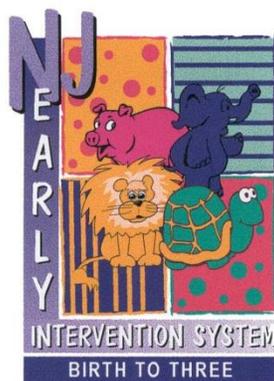




New Jersey Early Intervention System
SPP/APR FFY 2017 (SFY 2018)
Indicator 11-Attachment
State Systemic Improvement Plan
Submitted: April 1, 2019





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 implementing its general 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 and 2 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 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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 areas 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 3 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 3

Phase III, Year 3 was a year of major transition for the overall operating functions of the NJEIS. On December 1, 2017, NJEIS began using the New Jersey Early Intervention Management System (EIMS) for all case-management, data storage and billing functions. The transition from the legacy system to the highly complex EIMS presented significant challenges to each user group from the first day of operations. The complex technical design and the challenges of implementing the new system throughout the state resulted in system-wide setbacks. For example, service coordinators were unable to use the electronic database in real-time to enter information. A significant consequence of these delays in data entry was the inability of EIPS to bill for services in a timely manner.

Therefore, throughout 2018, it was necessary for the NJEIS to shift almost all strategic efforts and resources to addressing the EIMS technology challenges while simultaneously supporting and communicating with the EIPs, Service Coordination Units, families and other stakeholders. Each issue required timely resolution. This emergent situation made it necessary for the NJEIS to delay portions of the SSIP activities to achieve operational stability.

As the contracted vendor, Public Consulting Group (PCG) is responsible for the design, development and operation of the EIMS. PCG is now an on-going partner with the DOH-NJEIS team to ensure the collection, storage, security and appropriate use of NJEIS data. The EIMS system has many design features previously unavailable to NJEIS with the legacy database, including the addition of reports required for the submission of the Annual Performance Report (APR). When the EIMS is completely operational, the NJEIS will utilize the increased



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

capacity and availability of data within the EIMS to inform all quality improvement and monitoring activities in real-time including specific components of the Evaluation Plan of the SSIP.

Despite the challenges in Phase III, Year 3 described above, NJEIS still achieved significant progress in SSIP activities in the Social Emotional Development, Family Engagement and Professional Development Strands that will be described later in this report. Additionally, due to a solid infrastructure development process that began in Year 2, NJEIS was able to maintain substantial gains in quality throughout Year 3. Specifically, the Targeted Evaluation Teams (TETs) have been an important focus of the SSIP activities and the FFY 2017 data show maintenance and improvement in the use of the Battelle Developmental Inventory (BDI) for identifying challenges in social emotional development. Additional information and data are presented later in data quality section of this report.

In FFY 2016, DOH-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 with the data reflecting similar results as in FFY 2015. DOH-NJEIS hypothesizes 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 resulting 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 is not yet stable.

Indicator 3A, Summary Statement 1					
FFY 2017	FFY 2016	FFY 2015	FFY 2014	FFY 2013	FFY 2012 Baseline
39.17%	43.34%	39.63	39.87	38.15	30.62

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 3 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

IMPLEMENTATION PLAN: SOCIAL EMOTIONAL DEVELOPMENT PHASE III YEAR 3

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.***

Throughout Phase III, Year 3, NJEIS continued to work methodically to craft an overall messaging and branding strategy that clearly conveys the essence of the system and how it defines social emotional development and family engagement. Early in Phase III, with significant SICC stakeholder input, NJEIS adopted a definition of social emotional development. During the May 2016 conference, NJEIS distributed four-color postcards with this definition and a “social-emotional train” visual (See appendix D) that has since been disseminated system-wide and integrated into professional development materials. In Phase III, Year 3, the “train” appears in evidence-based practice webinars, the IFSP Participant’s Guide and Power Points, as well as various system-wide communications, with the intent of building clear recognition of how NJEIS defines social emotional development.

In Phase III, Year 3, NJEIS also adopted a tag line, the “EI State of Mind” to briefly and succinctly describe how NJEIS views Family Engagement. This tag line appears in online learning modules, Power Point presentations and the IFSP Participant’s Guide to continually keep focus on what NJEIS values.

Additionally, in Phase III, Year 3, NJEIS lifted two key words from the selected evidence-based practices, Engage & Exchange, to help practitioners easily access the NJEIS Family Engagement ideal in their minds. The process of engaging with families, colleagues and all stakeholders and exchanging ideas, experiences and expertise is a practice NJEIS seeks to encourage system-wide. These words not only appear in various documents and presentations, they have been used as conversation starters at REIC Provider Meetings, sparking positive and proactive conversation from EIP Agency Administrators.

Looking forward in Phase III, NJEIS will work to integrate the messaging and branding strategy into all public-facing Family Support materials to weave continuity and consistency throughout the entire system.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Included in the Evaluation Plan is attention to messaging in publications and websites to ensure inclusion of social emotional development, EBPs, and family engagement in places where the public and/or NJEIS practitioners would see the content.

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

In Phase III, Year 2, the DOH-NJEIS conducted an environmental scan of related websites and NJEIS documents to determine baseline information about the presence or absence of these messages in DOH-NJEIS publications. In Phase III, Year 3, the environmental scan provides evidence that DOH-NJEIS has “present and accessible” messaging supporting family engagement, an improved message on social emotional development and an emerging message on EBPs. 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
1. NJDOH	Website under construction with state OIT.	Updated site includes: <ol style="list-style-type: none"> 1. Birth to 3 Early Learning Standards 2. Provider Competency Standards 3. Current SSIP information 	DOH website maintained the Birth to 3 Early Learning Standards, Provider Competency Standards and Current SSIP information.
2. 4 REICs web pages	Included resources for families about EI and family engagement.	Additional content added: <ol style="list-style-type: none"> 1. Social emotional development 2. Links to workshops and webinars related to Social Development 	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.
3. NJEIS “Family Matters”	Included resources for families about EI and family engagement.	Additional content added: <ol style="list-style-type: none"> 1. New video content with EBP and family engagement added 	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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Document Environmental Scan

Document(s)	2017 Environmental Scan	2018 Environmental Scan	2019 Environmental Scan
1. DOH-NJEIS Welcome Packet	Welcome packet contains information for families about their participation in the NJEIS.	No changes to Welcome Packet	No changes to Welcome Packet
2. Welcome to the NJEIS online module (formerly Overview of NJEIS Presentation)	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.
3. Introduction to IFSP Development online module	NA	NA	Includes "EI State of Mind" tag line.
4. Introduction to IFSP Participant's Guide	NA	NA	Includes "EI State of Mind" tag line. Includes definition of social emotional development. Includes Social Emotional Train. Includes Engage & Exchange language.
5. Introduction to IFSP Development Power Point	NA	NA	Includes Engage & Exchange slide.
6. Selected forms/ documents used by DOH-NJEIS	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 progress on the 3 Child Outcomes. 2. FDA 3. TET "BDI Helpful Hints" learning cards include the 3 Child Outcomes as a prompt for evaluators when talking with families.	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 review the 3 Child Outcomes and document progress. The FDA is unchanged.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

<p>7. REIC & SCU meeting notes</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 & Bi- Monthly agendas and meeting notes during 2017-2018 reflected:</p> <ol style="list-style-type: none"> 1. Southern REIC added the DOH definition of Social Emotional Development on all monthly meeting agenda and minutes provided to EIPs and SCUs 2. Southern REIC added the 3 Child Outcomes and 3 Family Outcomes on all monthly meeting agendas and minutes. 3. Mid-Jersey monthly meeting notes reflected agenda items specific to social emotional development and speaking to specific resources for EIPs and SCU 4. SCU Coordinators meetings (bi-monthly) agendas included reviewing the updates to the FDA and continuing the dialogue on the updated FDA regarding social emotional development 	<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>8. Child/Family Outcomes Brochure</p>	<p>Updated in Phase II.</p> <p>Distributed for use by all levels of NJEIS, TET, SCU and EIP.</p>	<p>Brochure continues to be distributed in the NJEIS.</p>	<p>Brochure continues to be distributed in the NJEIS.</p>

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 were incorporated into and are generated by EIMS.

The DOH-NJEIS continues to strategically identify multiple points of contact who 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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 2018.

These included:

1. Three (3) webinars for the public
 - a. “What is Infant Mental Health and What Role Do We All Play in Supporting Infants and Young Children & Families” (recorded sessions)
 - b. “Challenging Behavior: What it means and What to do” (recorded sessions)
 - c. “Supporting Siblings as They Grow: Meeting the Needs of Brothers & Sisters of Children with Disabilities” (1 session)
2. “Story Time” in nine (9) different locations statewide, providing EI kids and families with opportunities to participate in structured interactions that support the social skills of infants and toddlers.
3. Early Intervention “Tell Us Your Story” contest supported the EBP, TC₂, Teaming and Collaboration. Topic: *How Has Early Intervention Supported Me in Helping My Child Learn and Develop*
4. Resources and handouts for families on social emotional development were available for families during these outings.

The planned activities for May 2019 will continue the focus on including social emotional development information as appropriate.

The DOH-NJEIS communicates directly with State and REIC staff and system personnel statewide using multiple vehicles. In Phase III, Year 3, NJEIS initiated a comprehensive NJEIS Newsletter (See Appendix E). The newsletter is the mechanism by which DOH-NJEIS shares important information with the field about topics such as the new hybrid IFSP training, social emotional development, family engagement practices and evidence-based practice webinars.

NJEIS continues to contract with Mercer Online at Mercer County Community College (MCCC) to disseminate information through its Learning Management System (LMS). MCCC 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. 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 will continue to build its library of electronic offerings on the LMS.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

NJEIS also 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.

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 3, the NJEIS partnership with MSU grew in several directions simultaneously. With the award of the Preschool Development Grant Birth-5 (PDG) to New Jersey (2018), MSU offered NJEIS the opportunity to participate in professional development in the areas of infant mental health, family engagement and social emotional development. First, MSU offered to host the *Keeping Babies and Children in Mind* series in an online format designed specifically for early intervention practitioners. Second, MSU offered to include NJEIS in *Parents Interacting with Infants* (PIWI) training. The NJEIS PD Team and Family Support Coordinators will participate in the PIWI training with the intent of being able to turnkey the information at the Service Coordinator Unit (SCU) and Early Intervention Provider (EIP) Agency level.

Based on these opportunities, the NJEIS PD Coordinator has developed a systematic plan that will begin to build capacity around social emotional development and NJEIS' selected EBPs at the practitioner level. The plan offers all NJEIS SCUs and EIP Agencies the opportunity, via an application process, to apply to receive targeted training and technical assistance to enhance and improve practitioners' knowledge and skills in the areas of infant mental health, parent-child interactions and social emotional development (Appendix F).

The purpose of this application process is to identify one or two SCUs or EIP Agencies, within NJEIS, who are willing to commit the necessary time and personnel to this professional development opportunity to become Implementation Sites with the future intent of developing into Demonstrations Sites willing to model best practice for other units and agencies. A planned and measured approach to developing individual and agency capacity around social emotional development and evidence-based practices will allow NJEIS to continue to build a solid foundation for its messaging. Based on this solid footing, NJEIS practitioners will be better equipped to maintain fidelity to the selected EBPs and NJEIS will be better positioned to achieve sustainability of these practices across SCUs and EIP agencies.

Building on the work started in Phase III, Year 2, NJEIS and MSU continue to solidify their relationship around the Pyramid Model. MSU has assumed the leadership role of the Pyramid Model work and there is a renewed emphasis within the New Jersey system around the social



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

and emotional development of infants and toddlers. The NJEIS PD Coordinator continues to participate with the NJ Pyramid Model State Leadership Team to understand how to most effectively adapt Pyramid Model strategies for NJEIS' Part C home visiting model.

In addition to partnering with MSU around Pyramid Model strategies, in Phase III, Year 3, the NJEIS applied for and was accepted to receive targeted technical assistance, for up to two years, from the National Center for Pyramid Model Innovations (NCPMI). The NJEIS PD Coordinator participates in monthly TA calls with the national technical assistance team and the six other states who were selected. The purpose of this TA is to explore and assess the NJEIS' readiness to implement the Pyramid Model framework. With the NJEIS PD Coordinator already sitting at the NJ Pyramid Model State Leadership Team table, the addition of targeted technical assistance from NCPMI is helping to lay the ground work for NJEIS to enhance its relationships with stakeholders across New Jersey and nationally who can support and guide NJEIS as it works to build individual and systemic capacity around social emotional development.

NJEIS also strengthened other partnerships with Institutions of Higher Education (IHE) this year as it worked to bring awareness to and knowledge of New Jersey's selected evidence-based practices (EBPs) to a wide range of stakeholders. In March 2019, NJEIS presented the first of three EBP webinars. (More detailed information on EBPs is provided in the Family Engagement Strand). Former NJEIS parents joined the conversation to bring an important family perspective to the forefront. The mother is also an Associate Professor in Special Education Language and Literacy at The College of New Jersey (TCNJ). DOH-NJEIS anticipates continuing to grow this higher education partnership, having previously hosted an Intern from TCNJ and having provided a guest lecturer for its Special Education pre-service program.

The State Interagency Coordinating Council (SICC), joined by several IHE partners and the NJEIS PD Coordinator, continues its workgroup focused on Higher Education and potential collaborations with pre-service training programs. The focus of the workgroup includes establishing relationships and identifying mutual goals, including providing IHEs with information that is currently utilized by NJEIS for their potential use at the college level. The TTA Coordinator, located at the Southern REIC, received a request from Temple University to address their Physical Therapy Association in October 2018. This was an opportunity to directly bring the voice of NJEIS to undergraduates and graduate-level students.

The SICC workgroup also surveyed EIP Agencies to identify ones who are currently partnering with IHEs or who would be interested in developing such partnerships. Currently, workgroup efforts are focused on developing a mentoring network within NJEIS and the survey data is being used to inform the next steps. This workgroup has the opportunity to be an important conduit for continuity of messaging for the NJEIS.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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.

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

As reported in Phase III, Year 1, the baseline data using this questionnaire were collected at a Statewide Conference in May 2016. Those results showed an interesting response pattern: more practitioners assessed *themselves* positively as considering social emotional development but reported that other members of the team consider it less.

In Phase III, Year 2 each Targeted Evaluation Team (TET) evaluator participated in a full-day training session on fidelity, as NJEIS hypothesized that the social emotional domain of the evaluation tool presented challenges for evaluators. NJEIS had planned to use an electronic version of the “self-assessment questionnaire” and distribute it to the target audience of service coordinators and TET evaluators. This activity was put on hold since an adequate sample would not have been collected given the practitioners’ attention on integrating the EIMS into their workflow. NJEIS has not had the opportunity to conduct any follow up data collection specifically using the self-assessment questionnaire in Phase III, Year 3.

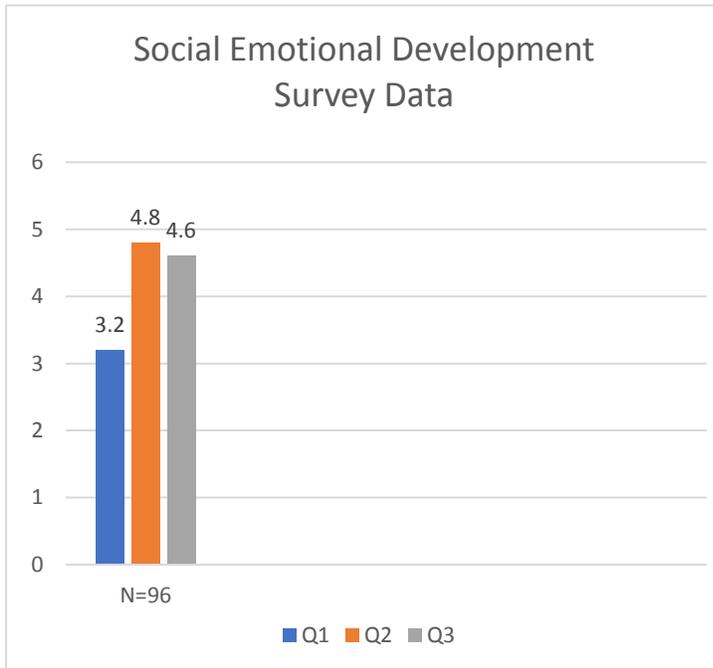
However, as an alternate means of data collection for this evaluation question and to coincide with the introduction of the new hybrid IFSP training program in Phase III, Year 3, NJEIS developed a brief social emotional development survey. This survey, which poses three questions to be rated on a Likert scale of 1-5 and asks two open-ended questions, is completed by participants in the new hybrid IFSP training prior to the start of the classroom day (See Appendix G). Preliminary data yielded some new and somewhat surprising information that NJEIS is carefully considering how to use.

Early results indicate that practitioners, new to the NJEIS, recognize the importance of social emotional development, but they are less confident in their own knowledge of what that involves. The respondents also seem to have the impression that positive social emotional development is primarily the domain of the parent(s). This new and more timely data set offers New Jersey an interesting direction to contemplate. Initial results are represented in the



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

following chart (see chart below). Additional data collection and analysis are required to adequately inform the professional development needs for Phase III, Year 4.



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?

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 developed and implemented to address 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 deidentified, 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 information on social emotional development is captured and used in child and family outcome development.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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

"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

"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

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. As TET evaluators are an integral part of the initial IFSP and have conducted the evaluation and assessment of the child, it was determined that this group of practitioners would be appropriate to work with the Continuity Scale in the collection of the baseline data.

As of March 2019, this project continues to be delayed by the NJEIS' attention to the EIMS implementation. The stakeholders initially identified in August 2017 to participate in this project, have not been assembled, nor has the tool or the criteria been presented to DOH for final approval and implementation. However, the EIMS will eventually offer an easier method for assessing and ensuring continuity because the system was designed as a full case management tool capable of pre-populating the information gathered from families into various documents and providing on-demand access to child and family records to subsequent practitioners.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Another eventual advantage of the EIMS will be the ability of the monitoring team to have real-time access to data needed to complete the Continuity Scale. This will eliminate the need for the collection of paper documents. In addition, as practitioners become more familiar with the functionality of the EIMS they will be able to use a tool, like the Continuity Scale, to self-assess their work and the work of the team as part of their own professional development. Therefore, it makes sense to postpone further work on the Continuity Scale until the EIMS allows consistent and uninterrupted access to the necessary data.

In Phase III, Year 3, in anticipation of moving toward developing a results-driven monitoring process, the NJEIS Monitoring Team has been observing the new hybrid IFSP training to assess practitioners' baseline knowledge of social emotional development. The Monitoring Team has also shared insights with the PD Team on best practices for seamlessly integrating elements of social emotional development into the IFSP in anticipation of future results-driven monitoring activities to address IFSP quality.

This component of the Evaluation Plan is still considered necessary and relevant and will continue to be revisited in Phase III, Year 4. This will require convening a new set of stakeholders who will energize the process and who will be charged with recommending a plan for implementing a comprehensive results-driven monitoring process.

FAMILY ENGAGEMENT IMPLEMENTATION PLAN – PHASE III YEAR 3

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.

In Phase III, Year 2 the DOH-NJEIS found opportunities to integrate the definition of Family Engagement into PD activities, documents, and meeting agendas. As with the large and small activities of the Social Emotional Implementation Plan, the Family Engagement Implementation Plan includes **utilizing the Professional Development system to implement the use of family engagement practices throughout the NJEIS**.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

In Phase III, Year 3, the NJEIS PD Team incrementally rolled out the new hybrid IFSP training one region at a time in a planful and systematic way. The materials developed for this training include the definition of Family Engagement, the term Engage & Exchange, and the tag line, “EI State of Mind” in line with the previously discussed messaging strategy.

In March 2019, the PD Team offered the first in a three-part webinar series highlighting the selected evidence-based practices, as discussed earlier. 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.

Looking forward, the NJEIS plans to review and improve the continuity of its public-facing materials to better communicate its commitment to family engagement practices to the public. This process will involve closely working with the Family Support Coordinators at the REICs to continue the environmental scanning process and systematically working to update and revise materials as needed.

IFSP Training

The DOH-NJEIS has a standard on-boarding requirement for new practitioners to successfully complete the *Introduction to IFSP Development* training within six months of hire. A revised hybrid IFSP training was developed in 2017-2018, piloted in 2018 and rolled out in January 2019. This professional development opportunity now includes two (2) interactive online learning modules in addition to a revised full classroom day of training.

The first module, *Welcome to NJEIS*, introduces practitioners to the structure and purpose of the system, the NJEIS mission statement, definition of family engagement, and emphasizes the role of the family in NJEIS by describing the “EI State of Mind.”

The second online learning module, *Introduction to IFSP Development*, provides a definition of the “EI State of Mind,” a discussion of the six steps in the IFSP development process, an introduction to the SMART goal writing process and examples of well-crafted child and family outcome statements.

Once the online learning modules have been successfully completed by achieving a score of 80% or greater on each final assessment, practitioners attend a full classroom day training, *Introduction to IFSP Development: Quality Outcome Writing*, which reviews the content presented in the online modules and then shifts to focus specifically on writing quality outcomes for an IFSP. A real, but de-identified, NJEIS family/child example is used to illustrate



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

the IFSP development process, which includes the review of evaluations, FDA and other materials relevant to quality outcome writing.

The training materials provide a vehicle to introduce and discuss the definitions of social emotional development and family engagement, the social emotional train visual, EBPs, the “EI State of Mind” tag line and the Engage & Exchange phrase.

The classroom training day was designed to be co-trained by one regional TTA and one Family Support Coordinator to model the importance of always including a family perspective. The Family Support Coordinators provide a wealth of knowledge to practitioners about resources available to families and tips on successful family engagement practices.

Since the statewide roll out began in January 2019, 111 practitioners have completed the hybrid IFSP course. At the conclusion of the classroom day, participants are asked to complete a course evaluation which is designed to solicit feedback on the online learning modules, as well as the face-to-face training experience (Appendix H).

There are 10 Likert-scale items that can be responded to with five responses: *Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree.*

The ten evaluation questions are:

1. The objectives of the training were clearly defined.
2. Participation and interaction were encouraged.
3. The content was organized and easy to follow.
4. The materials distributed were helpful.
5. The training experience will be useful in my work.
6. The trainers were knowledgeable about the topic.
7. The training objectives were met.
8. The time allotted for the training was sufficient.
9. The training was a valuable use of my time.
10. The room and facilities were comfortable.

For the purpose of this discussion, the last item (#10), will be excluded.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Nine evaluation questions across the 111 evaluations reviewed (999 total responses), yielded the following responses in each category:

Strongly Agree/Agree	957
Neutral	34
Disagree	7
Strongly Disagree	1

The nine survey questions ask for participants' feedback specifically regarding the in-person classroom training day. Ninety-six percent (96%) of the responses fell into the *Strongly Agree or Agree* category. Thirty-four (34) responses landed in the *Neutral* category, leaving only 8, or less than 1% of the responses in the *Disagree and Strongly Disagree* categories. The *Disagree and Strongly Disagree* responses related to the items soliciting feedback on sufficient time for the training, valuable use of time, and the organization of materials.

The evaluation also includes four open-ended questions to allow participants to provide feedback on the online learning modules and to expand on their entire training experience. The two questions that asked about *what worked well* and *what could be improved* will be discussed here.

Open-ended Question #1: What did you like most about the training? Please include thoughts about the online learning modules, as well as the classroom day.

"The online modules prepared me for the training today. I like reviewing the process and steps in the IFSP and the interactivity of the training."

"Interaction with others in the classroom. Specific training/case example. Organized material both online and in the classroom."

"It was helpful to follow the IFSP process from beginning to end so that I can be clearer on my role and how to support the family."

"I like doing the modules ahead of time to build background for the training. The best part of the training was when we took turns building/writing outcomes in our groups."



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Open-ended Question #2: What aspects of the training could be improved? Please include thoughts about the online learning modules, as well as the classroom day.

"It was a lot of information for one day. This should be a 2-day training."

"More time for communication and collaboration amongst disciplines to discuss real life cases and questions."

"More videos in the online modules. The ones we did see were good!"

"It's long but thorough."

As NJEIS moves in the direction of results-driven monitoring, it is confident that helping practitioners to build a solid foundation in the IFSP development process will generate more positive outcomes for children and families.

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.

During Phase III, Year 3, DOH added a new staff member to the State team to function as a liaison between the lead agency the Service Coordination Units. This is the first time the DOH structure has supported this type of position. Although, currently a temporary position, the DOH will be seeking to add this position to the permanent organizational structure. Moving into Phase III, Year 4, NJEIS will be working on a plan to best meet the needs of Service Coordinators and with the addition of this staff position, additional training opportunities in interviewing skills and family engagement practices may become a reality.

NJEIS' attempt to methodically implement consistent messaging across all parts of the system using key language, phrases, and visuals (see Environmental Scan chart), is allowing a strong knowledge base to be built around Family Engagement. Next steps will include opportunities for skill building around Family Engagement practices. With the addition of a dedicated DOH service coordination unit lead, NJEIS is better positioned to provide targeted, "just in time"



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

training that meets the individual needs of service coordinators and practitioners who provide direct services to children and families.

EBPs

The DOH-NJEIS used a modified version of the ECTA *Family Capacity Building Practices Checklist*, as a method to capture and report practitioners' use of EBPs related to family engagement. The survey was provided to practitioners who attended a statewide conference in May 2016.

Following that conference, DOH staff, with the help of the IDC Data Center analyzed the data and stratified it by respondent's discipline, length of service in EI, and the region in which they work. The initial findings in the data in May 2016 indicated NJEIS practitioners, regardless of their discipline, time in EI or region, report they are more likely to "show" or "provide" the family with information/strategies and less likely to "engage" the family during their early intervention sessions. The decision by the PD Team to begin with EBPs F6 (Family Engagement) and TC2 (Teaming and Collaboration) was informed by these data.

However, the delayed release of this first EBP webinar was due to the EIMS challenges that had the attention of the practitioners focused in other directions. The original data did, however, inspire NJEIS to adopt the phrase Engage & Exchange in recognition of the need for more attention to the process of engaging with families and actively exchanging information, ideas and expertise. The EBP webinar series is intended to begin to solidify this concept in the vocabulary of practitioners.

In March of 2019, NJEIS offered the first webinar on NJ's five selected evidence-based practices, (EBPs 1 and 5 below).

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 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)
3. Practitioners use coaching or consultation strategies with primary caregiver or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. (INS₁₃)
4. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support. (INT₂)



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

5. 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)

To bring legitimacy to the discussion, parents of a child who has aged out of the NJEIS joined the conversation to share their experiences during their time in the NJEIS. This collaboration allowed the viewers to hear the value of the EPBs from the perspective of a family served. The mother not only contributed a parent's perspective, she offered a professional perspective from her vantage point as Associate Professor of Special Education, Language and Literacy at The College of New Jersey.

Two-hundred and seventy (270) individuals registered for the webinar and 169 registrants logged in and attended. However, there were also several "viewing parties" assembled across the state, which increased the actual number of participants. These numbers suggest that there is high interest in this type of professional development opportunity.

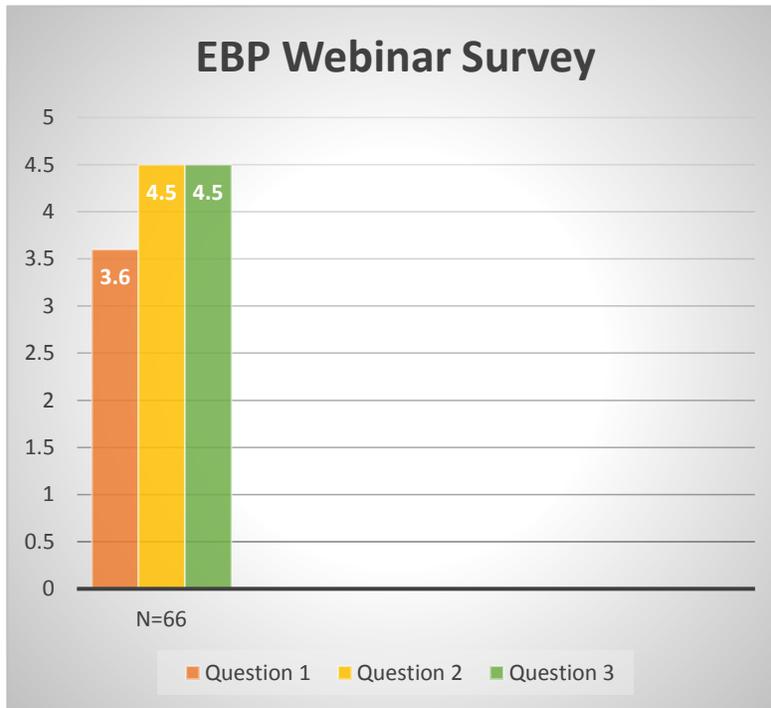
The webinar began with introductions that allowed the parents to provide background and context for their family's journey through NJEIS. Then the PD Coordinator walked participants through the selected EPBs. The language of both EPBs was broken apart to better examine the meaning of each one. After a detailed explanation of each EPB, a corresponding video was shown. The Family Engagement video demonstrated examples of a practitioner engaging and exchanging with a mother during a session with her daughter. The video for Teaming and Collaboration showed a team of professionals engaging in conversation with the mother in a back-and-forth, collaborative manner.

After the PD Coordinator unpacked the two EPBs, the parent guests were invited into the conversation. The PD Coordinator engaged the parents in a brief dialogue about their family's experience with the NJEIS, especially as it related to any specific experiences of Engage & Exchange and Teaming and Collaboration interactions with practitioners. Webinar participants were invited and encouraged to post questions to be answered by the parent guests. For example, a participant requested additional information on what this family's service coordinator could have done to develop a stronger rapport with the family.

A feedback survey was available at the conclusion of the webinar and provided again in a follow-up email to registrants. The survey consisted of eight questions, three of which were based on a 5-point Likert scale (see below), four open-ended, short answer responses (see below) and one forced-choice question (yes, no, not sure).



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III



Q1: How familiar were you with New Jersey’s selected evidence-based practices BEFORE this webinar.

Q2: How would you rate your understanding of the two evidence-based practices discussed today after viewing this webinar?

Q3: How comfortable are you with incorporating the two EBPs discussed today into your practice with families?

The results of the EBP Webinar Survey suggest that the webinar did provide awareness and knowledge of the EBPs presented. It also suggests that practitioners feel more comfortable incorporating these practices into their work with families after participating in the webinar. The results also support the PD Team’s newest initiative, discussed on page 9, to build capacity around social emotional development and the evidence-based practices by working with one or two SCUs or EIP Agencies to become Implementation Sites.

The forced-choice question asked if the webinar provided participants with any new ideas on ways to Engage & Exchange with families. Of the 66 surveys returned, 64 attendees responded to this question. Results show that only 16% of the audience responded “NO” and felt they *did not gain* any new ideas as a result of the discussion on Engage & Exchange strategies. These results are encouraging and suggest there is an openness to professional learning and growth.

YES	48
NO	10
Not Sure	6



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

An analysis of two of the short answer survey questions yielded some interesting themes for consideration.

Short Answer Question #1: What do you need to better incorporate these two EPBs into your work?

"More Knowledge."

"Smaller caseloads."

"More scheduled time with team members than our provider allows. Most is done on our own time."

"Better collaboration with team members."

"It would be helpful if families were shown the videos presented in the webinar when beginning the EI process. I find that some parents tend to treat therapy time as time spent getting their chores done."

Short Answer Question #2: In what ways do you currently Engage & Exchange with families?

"I talk to families about what's going well and what concerns them."

"Educate, share, exchange ideas and information and instructional strategies and follow up with strategy application in each session."

"Try to involve other siblings and family members during session to model for them how to interact with the child during daily routines as demonstrated during session."

"I allow families to share their thoughts and ideas throughout the session."

Short Answer Question 1 provided information to inform the future direction of the PD Team, while Short Answer Question 2 encouraged practitioners to reflect on their Engage & Exchange practices. The other two short answer questions, not expanded on here, solicited some background information, as well as participant input on the presentation format for Webinar #2.

NJEIS plans for a Summer 2019 release of the second webinar in the series. Webinar three is slated for Fall 2019.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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

Evaluation Question #4, Performance Indicator \$1

With the introduction of the EIMS, NJEIS hypothesizes 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 is noticing an emerging professional development opportunity that focuses on how to best execute Engage & Exchange skills considering the new EIMS platform and in the age of increasing technology use.

Initially, NJEIS planned to return to the Family Capacity Building Practices Checklist, however, with the hypothesis offered above and the new and interesting data discussed on pages 11-12, NJEIS is adjusting its data collection process. NJEIS plans to use the new Social Emotional Development Survey (Appendix G) to provide fresh baseline data in Phase III, Year 4.

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"*:

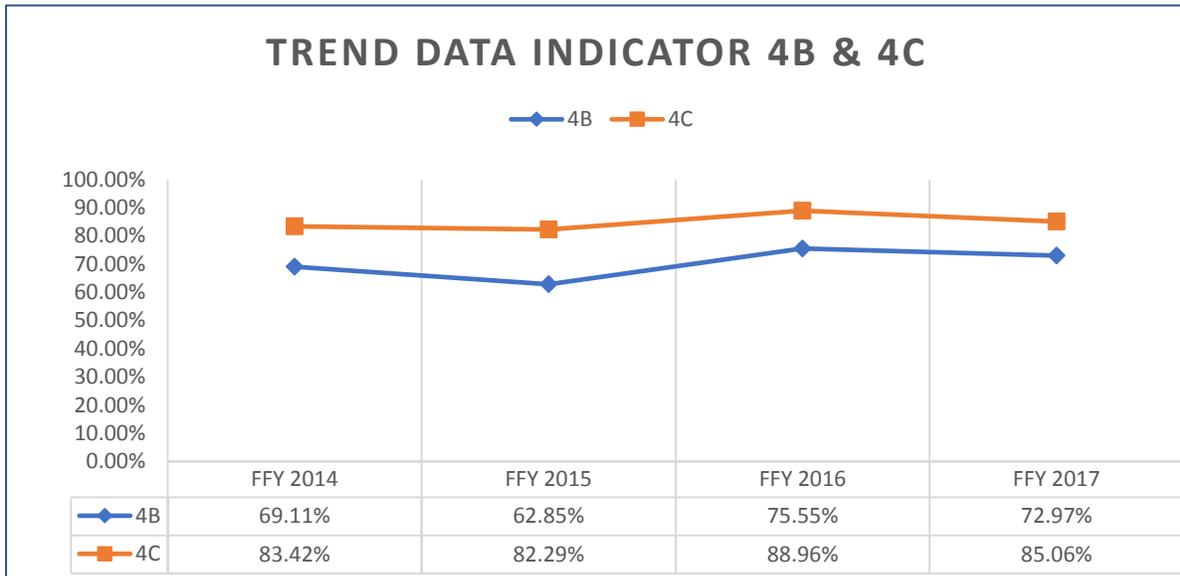
4B. Effectively communicate their children's needs; and

4C. Help their children develop and learn.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

NJEIS reported in FFY 2017 that 72.97% of families indicated that early intervention helped their family effectively communicate their child’s needs (4B) while 85.06% of families reported the NJEIS helped them help their child to develop and learn. The data for FFY 2017 showed decreased performance in both sub-indicators.



NJEIS acknowledges and is concerned about the drop in both performance indicators 4B and 4C. Given that the overall performance results are still higher than in 2014, NJEIS’ hypothesis that there may have been some unintentional and unforeseen impact on these indicators in Phase III, Year 3 may have some merit. As practitioners adjust to using a new technology platform in real time while in families’ homes, sufficient time and attention was not available for the level of personal interaction necessary to achieve the desired performance standards. During the March 20, 2019 EBP webinar, a comment was posted in the Questions/Comments box that seems to support this hypothesis:

"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."

NJEIS fully expects performance to improve in Phase III, Year 4 as the entire system develops a more fluid use of the EIMS platform.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

PROFESSIONAL DEVELOPMENT IMPLEMENTATION PLAN- PHASE III, YEAR 3

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 PD Team were 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 PD during Phase III, Year 3.

DOH-NJEIS has a Comprehensive System of Personnel Development (CSPD) framework in place that includes one PD Coordinator at the lead agency (DOH) and four Training and Technical Assistance Coordinators (TTAs), one located in each of the four REICs. These individuals currently comprise the NJEIS PD Team. The Family Support Coordinators at each REIC join with the TTAs by providing additional PD support to practitioners and EIPs for specific projects, as needed.

The Phase 1 analysis of the system concluded the PD team would need to ***determine necessary adjustments to the Professional Development System to meet the needs of the SSIP.***

Since that time and throughout Phase III, under the direction of the PD Coordinator, the PD Team made the following structural adjustments to meet the needs of the NJEIS and to drive the work of the SSIP:

1. Reduced TTA's "technical assistance" responsibilities at the REICs allowing for increased time in development and delivery of training.
2. Increased productivity of the TTAs to > 50% time dedicated to training.
3. Established new IFSP co-training model for the PD team that includes Family Support Coordinators as full training partners with TTAs.
4. Developed the first hybrid learning course for practitioners (IFSP).
5. Created a flexible hybrid learning course that can be used by Monitoring Team and Procedural Safeguards Office.
6. Designed professional development materials that address diverse learning styles.
7. Ensured content fidelity and consistency of messaging by designing and developing structured training materials, including Instructor's Guides, Participant's Guides, Power Points, classroom visual aids and asynchronous online learning opportunities.
8. Provided access to multiple online training opportunities for all personnel system-wide.
9. Established on-boarding procedures for TET evaluators who use the BDI.
10. Established a yearly training calendar for BDI on-boarding.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

The above list, and the expanded 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?”***

With the needed structural shift that moved TTAs away from “technical assistance” responsibilities to concentrate at least 50% of their time on training and program development activities, each TTA was able to create her own personal professional development plan in Phase III, Year 1. They each identified a set of skills, and/or knowledge they wanted to develop further. In Phase III, Year 2, each TTA was supported by DOH and the REICs to achieve their set goals. These include but are not limited to:

1. Participating in the design and development of online learning modules.
2. Learning to do voice and recording work for Webinars and online modules.
3. Developing additional subject matter expertise in evaluation and assessment.
4. Developing skills in creating Instructor’s Guides and Participant’s Guides.
5. Exploring creative design for visual aids and materials to support PD activities.

Continuing into Year 3, each TTA has worked diligently to achieve her personally identified learning and development goals, as listed above. The PD Coordinator at DOH manages each project and mentors the individual TTAs in their skills as trainers according to their professional development needs.

The entire PD Team has made time to further its own professional development by taking advantage of training opportunities. To date, the Team has completed the *Keeping Babies and Children in Mind* training offered through Montclair State University (MSU).

In January/February 2019, the Team attended a two-day *Integrating the Protective Factors Framework* training offered by NJ Department of Children and Families, which provided opportunities for participants to consider and plan for collaborative work with a focus on the five protective factors that strengthen and support children and families. This training emphasized the needs of substance exposed infants and children and their families, as this segment of population is a top priority across multiple New Jersey State agencies.

The training brought together a wide-range of stakeholders from across the State, provided opportunities for NJEIS to share its mission and purpose, and allowed for the PD Team to network with various agencies and individuals who may be future partners in its work.

During Year 3, another potential professional development opportunity for the PD Team came by way of Montclair State University and the Preschool Development Grant Birth-5 (PDG B-5)



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

that New Jersey was awarded, as previously discussed. Montclair has offered NJEIS several seats in the *Parents Interacting with Infants* (PIWI) training. According to the PIWI Philosophy Related to Parents,

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.

(The Center for the Social and Emotional Foundations for Early Learning, Vanderbilt University).

Ideally, the TTAs and Family Support Coordinators will attend this training with the intention of learning the material and then turnkeying the information to NJEIS personnel.

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 will be the responsibility of the PD Team and therefore, the investment in the PD Team's overall knowledge base is a crucial step in ensuring the establishment of a strong statewide cadre in the future.

A second infrastructure component, vital to the creation of a successful coaching cadre, is the addition of at least two clinical staff positions at the NJEIS. Although NJEIS is still awaiting approval to hire these staff, with the intent of having these coaches focus on EPB coaching, NJEIS did apply for and was accepted to receive targeted technical assistance from the National Center for Pyramid Model Implementation (NCPMI), as detailed earlier. This TA began in October 2018 and will continue for at least one year, providing an opportunity for NJEIS to explore its readiness, as a Part C home visiting program, to begin to implement the Pyramid Model framework in its system.

NJEIS is currently strengthening 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. NJEIS will continue to solidify this important structural component via its partnerships with MSU and the Pyramid Model State Leadership Team, the NCPMI, as well as by offering relevant training opportunities. All of these steps in infrastructure development are intended to achieve the Long-Term outcome in Evaluation Question #4:



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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

In Phase III, Year 3, the PD Coordinator began to expand the reach of the PD Team to include Family Support Coordinators in professional development activities. Family Support Coordinators now assume an equal co-training role in the delivery of the hybrid IFSP classroom training day. A co-training model is key for this program in order to give adequate support to each participant as he/she learns to master quality outcome writing related to IFSP Development.

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

The Family Support Coordinators also contribute a valuable family perspective to the training, sharing personal experiences with the NJEIS, as well as providing practitioners access to valuable resources for families. By including Family Support Coordinators as full partners in this training, NJEIS heightens awareness of the need to include families in all phases of the process. Again, NJEIS is using a parallel process with practitioners in order to model the partnership behavior expected between service providers and families.

NJEIS is considering formally integrating Family Support Coordinators into the PD Team as an additional way to build individual and organizational capacity. Phase III, Year 4 will yield a close examination of Family Support Coordinator job responsibilities and the opportunities to strengthen the overall PD Team by maximizing these individuals' skills and abilities. With structured guidance and clear direction, the Family Support Coordinators can be a valuable resource in accomplishing the goals of the SSIP Family Engagement Implementation Plan.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Prior to the SSIP, data from FFY 2014 and FFY 2015 indicated there were no PD programs specifically designed to be taken in a combination of online and classroom-based learning. The new hybrid IFSP training program, which rolled out in January 2019, gives NJEIS its first blended learning program and offers several additional systemic benefits.

Using a blended learning approach offers the NJEIS the ability to meet multiple system needs simultaneously. The online modules provide an interactive, asynchronous learning experience which may be the preferred method of learning for some participants. They also allow information to be delivered in small “chunks” helping to demystify and simplify a very complicated system and promoting information retention.

The online learning modules are housed in two locations on the Mercer County Community College (MCCC) Learning Management System (LMS). In one location, a final assessment is required to accommodate situations where NJEIS needs to track completion, such as new hires, a corrective action plan (CAP), or a Procedural Safeguards mandate. This purposeful design was used considering not only the professional development needs of the system, but the potential needs of the NJEIS Monitoring Team and the Procedural Safeguards Office.

The online learning modules are also available on the MCCC LMS as “electives,” which do not require an enrollment process or an assessment to be completed. These open-stock courses are available, on-demand, to the entire system. Service Coordination Units, EIP Agencies, REICs, as well as the DOH-NJEIS staff can incorporate these modules into their individual on-boarding and professional development processes, as needed. An adaptable design and the learning management system platform allow for significant flexibility with the online learning modules.

In addition to the ability to use the online learning modules in CAPs and as a PSO requirement, each hybrid IFSP training course can be assigned and tracked on an individual or agency/unit level, as needed. After online module completion, an entire SCU or EIP Agency can be enrolled and participate in the classroom day to meet any DOH-NJEIS remediation requirements.

The IFSP classroom training day is designed with attention to various learning styles, auditory, visual and kinesthetic, to increase the chances of information retention. The PD Team uses a consistent structure for developing and designing classroom training materials that includes an Instructor’s Guide, a Participant’s Guide, a Power Point presentation, videos and classroom visual aids.

The Instructor’s Guide is very detailed and specific, designed to promote fidelity of content regardless of who delivers the training. The Participant’s Guide serves as a visual aid, a reference guide and a take-away resource for each participant. All other materials support the learning process by providing additional auditory, visual and kinesthetic learning opportunities.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

While the development time needed for this type of structured training approach is significant, the result is a comprehensive professional development opportunity that supports the work of NJEIS and the goals of the SSIP on many levels.

In an effort to work toward transfer of learning, from the classroom to real world application, the PD Team will use classroom discussions and course evaluations to identify topics that lend themselves to future virtual “Lunch and Learns” or Community of Practice discussions. The intent is to circle back to the participants, who are primarily new to the system, and continue to support them in the learning process. Building learning communities from the start will begin to shift the “one and done” culture that has traditionally been the norm for the NJEIS and many other systems. The PD Team anticipates scheduling the first hybrid IFSP follow-up training for June/July 2019.

Hybrid learning opportunities can be structured in various ways to meet the needs of learners and to work within existing organizational constraints. NJEIS is currently limited in the number of training programs it can require practitioners to attend, as well as by scarce resources. Therefore, the NJEIS has found it necessary to more clearly define what a hybrid learning opportunity might look like. For example, virtual training can be delivered through webinars, video clips or recorded presentations. These training components can be paired with in-person training in a traditional classroom setting, at regional Provider Meeting or as “just in time” TA that is delivered in-person to an EIP Agency or Service Coordination Unit.

Because significant resources are required for the development of a hybrid learning experience similar to the new hybrid IFSP training, moving forward into Phase III, Year 4, NJEIS will carefully consider the audience who needs to be trained, the most effective and efficient method for delivering content and the availability of necessary logistical and administrative support.

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



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

As part of the enrollment process in the NJEIS, all new hires are granted access to the MCCC LMS to complete the Procedural Safeguards modules. The LMS is also where all online learning modules and past webinars are archived for all system participants to use at any time. The LMS site has been reorganized to be more user friendly and all levels of the NJEIS are being encouraged to make use of the available resources. The PD Team will continue to build the online library of offerings to support the professional development of all personnel.

NJEIS is also supporting system personnel by initiating 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 (BDI-2) and BDI Fidelity are 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.

DOH-NJEIS has additional avenues of infrastructure that will support the use of EBPs by practitioners to Engage & Exchange with families regularly about social emotional development. In 2017, the DOH began the internal work of creating a competitive Request for Applications (RFA) for Early Intervention Provider Agencies (EIPs). Using the ECTA system framework and adjusting for use at the local level, a long-standing stakeholder workgroup developed Competency Standards for provider agencies in NJEIS. From those competencies, the workgroup developed and submitted recommendations for the competitive RFA which will include in its requirements, a commitment to meeting the Competency Standards. These Standards are available online to support EIP agencies in assuring the inclusion of EBPs in their individual staff development plans and processes.

In September 2017, the State Interagency Coordinating Committee (SICC) approved the workgroup's RFA recommendations and submitted them to the lead agency for consideration. Timelines for the initiation of the RFA process will be planned based on the status of other DOH-NJEIS priorities.

In Phase III, Year 4, the NJEIS PD Team will continue infrastructure development by growing and expanding its partnerships, implementing effective processes and offering relevant and engaging professional development opportunities.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

DATA QUALITY

DATA QUALITY IMPLEMENTATION PLAN –PHASE III, YEAR 3

As NJEIS closes out Phase III, Year 3, 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:

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

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.

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

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". For FFY 2017, this report was unavailable because other EIMS components were prioritized in the design.

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



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

completed. The staff at DOH has already begun to create and test these internal reports now generated from EIMS data.

In addition, due to the lack of available and reliable data in the EIMS, the established protocol of comparison between the DataManager and the EIMS could not be completed.

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

DOH-NJEIS had demonstrated that the efforts and activities to improve the data completeness rate were resulting in steady, measurable gains at the state and the county level until this year. In Phase III, Year 4 the DOH is committed to once again providing the reports that prompt and support the TETs and SCUs in scheduling Exit Evaluations, resulting in a higher data completeness rate.

State Data Completeness Rate (all children exiting)

FFY 2017	FFY 2016	FFY 2015	FFY 2014	FFY 2013 (baseline)
33.9%	43.17%	40.4%	34.5%	22.9%

State Data Completeness Rate

(Exited children who participated for at least 6 months)

FFY 2017	FFY 2016 (new baseline)
41.58%	55%

Although the delay in completing the EIMS reporting features resulted in a loss of data completeness, it did not affect the data quality related to individual child progress data, which is measured by the scores available from the BDI entry and Exit Evaluations. TET members continued to use the stand alone BDI DataManager to score and store data, as they have for over 13 years. The use of an electronic system minimizes calculation errors and provides a



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

consistent method for statewide collection of data. Ultimately, however, the BDI DataManager was the sole source available for reporting Indicator 3 in the FFY 2017 APR. As the EIMS reporting functionalities become fully operational and begin to work in tandem with the BDI DataManager, NJEIS will have the necessary information with which to more accurately and completely measure Child Outcomes.

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.

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

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 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.

Data Completeness by County

(*Calculation includes all exited children in denominator)

County	FFY 2017	*FFY 2016	*FFY 2015 (Exit teams added)	*FFY 2014	*FFY 2013 (Baseline)
ATLANTIC	46.43%	28.29%	39.10%	29.80%	29.76%
BERGEN	45.42%	50.00%	52.22%	42.45%	41.36%
BURLINGTON	51.86%	44.95%	43.63%	21.88%	15.9%
CAMDEN	45.06%	39.41%	39.13%	28.66%	19.88%
CAPE MAY	32.65%	25.71%	25.27%	19.04%	11.53%
CUMBERLAND	37.14%	36.05%	45.09%	27.70%	25.26%
ESSEX	36.24%	45.03%	44.87%	38.62%	23.76%
GLOUCESTER	25.14%	39.79%	34.35%	28.18%	23.05%
HUDSON	53.27%	38.13%	42.29%	38.99%	30.3%



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

County	FFY 2017	*FFY 2016	*FFY 2015 (Exit teams added)	*FFY 2014	*FFY 2013 (Baseline)
HUNTERDON	41.13%	44.34%	47.18%	35.59%	22.38%
MERCER	42.49%	51.09%	37.90%	42.19%	30.1%
MIDDLESEX	38.70%	32.09%	18.04%	18.78%	17.5%
MONMOUTH	54.40%	54.94%	53.67%	45.15%	22.93%
MORRIS	35.18%	38.22%	35.67%	28.80%	32.06%
OCEAN	43.23%	50.16%	37.05%	31.26%	33.4%
PASSAIC	37.33%	48.01%	47.33%	40.83%	45.66%
SALEM	14.52%	31.81%	40.50%	25.35%	3.75%
SOMERSET	31.25%	33.78%	41.07%	34.86%	20.05%
SUSSEX	40.00%	48.42%	41.43%	27.38%	32.43%
UNION	42.97%	41.13%	37.13%	42.80%	18.6%
WARREN	45.05%	45.66%	57.14%	48.91%	20.17%

As noted above, overall statewide data completeness decreased. Looking at individual County performance indicates that although almost all counties experienced slippage, it was minimal in 5 counties and more significant in 15 counties. The slippage in data completeness in Mercer, Ocean, Bergen and Essex counties can be attributed to staffing shortages at the individual Service Coordination Units for an extended time, along with the inability of the DOH to provide additional reports and infrastructure.

Of note, in Phase III, Year 2, the NJEIS conducted on-site technical assistance with the team in Middlesex county due to low data completeness compared to the state data. In Year 3, Middlesex County had improved performance despite the operational challenges described above.

In addition to implementing the recommendations of the monitoring teams, the PD Coordinator kept in touch with the administrator of the Middlesex TET team to ensure workforce capacity at that agency. In the fall of 2018, at the request of the agency



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

administrator, the TTA responsible for BDI evaluation training provided an on-site, one-on-one training session to meet the identified county’s needs.

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

Evaluation question #3 Long Term Outcome

DATA ANOMALIES

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

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. Specifically, NJEIS has concern for progress category “e” (children enter and leave the program with peers), as this has been a persistent data anomaly.

*"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

The data for FFY 2017 *showed improvements* in this progress category with 64% of the children in 3A (e). This result is the state’s best performance in this progress category to date. Based on the target range in the OSEP Results Matrix for FFY 2016 (.03%-60.51%), this will most likely continue to be considered a data anomaly for the 2019 State Determination, however the state continues to move in the right direction in this category.

Percentage in 3A “e” Statewide Trend:

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

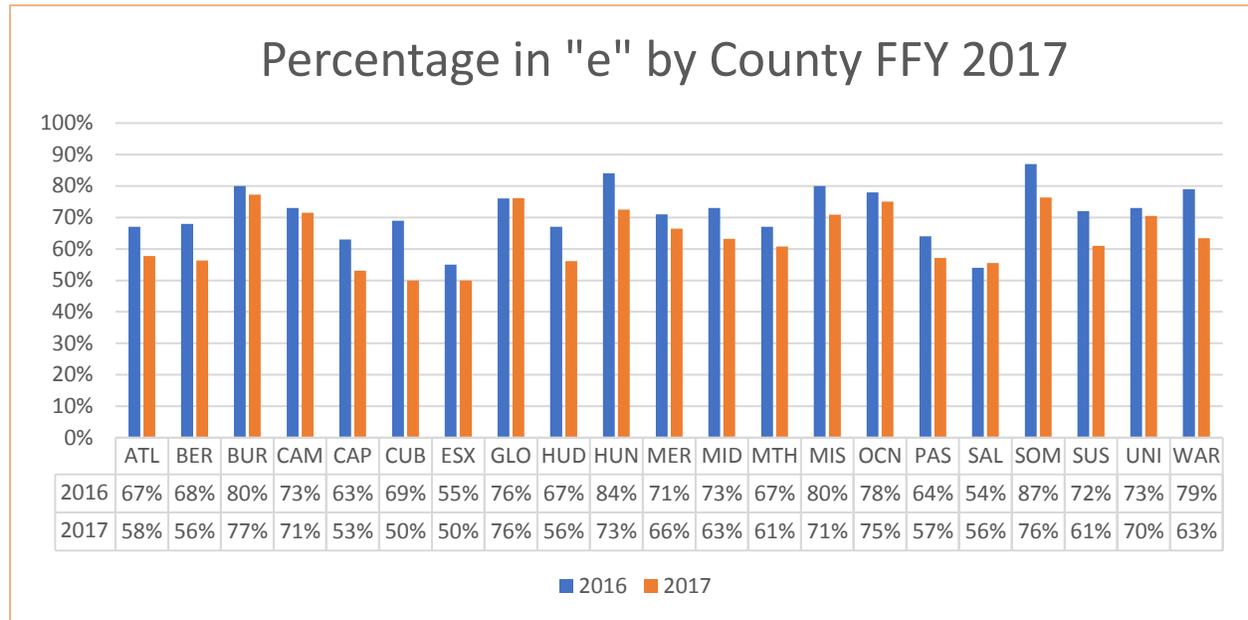
The SSIP Evaluation Plan determined that DOH would calculate county performance each year and provide the data to the local programs for their use in improvement planning.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

“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



The data set reported in the chart above is the result of 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 show 19 counties with improved percentage in 3A “e” (decreased % is the goal) with two (2) counties maintaining their percentage from last year.

BDI FIDELITY

The successful 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 TTA 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. It includes the following elements:

1. Instructor’s Guide and Participant’s Guide – per newly established PD protocol;
2. Distribution and discussion of county specific data on data anomalies and their relevance to the overall administration of BDI;
3. Item administration demonstration;
4. Inter-rater reliability practice opportunities;



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

5. Analysis of definitions for specific items; and
6. Evaluator identification of “helpful hints” for increasing fidelity of administration.

The newly 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 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 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.

The DOH will not require the TET administrators to use a fidelity checklist, rather the PD Team will monitor the types of feedback generated from the field observations and the fidelity training class. Therefore, the performance indicator in the Evaluation Plan is being modified with this SSIP to reflect the use of the additional day of Fidelity training and TET evaluator field observations.

DOH-NJEIS has successfully partnered with the publishers of the BDI-2 over the past 13 years resulting in positive operational use of the BDI system-wide. Riverside Insights has alerted the NJEIS to the projected timeline for the release of the BDI-3, a comprehensive update to the BDI evaluation tool. The projected release date is the second quarter of 2020. In anticipation of the release of this updated tool, the NJEIS will adopt a maintenance approach to BDI fidelity and other data collection operations for Phase III, Year 4. Beginning in the first quarter of 2020, the NJEIS will need to develop a systematic and comprehensive plan for achieving a seamless transition to BDI-3.

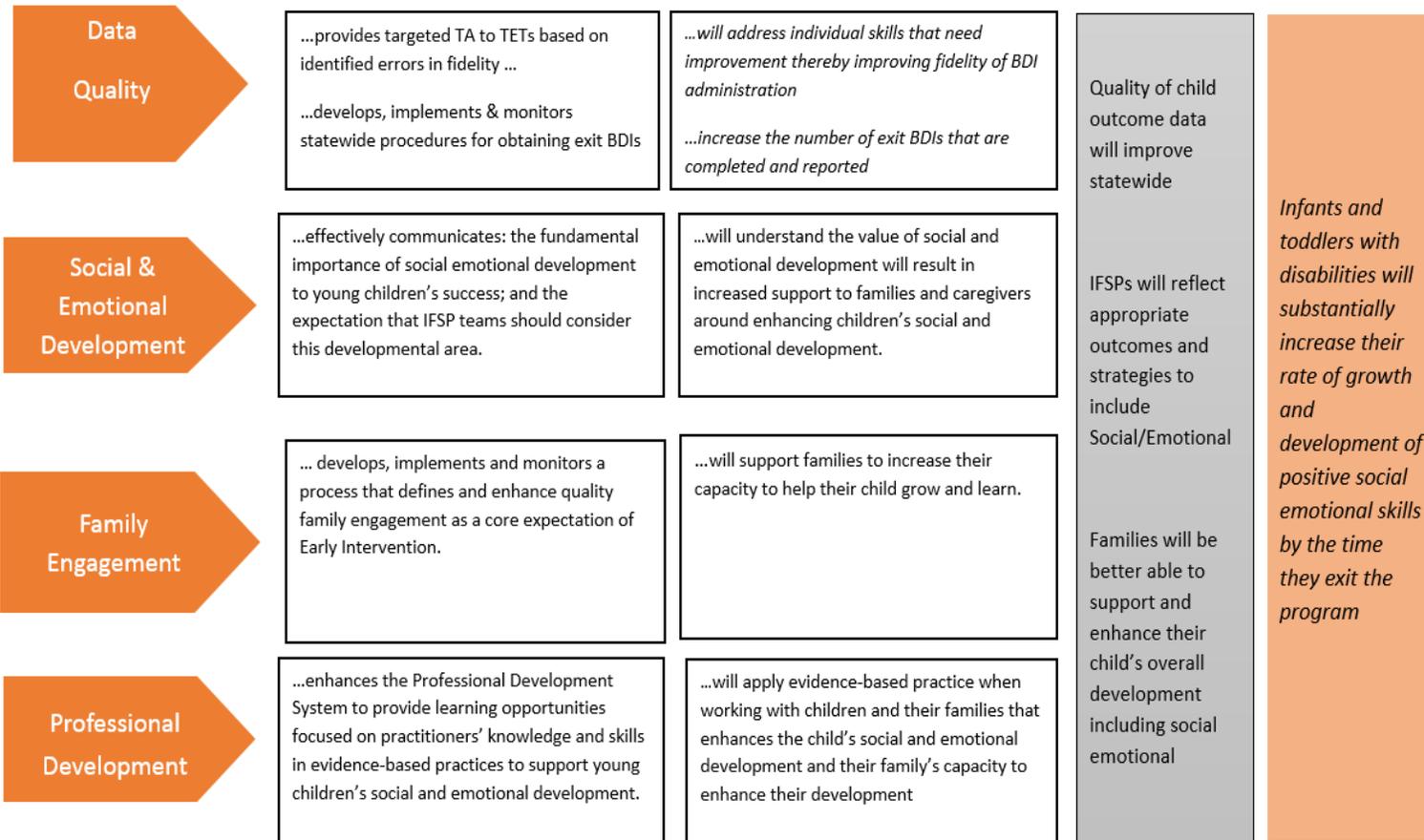


THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

SUMMARY PHASE III, YEAR 3

During the past year, all participants in the NJEIS system, including stakeholders, put significant energy and resources into the adoption and implementation of the EIMS to execute the daily operations and provide services in accordance with developed IFSPs. The enormity of that task cannot be over-stated. Yet, despite the additional burden, the NJEIS infrastructure that supports the SSIP remained functional and on a forward path. The work achieved by the DOH-NJEIS in previous Phases of the SSIP set the stage that allowed for the advancing momentum and activities described in this report. NJEIS was able to make significant accomplishments of year 3 especially in the areas of Professional Development and Evidence-Based Practice. As the DOH-NJEIS moves into Phase III, year 4, the EIMS has turned the corner with its operations thus allowing resources to return to the intensive focus on improving the social-emotional outcomes for children and families.

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	January 2016– February 2016 February-May 2016	Completed- April 2017 <ol style="list-style-type: none"> DOH determined that the DEC Recommended Practices were the appropriate EBPs to utilize to achieve the SIMR The practices were disseminated at the Conference in May 2016 A “Did You Know” about the DEC RPs was distributed by email to all NJEIS practitioners DOH developed a statement re: Social Emotional Development. The Statement was introduced and distributed in May 2016, at the NJEIS statewide conference
	Use established communication method to focus on social emotional development among all NJEIS stakeholders, including efforts specifically for families	Evaluate potential opportunities for communication	January 2016-ongoing February 2017-ongoing December 2018	Completed- April 2018 <ol style="list-style-type: none"> DOH conducted an environmental scan of websites and documents used by the NJEIS for potential opportunities to include the social-emotional definition and mission statement DOH continues to seek new opportunities for dissemination of these materials.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
		Disseminate to NJ partners including the NJEIS definition of Social Emotional Development including cultural and language specific information	January 2019	Completed-January 2019 <ol style="list-style-type: none"> 1. Consistent social-emotional language and images (logo) are being used in new hybrid IFSP training materials, EBP webinars and regional provider meetings. 2. Family Support specialists continue to update existing materials that reach families to ensure consistency in the language and visuals. 3. DOH representatives continue to work to embed the NJEIS language and images within 2 specific initiatives (Higher Education & Pyramid/PIWI Model).
	Hold statewide conference for practitioners that is SSIP focused		May 2016	Completed – May 2016 <ol style="list-style-type: none"> 1. Statewide Conference held May 2016. 2. 250 NJEIS practitioners attended 3. SSIP goals were presented 4. DEC recommended practices were presented 5. Social Emotional statement presented 6. 2 surveys of practitioner knowledge, skills and attitudes towards social emotional development and family engagement were completed.
Select and disseminate EBP practices that are designed to increase Social Emotional Development in Young Children	Convene short-term workgroup to select & recommend EBP (global and domain specific) to DOH based on available resources	Gather resources, explore nationally recognized EBP Develop “charge” to the workgroup, determine member Consider role of NJ Early Learning Standards & DEC Recommended Practices	November 2015- March 2016	Completed- March 2016 <ol style="list-style-type: none"> 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 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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	January 2016-April 2016 May 2016 January 2019-ongoing	<p>In-Progress – April 2019</p> <ol style="list-style-type: none"> 1. Baseline data are now collected on social-emotional EBPs as part of the newly established hybrid IFSP training. <p>Completed – May 2016</p> <ol style="list-style-type: none"> 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.
	Utilize Professional Development activities to implement EBP in social emotional development throughout the NJEIS		January 2017 April 2017-ongoing	<p>In-Progress-April 2019</p> <ol style="list-style-type: none"> 1. The revised FDA includes a focus on social emotional development and is an on-going component of each initial and annual IFSP development. 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. 3. The first in a series of EBP Webinars related to social 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
<p>Integrate EBPs into NJEIS documents, procedures and materials</p>	<p>Revise documents and forms to reflect social emotional EBP (e.g. IFSP, evaluation FDA, progress reports)</p>		<p>September 2016 & ongoing January 2017 – ongoing</p>	<p>Completed-December 2017</p> <ol style="list-style-type: none"> 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. <p>Completed-December 2017</p> <ol style="list-style-type: none"> 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) 3. These revisions included consideration of the integration of Child Outcomes to support social emotional development and the implementation of EBPs.
	<p>Revise all Family Support communication vehicles (Website, presentations, public-facing materials) to include family-friendly information on EBPs</p>	<p>Update Family Matters website to include information on NJEIS’ selected EBPs</p> <p>Incorporate EBP language (Engage & Exchange, teaming and collaboration) into Power Points and any public materials</p>	<p>January 2018-ongoing</p> <p>January 2019-ongoing</p>	<p>On-going-January 2018</p> <ol style="list-style-type: none"> 1. Update Family Matters website to include information on NJEIS’ selected EBPs <p>On-going-January 2018</p> <ol style="list-style-type: none"> 2. Incorporate EBP language (Engage & Exchange, teaming and collaboration) into Power Points and any public materials
<p>Investigate additional tools, processes and/or procedures to augment the collection of information on children’s social</p>	<p>Maintain communication with Riverside Insights to provide input & follow the progress of the</p>	<p>DOH staff to continue membership in national ECTA BDI Users Community of Practice group</p>	<p>November 2015 April 2019-ongoing</p>	<p>On-going-April 2019</p> <ol style="list-style-type: none"> 1. NJEIS has maintained professional relationships with the publishers of the BDI and continues to actively participate in the national BDI users’ group



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
emotional development	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 Analyze NJEIS Data Quality trends in Indicator 3 compared to national standards and expectations	January 2018 April 2019-delayed	Delayed-April 2019 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. On-going-April 2019 1. Identified Data Anomalies in the NJEIS Results Matrix were shared with TET teams as part of fidelity training 2. DOH further analyzed Progress Categories by County for local use to identify programs in need of addition TA for fidelity 3. County performance reports include the Summary Statements for Indicator 3.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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
Define Family Engagement for NJEIS	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 Connect with NJ CYC Family Engagement committee for resources and current products/initiatives of the CYC 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	Completed-March 2016 1. A stakeholder team gathered resources including the DOE and HHS information and convened a workgroup
	Convene workgroup to develop a recommended statement and expectation for family engagement in the	Determine members and lead of the group Review recommended information from resources	March - September 2016	Completed-September 2016 1. Stakeholders met in March 2016 through September 2016 2. Workgroup developed a statement and concepts for Family Engagement in NJEIS



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
	NJEIS as it related to the SIMR			
	Develop & present to DOH a recommended statement related to family engagement for use NJEIS		September 2016 May 2017	<p>Completed-April 2017</p> <ol style="list-style-type: none"> 1. Workgroup submitted to DOH a statement related to Family Engagement 2. Final decision on the official “Statement” is pending with DOH <p>Completed – April 2017</p> <ol style="list-style-type: none"> 3. State ICCC approved DOH recommended statement on Family Engagement 4. DOH approved statement
<p>Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS</p>	<p>Identify training needs within NJEIS (practitioners, families, stakeholders)</p>	<p>Conduct needs assessment activity to collect baseline on current implementation of the defined statement</p>	<p>October 2016— March 2017</p> <p>May 2016-July 2017</p>	<p>Completed-April 2017</p> <ol style="list-style-type: none"> 1. Baseline data was collected in May 2016 via a Family Engagement Survey to determine practitioner strengths and areas of improvement re: engaging families 2. Data was stratified and is available for analysis. <p>Completed- July 2017</p> <ol style="list-style-type: none"> 3. Survey data are being used to inform the PD materials and activities related to EBP implementation
		<p>Consider the need for focus groups with parents, providers and service coordinators related to Family Engagement</p>		<p>Revised-April 2018</p> <ol style="list-style-type: none"> 1. Focus groups were determined to be not necessary given the adequacy of the data provided by the baseline survey.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS		Continue to review FDA administration with Service Coordinators to build family engagement skills	October 2019	In-Progress-April 2019 2. PD Team and FDA workgroup will partner to determine best training path forward
	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	On-going - April 2019 1. Family Engagement statement added to revised IFSP training and other NJEIS materials 2. First round of EBP webinars developed for practitioners prioritized the NJEIS selected DEC practices related to Family Engagement. 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. 4. Future PD materials will include and be informed by the Family Engagement definition and EBPs 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PROJECTED TIMELINE	STATUS & COMMENTS
	e.g. CEUs, other professional credit standards	Create handbook to reference when designing in-service trainings	August 2016-completed handbook November 2017-ongoing	<p>Delayed-April 2019</p> <p>2. 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.</p> <p>In-progress April 2019</p> <p>3. 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.</p> <p>4. Engage in discussion with Mercer County Community College about providing CEUs</p> <p>5. Investigate the issuance of attendance certificates via GoToWebinar</p>
<p>Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</p>	<p>Design NJEIS version of “Foundations of Social Emotional Development in Young Children” to be available for all practitioners</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>July 2016 September 2017 February 2018 and on-going</p>	<p>On-going-April 2019</p> <p>1. DOH and MSU continue conversations regarding the use of the KBCM modules in the NJEIS LMS for practitioners</p> <p>2. NJEIS practitioners consistently participate in the KBCM face to face opportunities provided by MSU</p> <p>Revised April 2018</p> <p>3. KBCM modules and face to face training continue to be offered to EI personnel</p> <p>4. New emphasis will be utilizing the Pyramid model curriculum statewide.</p> <p>5. DOH PD Coord began participation on Pyramid Steering Committee with MSU</p>
	<p>Roll-out of Modules</p>	<p>Determine process & expectations for roll-out</p>	<p>September 2016 on-going January 2018</p>	<p>Pending-April 2017 Replaced-April 2018: see above.</p>



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PROJECTED TIMELINE	STATUS & COMMENTS
<p>(continued) Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</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>Create centralized system (website) for professional development resources & material</p>	<p>January 2017 & ongoing</p>	<p>On-going - April 2019</p> <ol style="list-style-type: none"> 1. PD team has established a master calendar for BDI on-boarding and newly developed IFSP training requirement 2. PD team is exploring new technological methods for communicating & delivering PD opportunities to the system to centralize the overall process. 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. 4. Three (3) webinars focused on EBPs are nearing completion and rollout to practitioners expected by Fall of 2018. 5. PD team and DOH has increased the number of virtual meeting opportunities to support the SIP activities and maintain ongoing communication and networking. 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. 7. Developing a Cadre of coaches remains a pending item.
<p>Design and implement accountability system for professional development that includes Results Monitoring and</p>	<p>Develop evaluation plan for all Professional Development activities</p> <p>Make recommendations for the development of standardized supervisory</p>	<p>Utilize ECTA framework results to inform process</p> <p>Consider necessary changes to Letters of Agreement with EIP agencies</p>	<p>January 2018-May 2018</p> <p>January 2018-July 2018</p>	<p>Pending</p> <p>Delayed- April 2019</p> <ol style="list-style-type: none"> 1. RFA to recomplete the EIP programs is on hold.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PROJECTED TIMELINE	STATUS & COMMENTS
assurance of EBP implementation	requirements for EIP agencies			
	Convene a workgroup to determine appropriate activities and scope of a Results Driven Monitoring Process		October 2016 July 2018 -ongoing	On-going-April 2018 1. DOH is processing the hiring of 2 additional monitoring team members as of April 2018. 2. Once the monitoring team is full-staffed, this activity will be initiated



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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 competed 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	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	Completed- June 2014 1. Regional TA staff and DOH staff conducted observations of TETs using the <i>Fidelity Checklist</i> in all 4 regions
	Present findings to TET agencies for review and discussion	Statewide meeting to review observational data	October 2014	Completed -October 2014
	Provide <i>Fidelity Checklist</i> to TET administration & assign TET administrators to conduct observations	Determine the number of observations necessary for each TET.	October 2014- November 2015	Completed- January 2015 1. DOH provided TET administrators with the BDI <i>Fidelity Checklist</i> in October 2014.
	TET administrators conduct fidelity observations and submits to DOH	Direct observation of TET evaluators Collate information and send to DOH	October 2014- December 2015	Completed- December 2015 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	Timeline	STATUS & COMMENTS
<p>Conduct statewide fidelity training on the Personal Social Domain for all evaluators in NJEIS</p>	<p>Develop training & materials related to fidelity on the BDI Personal Social Domain</p> <p>Determine logistics for training 450+ evaluators statewide</p>	<p>Determine with Riverside Insights possible training supports</p> <p>Collaborate with BDI Community of Practice on training methods/protocols for fidelity training</p>	<p>November 2016- November 2017 on-going</p>	<p>Completed - April 2018</p> <ol style="list-style-type: none"> 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.
<p>Design & Implement Professional Development plan for agencies with specific fidelity issues.</p>	<p>Evaluate fidelity practices of TET agencies post Fidelity training</p> <p>Use results to identify practitioners/agencies that need targeted assistance</p> <p>Design & Provide agency-specific professional development plan</p> <p>Evaluate agency specific plans</p>	<p>Administrators conduct second round of observations using the Fidelity Checklist and submit to DOH</p> <p>Develop and implement multiple methods to provide on-going TA to practitioners in this area.</p>	<p>July 2017 ongoing</p> <p>November 2017 & on-going</p>	<p>In-Progress - 2019</p> <ol style="list-style-type: none"> 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 4. 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
<p>Revise training procedures for on-boarding new evaluators on BDI and NJEIS evaluation procedures</p>	<p>Develop & implement new procedures for on-boarding new evaluators</p>	<p>Conduct a focus group with TET about current training pros and cons and training needs</p> <p>Determine with Riverside Insights possible training supports</p> <p>Collaborate with BDI Community of Practice on training methods/protocols</p>	<p>December 2015 on-going</p> <p>January 2017-ongoing</p> <p>December 2017</p>	<p>Completed-April 2018</p> <ol style="list-style-type: none"> 1. PD team developed a written plan for on-boarding new TET evaluators 2. On-boarding plan, including calendar of events, was distributed to all TET agencies in December 2017 for January 2018 start. 3. NJEIS team maintains its affiliation with the national Community of Practice for using BDI in early intervention.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
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	Completed- September 2015 1. Reviewed completion rate data 2. Created hypothesis 3. Selected counties to visit
	Develop focused monitoring tools Conduct on-site visits	Schedule meetings with chosen Counties for on-site visits	September 2015	Completed - September 2015 1. Monitoring team visited 2 specific counties to gather data to support or refute the hypothesis
	Analyze data/information from on-site visit to determine root causes	Analyze findings in comparison to hypotheses	October - November 2015	Completed – September 2015 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
Focused Monitoring-Continued	Determine if additional on-site visits are needed	Determine next steps for TA to SCU/TET for Exit BDI	November 2015	Completed – November 2015 1. Conclusion determined that no additional on-site visits were necessary to inform next steps.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
Operationalize DOH data clean up processes	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	June 2016 March 2018 (if needed) December 2018 July 2019	In-progress-2019 <ol style="list-style-type: none"> 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
Present refresher Webinar on BDI data entry procedures to TET teams	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	Completed – October 2015 1. DOH utilizes 3, standard “clean-up reports that identify data entry errors 2. Webinar was developed based upon trend data of these common errors 3. Webinar was held in October 2015 4. Initial airing viewed by 64 people 5. Webinar was archived.
	Require participation for all Targeted Evaluation Team members	Set timeline for viewing either live or archived webinar.	November 2015	Completed – November 2015 1. Archived webinar was viewed by an additional 206 people as of March 2017
Revise and distribute and implement specific policies for the use of the BDI in the NJEIS	Compile current policies, procedures and memos that outline BDI processes into a single policy/procedure for use in 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	Completed – February 2017 1. 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
	Create informational brochure for families that describes Child Outcomes. Include its use as part of policy			Completed -July 2016 1. Revised brochure was developed by small workgroup, reviewed by families, approved by DOH. Distribution is achieved at multiple contact points with families.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
	Revise and distribute and implement specific policies for the use of the BDI in the NJEIS		March 2017	Completed – March 2017 1. NJEIS-11 was written and distributed to TETs, Service Coordination, and the EIP providers.
	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	September 2016 March 2017	Completed -March 2017 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 5. Policy posted on NJEIS state website.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	TIMELINE	STATUS & COMMENTS
<p>Create Exit BDI Teams</p>	<p>Execute new Letters of Agreement with TET teams that specify an Exit Team in each of the 21 counties.</p> <p>Provide training to newly appointed TET members to conduct Exit BDI</p>	<p>Analyze data to estimate and project capacity needs in each county</p> <p>Work with TET administrators to identify training needs, material and resources needed in each county</p>	<p>February 2016 July 2016 & ongoing</p>	<p>COMPLETED-July 2016</p> <ol style="list-style-type: none"> 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. 3. 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
Short Term Outcome #1 A consistent message about family engagement, EBP, and social emotional development is communicated throughout the NJEIS. (Implementation)	1. Number of NJEIS Forms and documents that contain the message on family engagement, EBP and social emotional development.	Criteria will be developed to measure extent of inclusion of these components as relevant to the document's purpose. (e.g. present & relevant, partially present & relevant, not relevant) Progress will be measured Yearly against established baseline calculated in July 2016.
	2. 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.	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.
Short Term Outcome #2 Practitioners understand the fundamental importance of social emotional development in young children. (Impact)	1. Percentage of NJEIS provider agencies that report their practitioner orientation & ongoing professional development includes emphasis on the importance of social emotional development in NJEIS.	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 & other professional development activities. Progress will be measured Yearly against statewide baseline established by September 2016.
	2. Percentage of practitioners who report they understand the importance of social emotional development in their NJEIS work with children and families.	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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Outcomes	Performance Indicators	Methods/Measures
<p>Short Term Outcome #3</p> <p>Practitioners actively consider relevant information on social emotional development for each child’s IFSP development. (Impact)</p>	<p>1. 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> <p>Progress will be measured twice Yearly against established baseline obtained in 2017.</p>
	<p>2. Percentage of IFSP team meetings that reflect active consideration of available information on social emotional development.</p>	<p>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.</p> <p>Progress will be measured Yearly against established baseline obtained in the first quarter of 2017.</p>
<p><u>Long Term Outcome</u></p> <p>Practitioners use the identified EBPs to enhance the social emotional development of children (Impact)</p>	<p>1. Percentage of practitioners that use identified EBPs to enhance the social emotional development of children.</p>	<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>
	<p>2. 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>	<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>



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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	Measures/Methods
<p>Short Term Outcome #1 Practitioners will support families to increase their capacity to help their child’s development (Impact)</p>	<p>1. 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.</p> <p>Progress will be measured Yearly against established baseline.</p>
<p>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. (Impact)</p>	<p>1. 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.</p> <p>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>1. 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 & 4C. will be used.</p> <p>Progress will be measured against the baseline and targets set for Indicator 4 and reported annually in the APR</p>



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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	Measures/Methods
<p>Short Term Outcome #1</p> <p>The number of Exit BDI2 evaluations completed and reported will increase to meet the OSEP standard.</p> <p>(Implementation)</p>	<p>1. 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.</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>
	<p>2. County “Data Completeness”</p>	<p>Each of the 21 counties in NJ established baseline performance in FFY 2013 with a range of 4%-42%.</p> <p>NJEIS will continue to calculate county performance for Data Completeness and report to county personnel. County data will not be made publicly available.</p>
<p>Short Term Outcome #2</p> <p>NJEIS evaluation practitioners demonstrate improved skills in administering the BDI2 Personal-Social Domain.</p> <p>(Impact)</p>	<p>1. 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 decrease in the percentage reported in “e” is the goal</p>
	<p>2. 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.</p> <p>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>Long Term Outcome</p> <p>The quality of Child Outcome Data will improve statewide.</p> <p>(Impact)</p>	<p>1. 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 & C.</p>



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Outcomes	Performance Indicators	Measures/Methods
	2. State “Data Completeness” for Indicator 3	<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>



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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>Short Term Outcome</p> <p>The professional development activities of the NJEIS include on-going training and support practitioners in the implementation of the identified EBP. (Implementation)</p>	<ol style="list-style-type: none"> 1. The percentage of PD training opportunities that should and do address at least one of the selected EBPs. 2. The number of hybrid learning opportunities (on-line module plus classroom learning) that are developed and implemented that include EBP. 	<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><u>Long Term Outcome</u></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. (Impact)</p>	<ol style="list-style-type: none"> 1. The number of budgeted TTA positions assigned to professional development activities (training) at 50% time or greater. 2. The number of coaches with expertise in EBPs available at regional and at the local EIPs. 3. The number of necessary contract(s) are in place to provide and administer on-line learning opportunities. 	<p>Baseline percentage was determined in February 2016 at <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>



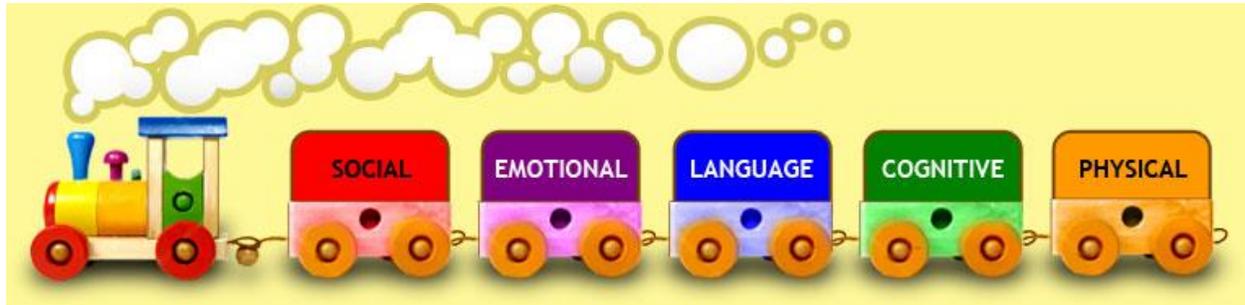
THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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

Social Emotional Development Leads the Way!



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 areas of development.

NJEIS promotes the use of evidence-based practices (EBPs) to support families in strengthening their child’s social and emotional competence.

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



NJEISNEWS



VOLUME 3/ ISSUE 2

MARCH 25, 2019

EIP

Import Process

There will be a process to import June 2018 through September 2018 backlogged service logs, similar to what was done for the December 2017 to May 2018 services. It will be **ONLY** for Excel file, with no paper service log process. In order to prepare for this process, we need an estimate of the number of agencies that are interested in participating. If your EIP intends to submit an Excel file of service logs, please indicate your participation intent in an email to Carmela.Hanna@doh.nj.gov no later than **3/29/19**.

SERVICE COORDINATION

Please review the following instructions for entering a new child into the family's record:

1. Enter the new child under the Parent or Family tab, press Add New Sibling, enter the child's Name and the Begin Date
2. Go to the child's FCP Process then Income Source, select **Create a Draft**, a screen will appear like the sample below.
3. Enter the **new Effective Begin Date** which is the same as you entered under the **New Sibling's Begin Date**, enter the same date under **Date Parent Signed Income Verification Form** (the two dates must be the same in order for the FCP to take effect)
4. Select **Create Final**.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

5. 24 to 36 hours after this adjustment is made, the family should be able to see the correct FCP on their account. Once you select **Create Final**, you will not have access to the screen below. Therefore, review the two dates carefully prior to pressing **Create Final**.

* Effective Begin Date:	<input type="text" value="01/04/2019"/>	
* Effective End Date:	<input type="text" value="12/16/2019"/>	
* Date Parent Signed Income Verification Form:	<input type="text" value="01/04/2019"/>	

[Back](#) [Save](#)

[Create Draft](#) [Create Final](#)



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

DID YOU KNOW...

March is Developmental Disabilities Awareness Month

In 1987, President Ronald Reagan declared March to be Developmental Disabilities Awareness Month, urging “all Americans to join me in according to our fellow citizens with such disabilities both encouragement and the opportunities they need to lead productive lives and to achieve their full potential.”

Here are some suggestions for Developmental Disability Month:

1. Encourage families to share pictures of their children with developmental disabilities having fun and enjoying the playground.
2. Parents can call their local parks and recreation department to find out if there are any inclusive playgrounds within their community. If there aren't, they can ask if there is a committee or organization that is working on one that they can join.
3. Encourage families to learn more about playground [bullying](#) and what they can do to stop it.

Here are some websites families can checkout:

<http://www.stopbullying.gov/>
www.peacefulplaygrounds.com

5. [Pledge to Spread the Word to End the R-Word](#). The R-word is the word “retard(ed).” The R-word hurts because it is exclusive. It's offensive. It's derogatory.
6. Take time to talk to children and families about how disability is natural. Encourage understanding, respect and friendships.
7. Read a book to a child about play and disabilities, such as:
Can I Play Too by Mo Willems
Andy and his Yellow Frisbee by Mary Thompson
Looking after Louis by Lesley Ely
Danny and the Merry-Go-Round by Nan Holcomb
8. Tweet this. March is Developmental Disabilities Awareness Month. Know someone w/autism, Down syndrome, etc.? Celebrate people. #ddaware

Additional Resources

<http://www.disabilityawarenessnj.org/>
<https://nacdd.org/ddam/>

OTHER NEWS

SICC Higher Education Workgroup:

SICC Higher Education Workgroup is looking to develop a Mentoring Network within the Early Intervention System. We are currently seeking input on the interest of this type of program.

Agency Administrators, please reach out to your teams to find out if any team members are interested in acting as a mentor or in being mentored.

This could be a great opportunity for seasoned practitioners to assist new practitioners by passing along knowledge and problem-solving skills and by offering support.

This type of mentoring could take place in person, via phone or email. We are just beginning to consider the options, so please let us know if you are interested!

Administrators, please reach out to Jamie Bergstein, jbergstein@virtua.org, if you have team members who would be interested in participating.

PART C:

The “NJEIS Part C FFY 2019 Application” and “Notice of Public Comment” are now posted under the FHS Spotlight



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

NJEIS' FIRST EVIDENCE-BASED PRACTICE WEBINAR

On March 20, the PD Team presented the first in a three-part webinar series to discuss the evidence-based practices (EBPs) that NJEIS has selected to work on as part of its State Systemic Improvement Plan (SSIP). We were fortunate to be joined by former NJEIS parents who were willing to share their family's experiences during the time their child was receiving services.

If you were not able to join us, the webinar was recorded, and it is now available on the Mercer Blackboard site. Log on to <https://njeis.blackboard.com/> → **NJEIS Organization** → **Recorded Webinars folder** → **Evidence-Based Practices folder** → **Striving to Improve Social Emotional Development folder**.

You will see the recorded webinar and the handouts that were available for download that day.

One hundred and sixty-nine individual attendees joined the webinar and some “viewing parties” were assembled so we know that even more people were listening. We received 66 responses to the feedback survey at the end, and the responses were overwhelmingly positive. Most respondents appreciated the family's insights. However, we know this is only one perspective. In the end, the information that was shared helps us to know what worked well and what we can do to improve

A quick note about opportunities for improvement...

DOH-NJEIS believes that including parents' voices in the conversation is very important. While our guests shared honestly BOTH what worked well—and *there were many things*, they also shared honestly about some things that could have been done better.

The objective of the PD Team in inviting parents to join the webinar was to provide **all levels of the organization** some additional opportunities to reflect on what it does well and where it faces challenges. This information can inform the next steps in improving our system for the children and families that we serve. The PD Team has already begun to consider how it can better support the needs of the entire field based on some of the information shared by the parents and the feedback provided by participants. We all have things we do well and things that we can do better. In the spirit of one of the evidence-based practices discussed, we all have an opportunity to utilize our teaming and collaboration skills, with each other, to improve the experiences for the children and families in the NJEIS.

Thank you and please look for information about the next EBP Webinar in late spring or summer 2019.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

APPENDIX F NJEIS PD 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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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?



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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.



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

APPENDIX G – SOCIAL EMOTIONAL DEVELOPMENT SURVEY

SOCIAL EMOTIONAL DEVELOPMENT SURVEY

Training Location: _____

Date: _____

1. My current level of knowledge about social-emotional development is:

1	2	3	4	5
LOW		MODERATE		HIGH

2. How much influence do families have in a child's social-emotional development?

1	2	3	4	5
LOW		MODERATE		HIGH

3. How important is the social-emotional domain in relation to the other developmental domains?

1	2	3	4	5
LOW		MODERATE		HIGH

4. Social-emotional development can best be described as:

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



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

APPENDIX H – HYBRID IFSP EVALUATION

Training Evaluation Form

Introduction to IFSP Development

Date: _____

Training Location: _____

Instructions: Please indicate your level of agreement with the statements below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The objectives of the training were clearly defined.	<input type="checkbox"/>				
2. Participation and interaction were encouraged.	<input type="checkbox"/>				
3. The content was organized and easy to follow.	<input type="checkbox"/>				
4. The materials distributed were helpful.	<input type="checkbox"/>				
5. The training experience will be useful in my work.	<input type="checkbox"/>				
6. The trainers were knowledgeable about the topic.	<input type="checkbox"/>				
7. The training objectives were met.	<input type="checkbox"/>				
8. The time allotted for the training was sufficient.	<input type="checkbox"/>				
9. The training was a valuable use of my time.	<input type="checkbox"/>				
10. The room and facilities were comfortable.	<input type="checkbox"/>				

Please turn the page over



APPENDIX I STAKEHOLDERS -PHASE III YEAR 3

HYBRID IFSP TRAINING STAKEHOLDERS

Name	Agency
Ashley Morell	Burlington County Service Coordination Unit
Beth Lohne	DOH Procedural Safeguards Office
Jaquie Manzi	Sunny Days EIP
Stacy Schultz	St. John of God EIP
Rachel Ledden-Albadine	Southern NJ REIC (TTA)
Nichole Gooding	Family Link REIC (TTA)
Ciera Miller	Northeast REIC (TTA)
Jennifer Blanchette-McConnell	Mid-Jersey REIC (TTA)
Shakira Linzey	Mid-Jersey REIC (Family Support)
Kristal Langford	Mid-Jersey REIC (Family Support)
Monica Anderson	Family Link REIC (Family Support)
Carmela Balacco	Family Link REIC (Family Support)
Desiree Bonner	Northeast REIC (Family Support)
Lisa Weinstein	Northeast REIC (Family Support)

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



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

PYRAMID MODEL STATE LEADERSHIP TEAM

Name	Agency
Kaitlin Mulcahy	Montclair State University
Kristen Kugelman	DOH-NJEIS PD Coordinator
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



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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
Mary Remhoff	Monmouth County Service Coordination Unit
Michele Christopoulos	Early Intervention Provider Agency/Member SICC
Rosemary Browne	Department of Children and Families/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
Rachel Ledden-Albadine	Southern Region Early Intervention Collaborative
Cierra Miller	Northeast Region Early Intervention Collaborative



THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

LEAD AGENCY STAFF

Name	Role
Terry Harrison	Part C Coordinator
Susan Evans	Interim Part C Coordinator/Results Accountability Coordinator
Kristen Kugelman	PD Coordinator
Christine Nogami-Engine	Monitoring Coordinator
Karen Gruber	Monitoring Officer
Patty Green	Monitoring Officer
Steve Gwozdik	Data Specialist
James Anderson	Clerical Support