

Q6. I actively involve the family in the process of reviewing and revising planned activities.

Q7. I engage family members in identifying & evaluation different options for addressing family-identified concerns and priorities.

Q8. I use words and actions to convey that the family is the expert on their child while my role is to provide expertise on child development.

Q9. I actively engage family members in developing a plan that identifies specific steps that will be taken by the family independently and the steps that will be done in collaboration with a practitioner to facilitate child learning.

What is interesting about this data is that it seems to suggest that practitioners are less likely to partner **with** parents and families in the process of IFSP development or service delivery. What is not clear is if practitioners are uncomfortable with this partnership, unwilling to partner or lack the skills to effectively partner. Whatever the hinderance, it is evident that the questions that inquire about **involving the family, working with the family** or **engaging the family** received a lower rating on the survey. Practitioners, however, seem to be better able and more willing to provide guidance, give information and exchange ideas. It also appears that practitioners seem more comfortable with the “exchange” element of the Engage & Exchange practice than the “engage” element, as evidenced by the responses in Q5, Q7 and Q9.

This data helps support NJEIS’ decision to drill down on the first two evidence-based practices, F6 and TC2 in order to provide more knowledge and skill building before moving on to the next set of EBPs. Spending adequate time on the knowledge and skill components of the KSA (knowledge, skills, attitudes) strategy will have a better chance of shifting the attitudinal component which extols the value of building a collaborative partnership with family members in order to achieve the best possible child outcomes.

In addition to providing some new and valuable data, this professional development day also provided an opportunity for NJEIS to get stakeholder input on a draft version of the new *Engage and Exchange Growth and Development Tool* (Appendix H). In August of 2019, the Professional Development Coordinator applied for and was accepted to receive targeted technical assistance from DaSy and the ECTA center to develop an observation tool. The Professional Development Coordinator was supported by the regional training and technical assistance coordinator in the development of this tool.



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NJEIS embraced this opportunity for TA and chose to develop a tool that could be used to measure how well the two evidence-based practices (F6 and TC2) are being implemented in the field. Eventually, NJEIS will have data to inform the extent to which the evidence-based practices are being implemented with fidelity in the NJEIS.

The stakeholders in Monmouth County provided some useful and relevant feedback that resulted in some revisions to the tool and the creation of a Guidance Document to guide the observation process (Appendix I). Currently, the tool is ready for the pilot phase and will be piloted with the Monmouth County Cohort in Spring 2020.

While it has taken NJEIS some time to arrive at this point, it has been important to work systematically to develop a comprehensive and useful measurement tool that may be used in the emerging results-driven accountability program, which will be discussed in depth in the following section related to infrastructure development.

### **Family Directed Assessment (FDA)**

In Phase III, Year 2 the revised Family-Directed Assessment (FDA) was released, and training was provided to support its use. As the SSIP moved into Phase III, Year 3, the service coordination units expressed an interest in receiving additional supports to improve their skills in having targeted dialogue with families who may report a concern about their child’s social emotional development. While the intention was to provide more training to Service Coordination Units, the EIMS presented significant challenges for service coordinators leaving them little opportunity to engage in additional PD activities.

In Phase III Year 3, NJEIS rolled out its Hybrid version of the Introduction to IFSP Development training with much anticipation. Historically, NJEIS has limited enrollment in this training to new NJEIS practitioners who needed to attend the training as part of the on-boarding process. However, there have been many inquiries from veteran staff and agency administrators about seasoned staff attending the training as a “refresher.”

As mentioned in a previous section, the CSPD team is seizing upon this interest for additional training and will be designing an Advanced IFSP Development training to meet the needs of the field. The design for this program got underway in January 2020 and it is anticipated that it will roll out in the Summer 2020.

This advanced course will allow NJEIS to offer veteran staff the opportunity to enhance their skills in quality outcome writing, as well as receive more instruction and practice in how the FDA can and should be utilized to inform the outcome writing process. NJEIS has intended to return to the Family Directed Assessment since it was revised in Phase III, Year 2 and this initiative gives the CSPD a viable entrée to continue this work.



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With the development of an Advanced IFSP training that incorporates a focus of the FDA, the Professional Development Coordinator envisions that the Service Coordinator Liaison will take the lead in facilitating this training specifically for Service Coordination Units (SCU). This SCU-specific training strategy will allow service coordinators to receive professional development that is geared to their needs. At the same time, the CSPD Team will offer the Advanced IFSP Development training to all other practitioners in the field, as needed.

The Advanced IFSP training will also focus on how the FDA can be used to identify potential social emotional development needs of the child and use the outcome writing process to maintain a focus on meeting these needs in concert with the family's identified priorities. The Social Emotional Continuity Scale, mentioned in the previous section, will be revised as necessary and incorporated into this training. System personnel will have the opportunity to get familiar with the Social Emotional Continuity Scale as the NJEIS Monitoring Team gears up to enter into the results-drive accountability process that was discussed in the previous section.

In Phase III Year 3, with the addition of a full-time Service Coordinator Liaison to the NJEIS team, it was envisioned that this person would be integral in supporting the professional development of the service coordinators in SSIP-related activities. As mentioned earlier, this staff member was detoured by residual EIMS issues and the OSEP FCP finding that required development and delivery of FCP-specific training to the service coordination units. To date, 11 of New Jersey's 21 county service coordination units have attended this mandated FCP training. The remaining ten counties are scheduled to attend training in Spring 2020; however, all scheduling is currently on hold during the COVID-19 pandemic.

The Service Coordinator Liaison is applying the process of Differentiated Monitoring and Support, used by OSEP, to provide universal, targeted and intensive TA to the service coordination units. As results-driven accountability procedures are defined and data becomes available, the SC Liaison will be tasked with determining the types of technical assistance needed for each SCU. The Service Coordinator Liaison is an arm of the CSPD Team and will utilize the skills of the regional TAs in implementing any improvement strategies as identified by the monitoring process.

The NJEIS also has a training follow-up action plan in place. The NJEIS Service Coordinator Liaison will be developing an on-boarding manual for service coordinators that will support the service coordinator leads in professionally developing new hires. This manual will include the appropriate material on the FCP process in an effort to achieve procedural fidelity across the State.



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## Family Engagement

Evaluation Question #2 sets the ultimate outcome:

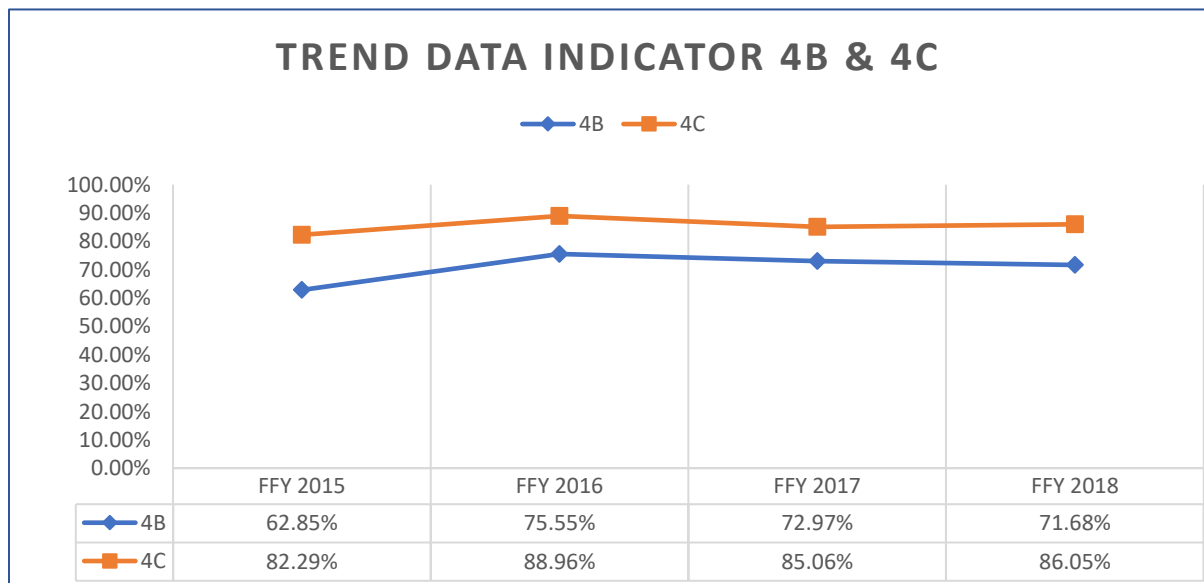
*As a result of the steps taken during the implementation of the SSIP, are families better able to support and enhance their child's overall development including social emotional development?*

*Evaluation Question #2*

The Evaluation Plan includes a Performance Indicator for this Long-Term Outcome as follows: ***Proportion of families who report that NJEIS practitioners helped them increase their capacity to help their child grow and learn.*** The plan specifies that progress will be measured by state performance on APR Indicator 4B & 4C, which measures *“the percentage of families, participating in Part C, who report that early intervention services have helped the family”*:

- 4B. Effectively communicate their children’s needs; and
- 4C. Help their children develop and learn.

NJEIS reported in FFY 2018 that 71.68% of families indicated that early intervention helped their family effectively communicate their child’s needs (4B) while 86.05% of families reported the NJEIS helped them help their child to develop and learn. Performance was unchanged in Indicator 4A and NJEIS saw an improvement in Indicator 4C.





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In Phase III, Year 3, NJEIS acknowledged the drop in both performance indicators 4B and 4C and hypothesized that there may have been some unintentional and unforeseen impacts on these indicators. NJEIS was correct in its belief that these performance indicators would improve in Phase III, Year 4 as the entire system developed a more fluid use of the EIMS platform.

NJEIS is also considering that as practitioners adjust to using a new technology platform in real time while in families' homes, sufficient time and attention is not available for the level of personal interaction necessary to achieve the desired performance standards. To support this hypothesis, NJEIS cites the March 20, 2019 EBP webinar where a comment was posted in the Questions/Comments box:

*"Today's IFSP meetings are very challenging for families because all the documentation is done on computers so you can have 2 or 3 EI practitioners and a Service Coordinator and they are all attending to their laptops while the family members try to engage with them. This is the result of the current use of the EIMS."*

With the introduction of the EIMS, in Phase III, Year 3, NJEIS hypothesized that current Engage & Exchange practices may be hindered as practitioners adjust to using the new platform in real-time while interacting with families. The challenge of how to input information into a new, computer-based system while maintaining a strong, personal connection with families may be impeding positive Engage & Exchange practices from occurring. NJEIS has noticed an emerging professional development opportunity focused on how to best execute Engage & Exchange skills considering the new EIMS platform and in the age of increasing technology use.

In Phase III, Year 4, NJEIS was not able to move forward with professional development around this topic due to the demand on available resources. However, the Professional Development Coordinator believes that service coordination may have the most immediate need for this type of training and therefore, the CSPD Team may partner with the DOH Service Coordinator Liaison to move this initiative forward. NJEIS will take the opportunity to engage additional stakeholders, including service coordinators, in this process to determine how best to move forward.

### PROFESSIONAL DEVELOPMENT IMPLEMENTATION PLAN- PHASE III, YEAR 4

The successful achievement of the SSIP, and improvements in the SIMR, rely heavily on the expansion of effective professional development opportunities and their statewide availability to the individuals who work with families every day. Some activities of the CSPD Team were



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discussed in the two previous sections and will be touched upon once more in the Data Quality section to follow. This section will provide updates specific to the infrastructure improvements in professional development during Phase III, Year 4.

DOH-NJEIS has a Comprehensive System of Personnel Development (CSPD) framework in place that includes one Professional Development Coordinator at the lead agency (DOH) and four Training and Technical Assistance Coordinators (TAs), one located in each of the four REICs with a specific focus on the development of system personnel. The Family Support Coordinators at each REIC have recently been incorporated into the CSPD Team to improve and enhance the CSPD focus on family-specific initiatives. Additionally, the DOH Service Coordinator Liaison is considered an arm of the CSPD Team with a service coordinator-specific focus.

The discussion to follow highlights progress toward three Performance Indicators outlined in Evaluation Question #4 ***“As a result of the steps taken in the implementation of the SSIP, is there a Professional Development infrastructure in place able to support implementation of EBPs statewide?”***

### Expanding the CSPD Team

In Phase III Year 4, NJEIS began to integrate the regional Family Support Coordinators into the formal CSPD Team structure to build individual and organizational capacity. As stated in Phase III Year 3, NJEIS began an examination of the roles and responsibilities of the Family Support Coordinators so that it can maximize individual’s skills and abilities and strengthen the overall CSPD Team. This will be an ongoing process especially in light of the more comprehensive examination of the duties of the REICs and the intent to realign the work of the REICs to better meet the changing needs of the NJEIS. This structural realignment will be discussed in more detail later in this section.

The Family Support Coordinators are now full partners in the co-training of the Hybrid Introduction to IFSP Development and work in collaboration with the TAs. Family Support is also being included in the overall professional development and capacity building of the entire CSPD Team. In Phase III Year 4, all CSPD Team members (TAs, Family Support and the State PD Coordinator) completed the Keeping Babies and Children in Mind (KBCM) online program offered by Montclair University. In addition to KBCM training, all CSPD Team members attended the two-day Parents Interacting with Infants (PIWI) training discussed in a previous section. NJEIS PD Team continues to grow professionally with these training opportunities.

Family Support has also been tasked with reviewing and revising the public-facing version of *Welcome to Early Intervention* that is seen by families and other individuals outside of the NJEIS who may not be familiar with how early intervention works in New Jersey. The purpose of this



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Power Point revision is to integrate the NJEIS messaging and branding strategies seamlessly into the presentation. This messaging includes the Engage & Exchange tag line, the NJEIS definition of social emotional development, the social emotional train graphic and the NJEIS definition of family engagement. Family Support will continue to update all public-facing materials to bring them into alignment with all other materials that are listed in the environmental scan chart provided earlier in this document.

## Developing a Coaching Cadre/EBPs

A critical action step for the NJEIS in infrastructure development continues to be **designing and providing ongoing professional development on EBPs to increase competencies in practitioners to support Social Emotional Development in children**. The Implementation Plan includes the **establishment of a cadre of coaches with knowledge of EBP**. Building the capacity of this cadre is the responsibility of the CSPD Team and therefore, the investment in the CSPD Team’s overall knowledge base is a crucial step in ensuring the establishment of a strong statewide cadre in the future.

One of the infrastructure components that NJEIS deemed vital to creating this coaching cadre was the addition of at least two clinical staff positions. NJEIS continues to wait for approval for these staff positions. Given that a coaching cadre is an essential infrastructure component to assist in the efforts toward fidelity of implementation of the EBPs, the Professional Development Coordinator has taken the initiative to begin to move this part of the process forward despite the delay in DOH internal approvals to add additional essential State-level staff.

In February 2020, the Professional Development Coordinator conducted the first round of Practice-Based Coaching professional development for an NJEIS cadre of coaches, as well as other NJEIS staff who have the need for a coaching skill set. The entire CSPD Team was included in this training, the NJEIS Monitoring Team, the NJEIS Service Coordinator Liaison, and a select group from the Monmouth County Cohort. A total of 18 participants attended the one-day training.

The evaluations contained overwhelmingly supportive feedback for the training day. Some responses from the open-ended questions.

### What did you like most about this training?

*Making connections between theory and practice.*

*All different team members from different areas of the EI umbrella coming together to provide feedback about practice-based coaching.*

*Breaking down silos.*





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### **How do you think Practice-based Coaching can help improve the work of the NJEIS?**

*PBC can help practitioners help families impact their child's overall well-being and development.*

*This will lead to NJEIS walking the talk of our philosophy!*

*It can improve collaboration and communication between professionals and families.*

*Strengthening teams, building confidence to ensure our system is quality-driven, not just compliance.*

*It is valuable to bring EI practices back to what EI is.*

The CSPD Team TAs will be the official NJEIS Coaching Cadre for the EBPs. These State-level coaches will work along with the Monmouth County Cohort coaches, to support and build capacity within the entire Monmouth County Cohort on the use of the EBPs. The NJEIS Service Coordinator Liaison will also support EBP integration by working alongside the Monmouth County Cohort coaches to support the EBPs within the service coordination unit. *The Engage and Exchange Growth and Development Tool*, discussed previously, will be the tool that will be used in the coaching process and will allow the collection of fidelity data related to the EBPs.

The Professional Development Coordinator plans to extend this one-day Practice-Based Coaching training to include hands-on practice for the coaching cadre. Coaches will continue to practice and grow their coaching skills with the support of the Professional Development Coordinator and each other. The Professional Development Coordinator is also seeking out State and National level support to continue the NJEIS' Coaching Cadres growth and development.

The need for the development of a strong coaching structure in the NJEIS has been prioritized by DOH leadership and will move forward despite additional State-level staff not fully in place. More support is needed to allow the EBPs to gain traction in the field. Once this support is provided to NJEIS practitioners, and families begin to feel more empowered as a result of the collaboration and engagement process, NJEIS hypothesizes that more positive outcomes with children and families will be realized. The coaching cadre process will allow NJEIS to take a more aggressive approach to moving the needle on seamlessly integrating the EBPs into practice, ramping up effort to achieving fidelity of implementation and ultimately making progress toward the SIMR.





# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## Forging Partnerships/EBPs

NJEIS continues to strengthen its Pyramid Model base, Effective Workforce, which is defined as *having systems and policies in place that promote and sustain the use of evidence-based practices*. In Phase III Year 4, a new national TA opportunity was available to NJEIS in July and August 2019. As discussed previously, the Professional Development Coordinator participated in TA provided by the DaSY Center and ECTA: *Evaluating Implementation of Family Practices: Developing or Refining an Observation Tool Workshop Series*. This TA resulted in the *Engage and Exchange Growth and Development Tool* that will be used to gauge fidelity of implementation of two of NJEIS' selected EBPs. Use of this tool will also be one more step in the beginning of a results-driven accountability process.

Simultaneously, NJEIS is working on the next level in the pyramid, Nurturing Responsive Relationships. Through its partnerships with the National Center for Pyramid Model Innovation (NCPMI), the Pyramid Model State Leadership Team and the various professional development opportunities that have been available in Phase III Year 4, NJEIS is continuing to solidify its infrastructure and working to achieve the Long-Term Outcome in Evaluation Question #4.

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*An infrastructure of professional development composed of state, regional and local provider agencies exists to support implementation of EBPs by the NJEIS workforce. Evaluation Question Long-Term Outcome in Evaluation Question #4*

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## Ongoing CSPD Team Efforts

NJEIS continues to support system personnel by developing organizational structures that assist in effective planning. For example, IFSP classroom training days are scheduled and posted quarterly so that practitioners and agencies/units can plan their schedules and staffing accordingly. The TAs post the available IFSP classroom training dates using an online scheduling site, monitor class size, and add or cancel sessions as needed.

Classroom trainings on the use of the Battelle Developmental Inventory-2 and BDI Fidelity continue to be offered on a quarterly basis. Class options are posted and scheduled for the entire year so that Targeted Evaluation Team (TET) members and their administrators can plan accordingly. In addition, the TET On-Boarding process that was introduced in 2018 continues to be utilized, providing a clear, step-by-step process for agencies and new evaluators to follow.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

To further support a robust system of professional development, the CSPD Team has been working to add to its training offerings in Phase III Year 4. A slight delay in course development was experienced due to a 50% turnover in the regional TAs on the CSPD Team, as well as the EIMS backlogging project that pulled some TAs into the process. In June, one TA transitioned from the region to join the NJEIS Monitoring Team at the State offices leaving a vacancy in the Southern region. In October, another TA resigned from her position leaving a vacancy in the Northern region. From June to January, the CSPD Team was not at full capacity and program development slowed. From October to January, the two remaining TAs focused solely on meeting the IFSP and BDI training needs of the entire state. In January 2020, the CSPD Team returned to being fully staff and program development has resumed.

### CSPD Team Training Development

In March 2020, the CSPD Team was scheduled to conduct a pilot program of *The Battelle Developmental Inventory: An Overview for Service Coordinators*, with the anticipation of rolling out the program Statewide in late Spring 2020. However, the COVID-19 pandemic has delayed this pilot. The purpose of this training is to help service coordinators improve their knowledge and skills around discussing children's BDI evaluations with families. The NJEIS Service Coordinator Liaison will partner with the CSPD Team TAs to deliver this program to all service coordination units.

In Phase III Year 4, NJEIS embarked upon a number of new initiatives designed to strengthen knowledge and skills around the evidence-based practices and to ultimately produce movement toward the SIMR. The CSPD Team has commenced the design of a training on social emotional development based on material from CSEFEL (Center on the Social Emotional Foundations for Early Learning) and that aligns with New Jersey's Birth to Three Early Learning Standards, which will directly support work towards the SIMR. A training that provides an overview of strategies that are central to the Parents Interacting with Infants program (PIWI) is also in development and will continue to support the building of the EBP knowledge base. As a new approach, the CSPD Team plans on delivering these trainings directly to agency administrative personnel to help them build their internal organizational capacity. The administrators at provider agencies and service coordination units will then be able to use these training materials as part of the on-boarding procedures and in their general staff development programs.

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*The percentage of PD training opportunities that should and do address at least one of the selected EBPs.*

*Evaluation Question #4, Performance Indicator §1*

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## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

In Phase III Year 3, NJEIS rolled out its Hybrid version of the Introduction to IFSP Development training with much anticipation. In SFY 2019, 40 IFSP training classes were held in four regional locations across the state.

Overall, there have been very favorable responses from practitioners and agency administrators about the revised and enhanced Hybrid Introduction to IFSP training that NJEIS rolled out in Phase II Year 3. One of the most recent comments about the training came from an agency administrator:

*"I thought you would like to know that I had very positive feedback about it-they enjoyed it, it was very interactive etc. I have definitely heard that these trainings give folk additional confidence in working in the EI field."*

NJEIS continues to offer this foundational training as part of the DOH on-boarding efforts. The training is held regionally to accommodate the needs of the field. As discussed previously, the CSDP Team is currently working on an Advanced IFSP training to meet the needs of veteran staff.

Not only will an Advanced IFSP training serve as an appropriate "refresher" course for staff, it will have the potential to be used in any improvement plans that may be required as a result of the future results-driven accountability process. Monitoring IFSP outcome writing using the Social Emotional Continuity Scale is being considered as one of the first quality monitoring initiatives by the Monitoring Team.

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*The number of budgeted TTA positions assigned to professional development activities (training and program development) at 50% or greater.*

*Evaluation Question #4, Long Term Outcome #1*

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Because significant resources are required for the development, delivery and maintenance of hybrid learning experiences similar to the new hybrid IFSP training, NJEIS does not have any current plans to move forward with additional hybrid development until the necessary administrative supports are in place. NJEIS is working to hire an administrative support person for the CSPD Team to assist with the additional administrative and operational tasks that have increased as the professional development infrastructure has grown.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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*The number of hybrid learning opportunities (eg. on-line modules plus classroom learning, webinars, videos, virtual presentations plus live classroom, meeting or agency-level content delivery) that are developed and implemented that include EBP.*

*Evaluation Question #4, Short Term Outcome #1*

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## **Mercer County Community College Learning Management System**

NJEIS continues to utilize the Mercer County Community College Learning Management System (MCCC-LMS) to house electronic training offerings and communicate with staff system wide. System personnel have access to Procedural Safeguards, IFSP Online Modules, all recorded webinars and presentations through the MCCC Blackboard site. Having all electronic courses and materials in one location best serves both the professional development needs of the system and the monitoring needs when any corrective action plans (CAPs) are required.

The LMS is also the platform that houses recorded versions of webinars and online modules that are available on demand for practitioners to view. EIP Agencies and Service Coordination Units are encouraged to utilize the archived materials in the onboarding process of new staff in an effort to maintain continuity of messaging.

In Phase III Year 4, NJEIS continued to utilize the Mercer County Community College Learning Management System to house electronic offerings. The following webinars and recordings are currently available for State and regional staff and all agencies and practitioners:

- Procedural Safeguards
- Welcome to NJEIS
- Introduction to IFSP Development
- NJEIS Documentation
- FDA
- Transition
- EBPs in NJEIS
- Service Logging in NJEIS
- NJEIS Policies and Procedures

MCCC also has the ability to send email blasts, such as DID YOU KNOW flyers, out to the entire system. This process allows NJEIS to generate mass communications with consistent messaging to the entire field in short order. Moving forward, NJEIS will continue to use both the MCCC LMS and the EIMS platforms to store electronic trainings and webinars for easy access by all system users.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## Ongoing Infrastructure Development

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*An infrastructure of professional development composed of state, regional and local provider agencies exists to support implementation of EBPs by the NJEIS workforce.*

*Evaluation Question #4, Long Term Outcome*

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There are other avenues of infrastructure development that will support the use of EBPs by agencies and practitioners to support NJEIS' work to improve its SIMR. In Phase III Year 4, the NJEIS began looking at developing a process for Results-Driven Accountability (RDA), as well as beginning an initiative to adjust a very significant element of the system infrastructure—the Regional Early Intervention Collaboratives (REICs).

### **Results-Driven Accountability (RDA)**

In Phase III, Year 4, DOH-NJEIS was able to fully staff its Monitoring Team. NJEIS is now positioned to move forward with developing a Results-Driven Accountability process to support the SSIP work in moving toward the SIMR.

The NJEIS Monitoring Team is developing a pilot that is an integrated process which synthesizes the coaching of Evidence-Based Practices (EBP) with the monitoring for results and quality. The intent of this project is to gauge the effectiveness of practitioners in seamlessly integrating family engagement, teaming and collaboration practices, into their conversations with families. Specifically, the monitoring team is looking to capture how the NJEIS fulfills F6 and TC2 from the Division for Early Childhood (DEC) Recommended Practices.

Since the NJEIS CSPD Team has recently developed the *Engage and Exchange Growth and Development Tool*, there is the possibility of adapting this tool for use in the RDA process with respect to assuring quality within IFSP meetings. The Monitoring Team will explore the use of this tool in assessing fidelity to EBPs F6 and TC2 and then recommend individual, targeted or intensive technical assistance via the practice-based coaching process.

A concurrent strategy would be to use the Social Emotional Continuity Scale as a tool to conduct desk audits of IFSPs to discern how effectively practitioners are integrating social emotional development strategies in to the IFSP outcome writing process. Again, this accountability procedure may inform the need for individual, targeted or intensive technical assistance and could be provided using a coaching model.

To begin building a Results-Driven Accountability process, focus will be on the DEC priority recommended practices, Family Engagement (F6) and Teaming and Collaboration (TC2):



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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

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

This process will be planned in three phases:

- Pilot Planning-April-September 2020
- Pilot Implementation-September –November 2020
- Full Implementation-2021

The NJEIS Monitoring Team is presently reaching out to stakeholders to begin the discussion and development of a framework that will lead to a clearly defined Results-Driven Accountability process.

### **Regional Early Intervention Collaborative Infrastructure**

Over the course of the last two years, the four REICs in the NJEIS have been vitally important in assisting the DOH in working to achieve system stability after the introduction of the Early Intervention Management System (EIMS). Under these challenging circumstances, the REICs staff were pulled away from many of their traditional roles and responsibilities to support the EIPs and SCUs. As NJEIS course corrects, after a long period of growth and transition, the DOH and REIC executive teams have strategized together to revitalize and refresh the specific roles of the REIC structure in support of the NJEIS operations. For example, with the addition of the EIMS, the previously needed data entry staff will be replaced with staff who are skilled data analysts. The NJEIS is shifting the infrastructure to include personnel at the regional level who can work with DOH staff to analyze and synthesize data for local provider agencies and service coordination units.

In September 2019, NJEIS conducted a stakeholder meeting of REIC staff that included Executive Directors, training and technical assistance coordinators, family support coordinators and data personnel. The purpose of this meeting was to begin to revision the REIC structure by soliciting ideas from this stakeholder group for a statement of purpose for the collaboratives based on changing workflows and processes. A major purpose of this meeting was to identify any shifts in responsibilities that have emerged as the result of the EIMS. This meeting was step one in the exploration into this infrastructure redevelopment process.



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In November 2019, NJEIS developed an electronic survey to solicit input from additional stakeholders such as EIP Administrators and Service Coordination Unit Leaders. The intent of this survey was to include a wide set of stakeholders and capture additional perspectives on the roles and responsibilities of the REICs.

In March 2020, using the data generated from these above-mentioned sources, the REICs were provided an updated staffing chart and job descriptions designed to meet the current structural needs of the NJEIS. SSIP implementation was strongly considered in this structural design which includes family support personnel as part of the CSPD Team. The CSPD Team is being re-imagined and now includes the regional TAs, the Family Support Specialists and the Service Coordinator Liaison, each with a unique focus and audience within the system. The responsibilities of the data analyst position were finalized using the DaSY Framework for Data Quality in Early Intervention. The DOH-NJEIS is confident that the revised structure will bring a new infusion of energy into the SSIP process after several years of difficult transitions.

## DATA QUALITY

### DATA QUALITY IMPLEMENTATION PLAN –PHASE III, YEAR 4

In Phase III, Year 4, all 18 large and specific activities, designed to address the Action Steps in the Data Quality Implementation Strand, *have been completed*.

### DATA COMPLETENESS

The Data Completeness rate is one formula used by OSEP as a measure of data quality. Until the FFY 2017 APR, this percentage was calculated:

$$\frac{\text{The number of children reported in Indicator 3}}{\text{The total number of children who exited the program}}$$

### State Data Completeness Rate (all children exiting)

FFY 2016	FFY 2015	FFY 2014	FFY 2013 (baseline)
43.17%	40.4%	34.5%	22.9%



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Beginning with the FFY 2017 APR, the denominator was updated to remove those children who exited the program but who did not participate in the program for at least 6 months.

$$\frac{\text{The number of children reported in Indicator 3}}{\text{The total number of children who participated for at least 6 months \& who have exited the program}}$$

State Data Completeness Rate (not including children who did not participate for 6 months)

FFY 2018	FFY 2017
48.4%	33.9%

States have been advised that the Child Outcomes completeness rate should be 65% or greater. By increasing the completeness rate, New Jersey, and all states, are more likely to have quality data from which to make programmatic decisions and design improvement strategies.

In Phase III, Years 1 and 2, the DOH -NJEIS spent significant time and resources to improve the data quality for Indicator 3, Child Outcomes. The introduction of the EIMS in Phase III, Year 3 had an unintended impact on the internal methods for determining the data reported in Indicator 3. The EIMS, as the EI master data system, is designed to maintain the BDI data used for Child Outcomes reporting and is intended to have a custom-built "Indicator 3 Report".

During Phase III, Year 3, the DOH-generated reports, which identify children eligible for an Exit Evaluation, were not operational. Due to the unavailability of this key operating feature, those individuals responsible for scheduling and conducting Exit Evaluations did not receive a system-generated prompt. This resulted in a decrease in the number of Exit Evaluations completed in Phase III, Year 3.

In Phase III, Year 4, NJEIS reports a healthy increase in the data completeness rate to 48.4%. NJEIS was able to use an EIMS-generated report, Projected Children Exiting, to assist service coordinators and evaluators with identifying children due for an Exit evaluation. This EIMS report allowed NJEIS to return to its process of data matching for accuracy by cross-referencing the information with the MDS Data Manager to achieve an "N" of 5,960.





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The Systems Analyst Consultant, hired by NJEIS to assist in the EIMS reporting process, supported all system personnel by conducting several webinars on how to use the EIMS reports most effectively and efficiently for local and regional operations and improvement plans.

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*State Data Completeness will be calculated using the formula established by OSEP, the number of children included in Indicator 3 divided by the number of children who exited the program in the federal fiscal Year.*

*Evaluation Question #3 Short Term Outcome #1*

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As part of the Evaluation Plan, DOH identified the importance of tracking county performance on data completeness to monitor for improvements or slippage at the local level.

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*Each of the 21 counties in NJ established baseline in FFY 2013. NJEIS will continue to calculate county performance for Data Completeness and report to county personnel.*

*Evaluation Question #3 Short Term Outcome #1*

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The Data Completeness Table below indicates the progress each county has made since baseline was established in FFY 2013. FFY 2013-FFY 2016 include all exited children for the county. FFY 2017 and FFY 2018 removes children, who did not participate in the program for at least 6 months, from the denominator in keeping with the updated OSEP calculation for data completeness.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## Data Completeness by County

(\*Calculation includes all exited children in denominator)

(^ Calculation is removes the children who did not participate for 6 months)

County	^FFY 2018	^FFY 2017	*FFY 2016	*FFY 2015 (Exit teams added)	*FFY 2014	*FFY 2013 (Baseline)
ATLANTIC	43.68%	46.43%	28.29%	39.10%	29.80%	29.76%
BERGEN	52.95%	45.42%	50.00%	52.22%	42.45%	41.36%
BURLINGTON	23.43%	51.86%	44.95%	43.63%	21.88%	15.9%
CAMDEN	44.53%	45.06%	39.41%	39.13%	28.66%	19.88%
CAPE MAY	18.10%	32.65%	25.71%	25.27%	19.04%	11.53%
CUMBERLAND	20.10%	37.14%	36.05%	45.09%	27.70%	25.26%
ESSEX	34.63%	36.24%	45.03%	44.87%	38.62%	23.76%
GLOUCESTER	22.86%	25.14%	39.79%	34.35%	28.18%	23.05%
HUDSON	41.30%	53.27%	38.13%	42.29%	38.99%	30.3%
HUNTERDON	49.59	41.13%	44.34%	47.18%	35.59%	22.38%
MERCER	45.79%	42.49%	51.09%	37.90%	42.19%	30.1%
MIDDLESEX	47.28%	38.70%	32.09%	18.04%	18.78%	17.5%
MONMOUTH	54.65%	54.40%	54.94%	53.67%	45.15%	22.93%
MORRIS	39.07%	35.18%	38.22%	35.67%	28.80%	32.06%
OCEAN	49.72%	43.23%	50.16%	37.05%	31.26%	33.4%
PASSAIC	54.59%	37.33%	48.01%	47.33%	40.83%	45.66%
SALEM	18.67%	14.52%	31.81%	40.50%	25.35%	3.75%
SOMERSET	32.23%	31.25%	33.78%	41.07%	34.86%	20.05%



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SUSSEX	<b>26.70%</b>	40.00%	48.42%	41.43%	27.38%	32.43%
UNION	<b>50.18%</b>	42.97%	41.13%	37.13%	42.80%	18.6%
WARREN	<b>47.12%</b>	45.05%	45.66%	57.14%	48.91%	20.17%

As noted above, overall statewide data completeness decreased. In further analysis, the DOH found that the number of children receiving exit evaluations in the beginning of the data cycle was affected by the on-going transition challenges previously described. As the year progressed, and operational stability was achieved, the number of children included in the Exit process showed an upward and more expected trend, leading DOH to have confidence that the state will be in a position to achieve a more robust data completeness rate in the next year.

As per established procedures, any significant slippage identified in specific counties is investigated for needed supports or TA. The drill down into 4 counties (Mercer, Ocean, Bergen and Essex) counties are attributed to staffing shortages at the individual Service Coordination Units for an extended time. DOH has provided additional funding for each of these Units to increase their staffing capacity in the upcoming fiscal year.

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*"The quality of Child Outcome Data will improve statewide."*

*Evaluation question #3 Long Term Outcome*

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## DATA ANOMALIES

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The OSEP Results-Driven Accountability Matrix includes data anomalies in the 5 progress categories for each of the 3 Child Outcomes.

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*"Progress category 3A "e" will be calculated using the business rules established by the NJEIS and using the BDI2 evaluation tool. Progress category 3A "e" will be calculated and reported annually for the state. In this Indicator, a **decrease** in the percentage reported in "e" is the goal."*

*Evaluation Question #3 Short Term Outcome #2*

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# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Beginning in Phase II of SSIP, the DOH-NJEIS has maintained a specific focus on improving performance as reflected in progress categories in Indicator 3A. Historically, NJEIS has had concern for progress category “e” (children enter and leave the program with peers) as this has been a persistent data anomaly.

The data for FFY 2018 show 51% of the children in 3A (e). This result is the state’s best performance in this progress category to date, landing within the targeted range set in FFY 2017 of 0-59.99%. NJEIS has successfully overcome the data anomalies in this category.

### Percentage in 3A “e” Statewide Trend:

FFY 2018	FFY 2017	FFY 2016	FFY 2015	FFY 2014	Baseline (FFY 2013)
51%	64%	70.45%	69.81%	72.65%	69.53%

The SSIP Evaluation Plan determined that DOH would calculate county performance each year and provide the data to the local programs for their use in improvement planning.

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*“Each of the 21 counties in NJ established baseline performance in FFY 2013. NJEIS will continue to calculate county performance by progress category and report this data to pertinent county personnel.”*

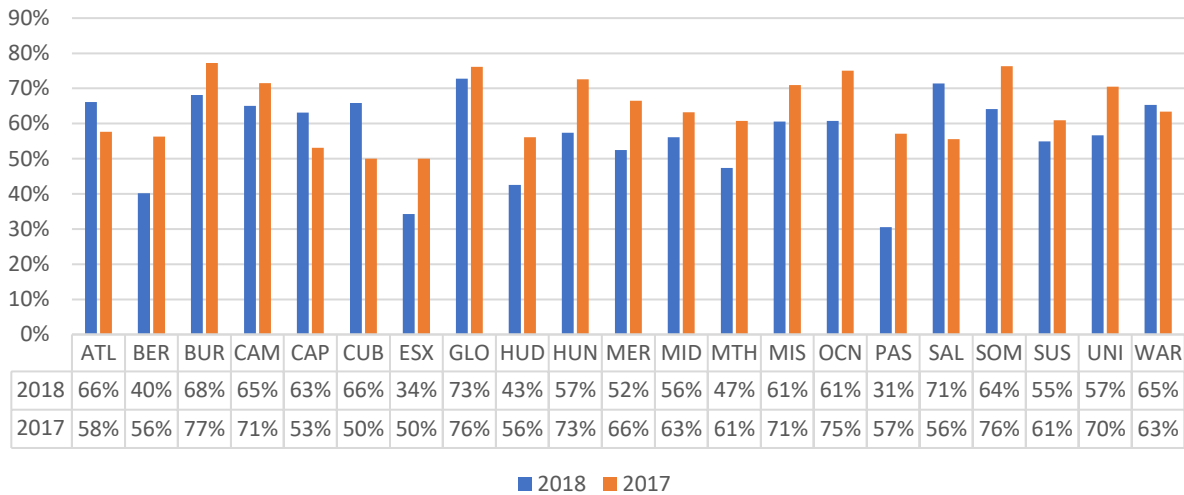
*Evaluation Question #3 Short Term Outcome #2*

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# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## Percentage in "e" by County FFY 2018



The data set reported in the chart above is the result of continued full-scale implementation of the of BDI Fidelity training which was hypothesized to improve the data via improved fidelity in the use of the evaluation tool. The data shows 16 counties with improved percentages in 3A “e” (decreased % is the goal), one county (Warren) with a negligible uptick of 2%, and the remaining four counties with increases that need to be better understood in order to provide additional TA.

The 16 counties that experienced a decrease in the 3A “e” category averaged a drop of over 12%. This is a significant number and will allow NJEIS to drill down in each of these counties to see possible causes of these decreases and to begin to replicate successful practices in the other five counties.

### BDI FIDELITY

The success of the implementation of BDI Fidelity training, as indicated by the data, prompted the NJEIS to include this second day of training in the on-boarding procedures for new evaluators.

The training program is delivered by the PD team’s longest tenured TA who has subject matter expertise in evaluation and assessment. The program’s design facilitates discussion, improves inter-rater reliability, increases fidelity to item administration and encourages critical thinking. The established PD protocol, which includes a structured design of training materials, ensures fidelity of content. Using best practices in adult learning theory, training activities are designed to be interactive and purposeful and to meet the needs of all leaning styles, auditory, visual



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

and kinesthetic. These diverse learning strategies lead to a higher probability of retention and ultimately, to transfer of learning into practice.

While the EIMS offers significant opportunities to input and access more comprehensive data in real time, it has also presented the need for additional end-user training. TET evaluators need to be properly enrolled in the EIMS by vendor and NJEIS staff. Then TET evaluators need to fully understand how to use the EIMS to accurately bill for services and document sessions with families. All of these new system-related activities added another layer of on-boarding for each of the TET evaluators.

In Phase III, Year 3, the PD team established new procedures and timelines for practitioners to gain access to both the EIMS and subsequently to the BDI DataManager. These operational on-boarding procedures were designed to work in concert with the programmatic BDI On-Boarding process developed in Phase III, Year 2. The initial programmatic onboarding process continues to include observation of and partnering with established evaluators in the field, ensuring that new evaluators have a full and complete understanding of administering the BDI prior to working independently within the NJEIS.

DOH-NJEIS continues to successfully partner with Riverside Insights, the publishers of the BDI-2. The publisher has alerted the NJEIS to the projected timeline for the release of the BDI-3, a comprehensive update to the BDI evaluation tool, with a projected release date of the third quarter of 2020. In anticipation of the release of this update, the NJEIS adopted a maintenance approach to BDI fidelity and other data collection operations for Phase III, Year 4. The NJEIS has begun to develop a systematic and comprehensive plan for achieving a seamless transition to BDI-3 for all system personnel.

### SUMMARY PHASE III, YEAR 4

In Phase III Year 4, NJEIS overcame many of the challenges it faced in Phase III, Year 3 due to the implementation of the Early Intervention Management System (EIMS). Infrastructure development continued, new initiatives for helping practitioners build skills in the use of evidence-based practices were implemented, there was a healthy decrease in 3A “e” across the system and stakeholder engagement increased, all with an eye on achieving the SIMR.

NJEIS is committed to devoting significant time and resources to building a solid programmatic infrastructure that can support the system, not only in times of stability, but in the midst of instability. With the current challenge of the COVID-19 pandemic, NJEIS will again have the chance to test the depth of its infrastructure development. NJEIS understands that a solid foundation is the key to long-term success in improving family engagement and social emotional development practices throughout the system.

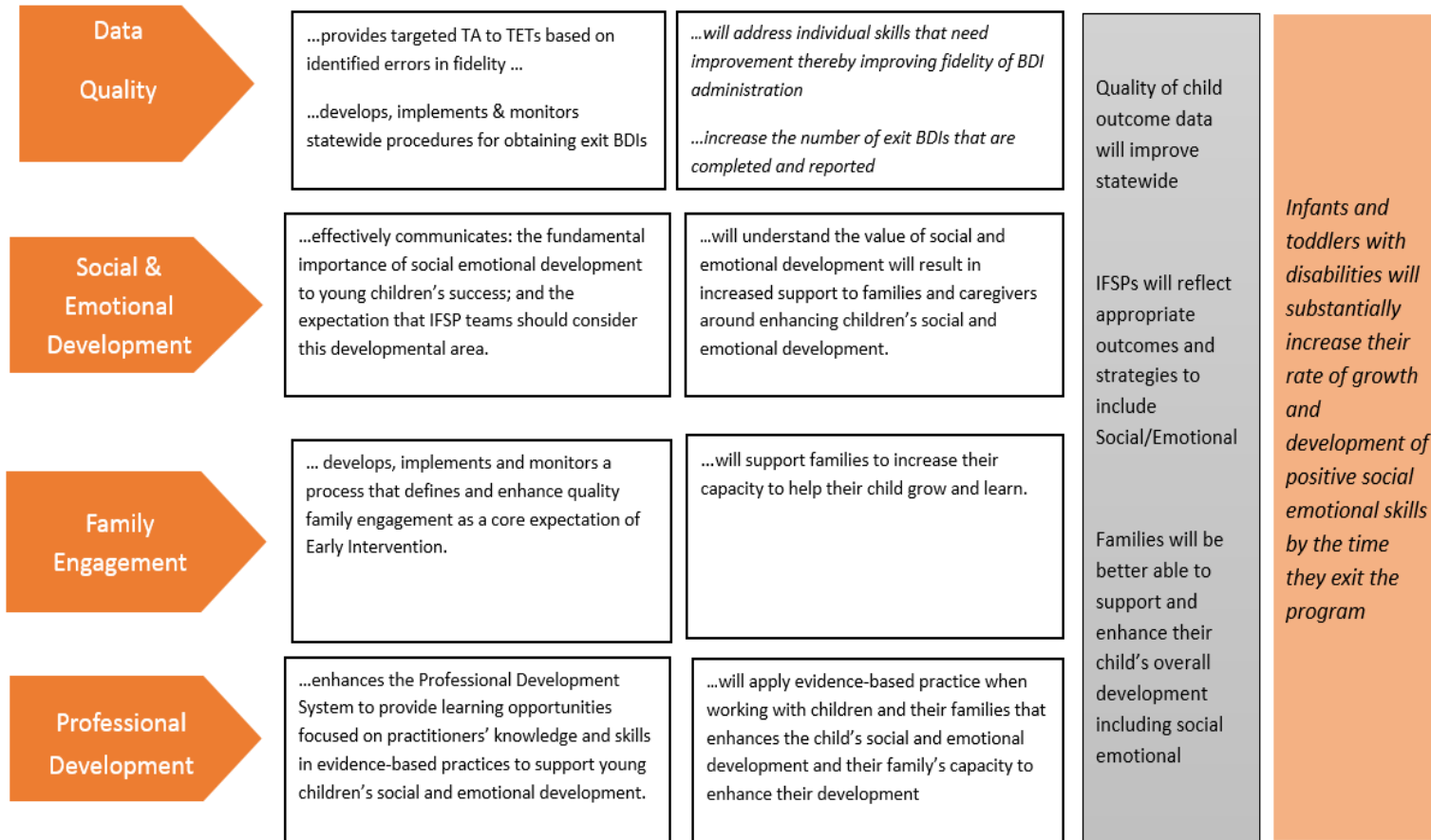


## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

NJEIS is also looking at the growth opportunities that the COVID-19 pandemic may provide. Long-range plans were already underway to bring Telehealth services to the NJEIS. While the timeline has been accelerated as a result of COVID-19, NJEIS has seized the moment to move this initiative forward to continue providing Part C services and supports to families.

NJEIS sees the potential for improving practitioners' skills at family coaching, which is one of the evidence-based practices that New Jersey has selected to focus on but has yet to fully utilize in a statewide capacity. Using virtual platforms for service delivery will necessitate practitioners developing and then honing their skills in this area. Practitioners will also need to acquire more strategies for engaging families using Telehealth practices. Optimistically, NJEIS sees a significant opportunity to partner with stakeholders at all levels of the system to improve the use of evidence-based practices as practitioners learn to engage with families in new ways. Moving forward to Phase III, Year 5, NJEIS has every expectation that it will continue to improve its use of the evidence-based practices that will lead to the ultimate goal of achieving its SIMR.

## APPENDIX A: NJEIS THEORY OF ACTION





# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX B: IMPLEMENTATION PLANS

### Social Emotional

**Long Term Outcome** Families are better able to support and enhance their child’s overall development including social emotional development

**Short-Term Outcome #1** Practitioners will support families to increase their capacity to help their child’s development

**Short-Term Outcome #2** IFSPs reflect outcomes and strategies to include social emotional development as appropriate to the child’s needs and the families concerns and priorities.

Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
Develop and disseminate strategies that project the message of social emotional development to practitioners, families and broad stakeholders	Develop & disseminate clear definition about Social Emotional development & NJEIS expectations	Develop resource list of recommended EBP tools for providers	February-May 2016	<b>Completed- April 2017</b> <ol style="list-style-type: none"> <li>DOH determined that the DEC Recommended Practices were the appropriate EBPs to utilize to achieve the SIMR</li> <li>The practices were disseminated at the Conference in May 2016</li> <li>A “Did You Know” about the DEC RPs was distributed by email to all NJEIS practitioners</li> <li>DOH developed a statement re: Social Emotional Development.</li> <li>The Statement was introduced and distributed in May 2016, at the NJEIS statewide conference</li> </ol>

Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
Use established communication method to focus on social emotional development among all	Hold statewide conference for practitioners that is SSIP focused		May 2016	<b>Completed – May 2016</b> <ol style="list-style-type: none"> <li>Statewide Conference held May 2016.</li> </ol>

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<p>NJEIS stakeholders, including efforts specifically for families</p>				<ol style="list-style-type: none"> <li>2. 250 NJEIS practitioners attended</li> <li>3. SSIP goals were presented</li> <li>4. DEC recommended practices were presented</li> <li>5. Social Emotional statement presented</li> <li>6. 2 surveys of practitioner knowledge, skills and attitudes towards social emotional development and family engagement were completed.</li> </ol>
<p><b>Select and disseminate EBP practices that are designed to increase Social Emotional Development in Young Children</b></p>	<p>Convene short-term workgroup to select &amp; recommend EBP (global and domain specific) to DOH based on available resources</p>	<p>Gather resources, explore nationally recognized EBP Develop “charge” to the workgroup, determine members Consider role of NJ Early Learning Standards &amp; DEC Recommended Practices</p>	<p>November 2015- March 2016</p>	<p><b>Completed- March 2016</b></p> <ol style="list-style-type: none"> <li>1. DOH consulted with the ECTA center, OSEP staff, stakeholders and Part C state staff in other states and decided to adopt 5 of the DEC RP as the EBPs to support the SSIP and SIMR</li> <li>2. NJ Early Learning Standards were provided to service providers as a foundational context for the provision of services. The Standards are publicly available on the NJEIS website.</li> </ol>

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
Collect Data on EBP currently used by practitioners	Investigate available checklists/survey and or other tools to collect this data	Collate and analyze collected data	<p><del>January 2016-April 2016</del> <del>May 2016</del></p> <p>January 2019-ongoing</p>	<p><b>In-progress-April 2020</b> EBP data will continue to be collected as a part of the scaling up of evidence-based practices.</p> <p><b>Completed – April 2019</b></p> <ol style="list-style-type: none"> <li>1. Baseline data are now collected on social-emotional EBPs as part of the newly established hybrid IFSP training.</li> </ol> <p><b>Completed – May 2016</b></p> <ol style="list-style-type: none"> <li>2. Using modified checklists from the ECTA RP materials, baseline data were collected from participants at the conference regarding their use of EBP for family engagement and social emotional development.</li> </ol>
Utilize Professional Development activities to implement EBP in social emotional development throughout the NJEIS	<b>Please see body of report for all related activities.</b>		<p><del>January 2017</del></p> <p>April 2017-ongoing</p>	<p><b>On-going-April 2020</b> <b>In-Progress-April 2019</b></p> <ol style="list-style-type: none"> <li>1. The revised FDA includes a focus on social emotional development and is an on-going component of each initial and annual IFSP development.</li> <li>2. DOH conducted a needs assessment with all SCUs and developed a state-wide plan that includes universal and targeted TA to all service coordinators that supports their work with families.</li> <li>3. The first in a series of EBP Webinars related to social</li> </ol>

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				emotional development was offered to practitioners in March 20, 2019 and featured parents whose child has been part of NJEIS. Additional EBP webinars are scheduled for Summer/Fall 2019.
<b>Integrate EBPs into NJEIS documents, procedures and materials</b>	Revise documents and forms to reflect social emotional EBP (e.g. IFSP, evaluation FDA, progress reports)		<del>September 2016 &amp; ongoing</del> January 2017 – ongoing	<p><b>Completed-December 2017</b></p> <ol style="list-style-type: none"> <li>1. The award of a vendor for the new data system has provided the opportunity and necessity to review and revise all forms utilized by NJEIS staff. EBP, social emotional and family engagement are being integrated into the system as appropriate.</li> </ol> <p><b>Completed-December 2017</b></p> <ol style="list-style-type: none"> <li>2. Included in the implementation of the EIMS is the review and necessary revision of all NJEIS forms pertaining to a child’s IFSP (evaluation, FDA, progress reports)</li> <li>3. These revisions included consideration of the integration of Child Outcomes to support social emotional development and the implementation of EBPs.</li> </ol>
<b>Integrate EBPs into NJEIS documents, procedures and materials</b>	Revise all Family Support communication vehicles (Website, presentations, public-facing materials) to	Incorporate EBP language (Engage & Exchange, teaming and collaboration) into Power Points and any public materials	January 2018-ongoing	<p>January 2019-ongoing</p> <p><b>On-going-April 2018</b></p> <ol style="list-style-type: none"> <li>1. Update Family Matters website to include</li> </ol>

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	include family-friendly information on EBPs Update Family Matters website to include information on NJEIS' selected EBPs			information on NJEIS' selected EBPs  <b>On-going-April 2018</b> 2. Incorporate EBP language (Engage & Exchange, teaming and collaboration) into Power Points and any public materials. Draft documents are currently under review by DOH-NJEIS.
<b>Investigate additional tools, processes and/or procedures to augment the collection of information on children's social emotional development</b>	Maintain communication with Riverside Insights to provide input & follow the progress of the planned BDI revisions. BDI-3 expected 2019	Convene workgroup to review data & make recommendations on the need for additional tools or procedures  Analyze data over time to identify possible trends for specific populations	<del>November 2015</del> April 2019-ongoing	<b>On-going-April 2019</b> 1. NJEIS has maintained professional relationships with the publishers of the BDI and continues to actively participate in the national BDI users' group  DOH staff to continue membership in national ECTA BDI Users Community of Practice group
Analyze NJEIS Data Quality trends in Indicator 3 compared to national standards and expectations			<del>January 2018</del> April 2020-delayed  <b>Delayed-April 2020</b>	<b>On-going-April 2019</b> 1. A workgroup of ICC and SSIP stakeholders convened November of 2017 to begin the process to determine pros and cons of adding an additional tool or procedures to improve Child Outcomes Indicator 3. 2. Identified Data Anomalies in the NJEIS Results Matrix were shared with TET teams as part of fidelity training 3. DOH further analyzed Progress Categories by

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				County for local use to identify programs in need of addition TA for fidelity 4. County performance reports include the Summary Statements for Indicator 3.
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## Family Engagement Implementation Plan

**Long Term Outcome** Families are better able to support and enhance their child’s overall development including social emotional development

**Short-Term Outcome #1** Practitioners will support families to increase their capacity to help their child’s development

**Short-Term Outcome #2** IFSPs reflect outcomes and strategies to include social emotional development as appropriate to the child’s needs and the families concerns and priorities.

Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Define Family Engagement for NJEIS</b>	<b>Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS</b>	Gather resources and research on Family Engagement and EBP in this area Identify small stakeholder team to gather resources and select the most relevant resources to bring to workgroup Track current initiative from DOE and HHS on Family Engagement and Early childhood (2016) Present to workgroup summary, highlights and recommendations from available resources	January-March 2016	<b>Completed-March 2016</b> 1. A stakeholder team gathered resources including the DOE and HHS information and convened a workgroup 2. Convened workgroup to develop a recommended statement and expectation for family engagement in the NJEIS as it related to the SIMR

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS</b>	Identify training needs within NJEIS (practitioners, families, stakeholders)	Conduct needs assessment activity to collect baseline on current implementation of the defined statement	<del>October 2016</del> — March 2017 May 2016-July 2017	<b>Completed-April 2017</b> <ol style="list-style-type: none"> <li>Baseline data was collected in May 2016 via a Family Engagement Survey to determine practitioner strengths and areas of improvement re: engaging families</li> <li>Data was stratified and is available for analysis.</li> </ol> <b>Completed- July 2017</b> Survey data are being used to inform the PD materials and activities related to EBP implementation
<b>Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS</b>		Consider the need for focus groups with parents, providers and service coordinators related to Family Engagement  Continue to review FDA administration with Service Coordinators to build family engagement skills	October 2019	<b>Revised-April 2018</b> Focus groups were determined to be not necessary given the adequacy of the data provided by the baseline survey. <b>In-Progress-April 2020</b> <ol style="list-style-type: none"> <li>PD Team and FDA workgroup will partner to determine best training path forward</li> </ol>
<b>Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS</b>	Utilize the Professional Development system to implement the use of family engagement practices throughout the NJEIS	Provide Regional TAs and Family Support Coordinators with additional training on Infant Mental Health and PIWI model.	July 2017-Ongoing	<b>On-going - April 2020</b> <ol style="list-style-type: none"> <li>Family Engagement statement added to revised IFSP training and other NJEIS materials</li> <li>First round of EBP webinars developed for practitioners prioritized the NJEIS selected</li> </ol>

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				<p>DEC practices related to Family Engagement.</p> <ol style="list-style-type: none"><li>3. Redesign of current materials used in public presentations by the NJEIS family support coordinators has begun to ensure consistent messaging and dissemination of the Family Engagement Statement.</li><li>4. Future PD materials will include and be informed by the Family Engagement definition and EBPs</li><li>5. Newly established workgroup with Higher Education partners aims to provide opportunities to inform pre-service curricula with the NJEIS focus on Family Engagement and EBPs.</li></ol>
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## Professional Development Implementation Plan

**Long Term Outcome:** An infrastructure of professional development composed of state, regional and local provider agencies exists to support implementation of EBP by the NJEIS workforce.

**Short Term Outcome:** The NJEIS professional development infrastructure includes on-going training and support for the implementation of the identified EBP by practitioners.

Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Determine necessary adjustments to Professional Development System to meet the needs of the SSIP</b>	Integrate Family Support Coordinators into PD Team	Revise job descriptions	<p><del>January 2016 - April 2016</del>  <del>December 2016 - July 2017</del></p> <p>On-going</p>	<p><b>Completed-April 2017</b></p> <ol style="list-style-type: none"> <li>The PD team added 2 new members in July and November 2016 filling vacancies in key positions.</li> </ol> <p><b>In-Progress-April 2020</b></p> <ol style="list-style-type: none"> <li>Incorporate regional family support staff into PD activities and PD team.</li> <li>Awaiting approval to hire 2 “clinical coaches” at the DOH as additional members of the PD team</li> <li>Continue the professional development of the PD team to reflect current models of PD for adult learners</li> </ol> <p><b>Delayed-April 2020</b></p> <ol style="list-style-type: none"> <li>Complete ECTA/PD workforce self-assessment by summer 2018</li> </ol>

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<p><b>Determine necessary adjustments to Professional Development System to meet the needs of the SSIP</b></p>	<p>Complete ECTA framework self-assessment for Professional Development to determine necessary areas for improvement</p> <p>Determine feasibility of incentives for practitioner to encourage participation in PD. e.g. CEUs, other professional credit standards</p>	<p>Have PD staff (state and regional) with ECTA consultant complete self-assessment process</p> <p>Explore current endorsements and their requirements</p> <p>Create handbook to reference when designing in-service trainings</p>	<p><del>August 2016 (completed handbook)</del></p> <p>March 2016</p>	<p><b>Completed-April 2017</b></p> <ol style="list-style-type: none"> <li>Information on professional credits standards and CEUs was gathered by a member of the PD team.</li> </ol> <p><b>Delayed-April 2020</b></p> <ol style="list-style-type: none"> <li>Based on the information gathered and available resources, it was determined that the handbook would not meet the needs of the system at this time, but alternative activities are in progress.</li> </ol> <p><b>On-going- April 2020</b></p> <ol style="list-style-type: none"> <li>Higher Ed stakeholder committee formed with ICC and selected NJ colleges with intent of forming sustainable partnerships that meet the needs of EIS pre-service and potential CEU opportunities.</li> <li>Engage in discussion with Mercer County Community College about providing CEUs</li> <li>Investigate the issuance of attendance certificates via GoToWebinar</li> </ol>

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<p><b>Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</b></p>	<p>Design NJEIS version of “Foundations of Social Emotional Development in Young Children” to be available for all practitioners</p> <p>Roll-out of Modules</p>	<p>Arrange a MOU with MSU to modify the “Keeping Babies and Children in Mind” (KBCM) program for use in NJEIS</p> <p>Partner with MSU in their new roles as NJ’s lead on Pyramid Model for Social Emotional Development and Parents interacting with Infants (PIWI)</p> <p>Determine process &amp; expectations for roll-out</p>	<p>July 2016 September 2017</p> <p>February 2018 and on-going</p>	<p><b>On-going-April 2020</b></p> <ol style="list-style-type: none"> <li>DOH and MSU continue conversations regarding the use of the KBCM modules in the NJEIS LMS for practitioners</li> <li>NJEIS practitioners consistently participate in the KBCM face to face opportunities provided by MSU</li> </ol> <p><b>Revised-April 2018</b> <b>On-going-April 2020</b></p> <ol style="list-style-type: none"> <li>KBCM modules and face to face training continue to be offered to EI personnel</li> <li>New emphasis will be utilizing the Pyramid model curriculum statewide.</li> </ol> <p>DOH PD Coord began participation on Pyramid Steering Committee with MSU</p> <p><b>Pending-April 2017</b> <b>Replaced-April 2018: see above</b></p>

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<p><b>Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</b></p>	<p>Create and implement “new and improved” model for professional development.</p> <p>Establish cadre of coaches with knowledge of EBP</p> <p>Integrate on-line modules, hybrid learning and enhanced face to face training opportunities.</p>	<p>Utilize ECTA framework results to inform process</p> <p>Create master calendar and process for statewide Professional Development activities</p> <p>Utilize multiple communication strategies to promote CSPD activities related to SSIP</p>	<p>January 2017 &amp; ongoing</p>	<p><b>On-going - April 2020</b></p> <ol style="list-style-type: none"> <li>1. PD team has established a master calendar for BDI on-boarding and newly developed IFSP training requirement</li> <li>2. PD team is exploring new technological methods for communicating &amp; delivering PD opportunities to the system to centralize the overall process.</li> <li>3. IFSP training requirement was redesigned from a one-day face to face into a hybrid learning experience. The new protocol will go live in April 2018.</li> <li>4. Three (3) webinars focused on EBPs are nearing completion and rollout to practitioners expected by Fall of 2018.</li> <li>5. PD team and DOH has increased the number of virtual meeting opportunities to support the SIP activities and maintain ongoing communication and networking.</li> <li>6. Year 3 includes a plan to further develop the PD knowledge and skills of the Family Support Coordinators to ensure consistent messaging about social emotional development and family engagement.</li> </ol> <p>Developing a Cadre of coaches remains a pending item.</p>

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Design and implement accountability system for professional development that includes Results Monitoring and assurance of EBP implementation</b>	Develop evaluation plan for all Professional Development activities	Utilize ECTA framework results to inform process	January 2018- May 2018	<b>Pending</b>  <b>Delayed- April 2020</b> RFA to recomplete the EIP programs is on hold.
	Make recommendations for the development of standardized supervisory requirements for EIP	Consider necessary changes to Letters of Agreement with EIP agencies	January 2018- July 2018	
<b>Design and implement accountability system for professional development that includes Results Monitoring and assurance of EBP implementation</b>	Convene a workgroup to determine appropriate activities and scope of a Results Driven Monitoring Process		<del>October 2016</del> July 2018 - ongoing	<b>In-Progress-April 2020</b> 1. DOH is processing the hiring of 2 additional monitoring team members as of April 2018. Once the monitoring team is full-staffed, this activity will be initiated

### Data Quality Implementation Plan

**Long Term Outcome** The quality of Child Outcome Data will improve statewide.

**Short Term Outcome#1** NJEIS evaluation practitioners demonstrate improved skills in administering the BDI Personal-Social Domain (FIDELITY)

**Short Term Outcome #2** The number of exit BDI evaluations completed and reported will increase to meet the OSEP standard. (COMPLETENESS)

Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
Determine the baseline fidelity of the TET agencies on the Personal Social Domain of the BDI-2	Conduct observational scan of each region to ascertain patterns of errors in fidelity Present findings to TET agencies for review and discussion	In-home observations of TET practitioners with focus on their administration of Personal Social Domain of BDI-2 using <i>Fidelity Checklist</i> . Visit all 4 regions	January 2014	<b>Completed- June 2014</b> 1. Regional TA staff and DOH staff conducted observations of TETs using the <i>Fidelity Checklist</i> in all 4 regions
	Provide <i>Fidelity Checklist</i> to TET administration & assign TET administrators to conduct observations	Statewide meeting to review observational data	October 2014	<b>Completed -October 2014</b>

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
Determine the baseline fidelity of the TET agencies on the Personal Social Domain of the BDI-2	TET administrators conduct fidelity observations and submits to DOH	Determine the number of observations necessary for each TET.	October 2014- November 2015	<b>Completed- January 2015</b> 1. DOH provided TET administrators with the BDI <i>Fidelity Checklist</i> in October 2014.
		Direct observation of TET evaluators  Collate information and send to DOH	October 2014- December 2015	<b>Completed- December 2015</b> 1. 8 TET agencies completed observations of their staff utilizing the BDI fidelity checklist provided by DOH 2. Results of the observations were submitted to DOH and used to inform the CSPD fidelity training program.
Conduct statewide fidelity training on the Personal Social Domain for all evaluators in NJEIS	Develop training & materials related to fidelity on the BDI Personal Social Domain Determine logistics for training 450+ evaluators statewide	Determine with Riverside Insights possible training supports Collaborate with BDI Community of Practice on training methods/protocols for fidelity training	November 2016- November 2017 <del>on-going</del>	<b>Completed - April 2018</b> 1. Face to face training was provided to all 17 TET agencies by the PD team. 2. 385 TET evaluators received the one-day training which included discussion of local performance data.
<b>Design &amp; Implement Professional Development plan for agencies with specific fidelity issues.</b>	<del>Administrators conduct second round of observations using the <i>Fidelity Checklist</i> and submit to DOH</del>	Develop and implement multiple methods to provide on-going TA to practitioners in this area.	<del>July 2017- on-going</del>  November 2017 & on-going	<b>In-Progress - 2020</b> 1. After training was completed, individuals TET agency & practitioners self-selected to receive additional targeted TA. 2. Self-selected TET completed a number of activities such as participating in COP calls, repeating training sessions and completing 1:1 inter-rater reliability work at staff meetings. 3. PD team developed and made available a checklist for TET practitioners that contains best practices in evaluation

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Design &amp; Implement Professional Development plan for agencies with specific fidelity issues</b>	Evaluate fidelity practices of TET agencies post Fidelity training  Use results to identify practitioners/agencies that need targeted assistance	Design & Provide agency-specific professional development plan  Evaluate agency specific plans		PD team arranged Community of Practice (COP) opportunity for evaluators which held the initial “lunch and learn” in December 2017. PD team plan to continue COP into 2018 periodically.
Focused Monitoring	Conduct desk audits based on available data  Develop Hypotheses on issues impacting performance	Review current data and request additional data as needed  Determine counties that will have on-site visits.	July 2015 - September 2015	<b>Completed- September 2015</b> 1. Reviewed completion rate data 2. Created hypothesis 3. Selected counties to visit
Focused Monitoring	Develop focused monitoring tools Conduct on-site visits	Schedule meetings with chosen Counties for on-site visits	September 2015	<b>Completed - September 2015</b> 1. Monitoring team visited 2 specific counties to gather data to support or refute the hypothesis

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Focused Monitoring</b>	Analyze data/information from on-site visit to determine root causes	Analyze findings in comparison to hypotheses	October - November 2015	<b>Completed – September 2015</b> 1. Monitoring team presented analyzed data & conclusions to DOH lead team 2. Recommendation supported the need for development of procedures for the administration of the BDI
	Determine if additional on-site visits are needed	Determine next steps for TA to SCU/TET for Exit BDI	November 2015	<b>Completed – November 2015</b> Conclusion determined that no additional on-site visits were necessary to inform next steps
<b>Operationalize DOH data clean up processes</b>	Create a procedure manual for DOH-NJEIS use of BDI DataManager	Determine style and goal of the manual  Field test with new users to ensure accuracy and plain language instructions	<del>June 2016</del> <del>March 2018 (if needed)</del> <del>December 2018</del> July 2019	<b>In-progress-2020</b> 1. The newly designed EIMS data system includes BDI data and a specific function for reporting Indicator 3. 2. DOH staff are engaged in re-establishing operational procedures for data clean up needed for Indicator 3 reporting. 3. DOH staff are engaged in re-establishing operational procedures that support the identification of children in need of an Exit Evaluation.



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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Present refresher Webinar on BDI data entry procedures to TET teams</b>	Develop webinar  Schedule webinar  Present completed webinar  Archive webinar	Assess common errors in using DataManager and MDS  Advertise webinar day and time  Register participants	September - October 2015	<b>Completed – October 2015</b> <ol style="list-style-type: none"> <li>DOH utilizes 3, standard “clean-up reports that identify data entry errors</li> <li>Webinar was developed based upon trend data of these common errors</li> <li>Webinar was held in October 2015</li> <li>Initial airing viewed by 64 people</li> <li>Webinar was archived.</li> </ol>
	Require participation for all Targeted Evaluation Team members	Set timeline for viewing either live or archived webinar.	November 2015	<b>Completed – November 2015</b> Archived webinar was viewed by an additional 206 people as of March 2017
<b>Revise and distribute and implement specific policies for the use of the BDI in the NJEIS</b>	Compile current policies, procedures and memos that outline BDI processes into a single policy/procedure for use in NJEIS  Create informational brochure for families that describes Child Outcomes. Include its use as part of policy Revise and distribute and implement specific policies for the use of the BDI in the NJEIS	Use data and information from on-site focused monitoring visits to inform policy/procedure development  Align new policies and procedure with existing policies to ensure consistency	July 2016 & on-going      March 2017	<b>Completed – February 2017</b> <ol style="list-style-type: none"> <li>DOH reviewed all relevant components of policy, procedures, memos, recommendations from the NJ Office of Management and Budget, and the focused monitoring data to develop a specific policy/procedure document for use of the BDI in NJEIS</li> </ol> <b>Completed -July 2016</b> <ol style="list-style-type: none"> <li>Revised brochure was developed by small workgroup, reviewed by families, approved by DOH. Distribution is achieved at multiple contact points with families.</li> </ol> <b>Completed – March 2017</b> <ol style="list-style-type: none"> <li>NJEIS-11 was written and distributed to TETs, Service Coordination, and the EIP providers.</li> </ol>

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Action Step	Large Activities	Specific Activities	Timeline	Status & Comments
<b>Revise and distribute and implement specific policies for the use of the BDI in the NJEIS</b>	Distribute and conduct opportunities for TA related to new policy/procedure	Distribute via email, provider meeting and posting on the web, new policy/procedures  Schedule and conduct conference calls with SCU and TETs regarding new policies and procedure  Investigate use of MCCC specific direct email to TET teams to distribute new information	<del>September 2016</del> March 2017	<b>Completed -March 2017</b> 1. OMB audit was completed March 2017; final policy not finalized until final recommendations from OMB were available. 2. Statewide meeting held with TET administrators to review new policy 3. Policy distributed via email to SCU and TET evaluators 4. Statewide meeting held with SCU Coordinators to review policy Policy posted on NJEIS state website
Create Exit BDI Teams	Execute new Letters of Agreement with TET teams that specify an Exit Team in each of the 21 counties.  Provide training to newly appointed TET members to conduct Exit BDI	Analyze data to estimate and project capacity needs in each county  Work with TET administrators to identify training needs, material and resources needed in each county	<del>February 2016</del> July 2016 & ongoing	<b>COMPLETED-July 2016</b> 1. New Exit teams created based on data analysis of county need and prior performance 2. Training of additional evaluators to meet the increased need began June 2016 and is on-going. Data analysis will continue to ensure the county completeness rates continue to improve

## APPENDIX C: EVALUATION PLAN

### EVALUATION QUESTION #1

*As a result of the steps taken in the implementation of the SSIP, do practitioners use the identified evidence-based practices (EBPs) to enhance the social emotional development of children in the NJEIS?*

Outcomes	Performance Indicators	Methods/Measures
<p><b>Short Term Outcome #1</b> A consistent message about family engagement, EBP, and social emotional development is communicated throughout the NJEIS. (Implementation)</p>	<p>Number of publications internal and external to NJEIS e.g. websites, "Did You know" newsletters, blogs etc. that contain the NJEIS message about EBP, family engagement and Social Emotional Development each Year.</p>	<p>Criteria will be developed to measure extent of inclusion of these components (e.g. present, partially present). An environmental scan will be conducted of internal and external website, blogs, newsletters etc. using established criteria. Progress will be measured Yearly against established baseline calculated in July 2016</p>
	<p>Percentage of NJEIS provider agencies that report their practitioner orientation &amp; ongoing professional development includes emphasis on the importance of social emotional development in NJEIS.</p>	<p>A confidential self-assessment questionnaire will be developed to allow provider agencies and SCUs to report the extent to which social emotional development is included in their orientation to NJEIS practitioners &amp; other professional development activities. Progress will be measured Yearly against statewide baseline established by September 2016.</p>
<p><b>Short Term Outcome #2</b> Practitioners understand the fundamental importance of social emotional development in young children. (Impact)</p>	<p>Percentage of practitioners who report they understand the importance of social emotional development in their NJEIS work with children and families.</p>	<p>A confidential self-assessment questionnaire will be developed to allow a sample of practitioners to report the extent to which they understand the importance of social emotional development with children and their families in the NJEIS. Sample will include practitioners from all 4 regions in the state. Progress will be measured Yearly against established baseline obtained by November 2016.</p>
<p><b>Short Term Outcome #3</b> Practitioners actively consider relevant information on social emotional development for each child's IFSP development. (Impact)</p>	<p>Percentage of practitioners who report they actively consider relevant information on social emotional development in the development of each child's IFSP.</p>	<p>A confidential self-assessment questionnaire will be developed to allow a sample of practitioners to report the extent to which they actively consider relevant information on social emotional development in the development of each child's IFSPs.</p>

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		Progress will be measured twice Yearly against established baseline obtained in 2017.
<p><b>Long Term Outcome</b> Practitioners use the identified EBPs to enhance the social emotional development of children (Impact)</p>	Percentage of IFSP team meetings that reflect active consideration of available information on social emotional development.	<p>An observation tool &amp; criteria will be developed to measure the extent of active consideration of social emotional development. A sample of practitioners will be observed and scored in all 4 regions of the state.</p> <p>Progress will be measured Yearly against established baseline obtained in the first quarter of 2017.</p>
<p><b>Long Term Outcome</b> Practitioners use the identified EBPs to enhance the social emotional development of children (Impact)</p>	Percentage of practitioners that use identified EBPs to enhance the social emotional development of children.	<p>The ECTA Center’s “Child Social-Emotional Competence Checklist” will be used to collect confidential self-assessment from a sample of practitioners from all 4 regions of the state.</p> <p>Progress will be measured twice against established baseline obtained by November 2016.</p>
	Percentage of children who substantially increase their rate of growth and development of positive social emotional development by the time they exit the program (Indicator 3A, Summary Statement 1)	<p>The business rules established by NJEIS will be used to measure and report progress categories for Indicator 3.</p> <p>Progress will be measured against the baseline and targets set for Indicator 3A and reported annually in the APR.</p>

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## EVALUATION QUESTION #2

*As a result of the steps taken during the implementation of the SSIP, are families better able to support and enhance their child’s overall development including social emotional development?*

Outcomes	Performance Indicators	Methods/Measures
<p><b>Short Term Outcome #1</b> Practitioners will support families to increase their capacity to help their child’s development (Impact)</p>	<p>Percentage of practitioners that report using the identified EBPs with families to enhance their capacity to help their child grow and learn.</p>	<p>The new Social Emotional Development Survey will be used to collect confidential self-assessment from a sample of practitioners. Progress will be measured Yearly against established baseline.</p>
<p><b>Short Term Outcome #2</b> IFSPs reflect outcomes and strategies to include social emotional development as appropriate to the child’s needs and the families concerns and priorities. (Impact)</p>	<p>Percentage of initial and annual IFSPs that contain outcomes and strategies that address identified needs to enhance social emotional development.</p>	<p>A sample of child records will be reviewed and scored on a “Social Emotional Continuity Scale”, which will determine the relationship between the BDI2 Personal Social domain results, the Family Directed Assessment information and the initial and/or annual IFSP of the child. Progress will be measured Yearly against baseline established in fall 2016.</p>
<p><u>Long Term Outcome</u> Families are better able to support and enhance their child’s overall development including social emotional development (Impact)</p>	<p>Proportion of families who report that NJEIS practitioners helped them increase their capacity to help their child grow and learn.</p>	<p>The business rules established by NJEIS to measure and report Indicators 4B &amp; 4C. will be used. Progress will be measured against the baseline and targets set for Indicator 4 and reported annually in the APR</p>

## EVALUATION QUESTION #3

*As a result of the steps taken in the implementation of the SSIP, did the quality of Child Outcome Data improve statewide?*

Outcomes	Performance Indicators	Methods/Measures
<p><b>Short Term Outcome #1</b> The number of Exit BDI2 evaluations completed and reported will increase to meet the OSEP standard. (Implementation)</p>	<p>State “Data Completeness”</p>	<p>Data Completeness will be calculated using the formula established by OSEP: the number of children included in Indicator 3 divided by the number of children who exited the program in the federal fiscal Year. The Data Completeness rate will be calculated annually for the state. Baseline for the NJEIS was established in FFY 2013 at 22.9%.</p>
	<p>County “Data Completeness”</p>	<p>Each of the 21 counties in NJ established baseline performance in FFY 2013 with a range of 4%-42%. NJEIS will continue to calculate county performance for Data Completeness and</p>

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		report to county personnel. County data will not be made publicly available
<p><b>Short Term Outcome #2</b>  NJEIS evaluation practitioners demonstrate improved skills in administering the BDI2 Personal-Social Domain.  <b>(Impact)</b></p>	<p>The statewide percentage of children reported in progress category “e” in Indicator 3A, Child Outcomes.</p>	<p>Progress category 3A “e” will be calculated using the business rules established by the NJEIS and using the BDI2 evaluation tool.</p> <p>Progress category 3A “e” will be calculated and reported annually for the state. Baseline for the NJEIS was established in FFY 2013 at 69.53%. In this indicator, a <b>decrease</b> in the percentage reported in “e” is the goal</p>
	<p>The County percentage of children reported in progress category “e” in Indicator 3A, Child Outcomes</p>	<p>Each of the 21 counties in NJ established baseline performance in FFY 2013 with a range of 25.0%-82.08%</p> <p>NJEIS will continue to calculate county performance by progress category and report this data to pertinent county personnel.</p> <p>Baseline was established in January 2016 for each TET. Re-assessment will take place in July 2017 upon completion of Professional Development activities. NJEIS PD Team will monitor and assess TETs’ ability to administer the BDI-2 by assessing participation in Fidelity training and by evaluating the required field observations.</p>
<p><b>Long Term Outcome</b>  The quality of Child Outcome Data will improve statewide.  <b>(Impact)</b></p>	<p>OSEP “Data Anomaly” calculations</p>	<p>NJEIS will collect, analyze and report Indicator 3, Child Outcomes data, according to the state’s established business rules.</p> <p>Progress will be measured by OSEP’s Results Determination calculations, specifically those measures that evaluate “Data Anomalies” for each progress category in Indicator 3 A, B &amp; C.</p>
	<p>State “Data Completeness” for Indicator 3</p>	<p>Data Completeness will be calculated using the formula established by OSEP: the number of children included in Indicator 3 divided by the number of children who exited the program in the federal fiscal Year.</p> <p>The Data Completeness rate will be calculated annually for the state. Baseline for the NJEIS was established in FFY 2013 at 22.9%.</p>

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## EVALUATION QUESTION #4

*As a result of the steps taken in the implementation of the SSIP, is there a Professional Development infrastructure in place able to support implementation of EBPs statewide?*

Outcomes	Performance Indicators	Measures/Methods
<p><b>Short Term Outcome</b></p> <p>The professional development activities of the NJEIS include on-going training and support practitioners in the implementation of the identified EBP. <b>(Implementation)</b></p>	<ol style="list-style-type: none"> <li>1. The percentage of PD training opportunities that should and do address at least one of the selected EBPs.</li> <li>2. The number of hybrid learning opportunities (on-line module plus classroom learning) that are developed and implemented that include EBP.</li> </ol>	<p>The DOH-NJEIS will review the total PD opportunities offered each Year through the State TTA system to determine those that are appropriate for inclusion of at least one (1) selected EBP compared with the number that actually did address one EBP. Baseline will be established for the time period July 2015-June 2016. Calculated: # of PD with EBP/ # of PD appropriate for inclusion of EBP. Progress will be measured Yearly.</p> <p>Baseline for this performance indicator as of April2016 is zero. DOH-NJEIS will determined the target number of hybrid learning opportunities that are appropriate and monitor throughout the SSIP.</p>
<p><b><u>Long Term Outcome</u></b></p> <p>An infrastructure of professional development composed of state, regional and local provider agencies exists to support implementation of EBP by the NJEIS workforce. <b>(Impact)</b></p>	<ol style="list-style-type: none"> <li>1. The number of budgeted TTA positions assigned to professional development activities (training) at 50% time or greater.</li> <li>2. The number of coaches with expertise in EBPs available at regional and at the local EIPs.</li> <li>3. The number of necessary contract(s) are in place to provide and administer on-line learning opportunities.</li> </ol>	<p>Baseline percentage was determined in February 2016 at &lt;20% time spent by TTA providers on training. Follow-up time studies will be completed Yearly.</p> <p>The practitioner data system will be used to indicate those persons that have been trained and are designated as coaches of EBPs for the region and/or the local EIP.</p> <p>Necessary contract(s) are in place to provide and administer on-line learning opportunities.</p>

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## EVALUATION QUESTION #5

*As a result of the steps taken in the implementation of the SSIP, is there a Results Accountability System in place that includes monitoring of results and EBPs?*

Outcomes	Performance Indicators	Measures/Methods
<p><b>Short Term Outcome</b></p> <p>The DOH-NJEIS monitoring system is revised to include results accountability. <b>(Implementation)</b></p>	<ol style="list-style-type: none"> <li>1. The number of tools, processes and data elements that are available and used by the Monitoring Team that reflect the use of EBP</li> <li>2. The number and type of processes used to respond to Results Monitoring (sanctions, incentives).</li> </ol>	<p>DOH-NJEIS will review the current monitoring tools, data elements, and processes to determine their applicability to monitoring Results. DOH-NJEIS will track the increase of tools, processes and data elements that are created specifically for the Results monitoring.</p> <p>DOH-NJEIS will track the number of instances in which sanction and incentives are used for Results monitoring purposes.</p>
<p><b>Long Term Outcome</b></p> <p>An infrastructure of Results Accountability operates to monitor child and family results and to ensure EBP implementation. <b>(Impact)</b></p>	<ol style="list-style-type: none"> <li>1. Improvement in the performance of the EIP providers on the new Results Indicators that measure EBP.</li> </ol>	<p>DOH-NJEIS will set baselines and targets for each of the new monitoring indicators for the EIPs.</p>

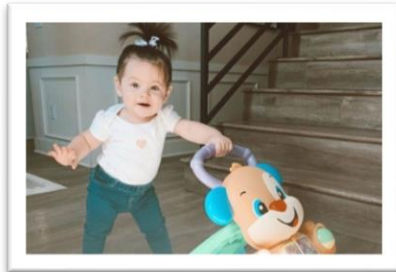


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APPENDIX D: NEWSLETTER

## NJEIS NEWS

February 24, 2020



### “DECEMBER 1 COUNT”

The “Child Count and Settings” data is required to be reported to OSEP on April 1, 2020. Once again DOH will be compiling the required data which includes information on children’s gender, race/ethnicity, and primary location of services. The benefit of the EIMS is that DOH can gather data without as much back and forth with the SCUs. Service Coordinators can assist in this process by assuring that all demographic fields are entered into the EIMS for their caseloads. The DOH will be providing clean-up reports for those children’s whose information is incomplete.

Steve Gwozdik is the lead on this project.



### “PUBLIC CHARGE RULES” WHAT NJEIS NEEDS TO KNOW

In August 2019, the Trump Administration published a “public charge” rule, which would make it harder for lawfully present immigrants to obtain long-term status if government officials determine they are likely to use one or more public benefit programs. The “public charge” test is a longstanding provision in immigration law designed to identify people who may depend on government benefits as their main source of support in the future. The regulation was on hold since August, but in January the Supreme Court ruled that the administration can implement the new public charge regulation while litigation continues. The new standards are effective as of February 24, 2020.

NJEIS providers administrators, practitioners and in particular service coordinators, may have families concerned that participating in the NJEIS will affect their long-term status. Immigration laws are complicated and NJEIS should not advise families specifically to their case and circumstances. However, it is important that families understand that *public education services and services through the Individuals with Disabilities Education Act (IDEA), including Part C, are NOT factored into any “public charge determination”*. Translation: participation in NJEIS will not affect a family’s future immigration or permanent status under the current rules.

Additionally, some other programs that many NJEIS families use are not factored into the determinations including: Head Start and Early Head Start, child-care assistance, including the

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Child Care and Development Block Grant (CCDBG), Home visiting, WIC and Children’s Health Insurance Program (CHIP).

The Center for Law and Social Policy (CLASP) has prepared resources for Early Childhood Stakeholders interested in understanding these issues further. “The Final Public Charge Rule: Five Things Early Childhood Stakeholders Need to Know” can be found at:

<https://www.clasp.org/publications/fact-sheet/final-public-charge-rule-five-things-early-childhood-stakeholders-need-know>

## NJEIS-14 – MISSED SERVICES/CANCELLATION POLICY

NJEIS-14 went into effect on December 1, 2017 to coincide with the Go-live of the EIMS. The policy has now been in effect for 2 years and DOH has heard from various stakeholders about the pros and cons of this policy. Specifically, EIPs have concerns that the “Reschedule window” is too small (within the week) and this results in scheduling and fiscal challenges for the programs. DOH is considering some adjustment to the Rescheduling window based on this feedback. The first step is investigating any programming changes that need to be made in EIMS and further discussion on what the appropriate “window” should be.

## *EMIS/PCG updates*

### REMINDER: PRACTITIONER NAMES IN EIMS

Providers must notify PCG when they change their name on their licensure to avoid any interruption in the ability to provide services.

### ENROLLMENT CLEAN-UP ON ITS WAY

As announced last fall, the DOH has determined that practitioners who work for multiple EIPs should have a separate log-in for those agencies. This will reduce the number of errors in billing for the wrong EIP. All new enrollees since November have been set up in the EIMS this way successfully.

Beginning April 1, DOH and PCG will begin the task of separating out the enrollment for those practitioners with multiple EIPs. This will require several steps to ensure that caseloads are

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assigned to the practitioner/EIP correctly to prevent any interruption in logging and claiming. DOH and PCG have determined to work slowly and systematically to accomplish this goal, which affects approximately half of the NJEIS workforce. DOH anticipates this process to last several months.

**Step 1** is for EIPs to ensure that their practitioners active in EIMS are still active employees with their agency. Any outstanding back-billing for the by-pass can still be processed, so go ahead and disenroll those practitioners you know are no longer employed by your agency.

**Step 2** Please begin to alert practitioners that this will be underway. A notice will be placed on the EIMS homepage for practitioners as we get closer to the start of the project.

**Step 3** DOH will begin with a small number of practitioners, contact the EIPs directly and create new enrollments and determine and adjust the caseload assignments as needed.

Brandy Acolia will be leading this project.

## 90-DAY BILLING CYCLE – SERVICE COORDINATION

PCG has confirmed that the 90-day logging window also applies to service coordination. In addition to the needed documentation for the provision of service coordination services to a family, Service coordination logging is an important factor for Medicaid billing. Service coordinators should be logging via the WIZARDS and these should be done in real time. If your Unit is unsure or struggling with the procedure to log and knowing what to log in the Wizard vs Contact logs, please let Audrey Searles know so DOH can plan TA support ASAP.

## CPT CODES & FAMILY BILLS

On January 1, 2020, significant changes were made to the CPT billing codes used in the medical field nationwide and these changes affect NJEIS services as well. The biggest change for NJEIS is to Developmental Intervention, which now has 2 codes applied to the service: 1 code for the first 30 minutes of the service and 1 for each 15 minutes afterwards. As of this dashboard, PCG is working to revise the EOB that families receive to reflect this updated coding. This is necessary for families that are seeking insurance reimbursement as the insurance company will be looking for the new CPT codes in order to process a claim.

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*What do you need to know?*

**Service Coordination** – The revised family printed, and online EOB will list this service in 2 parts as described above. Families may be confused by the new look and have questions about the co-pay associated with it beginning with the statement for services provided in March. DOH will provide the SCUs an example of the new EOB once it is finalized so you may answer family questions.

**EIPs**- As of today's date, the change in the CPT codes to be split into 2 codes, should not affect the way the Escrow amount is paid to providers or listed for reconciliation purposes since claims have always been billed and paid based on 15 -minute units.

## FOREIGN LANGUAGE TRANSLATOR BILLING - CLARIFICATION

The January 31, Dashboard contained information regarding the logging of Foreign Language Translators/Interp. for the Deaf, which raised additional questions. DOH is continuing to refine the documentation and claiming process for these support services as it was originally not part of the EIMS.

The RATE TABLE, which is the back-end code that links the all the allowable billing is being updated to reflect the correct clinical documentation and claiming that should be made for FLT and Interpreter for the Deaf. *This is not yet active as of today's date – but will be ready on or about March 6, 2020. DOH will send out the updated billing codes once the date for Rate Table to be put into production is finalized.*

***Therefore, continue to log for FLT as has been your processes to date.***

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## PCG updates put into Production

Title	Release Notes
<b>Update Payment History Report</b>	This report was made into an official report that will allow parents to submit the info to Insurance Companies for reimbursement.
<b>Claim Research</b>	An update to the system removed the "County" column from the Claim Research page. This has been restored.
<b>Stop Communication Option</b>	This functionality was added at the request of NJEIS. A state or PCG level user can now access the Family Dashboard. There is an option to stop all communication to the family as it relates to billing. No emails or mailed statements will be sent.
<b>NJ - Provide Ability for Office Users to Enter FCP Debit Adjustments Against \$0 invoices</b>	PCG Users can enter a Debit Adjustment. This will allow PCG to show refund checks.
<b>FCP - Services Provided Report</b>	This report will allow families to see ALL services that they have received. Not just the services that are on an invoice.
<b>Add Column to Escrow Check Details Report</b>	Provider users are now able to see the Bypass Import Claim Number when looking at the Escrow Check Details
<b>Update Family Dashboard</b>	An update to the Family Dashboard. The Payment History grid will only display actual payments made by the family as well as Credit/Debit Adjustments. The purpose is to eliminate confusion for the families.
<b>Adjust Columns on Child Details/Claims</b>	When looking at the claims on the child details tab. Columns for Practitioner and Agency have been added. The column for Authorization Number has been removed.
<b>FCP - Go Paperless Push</b>	When family users log in, they are now presented with the option of "going green". It gives them the option to no longer receive a paper statement and only receive the email that notifies them an invoice is ready.

### PCG HELP DESK & FAMILY BILLING

The chart and guidance on the next page were provided by DOH to PCG on February 19, to assist with directing family callers with billing questions to the correct person/entity. You will note that questions about a service being charged but potentially not having been rendered, the family will be directed to the EIP for verification of the service date with the providing practitioner. If the service was claimed in error the EIP/practitioner will be responsible to void and resubmit a claim if appropriate.

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Incoming Family Question or Issue to PCG Help Desk	To be handled by	Process
Caller is seeking help with Insurance Reimbursement, requesting NPI, CPT Codes, Place of service, Tax ID, Medical Diagnosis(es) code(s)	<b>Refer to DOH</b> 1) Katusca 2) Alvina 3) PCG can provide NPI and Tax ID number, which is on the statement	PCG help desk log in Salesforce and assign to DOH
FCP calculation questions. Ex. Caller does not understand the amount that was calculated by the SC or states that it is a different amount than they were told.	<b>Refer to DOH</b> 1) Alvina 2) Katusca	PCG help desk log in Salesforce and assign to DOH
Questioning the service date. Caller states the service(s) on a certain date did not take place. Family is looking for a credit	<b>Refer to EIP:</b> Refer family to their practitioner and EI agency to provide verification of the service via the family's signature on the SEVL. If the service was billed in error, the EIP can remove the claim and put the correct claim in.	Family should reach out to the service provider agency for confirmation of the service being provided on a certain date. When there are more than 10 service dates in question the family should alert PSO in addition to the EIP administrator.
Caller states something along the lines of "Services were not to my liking, so I don't want to pay"	<b>Refer to PSO</b>	PCG help desk log in Salesforce and assign to PSO
A credit to the family account is needed and not related to a PSO matter. Reasons include billing errors, overpayment by family, Medicaid reimbursement.	<b>Refer to DOH</b> 1) Katusca To verify, then Katusca will request the credit to be posted by PCG.	PCG help desk log in Salesforce and assign to DOH
Payment was made and not showing to the family or families who need an accounting of their payment history	<b>PCG Help Desk</b>	
Family needs past billing information	<b>PCG Help Desk</b>	
Medical diagnosis needed	<b>Refer family to their diagnosing physician</b> and inform them that NJEIS conducts evaluations to determine developmental delays to qualify for early intervention services. Evaluations are not for the purpose of a medical diagnosis.	
Medicaid that needs to be re-claimed	<b>PCG</b>	
Credits from PSO need to be applied	<b>PSO will work with PCG to credit</b>	PSO put in Salesforce and assign to PCG.
Families that have a change in household income or family size and are asking for an adjustment to their FCP. has change in their FCP status and	<b>Refer to DOH</b> 1) Alvina 2) Katusca	PCG help desk log in Salesforce and assign to DOH

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asking for payment or FCP to be changed		
Family needs to see more of their EOB and run a report, know what date a service was logged	<b>PCG Help Desk</b>	

## PERSONNEL DEVELOPMENT

THE SPECIAL EDUCATION WORLD, INCLUDING MOST PART C PROGRAMS, IS EXPERIENCING A SHORTAGE OF QUALIFIED PRACTITIONERS ACROSS THE COUNTY. IN RESPONSE TO THE IDENTIFIED NEED, OSEP IS STRATEGIZING AND IMPLEMENTING NOVEL MECHANISMS TO ASSIST STATES WITH THE RECRUITMENT AND RETENTION OF PERSONNEL FROM ALL DISCIPLINES. THE INFORMATION BELOW WAS FORWARDED TO THE PART C COORDINATORS. THIS IS FOR A VIRTUAL SUMMIT THAT MAY BE OF INTEREST TO THE NJEIS PARTNERS AND STAKEHOLDERS.

## NATIONAL SUMMIT ON IMPROVING EFFECTIVE PERSONNEL FOR CHILDREN WITH DISABILITIES: ATTRACT, PREPARE, RETAIN

MARCH 19 @ 1:00 PM - 5:00 PM

LIVE STREAM INFORMATION COMING SOON.

The Office of Special Education Programs will live stream **Attract, Prepare, Retain: OSEP National Summit on Improving Effective Personnel for Children with Disabilities** VIRTUALLY on March 19, 2020. Details related to live stream access will be available closer to the summit date.

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The Office of Special Education Programs (OSEP) is hosting a summit focusing on strategies to attract, prepare, and retain effective personnel—general and special education teachers, early childhood personnel, and related services providers—who have the knowledge and skills needed to provide effective instruction, interventions, supports, and services to children with disabilities. This is a topic that is important for schools, states, communities, businesses, districts, and professional organizations. This topic disproportionately affects children with disabilities and their families due to the many unfilled positions and high attrition rates among special education teachers, early childhood personnel, and related services providers. The summit is an opportunity to bring together these various stakeholders and explore potential strategies and innovative approaches to address this critical need. OSEP is also taking this opportunity to bring together the many professional organizations across the country that are working to improve attraction, preparation, and retention of effective personnel.

The summit will take place from 1:00 – 5:00 p.m. Eastern time and we encourage viewing gatherings and discussions. Improving how we attract, prepare, and retain effective personnel for children with disabilities is a critical need that will only be resolved by prioritized and collaborative efforts.

Additional information will be coming soon and posted at the OSEP meeting website:

<https://osepideasthatwork.org/federal-resources-stakeholders/attract-prepare-retain-osep-national-summit-improving-effective-personnel-children-disabilities>



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## APPENDIX E: NJEIS TARGETED TA APPLICATION

### An Opportunity for Targeted Training and Technical Assistance:

#### Family Engagement and Social Emotional Development

The NJEIS PD Team is offering an opportunity for one or two Service Coordination Units or EIP agencies to become evidence-based practice Implementation Sites. Selected units/agencies will participate in an initiative to increase the implementation of evidence-based practices (EBPs) to enhance the social emotional development outcomes for young children and their families. NJEIS and partners will be offering training and technical assistance to support this professional development process.

Selected units/agencies will participate in the following activities provided through NJEIS:

1. Training in infant mental health via an online version of *Keeping Babies and Children in Mind* (see page 4). Only 15 individual spaces are available.
2. Training in PIWI (Parents Interacting with Children) program (see page 4) for **all** practitioners in the selected unit/agency.
3. Creation of a Community of Practice that will engage in supplementary professional development activities with the NJEIS. Follow-up activities may include book study/discussion groups around social emotional development, guest speakers, webinars or “just in time” training opportunities based on the needs of the selected unit/agency.
4. Data collection and analysis throughout the entire process.

#### What are the Benefits?

Implementation Sites will receive individualized training and technical assistance from the NJEIS PD Team and its partners to support high quality professional development in the areas of parent-child interaction and social emotional development. The PD Team will offer:

- Training, technical assistance and ongoing professional development support around evidence-based practices (EBPs)
- Linkage to partners with subject matter expertise in infant mental health, social emotional development and early intervention
- Support in data collection and evaluation
- Specialized, site-specific training as needed
- Opportunities to develop into a Demonstration Site serving as a model for other units/agencies.

#### Requirements to Apply

1. Units/Agencies must assure the participation of staff to attend the online *Keeping Babies and Children in Mind* online training. **(Maximum number of participants is 15).**
2. Units/Agencies must **not** have a Corrective Action Plan with NJEIS.
3. Units/Agencies must be willing to actively participate in data collection and evaluation.

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## TTA Application

SC Unit/EIP Agency: \_\_\_\_\_

If you are selected for this professional development opportunity, what do you hope to accomplish for your unit/agency?

Why would you make a good Implementation Site?

What challenges do you anticipate if you are selected as an Implementation Site?

How many staff do you anticipate would commit to participating in the online training? (15 maximum)

Would there be an Administrator willing to participate in the professional development activities with the goal of sustainability in mind? And if not, what ideas do you have for sustainability?

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## NJEIS PD Participation Agreement

SC Unit/EIP Agency:

Contact Person (SCU Leader or Agency Administrator):

Email/Phone:

### Requirements to Apply

1. Unit/Agency must assure the participation of staff to attend the online *Keeping Babies and Children in Mind* training. **(Maximum number of participants is 15).**
2. Unit/Agency must **not** have a Corrective Action Plan with NJEIS.
3. Unit/Agency must be willing to actively participate in data collection and evaluation.

The SC Unit/EIP Agency meets, or is willing to meet, the requirements as outlined above and, if selected, agrees to be a full and active participant in the training and technical assistance opportunities as offered

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete **TTA Application** and review and sign the **Participation Agreement**. Return both pages to NJEIS by **April 18, 2019**.

Questions and completed applications can be emailed to:

[kristen.kugelman@doh.nj.gov](mailto:kristen.kugelman@doh.nj.gov).

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## **Keeping Babies and Children in Mind (KBCM) Online**

The KBCM training promotes awareness of the unique social and emotional development of our youngest children, the importance of reflective caregiving and parenting toward resilience, and the centrality of forming relationships and social connections in practice.

The program will be adapted with an EI focus and moderated by Dr. Gerry Costa and Kaitlin Mulcahy of Montclair State University. This is a 6-week course: May 16, 23, 30, June 6, 13 & 20, 2019. All sessions will be 90 minutes, except for May 16 which will be longer. **Live participation in the online sessions is required.** However, if circumstances prevent live attendance, participants will be allowed **TWO** “missed sessions” and given the opportunity to view the recorded version for the missed session. **15 individual spaces are available.**

## **PIWI (Parents Interacting with Infants) Philosophy**

### ***Philosophy Related to Parents***

Parent\*-child relationships are a critical foundation for early development. Practices that recognize this foundation value the role of parent-child interaction in development. Practitioners who have been trained in the PIWI model have the skills to collaborate with parents in providing developmentally supportive environments for their children by expanding on families’ knowledge and understanding of their children, building on natural interaction styles, and acting on parent preferences. Children’s development is enhanced when parents recognize and act on their own important roles in supporting their children’s developmental agendas.

*\*Parent refers to any primary caregiver (e.g., parent, grandparent, other relative) with whom the child is likely to establish a long-term attachment relationship.*

### ***Philosophy Related to Children***

Early development is embedded within significant relationships and contexts of daily routines and comes about through interactions with others. Opportunities for parent-child play expand on children’s strengths as active learners and are based on developmentally and culturally appropriate parent-child activities and interactions. Individual goals identified by parents are blended into parent-child play, and individual adaptations are used to enhance children’s ability to engage in their environments.

### **A Note:**

*SERVICE COORDINATORS AND ALL PRACTITIONERS WHO ARE PART OF AN IFSP TEAM WOULD BENEFIT FROM INCREASED KNOWLEDGE OF INFANT MENTAL HEALTH AND PARENT-CHILD INTERACTIONS. THIS NJEIS PD OPPORTUNITY IS APPROPRIATE FOR ANYONE INVOLVED IN FAMILY-DIRECTED ASSESSMENTS (FDA) AND FAMILY INFORMATION MEETINGS (FIM), IFSP DEVELOPMENT, CHILD/FAMILY OUTCOME WRITING AND/OR DIRECT SERVICE PROVISION*

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## APPENDIX F: REFLECTIVE SUPERVISION AGENDA: SESSION #1

### Reflective Supervision/ Consultation

#### Ladacin: Session #1

11/13/2019

#### Opening:

Overview/ Purpose

Opening Activity: Mindfulness

Introductions – What brings you here? Hopes

Developing group expectations

#### Professional Sharing - Reflective Practices

<https://www.zerotothree.org/resources/412-three-building-blocks-of-reflective-supervision>

- Reflection, Collaborative, Regular

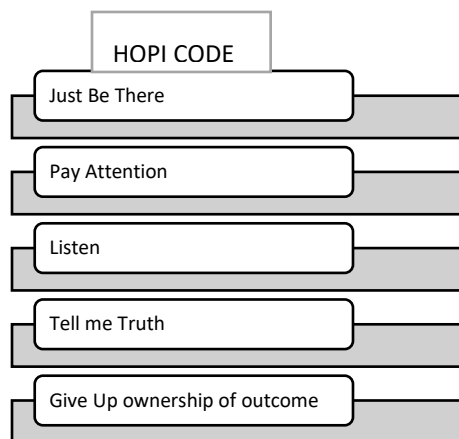
*Quote: How you see me is how I begin to see myself*

Reflection Use of PIWI triadic strategies: Tell what it was like for you

#### This month:

- What is stirred up?
- What about the baby?
- Understanding the family's story

#### Wrap-up & Plan for future meetings





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4. Social-emotional development can best be described as: (please describe) \*

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5. What opportunities exist to involve parents in the development of their child's social- emotional skills? Please identify specific strategies that might be used. \*

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## A little bit about you:

6. Agency you work for (Check all that apply): \*

*Check all that apply.*

VNA Central Jersey

Ladacin

Service Coordinator

TET Evaluator

Practitioner - Ongoing services

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7. How long have you been working in NJ's Early Intervention System? \* *Check only one box.*

Under 1 year

1-3 years

3-5 years

5-10 years

10-15 years

15+ years

**Thank you for your participation.**

## New Jersey Early Intervention System “Engage & Exchange” Growth and Development Tool

**Purpose:** The NJEIS “Engage & Exchange” Growth and Development Tool is designed to measure the use of two of the New Jersey-selected DEC evidence-based practices. The intent of the tool is to gauge the effectiveness of practitioners at seamlessly integrating family engagement and teaming and collaboration practices, specifically F6 and TC2, into their conversations with families. The tool is designed to be used with all types of practitioners, including evaluators, direct service providers and service coordinators, to aid in the identification of areas of strength, as well as opportunities for additional training and technical assistance.

Data collected from the tool will become part of the annual State Systemic Improvement Plan (SSIP) submission.

**Description:** The growth and development tool addresses two evidence-based practices, F6 and TC2, in separate sections. For each EBP, there are general statements of behavior followed by concrete, observable conditions. Check boxes are provided next to each observable condition for the observer to indicate the presence or absence of the condition. The rating scale includes four achievement levels: Mastery (4), Highly Skilled (3), Developing (2) and Needs Assistance (1). Numbers are associated with each of the ratings to assist in the data representation process.

**Some guidance on scoring:** To score an observation, the observer uses the check boxes next to each observable element and checks the box if the item is observed. In some cases, the item requires that the element be observed on a consistent basis. At the end of the observation, a rating with a corresponding score, can be selected. *Needs Assistance* may be selected if one or no item in the category is observed. *Developing* may be selected if two items are observed. *Highly Skilled* may be selected if three items are observed.

The *Mastery Level* is reserved for an observation that demonstrates the seamless and effortless use of skills throughout the **entire** conversation. It requires that the practitioner has **appropriately placed** the skills within and throughout the conversation and this effort has resulted in a **highly effective and tangible rapport building process**. *Mastery* may be selected if three items are observed and there is an NA selection or if four items are observed.

There are certain items where an NA (not applicable) check box has been inserted directly after an item. The NA box may be used in instances where that item would not be relevant to the current discussion. For example, a Service Coordinator who has an ongoing relationship with a family would not need to “Clearly articulate his/her professional role and the work of EI” if this has already been established.

During the observation, if the observer determines that a specific item is clearly not applicable to the current situation, and there is no NA box available, an NA box can be manually inserted by the observer, however, there needs to be clear documentation in the NOTES section describing why the manual insertion was utilized.



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A NOTES section is provided after each Observable Component section to capture additional information as needed. There is a General Comments section at the end of the tool that can be used to provide context, add additional observations, or record important feedback that can be shared with the individual being observed at a later date. For example, it would be helpful for the observer to document instances where observation items were placed appropriately or inappropriately to aid in the debrief. Any information that can be captured to better support a future discussion on strengths and areas for improvement is desirable.

**Procedure:** This tool is intended to be used in its entirety during various types of meetings such as a FIM, an Evaluation, an IFSP meeting or an intervention session. Any interaction with the family is an opportunity to capture the strengths and areas of challenge that may exist within the teaming and engagement process. Sections may be used individually, within the context of a follow-up observation, as necessary.

The practitioner being observed should have the opportunity to review the observation form prior to the observation and ask any questions. Ideally, the observer should ask the practitioner being observed if there is anything, specifically, that he/she would like the observer to focus on during the observation.

Best practice would be to schedule a follow-up session, either in person or via phone, to debrief the observation with the practitioner. Debriefing sessions should be reflective, supportive and developmental in nature. The intent of this process is to enhance the skills and abilities of practitioners in a strengths-based, encouraging way.

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<b>Family Engagement Evidence-Based Practice</b> Practitioner engages the family in ways that support and strengthen parenting knowledge, skills, competence and confidence while mindfully respecting family preferences.	<b>Mastery</b>  4	<b>Highly Skilled</b>  3	<b>Developing</b>  2	<b>Needs Assistance</b>  1
<b>Observable Components</b>				
<p><b>A. Uses a variety of communication techniques.</b></p> <p><input type="checkbox"/> Summarizes information, as needed, to check for understanding</p> <p><input type="checkbox"/> Pauses frequently to allow for questions, clarification or to check for understanding.</p> <p><input type="checkbox"/> Asks open-ended questions to encourage conversation</p> <p><input type="checkbox"/> Uses verbal and non-verbal encouragers to show interest</p> <p><b>NOTES:</b></p>				
<p><b>B. Sets the stage for the conversation and rapport building.</b></p> <p><input type="checkbox"/> Clearly articulates his/her professional role and the work of EI NA <input type="checkbox"/></p> <p><input type="checkbox"/> Appropriately uses physical space by minimizing or removing barriers and/or distractions NA <input type="checkbox"/></p> <p><input type="checkbox"/> Provides a brief, but specific, overview of the purpose of their time together.</p> <p><input type="checkbox"/> Consistently uses language that is clear, specific and easily understood by family (Jargon-free)</p> <p><b>NOTES:</b></p>				

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<p><b>C. Acknowledges family's strengths and areas of contribution.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Deliberately uses words and actions that convey that the family is the expert on their child.</li> <li><input type="checkbox"/> Genuinely and warmly recognizes and acknowledges parent's strengths and competence</li> <li><input type="checkbox"/> Genuinely and warmly recognizes characteristics of child competence</li> <li><input type="checkbox"/> Respectfully uses professional expertise to share knowledge of child development and increase parental competence</li> </ul> <p><b>NOTES:</b></p>				
<p><b>D. Demonstrates sensitivity to family values and culture.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asks about preferred meeting times and conditions <span style="float: right;">NA <input type="checkbox"/></span></li> <li><input type="checkbox"/> Seeks to understand family routines and preferences</li> <li><input type="checkbox"/> Conveys an attitude of curiosity and interest about the family</li> <li><input type="checkbox"/> Respects opinions and views that are different</li> </ul> <p><b>NOTES:</b></p>				

# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

<b>Teaming and Collaboration Evidence-Based Practice</b> Practitioner works together with the family, as a team, to systematically and regularly exchange knowledge and information in ways that build capacity, solve problems and jointly plan interventions.	Mastery 4	Highly Skilled 3	Developing 2	Needs Assistance 1
<b>Observable Components</b>				
<p><b>A. Encourages family partnership and participation in the EI process on a consistent basis</b></p> <p><input type="checkbox"/> Sets the stage for the regular exchange of ideas by clearly inviting family participation at all phases</p> <p><input type="checkbox"/> Offers professional advice while creating ample opportunities for family to ask questions and provide input</p> <p><input type="checkbox"/> Invites family to share thoughts and feelings during the conversation</p> <p><input type="checkbox"/> Asks about family preferences when developing interventions (including routines and schedules) NA <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><b>NOTES:</b></p>				
<p><b>B. Comments upon, expands on or appropriately questions aspects of the parent/child interaction in order to bring attention and focus to the competencies of both the parent and child.</b></p> <p><input type="checkbox"/> Uses triadic strategies to support parent/child interaction NA <input type="checkbox"/></p> <p><input type="checkbox"/> Encourages interaction of the parent/child dyad in multiple ways NA <input type="checkbox"/></p> <p><input type="checkbox"/> Acknowledges the ways current family routines support child learning</p> <p><input type="checkbox"/> Seeks additional information from parents about daily routines that can support child growth and development</p> <p><b>NOTES:</b></p>				

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<p><b>C. Addresses problems and creates plans in ways that lead to family capacity-building and empowerment</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Supports the family in identifying solutions to problems or ways to remove barriers</li><li><input type="checkbox"/> Seeks family input on the development and implementation of plans</li><li><input type="checkbox"/> Acknowledges family's commitment and dedication to child's progress</li><li><input type="checkbox"/> Encourages family to share ideas, strategies and solutions as a full team member</li></ul> <p><b>NOTES:</b></p>				
<p><b>GENERAL COMMENTS:</b></p>				



# NJEIS Engage and Exchange Growth and Development Tool

Guidance Document

# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## Family Engagement

### A. Uses a Variety of Communication Techniques

**Summarization** can happen at the beginning of a conversation as an advanced organizer that provides a roadmap for the conversation. Summarization can happen throughout a conversation, as needed, to check for clarity of understanding. Summarization can also be used to transition from one topic to another. Finally, summarization techniques can be used at the end of a conversation, meeting, session, etc., to give an overview of the discussion.

Some examples...

- “May I **pause** here for a moment to make sure that I correctly understand what you are saying?”
- So, what I hear you saying is....
- Am I correct that you (feel, think, believe) ...

**Open-ended questions** do not lead to a yes, no or some other one-word response. This question type encourages dialogue by providing “space” for the person to share thoughts, feelings, beliefs, concerns, etc.

An Indirect Question is another form of open-ended question. It is the question without the question mark and can often feel less threatening or invasive. Some examples...

- Tell me more about...
- Help me to understand what you mean by....
- Describe what that situation (looks like, feels like) when it is happening.

**Verbal and non-verbal** cues and encouragers can be a powerful way to indicate to someone that he/she is being heard. Verbal encouragers may include, “Uh-huh.” “Okay.” Non-verbal encouragers may include a head nod, steady eye contact or a slight and appropriate touch to the hand or arm.

### B. Sets the Stage for the Conversation and Rapport Building

Explain in layman’s terms **your role** in the EIS and provide an overview of the system if the family is new or needs a refresher. Avoid making assumptions that everyone knows what a “PT”, “OT” or “Speech professional does. And do not assume that families know what the EIS is about and how it works. If you are not a family’s first point of contact, then you might ask a question such as...

Do you have any questions about my role today?

Do you have any questions about early intervention or the early intervention system that may have come up since you last spoke with someone?

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## **Minimize distractions.**

- For example, request that the TV or radio is turned down if either appears to be causing a distraction. Ask the parent “Would it be ok to mute the TV or turn it off so I can focus my attention on you today?”
- Ask yourself this question... “Is the space conducive to implementation of dyadic and triadic strategies?” If not, what can be adjusted to create a more productive environment?
- Model putting phone on silent and putting it away – and comment that you want to give your undivided attention to the meeting/ session today.
- Ask parent “Where is a good place to set up?”

**Provide a brief roadmap** about the meeting or session before it begins. Explain the purpose.

So, as we have discussed, today we will focus on... (related to outcomes that our team developed for the IFSP).

New families may need “Individualized Family Service Plan” stated in full. Again, **be careful of making assumptions and using jargon.**

**Pace your conversation**-be aware of how fast you are talking-using “living room language” to explain ideas

Pause to allow time and space for family to absorb the information

## **C. Acknowledges Family Strengths**

All families come to Early Intervention with various strengths and competencies. Sometimes, however, families do not recognize these strengths within themselves. Practitioners can be the conduits for noticing, appreciating and verbalizing family’s strengths when they are demonstrated. Some of the strategies that a practitioner might use to recognize and affirm things that families are doing well are:

- Commenting on and noticing what is working
- Giving family credit
- Speaking in the positive about the family and child

## **D. Demonstrates Sensitivity to Family Values and Culture**

One way of building a relationship with a family is by seeking to find out about the family and learn about the family’s values and culture. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity. In order to support families to achieve the goals they have for their child & family, we must first know what the goals are and this is informed by family culture/ background.

- Seeks information from family & their perspective: “Tell me about how you usually do this in your family”
- Expresses curiosity and genuine interest in learning about the family
- Finds out about routines



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## Teaming and Collaboration

Teaming and collaboration practices promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to support child and family outcomes. The family is an integral part of the IFSP team. Make sure you are interacting and sharing knowledge and expertise in ways that are respectful, supportive, culturally sensitive, and enhance capacity.

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

### A. Encourages Family Partnership and Participation

The family is an essential team member. Yet, they will take their cues about how to act and participate from the professionals. It is important to actively encourage families to participate and partner with you. Think about how you can convey this message in a non-judgmental way.

- Asks questions of family, e.g., “How did it go this week” or “What has happened or changed since our last evaluation/ meeting/ session?”
- Discussion that includes the family BEFORE writing information down
- Seeks to understand life from the family’s perspective
- Asks family before sharing information – e.g., Would it be ok if I share a few ideas with you?
- Demonstrates **exchange** of information – family may be talking as much as or more than the other team members.
- Asks “I wonder how you feel about how that strategy will work in your routine?”
- Establishes climate that allows all team members to feel comfortable, share ideas, ask questions, suggest activities, & solve problems together

### B. Uses various Strategies to Bring Focus and Attention to Family Competencies

Many times, parents expect EI to “bring the magic” without realizing how important they are to their child’s development. One key strategy is to find opportunities to recognize and build on family’s strengths.

Families are the most knowledgeable about child and family life and have much to contribute to child and family interventions. It is important to value and incorporate family input throughout the entire assessment and intervention process.

- Encourages child to hand toys to or interact with parent
- Makes statements that acknowledge specific things parent is doing well with child
- Notices and calls attention to skills of the child, as well as something the parent did well
  - E.g., “She really likes how you did that”
  - “When you pushed on it, she played with it.”
- Speaking through or as if the child “Look how well I can do this after you showed me.” Or “I like it when you do that, mommy.”

# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

- Asks family questions rather than directing them-e.g., Have you noticed any times this has been better? Why do you think this is?
- Seeks information about what happens in child/ family routines- find out how child & caregiver each participate in the routine

## **C. Demonstrates Capacity Building and Empowerment Capabilities**

Families are the most important influence on their children's development. Therefore, it is important to acknowledge and enhance the family's value and unique contribution. Consider ways to communicate with the family that builds their confidence and competence.

- Invites parent to participate in discussion. Includes parent in discussion instead of talking directly just between the professionals
- Provides opportunities for family to share ideas, strategies & solutions-joint problem-solving
- Asks family reflective questions such as "Do you ever wonder about..." or "What do you think might be causing..."
- Position yourself in such a way so that the focus of the interaction is the parent-child dyad
- Acknowledge family's feelings e.g., "It sounds like it is really hard for you to watch her getting frustrated."

# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX J STAKEHOLDERS -PHASE III YEAR 4

HIGHER EDUCATION WORKGROUP	
Name	Agency/Institution
Catherine Colucci	SICC/Committee Workgroup Chair
Kristen Kugelman	DOH-NJEIS PD Coordinator
Roberta Dihoff	Rowan University/Workgroup member
Michele Christopoulos	Progressive Steps EIP/Workgroup member
Jennifer Buzby	Southern REIC/Workgroup member
Patti Ciccone	Northeast REIC/Workgroup member
Jamie Bergstein	Virtua EIP/Workgroup Member
Carolyn Russo-Azer	CPNJ EIP/Workgroup Member
Lorene Cobb	Stockton University
Thais Petrocelli	Kean University

MONMOUTH COUNTY COHORT LEADERSHIP TEAM	
Name	Agency/Institution
Kristen Kugelman	DOH-NJEIS PD Coordinator
Jennifer Blanchette McConnell	Mid-Jersey REIC TA
Mary Remhoff	VNA-NJ
Christine McCarthy	Ladacin
Mary DeSoucey	Ladacin
Barbra Bowers	Ladacin
Gail Szente	VNA-NJ

# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## PRACTICE BASED COACHING TEAM

Name	Agency/Institution
Kristen Kugelman	DOH-NJEIS PD Coordinator
Audrey Searles	DOH-NJEIS Service Coordinator Liaison
Patty Green	DOH-NJEIS Monitoring Officer
Rachel Ledden-Albadine	DOH-NJEIS-Monitoring Officer
Kendra Taggart	DOH NJEIS Monitoring Officer
Jennifer Blanchette McConnell	Mid-Jersey REIC-TA
Nichole Gooding	Family Link-TA
Nicole Ramirez	Helpful Hands-TA
Rebecca Harrington	Southern NJREIC-TA
Karen Louis	Mid-Jersey-Family Support Specialist
Carmela Balacco	Helpful Hands-Family Support Specialist
Beth Lohne	Southern NJ REIC-Family Support Specialist
Mary DeSoucey	Ladacin
Barbra Bowers	Ladacin
Cathy Jasaitis	Practitioner/TET Evaluator
Colleen Dodi	Service Coordinator
Samantha Alexander	Service Coordinator
Carol Anne Lalor	Service Coordinator

## MONMOUTH COUNTY COHORT REFLECTIVE SUPERVISION GROUP

Name	Agency/Institution
Jennifer Blanchette McConnell	Mid-Jersey REIC-TA
Jody Nelson	Ladacin
Cathy Jasaitis	Ladacin
Kathy Tague	Ladacin
Winnie Braun	Ladacin
Melissa Donzella	Ladacin
Jessica Cerchio	Ladacin
Holly Hansen	Ladacin
Michele Finchler	Ladacin

# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## PYRAMID MODEL STATE LEADERSHIP TEAM

Name	Agency
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Kristen Kugelman	DOH-NJEIS PD Coordinator
Nicole Ramirez	NJEIS-TA (Helpful Hands REIC)
Keri Giordano	Kean University
Jillian Perry	NJ Department of Education
Suzanne Burnette	NJ Department of Education
Ellen Samitt	Hopes CAP (Community Action Agency)
Ericka Dickerson	NJ Department of Children and Families
Adam Dibella	Montclair State University
Lorri Sullivan	Montclair State University
Gerard Costa	Montclair State University
Denise Bouyer	SPAN-NJ
Daniela Guarda	NJ Department of Children and Families
Erin Brown	NJ Department of Children and Families
Lindsay Pearson	Montclair State University
Kim Owens	NJ Department of Human Services

## SSIP STEERING COMMITTEE STAKEHOLDERS

Name	Affiliation
Catherine Noble Colucci	Rutgers University/Member SICC
Chanell McDevitt	NJ Department of Banking & Insurance/Member SICC
Stacy Schultz	Early Intervention Provider Agency
Cynthia Newman	Mid-Jersey Early Intervention Collaborative
Danielle Anderson Thomas	NJ Department of Education/Member SICC
K. David Holmes	Consultant/ABCD
Desiree Bonner	Helpful Hand Early Intervention Collaborative
Jennifer Buzby	Southern NJ Early Intervention Collaborative
Jennifer Blanchette-McConnell	Mid-Jersey Early Intervention Collaborative
Joseph Holahan	Pediatrician/ Member SICC
Joyce Salzberg	Early Intervention Provider Agency/Member SICC
Maria Emerson	Early Intervention Provider Agency

# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Mary Remhoff	Monmouth County Service Coordination Unit
Michele Christopoulos	Early Intervention Provider Agency/Member SICC
Ericka Dickerson	NJ Department of Children and Families
Susan Marcario	Family Link Early Intervention Collaborative
Shawn Rebman	Early Intervention Provider Agency
Nichole Gooding	Family Link Early Intervention Collaborative
Nicole Edwards	Rowan University
Lisa Weingrad	Parent

LEAD AGENCY STAFF	
Name	Agency/Institution
Susan Evans	DOH-NJEIS Interim Part C Coordinator/ Results Accountability Coordinator
Kristen Kugelman	DOH-NJEIS PD Coordinator
Christine Nogami-Engime	DOH-NJEIS Monitoring Coordinator
Audrey Searles	DOH-NJEIS Service Coordinator Liaison
Patty Green	DOH-NJEIS Monitoring Officer
Steve Gwozdik	DOH-NJEIS Data Specialist
James Anderson	DOH-NJEIS Clerical Support

## 508 COMPLIANCE STATEMENT

