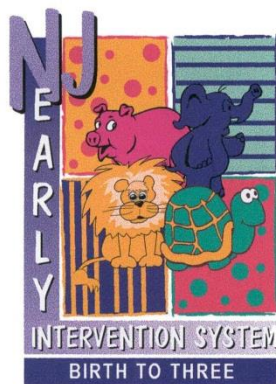




**New Jersey Early Intervention System  
SPP/APR FFY 2016 (SFY 2017)  
Indicator 11-Attachment  
State Systemic Improvement Plan  
Submitted: April 2, 2018**





# 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 is one of the few states that has had every county deemed “urban” as defined by the Census Bureau’s Combined Statistical area. The NJEIS operates in all 21 counties of New Jersey through contracts with 52 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 developed through the efforts of the DOH and stakeholders by 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”*

DOH-NJEIS has benefitted throughout all three phases of the SSIP from the commitment, on-going, and active support of the SSIP Stakeholders. With only a few changes in membership, the original SSIP Stakeholder group participated in the development of Phase I, continued with the process and work of Phase II and continues to contribute greatly to the work in Phase III. Phase III, Year 2 continued with targeted stakeholder involvement on each Implementation Plan to ensure subject matter expertise and additional supports for the planned activities.

## SUMMARY OF PHASE III, YEAR 2

The execution of Phase III, Year 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 designed to build infrastructure and 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 STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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

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

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

DOH-NJEIS reported significant improvement in the SIMR for FFY 2016 as compared to FFY 2015. This is the first Year of measurable improvement in the SIMR and all 3 Child Outcomes.

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

Phase III, Year 2 implementation was notable for the progress made in the development of sustainable components in the system's infrastructure particularly in the area of professional development. Workforce development designed to increase the number of evaluators trained in administration of the Battelle Developmental Inventory (BDI) was essential to the goal of improvements in the data completeness rate and the quality of child outcomes data. A complete discussion of those efforts is found in the section on Data Quality and Professional Development (PD). An exciting addition to the PD infrastructure was also the introduction of hybrid learning opportunities centered on Evidence Based Practice (EBP). The reader will find details of these efforts in the Implementation Plans on Family Engagement and Social Emotional Development.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Phase III, Year 2 is also notable for the introduction of and transition to the New Jersey Early Intervention Management System (EIMS) on December 1, 2017. The EIMS is a comprehensive, electronic data system that includes a Case Management application and Billing portal for all Early Intervention Provider Agencies (EIPs), practitioners, service coordinators, regional and state staff to record all activities related to a child's participation in the program. The EIMS is designed to house all information on participating children and families from referral through transition. The EIMS was officially in design and development in January 2017 and by October 2017, each level of the NJEIS (local, regional, state) was engaged in statewide training and internal preparations for the transition from the legacy data system to the new EIMS on December 1, 2017.

The transition from the previous data system to the EIMS resulted in DOH-NJEIS adding a major new partner Public Consulting Group (PCG) to the SSIP. As the vendor responsible to design, build and operate the EIMS, PCG is now an on-going consultant with the team from DOH-NJEIS which ensures the collection, storage, security and use of NJEIS data. The design of the EIMS included the addition of reports required for the submission of the Annual Performance Report (APR), including Indicator 3. When in full and complete operation, the DOH-NJEIS will utilize the increased 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.

As expected, full implementation of a new data system has presented challenges affecting all levels of the system. As these issues required timely resolution, the DOH-NJEIS has necessarily delayed some SSIP activities. The Evaluation Plan of the SSIP is discussed in detail throughout this report within the context of the Implementation Plans it supports with any necessary adjustments and/or modification to timelines. The reader will note in those sections where delays in SSIP activities were necessarily delayed allowing for EIMS development and implementation. The complete plan is found in Appendix C.

### PROGRESS IN IMPLEMENTING THE SSIP

The following sections will outline the progress DOH-NJEIS has made in implementing the four (4) Implementation Plans during Year 2 of Phase III, 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 2

The Implementation Plan on Social Emotional Development 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 NJEIS.

DOH-NJEIS made additional progress in achieving the action step of ***Developing and disseminating strategies that project the message of social emotional development to practitioners, families, and broad stakeholders.*** NJEIS practitioners continue to attend 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. MSU allots dedicated “slots” for each session, ensuring priority for NJEIS professional who wish to attend.

Two new partnerships were established in November 2017 and February 2018, which will provide multiple opportunities in Phase III, Year 3 to disseminate to external partners the messages and definition of social emotional development adopted by the DOH-NJEIS.

First in November 2017, the State Interagency Coordinating Council (SICC) convened a new workgroup focused on Higher Education and potential collaborations with pre-service training programs. Included in this newly formed stakeholder group is the DOH Coordinator of Professional Development, the representatives from 3 major institutions of Higher Education (IHE) in NJ, members of the SICC, and representation from the Regional Early Intervention Collaboratives. Initial goals of the workgroup are to establish relationships and mutual goals including providing IHEs with information that is currently utilized by NJEIS for their potential use at the college level. In February 2018, the workgroup hosted a half-day kick-off meeting for 17 representatives from six (6) IHEs to share this vision and begin the necessary dialogue to understand the needs of both IHEs and NJEIS.

The second partnership continues the relationship between the NJEIS and MSU to implement the Pyramid Model for infants and toddlers. For the last few years, NJ early care and learning programs have been active in bringing the Social Emotional Pyramid Model to center-based programs. In 2017, MSU assumed the leadership of the Pyramid Model work and NJEIS is excited to be participating in this round, as there is renewed emphasis on the social and emotional development in infants and toddlers. The NJEIS Coordinator of PD will be collaborating with this network of early childhood community partners and contributing to the dissemination of a consistent message and approach to implementing EBP for social-emotional development.



## 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 practitioner 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. Phase III, Year 2 implemented the first steps in a planful, targeted and systematic approach to infusing social emotional development into professional development activities, thus providing participants with the opportunity to assess and develop their own professional skills as part of a PD framework.

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. The FDA process is repeated again prior to each annual IFSP, providing the opportunity for families to update their concerns, priorities and resources in the same structured format with their service coordinator. During Year 2 of Phase III, 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. These half-day sessions were provided to 190 service coordinators statewide with follow-up provided to those SCUs requesting it. A companion guide was created as a resource for service coordinators to assist with maintaining fidelity to FDA administration and consistency with definitions, processes, and practices. The new FDA form is incorporated in the EIMS in an electronic format.

Baseline data and observations of the Targeted Evaluation Team evaluators (TET) revealed the need for targeted TA focused on inter-rater reliability in the Personal-Social Domain of the Battelle Developmental Inventory (BDI). In Phase III, Year 2 each TET evaluator participated in



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

a full-day training session on fidelity. A larger discussion of the BDI training, the goals and objectives, is presented in the section on data quality.

With the conclusion of these professional development activities described above and allowing several months for practitioners to incorporate this information into their practice, the NJEIS has scheduled the next round of data collection for evaluation purposes.

NJEIS will use an electronic version of the “self-assessment questionnaire” (found in Appendix D) and distribute to the target audience of service coordinators and TET evaluators. The developed questionnaire also asks respondents about the extent to which they “**understand the importance of social emotional development.**” These data will be available for analysis in May of 2018 and will be compared to the baseline data. This will provide the PD team with information about the transfer of learning opportunities for practitioners and inform next steps in PD.

---

*“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 child and their families in NJEIS”*

*Evaluation Question #1, Short Term Outcome #2*

---

The Evaluation Plan for the Social Emotional Implementation strand also includes two short term outcomes that center on the same 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*

---



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

---

*"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** (Appendix E) was developed by a small stakeholder workgroup during the fall of 2016 and, after stakeholder review and piloting, finalized in June 2017. In August 2017, the DOH recruited volunteers from the TET teams to participate in the collection of baseline data using the Social Emotional Continuity Scale. Thirteen (13) evaluators from different parts of the state representing seven (7) different TET agencies volunteered for this project. 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. The timing to assemble the stakeholders for this project was delayed by the NJEIS's attention to the EIMS in the fall of 2017. The scheduling of the stakeholder group was revisited in February 2018 and the original volunteers were polled to re-gain their commitment. Additional volunteers were solicited, and the stakeholder group will meet in late April 2018 to gather the data using the Continuity Scale.

One advantage of the EIMS going forward, is the ability of the monitoring team to have real-time access to data used 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.

Self-assessment is one method to identify individual behavior; however, there are limitations to this type of assessment as it only measures individual perception of behavior. Therefore, stakeholders identified the need to include objective measures of assessing "active consideration" of social emotional development at IFSP meetings (listed on previous page). The development of the tool and criteria that could be used to observe IFSP meetings was begun in 2017. As of March 2018, it has not been presented to DOH for final approval and





## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

implementation based upon the attention needed to the EIMS roll-out. This component of the Evaluation Plan is still considered necessary and relevant and will be revived in Phase III, Year 3. This will require convening a new set of stakeholders who will energize the process and who will be charged with providing a plan for implementation.

The DOH-NJEIS continues to strategically identify multiple points of contact (families and other stakeholders) that provide the opportunity to include the message of the importance of social emotional development, family engagement and evidence-based practice. In New Jersey, the third week of May each Year is designated as “Early Intervention Week” by the legislature. During “EI Week”, the Family Support Coordinators at each of the REICs plan activities for families and the community to highlight the NJEIS and provide resources. Keeping in mind the objectives of the SSIP and the SIMR, each REIC executed activities that focused on including social emotional development during “EI Week” May 2017.

These included:

1. Two (2) webinars for the public in partnership with Montclair State University (MSU)
  - a. “What is Infant Mental Health and What Role Do We All Play in Supporting Infants and Young Children & Families” (2 sessions)
  - b. “Challenging Behavior: What it means and What to do” (2 sessions)
2. “Story Time” in eight (8) different locations statewide, providing EI kids and families with setting to participate in interactions structured to support the social skills of infants and toddlers.
3. Resources and handouts for families on social emotional development were available for families during these outings.

The planned activities for May 2018 will continue the focus on including social emotional development information as appropriate.

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



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

*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*

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. Year 2 of this environmental scan provided the conclusion that DOH-NJEIS has a “present and accessible” message 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  |
|------------------------------|--|--|
| 1. NJDOH                     | Website under construction with state OIT  | Updated site includes: <ol style="list-style-type: none"> <li>1. Birth to 3 Early Learning Standards</li> <li>2. Provider Competency Standards</li> <li>3. Current SSIP information</li> </ol> |
| 2. 4 REICs web pages         | Included resources for families about EI and family engagement   | Additional content added: <ol style="list-style-type: none"> <li>1. Social emotional development</li> <li>2. Links to workshops and webinars related to Social Development</li> </ol>          |
| 3. NJEIS “Family Matters”    | Included resources for families about EI and family engagement   | Additional content added: <ol style="list-style-type: none"> <li>1. New video content with EBP and family engagement added</li> </ol>  |
| 4. State of NJ “Parent Link” | Links provide age specific information and public and private resources for families of children with special health needs | Maintained links for infants and toddler resources and challenging behavior  |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## Document Environmental Scan

| Document(s)   | 2017 Environmental Scan   | 2018 Environmental Scan   |
|---|---|---|
| 1. <b>DOH-NJEIS Welcome Packet</b>                    | Welcome packet contains information for families about their participation in the NJEIS   | No changes to Welcome Packet  |
| 2. <b>Overview of the NJEIS Presentation</b>          | Overview of NJEIS contained basic content on family engagement  | New Content added: <ol style="list-style-type: none"> <li>DOH adopted definition of Family Engagement</li> <li>Brief overview of EBPs chosen by NJEIS for SSIP</li> </ol>   |
| 3. <b>Selected forms/ documents used by DOH-NJEIS</b> | DOH forms assessed for practicality of adding EBP, social emotional or family engagement information  | Revised NJEIS forms/ documents that include Child Outcome and/or Family Outcomes: <ol style="list-style-type: none"> <li>Progress Summary Form (used for Periodic Reviews) requires practitioners to indicate a child's progress on the 3 Child Outcomes</li> <li>FDA</li> <li>TET "BDI Helpful Hints" learning cards include the 3 Child Outcomes as a prompt for evaluators when talking with families.</li> </ol>  |
| 4. <b>REIC &amp; SCU meeting notes</b>                | <p>The 4 REICs meet with EIP providers monthly. The agenda is determined to include on-going system information and priorities</p> <p>The SCU Coordinators meet bi-monthly to review system priorities and updates.</p> <p>DOH requested submission of agendas and minutes from REICs and SCU Coordinators to assess for topics of Child Outcomes, Family Engagement and/or EBP</p> | <p>Monthly &amp; Bi- Monthly agendas and meeting notes during 2017-2018 reflected:</p> <ol style="list-style-type: none"> <li>Southern REIC added the DOH definition of Social Emotional Development on all monthly meeting agenda and minutes provided to EIPs and SCUs</li> <li>Southern REIC added the 3 Child Outcomes and 3 Family Outcomes on all monthly meeting agendas and minutes.</li> <li>Mid-Jersey monthly meeting notes reflected agenda items specific to social emotional development and speaking to specific resources for EIPs and SCU</li> <li>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</li> </ol> |
| 5. <b>Child/Family Outcomes Brochure</b>              | <p>Updated in Phase II</p> <p>Distributed for use by all levels of NJEIS, TET, SCU and EIP</p>  | Brochure continues to be distributed in the NJEIS   |



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

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.

Throughout 2017, practitioners were alerted to the changes in each of the required documents which reinforce the DOH focus on child outcomes particularly social emotional development. The DOH-NJEIS communicates directly with practitioners statewide through a Learning Management System (LMS) hosted by Mercer County Community College (MCCC). The LMS provides the capability to distribute “DID YOU KNOW” flyers through email to the workforce. The LMS will be the platform for the Phase III, Year 3 activity, presenting Webinars on EBPs to the NJEIS practitioners as a starting platform for local implementation.

In Phase III, Year 2, the PD team began developing three (3), 45-minute webinars covering the selected EBPs. The NJEIS selected DEC RPs are:

1. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family’s preferences. (FAM 6)
2. Practitioners 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. (INS<sub>4</sub>)
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. (INS<sub>13</sub>)
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. (INT<sub>2</sub>)
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. (TC<sub>2</sub>)

The first Webinar is at 95% completion and, as of April 2018, is awaiting a production time with MCCC. It is expected to be available to NJEIS by June 2018. The second and third webinars in this series are at 50% completion in the development process and will be available by fall of 2018. An exciting addition to each of the webinars is the planned inclusion of family member stakeholders in the delivery of the content. As the Webinars stress the importance of engaging families, NJEIS has identified some parents to share their experience with one or more of the



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

defined EBPs to bring their perspective to the conversation and material. By adding the parent voice to this series, NJEIS is preparing to challenge practitioners to reflect on their interactions with families and how they may or may not align with the EBPs. This addition also provides continuity with the next Implementation Plan of “Family Engagement.”

## FAMILY ENGAGEMENT IMPLEMENTATION PLAN – PHASE III YEAR 2

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 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 PD team advanced this requirement through three (3) specific professional development projects, which are discussed in and relevant to several SSIP Implementation Plans. These include:

1. Revised the “Introduction to IFSP training”;
2. Trained on the revised “Family Direct Assessment” (FDA); and
3. Created a Webinar series on EBPs for release in Phase III, Year 3 (described previously).

### IFSP Training

The DOH-NJEIS has a standard on-boarding requirement for new practitioners to participate in an “Introduction to IFSP” professional development experience within 6-months of hire. For several Years, the Regional Training and Technical Assistance Coordinators (TTA) provided a full-day, face to face learning classroom for this purpose in collaboration with the Regional Family Support Coordinators. The traditionally used version of “IFSP Training” covered all



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

steps of the early intervention process from referral through transition and included resources and handouts for practitioners about family support available through NJEIS. Participant feedback informed DOH-NJEIS of needed improvements to this training to be more effective. At the same time, the NJEIS PD team recognized the opportunity to infuse EBPs into this required training which reaches all new practitioners entering the NJEIS. Therefore, in Year 2 of Phase III, the “IFSP training” underwent a major overhaul with several specific goals. These are:

1. Create a hybrid learning platform using the MCCC-LMS and a face to face classroom experience;
2. Revise the content to emphasize Family Engagement and Social Emotional Development; and
3. Revise the content to emphasize outcome writing that is measurable, functional, and meaningful for families.

The revised IFSP Training was developed throughout 2017 and piloted in January 2018 with stakeholders from each of the 4 REICs, Service Coordination, EIP representatives and a team member from the DOH Procedural Safeguards office. With the conclusion of the pilot, the PD team made some revisions based on feedback from the stakeholders and as of March 2018 the “New IFSP Training” was ready to go! This professional development opportunity now includes two (2) on-line modules that provide an introduction and welcome to the system, including the NJEIS mission, statement of family engagement, and an overall emphasis on the role of the family in NJEIS. It also includes a classroom day structured to review the content presented in the modules and then shift to focus specifically on writing quality outcomes for an IFSP. The guided activities allow for participants to write outcomes that are both child specific and outcomes that are for families. Participants work in tandem with other team members to ensure they understand how to write outcomes that are clear, measurable, functional, and meaningful. The examples used throughout the classroom training day, include those that capture social emotional concerns. As the attention of the field has been focused on integrating the EIMS into daily functions, the official roll-out of the New IFSP training has been moved to May 2018.

### **FDA**

Another major training/professional development activity that was successfully completed in Phase III, Year 2 was the release and use of the revised FDA and the training provided to support its use, which was described previously. As the SSIP moves into Phase III, Year 3, the service coordination units have expressed an interest in receiving additional supports to



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

improve their skills in having targeted dialogue with families who may report concern for their child's social emotional development. Analysis of the results from the Social-Emotional Continuity Scale (discussed previously) disaggregated by County, will be used inform the professional development needs of individual Service Coordination Units.

### 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. The survey can be found in Appendix F.

---

*The ECTA Center's "Family Capacity Building Practices Checklist" will be used to collect confidential self-assessment from a sample of practitioners. Practitioners will be sampled from all 4 regions of the state.*

*Evaluation Question #2, Short-Term Outcome #1*

---

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 and TC2 was informed by these data. As a result, the PD team intends to build the capacity of the workforce to "Engage and Exchange" with families more consistently.

The first webinar in the planned series covers the EBPs Family 6 (F6), Teaming, and Collaboration 2 (TC2), which are:

1. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family's preferences. (F6)
2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan and implement interventions. (TC2)



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

These two EBPs when paired together represent the foundation from which successful and sustained attention to engagement with families can be realized.

Within 3 months of the EBP webinar series being delivered, the DOH-NJEIS plans to collect data from practitioners using the ***Family Capacity Building Practices Checklist*** to measure their perception of how often they engage families during delivered sessions. As in the baseline, these data will be analyzed by discipline, region and length of time in EI.

Evaluation Question #2 set the ultimate outcome:

---

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

*Evaluation Question #2*

---

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

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

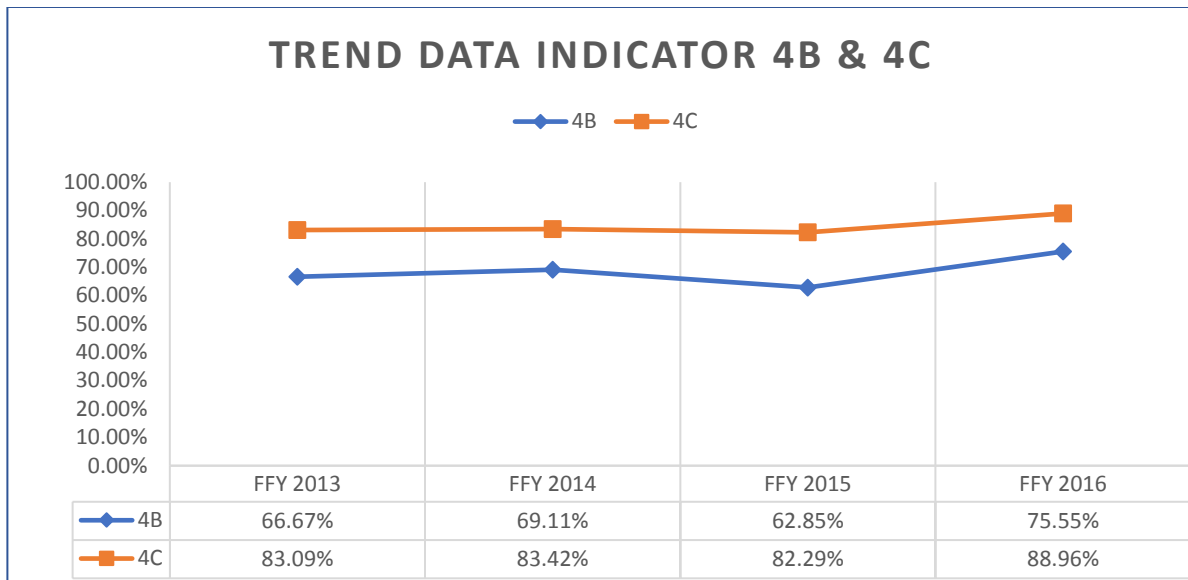
4C. Help their children develop and learn

NJEIS reported in FFY 2016 that 75.55% of families indicated that early intervention helped their family effectively communicate their child's needs (4B) while 88.96% of families reported the NJEIS helped them help their child to develop and learn. The data for FFY 2016 showed gains in both sub-indicators.

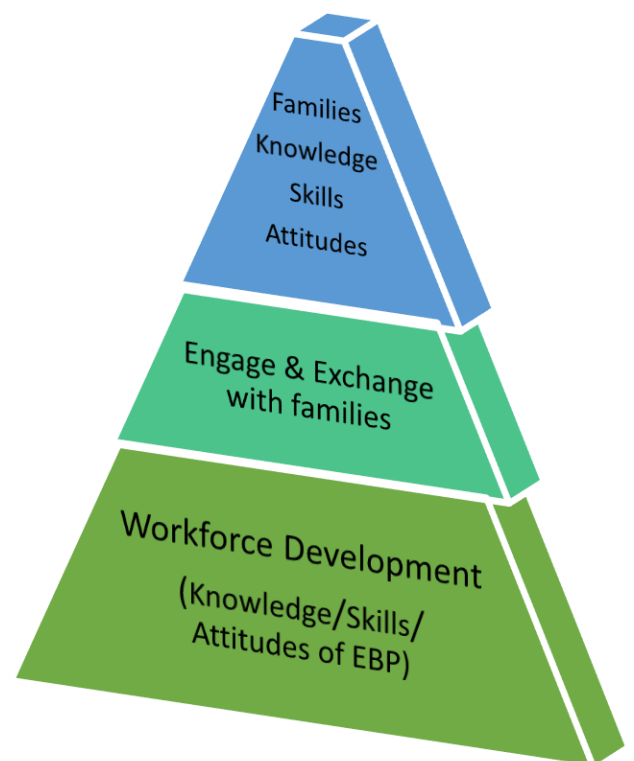




# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III



As the PD team, stakeholders and DOH continue to strategize methods to achieve the goal in Evaluation Question #2 a pyramid model approach is being applied to guide foundational activities for practitioners. There is acknowledgement that a “Webinar series”, while helpful and needed, will not in and of itself, change practitioner behavior or influence families in a significant way. The knowledge, skills and attitudes of practitioners must be established first, through multiple methods, and DOH-NJEIS must ensure the workforce is comfortable in their role of supporting families as they assist their child in developing social emotional competence. The base of the pyramid needs to be firmly established within the NJEIS structure, within the culture of each EIP, and within individual practitioners. Only then will practitioners be supported at all levels to solidify their skills in working effectively and consistently with families.





## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

DOH-NJEIS has additional avenues of infrastructure that will champion the use of EBPs by practitioners to “Engage and Exchange” with families regularly about social emotional development. In 2017, the DOH began the internal work to create 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. In September 2017, the State Interagency Coordinating Committee (SICC) approved the workgroup’s RFA recommendations and submitted them to the lead agency for consideration.

The Competency Standards set expectations for EIP agencies to support EBP (specifically the DEC Recommended Practices) and to provide evidence of that support. The RFA will also require applicants to provide evidence of their on-boarding process and their on-going, regular professional development practices. Through the RFA process, DOH will be positioned to collect up-to-date data for the Performance Indicator #1 under Evaluation Question #1, which was delayed during the transition to the EIMS.

---

*Percentage of NJEIS provider agencies that report their practitioner orientation & ongoing professional development includes emphasis on the importance of social emotional development.*

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

---

Although an official timetable is not established as of this submission, the RFA release is expected in calendar Year 2018.

Another important activity worth mentioning again regarding family engagement is the newly formed partnership with Higher Education described earlier. One intended outcome of this partnership is for pre-service curricula to include training in family engagement and capacity building and adult learning theory. There is an opportunity to expand the skill sets of new practitioners to include tools to help them more effectively work with and empower families.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## PROFESSIONAL DEVELOPMENT IMPLEMENTATION PLAN- PHASE III, YEAR 2

The successful achievement of the SSIP and improvements in the SIMR rely heavily on the creation of effective professional development opportunities available statewide to the individuals who work with families every day. The activities of the PD team are discussed in the two previous sections and again in the Data Quality section below. This section will provide updates specific to the infrastructure improvements in PD during Phase III, Year 2.

The PD team for NJEIS includes one PD Coordinator at the lead agency (DOH) and one Training and Technical Assistance Coordinator (TTA) in each of the four REICs. The Family Support Coordinators at each REIC occasionally support the TTAs by providing additional PD support to practitioners and EIPs for specific projects.

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**. In Phase III, Year 1 the PD team had turnover in two of the regional TTA positions. The NJEIS was fortunate to fill those vacancies with the hiring of two new TTAs before the end of 2016 and thus for Year 2 of Phase III, the PD team functioned at full capacity.

Under the direction of the PD Coordinator, the PD team made the following structural adjustments to meet the needs of the NJEIS and 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 standard PD protocol for design and delivery of classroom- based learning which includes instructor guide, participant guide, specific learning activities and a variety of visual learning aids;
4. Established on-boarding procedures for TET evaluators who use the BDI;
5. Established a yearly training calendar for BDI on-boarding;
6. Established the first hybrid learning course for practitioners (IFSP);
7. Established new IFSP training schedule for the PD team that includes Family Support Coordinators as training partners with TTAs;
8. Established yearly IFSP training calendar;
9. Investigated new technological platforms to collect and track registration for PD classroom courses; and
10. Piloted a Community of Practice opportunity for TET evaluators.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Included in the above list is progress toward two 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?”***

---

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

*Evaluation Question #4 Long Term Outcome #1*

---

and:

---

*The number of hybrid learning opportunities (on-line modules plus classroom learning) that are developed and implemented that include EBP.*

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

---

Data from FFY 2014 and FFY 2015 indicated there were no PD programs specifically designed to be taken in a combination of on-line and classroom-based learning. The *“Introduction to IFSP”*, described previously, will be the first hybrid learning program for practitioners.

With the needed structural shift that moved TTAs away from “technical assistance” responsibilities to concentrating on training activities, each TTA was able to create their 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 Year 2 of Phase III, each TTA was supported by DOH and the REICs to achieve their set goals. These include but are not limited to:

1. Learning to do voice and recording work for Webinars and on-line modules;
2. Further developing subject matter expertise in evaluation and assessment;
3. Enhancing skills in creating instructor guides and participant guides; and
4. Exploring creative design for visual aids and materials to support PD activities.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

The PD Coordinator at DOH manages each project and mentors the individual TTAs in their skills as trainers according to their professional development needs. In Phase III, Year 3, the PD Coordinator will expand her role and provide similar mentoring and professional development to the Family Support Coordinators as they assume a larger association with the PD activities specifically those related to the Family Engagement Implementation Plan of this SSIP.

This infrastructure development continues to be essential to the action step ***designing and providing ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children.*** The Implementation Plan includes the ***establishment of a cadre of coaches with knowledge of EBP.*** The establishment of that cadre will be the responsibility of the PD team and therefore, the investment in their professional skills is the first step in ensuring the establishment of a strong statewide cadre.

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 DOH. The DOH has started the internal procedures to hire additional staff who will work under the direction of the PD Coordinator and create a State Leadership Team which will drive next steps of EBPs implementation at the local level via coaching. Should the clinical staff be approved by the lead agency in the spring of 2018, the DOH will be in a strong position and will consider applying for the recently announced Training and Technical Assistance opportunity offered by the National Center for Pyramid Model Innovations (NCPMI). Applications for the “*Implementation of the Pyramid Model within Part C Home Visiting*” technical assistance project are expected to be available to states in August of 2018. All of these steps in infrastructure development are intended to achieve the Long-Term outcome in Evaluation Question #4:

---

*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*

---



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## DATA QUALITY

### DATA QUALITY IMPLEMENTATION PLAN –PHASE III, YEAR 2

In Year one of Phase III, the DOH -NJEIS spent significant time and resources to improve the data quality for Indicator 3, Child Outcomes and those efforts continued in Phase III, Year 2. The efforts associated with the SSIP and the achievement of the SIMR can only be realized when the DOH-NJEIS is assured the data quality meets the standard set by OSEP and provides the system with accurate metrics. The DOH-NJEIS uses the Battelle Developmental Inventory 2<sup>nd</sup> edition (BDI) to evaluate children and report yearly progress in Indicator 3.

The DOH-NJEIS APR submission in February 2018, for FFY 2016, reported significant positive improvements in Indicator 3 and the associated data quality measures assessed by OSEP in the Result-Driven Accountability Matrix, such as data completeness rate and data anomalies.

DOH-NJEIS has completed 18 different large and specific activities designed (discussed below and contained in Appendix B) to address the Action Steps in the Data Quality Implementation Plan.

### DATA COMPLETENESS

The Data Completeness rate is one formula used by OSEP as a measure of data quality. This percent is calculated as:

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

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

In the APR submitted February of 2015, the DOH-NJEIS reported a data completeness rate of 22.9%. As this completion rate was far below the federal standard, DOH-NJEIS concentrated heavily on the implementation of multiple infrastructure components and procedures to support gains in the rate. These included:

1. Data clean-up procedures;
2. Refresher Webinar for BDI use;
3. Creation of DataManager Procedure Manual;
4. Revised family brochure on child and family outcomes;
5. Revised BDI policy; and
6. Creation of Exit BDI teams.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

The most substantial infrastructure overhaul was the **creation of designated "Exit BDI"** teams in July 2016. In February 2016, the DOH announced the intent to create teams specifically designated to conduct "Exit BDI" as the major initiative to improve the state's data completeness rate. Additional requirements and procedures for the Exit teams were established and disseminated through quarterly TET administrator meetings with DOH and are incorporated into the EIMS for quality control. For example, the EIMS includes edit checks such as limiting the type of practitioner identified as "exit evaluator" and provides real-time reports on children approaching "exit".

Although the operationalization of separate Exit teams has been cumbersome, the results in data collection since their establishment have been significantly positive. The launching of designated Exit teams required additional on-boarding of personnel and professional development to ensure adequate numbers of trained personnel to complete more evaluations. The teams required additional resources in BDI supplies and product licensing. The procedures for each county also needed modification and adjusted communication strategies between SCU and TET.

DOH-NJEIS is pleased that the efforts and activities to improve the data completeness rate are resulting in steady, measurable gains at the state and the county level.

---

*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*

---

### State Data Completeness Rate

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

For the APR submitted in 2018, OSEP provided an optional calculation for states that adjusts the denominator removing children who did not participate in the program for at least 6 months.

The number of children reported in Indicator 3

The total number of children who exited the program-minus children who did not participate for at least 6 months



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

DOH chose to provide to OSEP the number of children who did not participate for at least 6 months and in doing so, the data completeness rate changes from 43.17% to 52.71%.

|   | FFY 2016 (calculation 1) | FFY 2016 (calculation 2) |
|---|--------------------------|--------------------------|
| Children assessed for Ind 3                   | 5,866                    | 5,866                    |
| Children exited from NJEIS                    | 13,585                   | 13,585                   |
| Children who did not participate for 6 months |                          | 2,457                    |
| Data Completeness                             | 43.17%                   | <b>52.71%</b>            |

*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*

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.

The Data Completeness Table below indicates the progress each county has made since baseline was established in FFY 2013.

### Data Completeness by County

(Calculation includes all exited children in denominator)

| County     | FFY 2016 | FFY 2015 (Exit teams) | FFY 2014 | FFY 2013 (Baseline) |
|------------|----------|-----------------------|----------|---------------------|
| ATLANTIC   | 28.29%   | 39.10%                | 29.80%   | 29.76%              |
| BERGEN     | 50.00%   | 52.22%                | 42.45%   | 41.36%              |
| BURLINGTON | 44.95%   | 43.63%                | 21.88%   | 15.9%               |
| CAMDEN     | 39.41%   | 39.13%                | 28.66%   | 19.88%              |
| CAPE MAY   | 25.71%   | 25.27%                | 19.04%   | 11.53%              |
| CUMBERLAND | 36.05%   | 45.09%                | 27.70%   | 25.26%              |





# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| County     | FFY 2016 | FFY 2015 (Exit teams) | FFY 2014 | FFY 2013 (Baseline) |
|------------|----------|-----------------------|----------|---------------------|
| ESSEX      | 45.03%   | 44.87%                | 38.62%   | 23.76%              |
| GLOUCESTER | 39.79%   | 34.35%                | 28.18%   | 23.05%              |
| HUDSON     | 38.13%   | 42.29%                | 38.99%   | 30.3%               |
| HUNTERDON  | 44.34%   | 47.18%                | 35.59%   | 22.38%              |
| MERCER     | 51.09%   | 37.90%                | 42.19%   | 30.1%               |
| MIDDLESEX  | 32.09%   | 18.04%                | 18.78%   | 17.5%               |
| MONMOUTH   | 54.94%   | 53.67%                | 45.15%   | 22.93%              |
| MORRIS     | 38.22%   | 35.67%                | 28.80%   | 32.06%              |
| OCEAN      | 50.16%   | 37.05%                | 31.26%   | 33.4%               |
| PASSAIC    | 48.01%   | 47.33%                | 40.83%   | 45.66%              |
| SALEM      | 31.81%   | 40.50%                | 25.35%   | 3.75%               |
| SOMERSET   | 33.78%   | 41.07%                | 34.86%   | 20.05%              |
| SUSSEX     | 48.42%   | 41.43%                | 27.38%   | 32.43%              |
| UNION      | 41.13%   | 37.13%                | 42.80%   | 18.6%               |
| WARREN     | 45.66%   | 57.14%                | 48.91%   | 20.17%              |

The table shows that 20 of 21 counties improved their county data completeness since the baseline data were established in FFY 2013.

County success in maintaining or improving their completion rate from FFY2015-FFY2016 varied while the overall state rate improved. Some counties saw significant improvements in their rate (Mercer, Gloucester, Middlesex, Morris, Ocean, Sussex, Union), some had improvements that were not significant (Burlington, Camden, Cape May, Essex, Monmouth, Passaic), one had slippage that was not significant (Bergen) and the remaining had significant slippage (Atlantic, Cumberland, Hunterdon, Hudson, Salem, Somerset, Warren). After the data are finalized and submitted in the APR, each county TET and Service Coordination Unit is provided the local data to be used for their own monitoring and planning purposes.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

In analyzing the county and TET agency trends, DOH determined that an on-site monitoring visit was needed to address the consistent low performance of one TET agency. JFK Health System operated as the primary TET agency in Middlesex County, which included the exit responsibilities, until FFY 2015 (July 1, 2016). During the period that JFK had responsibility for exit evaluations in Middlesex County, the completion rate was 17.5%, 18.78%, and 18.04%. A new TET agency was assigned to provide exit evaluations in Middlesex County in FFY 2016 and the completion rate rose to 32.09%. JFK was assigned to provide exit evaluation in Somerset County and in FFY 2016, the completion rate in that county slipped from 41.07% to 33.78%.

As a result of the data trend, DOH conducted a focused on-site monitoring visit to JFK Health System in November 2017. The monitoring team examined child records, interviewed the administrator and key staff, and reviewed the agency procedures for scheduling and conducting exit evaluations. The monitoring team concluded the following:

1. The agency had poor communication with the SCU to identify children in need of an exit evaluation.
2. The agency was understaffed with evaluators trained in the BDI and trained to complete exit evaluations.
3. The agency lacked consistency with internal procedures to effectively schedule and complete evaluations.

The monitoring team provided the agency with recommendations to address each of the concerns identified. The DOH PD Coordinator was alerted to prioritize BDI/TET training slots for new evaluators from JFK TET to quickly increase the available workforce for the agency. In addition, the monitoring team assisted the agency in procedures for using data reports to identify children for evaluation. The county SCU was provided feedback on methods to improve the communication between the TET and SCU.

---

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

*Evaluation question #3 Long Term Outcome*

---

The improvements in data completeness and the increased N reported by DOH-NJEIS, is an important step in assuring the quality of the data used to measure Child Outcomes.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## DATA ANOMALIES

---

The OSEP Result-Driven Accountability Matrix also 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 in NJEIS.

---

*“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 2016 did not show improvements in this progress category and with 70.45% of the children in 3A (e), this continues to be a data anomaly for NJEIS as the target range in the OSEP Results Matrix for FFY 2015 was 29.52% - 59.82%.

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

| FFY 2016 | FFY 2015 | FFY 2014 | Baseline (FFY 2013) |
|----------|----------|----------|---------------------|
| 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.

---

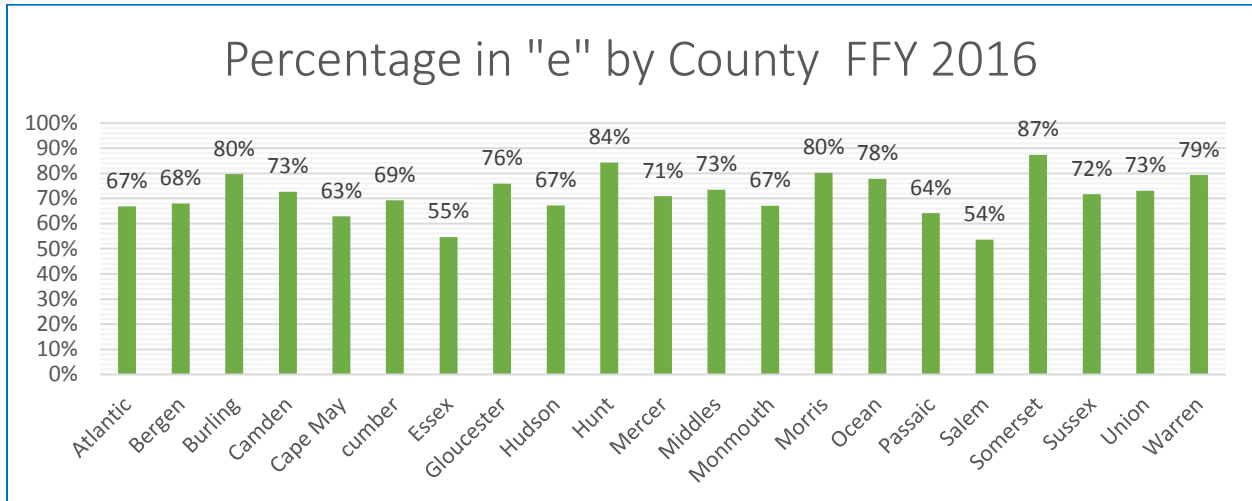
*“Each of the 21 counties in NJ established baseline performance in FFY 2013. NJEIS will continue to calculate county performance by progress category and report this data to pertinent county personnel”*

*Evaluation Question #3 Short Term Outcome #2*

---



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III



The data set reported in the chart above was collected between July 1, 2016 and June 30, 2017, which is prior to the full-scale implementation of BDI fidelity training which is hypothesized to improve the data via improved fidelity to the tool. The Phase I & II SSIP observations which assessed TETs using a *Fidelity Checklist*, identified that evaluators needed additional training in fidelity on the Battelle Developmental Inventory (BDI) and specifically the Personal-Social Domain. The execution of that training and its potential effect on NJEIS data anomalies is discussed in the next section.

## BDI FIDELITY

DOH-NJEIS began tackling the potential issues with fidelity of BDI administration in the early phase of the SSIP process. After developing and piloting a *Fidelity Checklist*, the DOH provided TET agency administrators the completed checklist for their use with staff to **determine the baseline fidelity of the TET agencies on the BDI**. The results of their observations, examination of data anomalies in NJEIS Child Outcome Data, and follow-up conversations with evaluators were used to inform the development of a professional development opportunity on BDI fidelity.

In March 2017, the first **fidelity training on the Personal Social Domain of the BDI** was presented to 14 evaluators in a pilot format. The positive feedback from the attendees resulted in the PD finalizing the **BDI Fidelity Training** program. Between April and November 2017, the "BDI Fidelity" training program was provided to all (17) TET agencies and 438 evaluators who use the BDI. The training program was developed and delivered by the PD team's longest tenured TTA who has subject matter expertise in evaluation and assessment. The TTA traveled to each agency location to provide the full-day, classroom style program developed with the assistance of the PD Coordinator, the BDI Community of Practice group and Riverside Publishers.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

The program was designed to facilitate discussion, improve inter-rater reliability, increase fidelity to item administration and encourage critical thinking. It included the following elements:

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

The PD team received overwhelmingly positive feedback from the professional development day. Evaluators took interest in the Outcome/Data Anomaly portion and appreciated the connections made to the relevance of their daily work. Evaluations from 293 participants indicated the overall satisfaction:

1. *“This training was a valuable use of my time”* = rated 5/5
2. *“This training met the defined objectives”* = rated 5/5
3. *“This training was useful to my everyday responsibilities”* = rated 5/5

Satisfactory completion of a professional development program by the evaluators was the first step in increasing their fidelity. The TTA and PD Coordinator have created opportunities for follow-up activities to continue supporting the evaluators in their administration of the BDI. Notably, a Community of Practice (COP) was piloted using a web-based, “lunch and learn” format for interested evaluators.

Analyzing submitted feedback from the field, the TTA has identified topics and proposed a schedule and format to continue the COP. This is one activity that has been delayed a few months, as the NJEIS adjusts to using the EIMS in their daily work.

Lastly, the program designed for BDI fidelity, including the discussion of data anomalies and the importance of Child Outcome data quality, is now part of the formal on-boarding procedure for all new TET evaluators. The complete (2018) on-boarding process can be found in Appendix G, along with a newly created “BDI Observation Guide” which is Appendix H.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Given these activities, it is expected that the progress categories will show improved data quality in the APR submission in 2019. As a follow-up in the fall of 2018, TET administrators will be asked to re-assess their staff for BDI fidelity via observations.

---

*"Administrators for each Targeted Evaluation Team will re-assess their staff performance using the BDI Fidelity Checklist upon completion of the Professional development activity."*

*Evaluation question #3 Short Term Outcome #2*

---

As noted throughout this report DOH-NJEIS uses the BDI to measure and report on Child Outcomes. As part of the procedures, the TET teams use an electronic data base (BDI DataManager) developed and supported by the publishers to maintain statewide BDI data. The new EIMS data system includes a section to enter children's BDI scores, making them available to all team members in real-time and making them available in the DOH's main data base for any needed data analysis or query, and ARP reporting. The introduction of the EIMS as a repository for BDI scores will not eliminate the use of the BDI DataManager for evaluators, however, it does significantly change the procedures needed by the DOH state staff to prepare reports for APR and other purposes.

The Data Quality Implementation Plan of the SSIP, included many activities designed to assure quality data was available for use by the system. Prior to the EIMS, two separate data bases were needed to compile the Child Outcomes data sets (SPOE & BDI DataManager). With the EIMS, the data now are housed in one system, alleviating many of procedures previously used for data matching and clean-up. The transition to EIMS, does require that DOH staff develop new procedures based on the new platform.

### STAKEHOLDER INVOLVEMENT

During Phase III, Year 2 stakeholders continued to be involved in the planning, development and execution of the activities contained in the SSIP. As in Year 1, the TET administrators and evaluators had a prominent role in the SSIP as the use of BDI and data quality improvement strategies were an integral part of building and enhancing the system's infrastructure. The DOH continued to hold quarterly meetings with the administrators of the TETs to provide information and data, solicit their input and to ascertain additional infrastructure needs.



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

Appendix I lists several different stakeholder groups that met for various purposes since April 2017. The DOH made concerted efforts this year to solicit input from members of the NJEIS community who previously were not active participants on workgroups or standing committees. This method captures new ideas and input, but also establishes greater 'buy-in' from a wider network of provider agencies, and individual practitioners. The readers will note the variety of contributors to all the activities mentioned throughout this report. Phase III, Year 3 will focus on finding additional opportunities to include service coordinators beginning with analyzing their responses to the Social Emotional Survey set to be distributed to them in April 2018.

The DOH-NJEIS is appreciative of the support and attention from the State Interagency Coordinating Council (SICC) regarding SSIP activities and goals. The SICC meets every other month and at each meeting over the past year, SSIP discussions and updates are included on the agenda. Members of the APR/SSIP Stakeholder Group, who are not SICC members, are advised of these meetings, invited to attend, and encouraged to participate in SSIP related discussions as public members. The Service Delivery Committee of the SICC diligently met to create the NJEIS Provider Competency Standards, utilizing the ECTA System Framework as a model and guide. The Competency Standards include a strong section on the inclusion of EBPs and the NJ Birth to 3 Early Learning Standards. In November 2017, a self-assessment tool was finalized, with the assistance of the University of North Carolina at Chapel Hill and presented by webinar to the EIPs as a companion to the Competency Standards. Both the Competency Standards and the self-assessment tool are available on the DOH website. The Results Accountability Coordinator has responsibility to identify and utilize the appropriate channels of communication regarding SSIP activities, progress and next steps internally at DOH and to external stakeholders.

DOH-NJEIS utilizes small, task-oriented workgroups to make progress on the Actions Steps and Evaluation Questions in the SSIP. These stakeholders represent EIPs, PD, families, higher education and advocacy organizations with an interest in the NJEIS. By convening the right partners for short-term and specific tasks, DOH-NJEIS leverages the stakeholders' skills and knowledge, maintains partnerships, and receives quality feedback and products while being respectful of individual time commitments. DOH-NJEIS plans to continue this format to engage stakeholders in Phase III, Year 3.

A complete list of stakeholders who contributed to Phase III, Year 2 is found in Appendix I.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## PLANS FOR NEXT YEAR PHASE III YEAR 3

The four Implementation Plans developed in Phase II continue to be in-line with the needs of the SSIP and achievement of the SIMR and therefore will govern the activities of Phase III, Year 3. Likewise, the Evaluation Plan contains the appropriate Methods/Measures and Performance Indicators to provide necessary data for the short-term and long-term outcomes and to answer the Evaluation Questions. The DOH-NJEIS did not modified the Evaluation Plan during Phase III, Year 2.

The transition to utilizing the EIMS data system is a significant infrastructure change that will continue to influence and impact all levels of operation within NJEIS, including SSIP activities. The new EIMS went “live” December 1, 2017 and has necessarily appropriated the energies of practitioners, EIPs, SCUs, regional and state staff due to the comprehensive functionality of the system. Each level of the NJEIS is expected to conduct their business by using the EIMS, including case management, contact logs, service logging with session notes plus billing and claiming for services rendered. The DOH had anticipated the challenges typically associated with a new data system transition, however, these challenges have been more significant. As of April 2018, the EIMS still requires multiple functions and operations to be corrected by the vendor to accommodate the needs of the system. The local teams (EIP, SCU) continue to need on-going support to learn new terminology and procedures that are required by the EIMS. The attention of the field is focused on learning a new way to do their business which has resulted in planned SSIP activities being delayed or modified.

The DOH, however, is optimistic that the capabilities of the EIMS will provide the catalyst to re-design accountability mechanisms within the NJEIS. It has been programmed to provide DOH-NJEIS with significantly more data and monitoring resources in real-time. The DOH infrastructure development includes revisions to the monitoring system for results accountability that was put on hold during Phase III, Year 2, pending completed deployment of the EIMS. As the capacity of the EIMS is fully realized, the DOH will be better positioned to create the Results Accountability Plan described in Evaluation Plan of the SSIP.

---

*“An infrastructure of Results Accountability operates to monitor child and family results and to ensure EBP implementation”*

*Evaluation Question #5, Long Term Outcome*

---

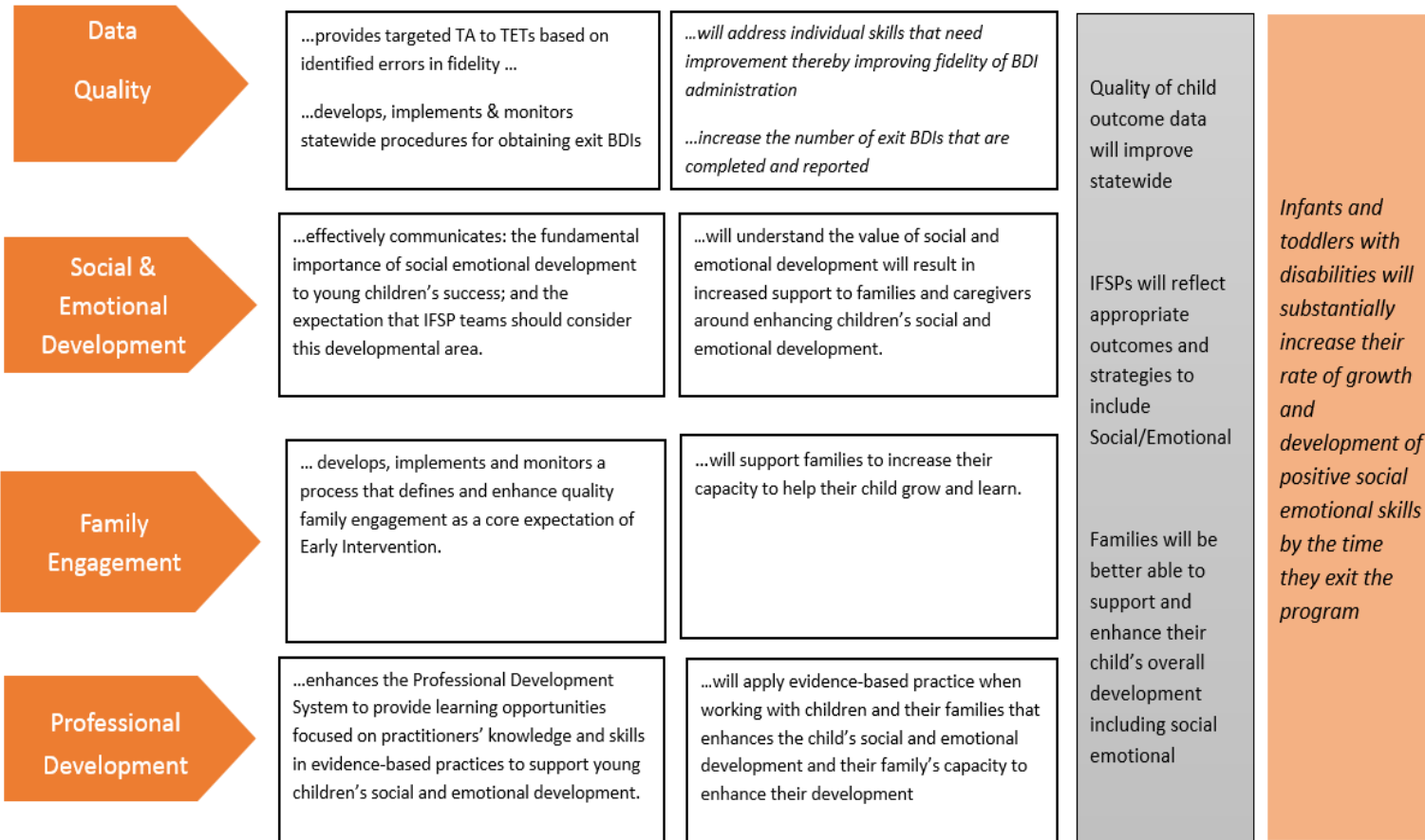




## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

The leadership of the DOH-NJEIS is pleased with the progress achieved in the SSIP during the past year. At this time, DOH-NJEIS has no major revisions to this plan except for timelines as noted in this report.

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 mission statement about Social Emotional development & NJEIS expectations   | Develop resource list of recommended EBP tools for providers | <del>January 2016–<br/>February 2016</del><br>February-May 2016            | <b>Completed- April 2017</b><br><br><ol style="list-style-type: none"> <li>DOH determined that the DEC Recommended Practices were the appropriate EBPs to utilize to achieve the SIMR</li> <li>The practices were disseminated at the Conference in May 2016</li> <li>A “Did you Know” about the DEC RPs was distributed by email to all NJEIS practitioners</li> <li>DOH developed a statement re: Social Emotional Development.</li> <li>The Statement was introduced and distributed in May 2016, at the NJEIS statewide conference</li> </ol> |
|   | Use established communication method to focus on social emotional development among all NJEIS stakeholders, including efforts specifically for families | Evaluate potential opportunities for communication           | <del>January 2016-ongoing<br/>February 2017-ongoing</del><br>December 2018 | April 2017-status<br><br><ol style="list-style-type: none"> <li>Staffing resources delayed this activity until February 2017. DOH conducted an environmental scan of websites and documents used by the NJEIS for potential opportunities to include the social-emotional mission definition and mission statement</li> </ol> <b>Completed- April 2018</b>  |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP  | LARGE ACTIVITIES  | SPECIFIC ACTIVITIES   | TIMELINE                                       | STATUS & COMMENTS  |
|--|---|---|--|--|
|  |   | Disseminate to NJ partners including the NJEIS mission statement on Social Emotional Development including cultural and language specific information                                   |  | <b>In-progress - 2018</b> <ol style="list-style-type: none"> <li>Two collaborative initiatives, NJEIS &amp; IHE and NJEIS &amp; Pyramid Model, will support this activity.</li> <li>A more formal plan for dissemination of these materials and information to NJEIS partners will be developed and implemented.</li> <li>Staffing shortages have delayed this for another 6 months.</li> </ol>  |
|  | Hold statewide conference for practitioners that is SSIP focused  |   | May 2016                                       | <b>COMPLETED – May 2016</b> <ol style="list-style-type: none"> <li>Statewide Conference held May 2016.</li> <li>250 NJEIS practitioners attended</li> <li>SSIP goals were presented</li> <li>DEC recommended practices were presented</li> <li>Social Emotional statement presented</li> <li>2 surveys of practitioner knowledge, skills and attitudes towards social emotional development and family engagement were completed.</li> </ol>                 |
| <b>Select and disseminate EBP practices that are designed to increase Social Emotional Development in Young Children</b> | 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<br><br>Consider role of NJ Early Learning Standards & DEC Recommended Practices | November 2015- March 2016                      | <b>COMPLETED- March 2016</b> <ol style="list-style-type: none"> <li>DOH consulted with the ECTA center, OSEP staff, stakeholders and Part C state staff in other states and decided to adopt 5 of the DEC RP as the EBPs to support the SSIP and SIMR</li> <li>NJ Early Learning Standards were provided to service providers as a foundational context for the provision of services. The Standards are publicly available on the NJEIS website.</li> </ol> |
|  | Collect Data on EBP currently used by practitioners   | Investigate available checklists/survey and or other tools to collect this data   | <del>January 2016-April 2016</del><br>May 2016 | <b>COMPLETED – May 2016</b> <ol style="list-style-type: none"> <li>Using modified checklists from the ECTA RP materials, baseline data were collected from participants at the conference regarding their</li> </ol>   |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP | LARGE ACTIVITIES  | SPECIFIC ACTIVITIES                | TIMELINE             | STATUS & COMMENTS   |
|-------------|---|------------------------------------|----------------------|---|
|             |   | Collate and analyze collected data |                      | 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-ongoing | <p>April 2017 -status</p> <ol style="list-style-type: none"> <li>The PD team is incorporating the selected 5 DEC RPs in the redesign of IFSP training and the revised FDA training.</li> </ol> <p><b>In-Progress-April 2018</b></p> <ol style="list-style-type: none"> <li>The FDA was revised to include additional focus on social emotional development. Statewide training was provided to all SCU to highlight the importance of capturing this information.</li> <li>Additional TTA plan is in development for on-boarding new service coordinators and as refreshers for ongoing personnel.</li> <li>The revised IFSP training specifically includes social emotional outcomes as part of the training content.</li> <li>Webinars that address EBPs related to social emotional development are nearing completion and will be offered to practitioner during the summer of 2018.</li> </ol> |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP   | LARGE ACTIVITIES   | SPECIFIC ACTIVITIES  | TIMELINE   | STATUS & COMMENTS  |
|---|--|--|--|--|
| <p><b>Integrate EBP into NJEIS documents, procedures and materials</b></p>  | <p>Revise documents and forms to reflect social emotional EBP (e.g. IFSP, evaluation FDA, progress reports)</p>                                |  | <p>September 2016 &amp; ongoing<br/>January 2017 – ongoing</p> | <p>April 2017 -status</p> <ol style="list-style-type: none"> <li>The award of a vendor for the new data system has provided the opportunity and necessity to review and revise all forms utilized by NJEIS staff. EBP, social emotional and family engagement are being integrated into the system as appropriate.</li> </ol> <p><b>Completed-December 2017</b></p> <ol style="list-style-type: none"> <li>Included in the implementation of the EIMS is the review and necessary revision of all NJEIS forms pertaining to a child’s IFSP (evaluation, FDA, progress reports)</li> <li>These revisions included consideration of the integration of Child Outcomes to support social emotional development and the implementation of EBPs.</li> </ol> |
| <p><b>Investigate additional tools, processes and/or procedures to augment the collection of information on children’s social emotional development</b></p> | <p>Maintain communication with Riverside Pub. to provide input &amp; follow the progress of the planned BDI revisions. BDI-3 expected 2019</p> | <p>DOH staff to continue membership in national ECTA BDI Users Community of Practice group</p> | <p>November 2015 &amp; On-going</p>                            | <p>April 2017 - status</p> <ol style="list-style-type: none"> <li>NJEIS has maintained professional relationships with the publishers of the BDI and continues to actively participate in the national BDI users group</li> </ol> <p><b>On-going - April 2018</b></p> <ol style="list-style-type: none"> <li>NJEIS has maintained professional relationships with the publishers of the BDI and continues to actively participate in the national BDI users group</li> </ol>   |
|   | <p>Convene workgroup to review data &amp; make recommendations on the need for additional tools or procedures</p>                              | <p>Analyze data over time to identify possible trends for specific populations</p>             | <p>January 2018 &amp; Ongoing</p>                              | <p><b>In-progress – April 2018</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol>  |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP | LARGE ACTIVITIES | SPECIFIC ACTIVITIES   | TIMELINE | STATUS & COMMENTS  |
|-------------|------------------|---|----------|--|
|             |                  | <p>Analyze NJEIS Data Quality trends in Indicator 3 compared to national standards and expectations</p> |          | <p><b>On-going -2018</b></p> <ol style="list-style-type: none"> <li>1. Identified Data Anomalies in the NJEIS Results Matrix were shared with TET teams as part of fidelity training</li> <li>2. DOH further analyzed Progress Categories by County for local use to identify programs in need of addition TA for fidelity</li> <li>3. County performance reports include the Summary Statements for Indicator 3.</li> </ol> |



# 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   |
|---|---|--|------------------------|---|
| <b>Define Family Engagement for NJEIS</b> | Gather resources and research on Family Engagement and EBP in this area   | Identify small stakeholder team to gather resources and select the most relevant resources to bring to workgroup<br><br>Connect with NJ CYC Family Engagement committee for resources and current products/initiatives of the CYC<br><br>Track current initiative from DOE and HHS on Family Engagement and Early childhood (2016)<br><br>Present to workgroup summary, highlights and recommendations from available resources. | January-March 2016     | <b>COMPLETED-March 2016</b><br>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 NJEIS as it related to the SIMR | Determine members and lead of the group<br><br>Review recommended information from resources   | March - September 2016 | <b>COMPLETED-September 2016</b><br>1. Stakeholders met in March 2016 through September 2016<br>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  |
|---|---|--|--|--|
|   | Develop & present to DOH a recommended statement related to family engagement for use NJEIS |  | September 2016<br>May 2017                                     | April 2017- Status<br>1. Workgroup submitted to DOH a statement related to Family Engagement<br>2. Final decision on the official “Statement” is pending with DOH<br><b>Completed – April 2017</b><br>1. State ICCC approved DOH recommended statement on Family Engagement<br>2. DOH approved statement   |
| <b>Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS</b><br><br>(cont) | Identify training needs within NJEIS (practitioners, families, stakeholders)                | Conduct needs assessment activity to collect baseline on current implementation of the defined statement<br><br>Consider the need for focus groups with parents, providers and service coordinators related to Family Engagement | <del>October 2016 – March 2017</del><br><br>MAY 2016-JULY 2017 | April 2017 - Status<br>1. Baseline data was collected in May 2016 via a Family Engagement Survey to determine practitioner strengths and areas of improvement re: engaging families<br>2. Data was stratified and is available for analysis.<br><b>Completed- July 2017</b><br>1. Survey data are being used to inform the PD materials and activities related to EBP implementation<br><br>April 2017 –status pending<br><b>Revised April 2018</b><br>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   |
|---|--|---------------------|-----------------------|---|
| <b>Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS</b> | Utilize the Professional Development system to implement the use of family engagement practices throughout the NJEIS |                     | July 2017-<br>Ongoing | <b>On-going - April 2018</b> <ol style="list-style-type: none"> <li>1. Family Engagement statement added to revised IFSP training and other NJESI materials</li> <li>2. First round of EBP webinars developed for practitioners prioritized the NJEIS selected DEC practices related to Family Engagement.</li> <li>3. Redesign of current materials used in public presentations by the NJEIS family support coordinators has begun to ensure consistent messaging and dissemination of the Family Engagement Statement.</li> <li>4. Future PD materials will include and be informed by the Family Engagement definition and EBPs</li> <li>5. Newly established workgroup with Higher Education partners aims to provide opportunities to inform pre-service curricula with the NJEIS focus on Family Engagement and EBPs.</li> </ol> |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## Professional Development Implementation Plan

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

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

| ACTION STEP   | LARGE ACTIVITIES  | SPECIFIC ACTIVITIES  | PROJECTED TIMELINE   | STATUS & COMMENTS   |
|---|---|--|--|---|
| <b>Determine necessary adjustments to Professional Development System to meet the needs of the SSIP</b> | Complete ECTA framework self-assessment for Professional Development to determine necessary areas for improvement | Have PD staff (state and regional) with ECTA consultant complete self-assessment process | <del>January 2016-April 2016</del><br><del>December 2016-July 2017</del><br>On-going | April 2017 -status<br>1. The PD team added 2 new members in July and November 2016 filling vacancies in key positions.<br>2. The PD team began work on self-assessment using the ECTA framework in December 2016<br><b>In-progress April 2018</b><br>1. Incorporate regional family support staff into PD activities and PD team.<br>2. Pursuing hiring 2 “clinical coaches” at the DOH as additional members of the PD team<br>3. Continue the professional development of the PD team to reflect current models of PD for adult learners<br>4. Complete workforce self-assessment of ECTA framework by summer 2018. |
|   | Determine feasibility of incentives for practitioner to encourage participation in PD.                            | Explore current endorsements and their requirements                                      | <del>August 2016 (completed handbook)</del><br>March 2016                            | <b>Completed April 2017</b><br>1. Information on professional credits standards and CEUs was gathered by a member of the PD team.   |



# 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 | <del>August 2016 completed handbook</del><br>November 2017-<br>Summer 2019 | April 2017-status<br>1. Based on the information gathered and available resources, it was determined that this activity was a lower priority and will be delayed until at least 2019<br><b>In-progress April 2018</b><br>1. 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.  |
| <b>Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</b> | Continued FDA training for SC to better identify and incorporate social emotional development into IFSPs | Face to Face Trainings, Webinars & Coaching                      | <del>January 2016 – June 2016</del><br>June 2016 and on-going              | April 2017-status<br>1. A workgroup has revised the FDA training in preparation for face-to-face training.<br>2. Training has been revised from original content to include more information on social emotional development.<br>3. Professional development session will begin April 2017<br>4. The PD team will provide additional opportunities for TA to support the use of the FDA<br><b>Completed April 2018</b><br>1. Training on FDA for Service Coordinators occurred April and May 2017<br>2. New FDA format is included in the EIMS data system<br>3. PD team providing follow-up as needed based on participant survey<br>4. PD team developing sustainable methods to make training available for new Service Coordinators |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP  | LARGE ACTIVITIES  | SPECIFIC ACTIVITIES  | PROJECTED TIMELINE  | STATUS & COMMENTS  |
|--|---|--|---|--|
| <p><b>Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</b></p> | <p>Design NJEIS version of “<b>Foundations of Social Emotional Development in Young Children</b>” to be available for all practitioners</p> | <p>Arrange a MOU with MSU to modify the “<del>Keeping Babies and Children in Mind</del>” (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<br/> <del>September 2017</del><br/>           February 2018 and on-going</p> | <p>April 2017-status</p> <ol style="list-style-type: none"> <li>DOH and MSU continue conversations regarding the use of the KBCM modules in the NJEIS LMS for practitioners</li> <li>NJEIS practitioners consistently participate in the KBCM face to face opportunities provided by MSU</li> <li>MSU created a draft program on “Foundations of Social Emotional Development” for NJEIS.</li> <li>NJEIS is working with MSU on the content of the proposed training.</li> <li>Completed modules and material will be made available on the LMS for NJEIS practitioners</li> </ol> <p><b>Revised April 2018</b></p> <ol style="list-style-type: none"> <li>KBCM modules and face to face training continue to be offered to EI personnel</li> <li>New emphasis will be utilizing the Pyramid model curriculum statewide.</li> <li>DOH PD Coord began participation on Pyramid Steering Committee with MSU</li> </ol> |
|  | <p>Roll-out of Modules</p>  | <p><del>Determine process &amp; expectations for roll-out</del></p>  | <p><del>September 2016 on-going</del><br/> <del>January 2018</del></p>                    | <p>April 2017:PENDING<br/> <b>April 2018 Replaced: see above.</b></p>  |



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP  | LARGE ACTIVITIES   | SPECIFIC ACTIVITIES  | TIMELINE                          | STATUS & COMMENTS   |
|--|--|--|-----------------------------------|---|
| <p><b>(continued)</b><br/> <b>Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</b></p> | <p>Create and implement “new and improved” model for professional development.</p> <p>Establish cadre of coaches with knowledge of EBP</p> <p>Integrate on-line modules, hybrid learning and enhanced face to face training opportunities.</p> | <p>Utilize ECTA framework results to inform process</p> <p>Create master calendar and process for statewide Professional Development activities</p> <p>Utilize multiple communication strategies to promote CSPD activities related to SSIP</p> <p>Create centralized system (website) for professional development resources &amp; material</p> | <p>January 2017 &amp; ongoing</p> | <p><b>In-Process - April 2018</b></p> <ol style="list-style-type: none"> <li>1. PD team has established a master calendar for BDI on-boarding and newly developed IFSP training requirement</li> <li>2. PD team is exploring new technological methods for communicating &amp; delivering PD opportunities to the system to centralize the overall process.</li> <li>3. IFSP training requirement was redesigned from a one-day face to face into a hybrid learning experience. The new protocol will go live in April 2018.</li> <li>4. Three (3) webinars focused on EBPs are nearing completion and rollout to practitioners expected by Fall of 2018.</li> <li>5. PD team and DOH has increased the number of virtual meeting opportunities to support the SIP activities and maintain ongoing communication and networking.</li> <li>6. Year 3 includes a plan to further develop the PD knowledge and skills of the Family Support Coordinators to ensure consistent messaging about social emotional development and family engagement.</li> <li>7. Developing a Cadre of coaches remains a pending item.</li> </ol> |
|  | <p>Develop evaluation plan for all Professional Development activities</p>   | <p>Utilize ECTA framework results to inform process</p>  | <p>January 2018-May 2018</p>      | <p><b>PENDING</b></p>   |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP  | LARGE ACTIVITIES  | SPECIFIC ACTIVITIES   | TIMELINE   | STATUS & COMMENTS   |
|--|---|---|--|---|
| <p><b>Design and implement accountability system for professional development that includes Results Monitoring and assurance of EBP implementation</b></p> | <p>Make recommendations for the development of standardized supervisory requirements for EIP agencies</p>       | <p>Consider necessary changes to Letters of Agreement with EIP agencies</p> | <p>January 2018-July 2018</p>                          | <p>April 2017 -status</p> <ol style="list-style-type: none"> <li>Using ECTA system framework and alongside stakeholders, DOH issued Part C Provider Competency Standards in January 2017.</li> <li>DOH is considering a re-compete of EIP agencies based upon the established competencies in 2018</li> </ol> <p><b>In-Progress April 2018</b></p> <ol style="list-style-type: none"> <li>RFA to recomplete the EIP programs will be issued prior to the end of calendar Year 2018</li> </ol> |
|  | <p>Convene a workgroup to determine appropriate activities and scope of a Results Driven Monitoring Process</p> |   | <p><del>October 2016</del><br/>July 2018 - ongoing</p> | <p><b>Pending – April 2018</b></p> <ol style="list-style-type: none"> <li>DOH is processing the hiring of 2 additional monitoring team members as of April 2018.</li> <li>Once the monitoring team is full-staffed, this activity will be initiated</li> </ol>  |



# 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                | <b>COMPLETED- June 2014</b><br>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                | <b>COMPLETED -October 2014</b>   |
|  | 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 | <b>COMPLETED- January 2015</b><br>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<br><br>Collate information and send to DOH   | October 2014- December 2015 | <b>COMPLETED- December 2015</b><br>1. 8 TET agencies completed observations of their staff utilizing the BDI fidelity checklist provided by DOH<br>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 &amp; materials related to fidelity on the BDI Personal Social Domain</p> <p>Determine logistics for training 450+ evaluators statewide</p>   | <p>Determine with Riverside Publ. possible training supports</p> <p>Collaborate with BDI Community of Practice on training methods/protocols for fidelity training</p>   | <p>November 2016-<br/>November 2017<br/><del>on-going</del></p>         | <p>April 2017-status</p> <ol style="list-style-type: none"> <li>1. Training was developed and piloted March 2017 (13 people)</li> <li>2. Logistics for statewide training for 385 practitioners is in development as of March 2017.</li> <li>3. NJEIS consults as needed with Riverside publishing</li> <li>4. NJEIS maintains on-going participation in the BDI Community of Practice</li> </ol> <p><b>Completed - April 2018</b></p> <ol style="list-style-type: none"> <li>1. Face to face training was provided to all 17 TET agencies by the PD team.</li> <li>2. <b>385</b> TET evaluators received the one-day training which included discussion of local performance data.</li> </ol>  |
| <p><b>Design &amp; Implement Professional Development plan for agencies with specific fidelity issues.</b></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 &amp; Provide agency-specific professional development plan</p> <p>Evaluate agency specific plans</p> | <p><del>Administrators conduct second round of observations using the Fidelity Checklist and submit to DOH</del></p> <p>Develop and implement multiple methods to provide on-going TA to practitioners in this area.</p> | <p><del>July 2017-ongoing</del></p> <p>November 2017 &amp; on-going</p> | <p><b>In-Progress - 2018</b></p> <ol style="list-style-type: none"> <li>1. After training was completed, individuals TET agency &amp; practitioners self-selected to receive additional targeted TA.</li> <li>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.</li> <li>3. PD team developed and made available a checklist for TET practitioners that contains best practices in evaluation</li> <li>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.</li> </ol> |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP  | LARGE ACTIVITIES   | SPECIFIC ACTIVITIES  | TIMELINE  | STATUS & COMMENTS   |
|--|--|--|---|---|
| <p><b>Revise training procedures for on-boarding new evaluators on BDI and NJEIS evaluation procedures</b></p> | <p>Develop &amp; 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 Publ. possible training supports</p> <p>Collaborate with BDI Community of Practice on training methods/protocols</p> | <p><del>December 2015-on-going</del><br/><del>January 2017-ongoing</del></p> <p>December 2017</p> | <p>April 2017-status</p> <ol style="list-style-type: none"> <li>DOH held a TET Focus group in December 2015 specific to the training needs/gaps identified by TET teams.</li> <li>In 2016, began conducting regularly scheduled statewide TET meetings (quarterly) as one method to disseminate procedures and data thus providing TET administrators with resources for the professional development of their staff</li> <li>CSPD team created new procedure/training system for on-boarding of “primary evaluators” and on-boarding of “exit evaluators”</li> <li>CSPD team maintains supportive collaboration with Riverside Publishing to support the revised training</li> <li>CSPD team is an active participant with the BDI Community of Practice</li> </ol> <p><b>Completed-April 2018</b></p> <ol style="list-style-type: none"> <li>PD team developed a written plan for on-boarding new TET evaluators</li> <li>On-boarding plan, including calendar of events, was distributed to all TET agencies in December 2017 for January 2018 start.</li> </ol> |



## THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP                         | LARGE ACTIVITIES  | SPECIFIC ACTIVITIES  | TIMELINE                   | STATUS & COMMENTS  |
|-------------------------------------|---|--|----------------------------|--|
| <b>Focused Monitoring</b>           | Conduct desk audits based on available data<br><br>Develop Hypotheses on issues impacting performance | Review current data and request additional data as needed<br><br>Determine counties that will have on-site visits. | July 2015 - September 2015 | <b>COMPLETED- September 2015</b><br>1. Reviewed completion rate data<br>2. Created hypothesis<br>3. Selected counties to visit   |
|                                     | Develop focused monitoring tools<br>Conduct on-site visits  | Schedule meetings with chosen Counties for on-site visits  | September 2015             | <b>COMPLETED - September 2015</b><br>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    | <b>COMPLETED – September 2015</b><br>1. Monitoring team presented analyzed data & conclusions to DOH lead team<br>2. Recommendation supported the need for development of procedures for the administration of the BDI |
| <b>Focused Monitoring-Continued</b> | Determine if additional on-site visits are needed   | Determine next steps for TA to SCU/TET for Exit BDI  | November 2015              | <b>COMPLETED – November 2015</b><br>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  |
|--|---|---|---|--|
| <p><b>Operationalize DOH data clean up processes</b></p> | <p>Create a procedure manual for DOH-NJEIS use of BDI DataManager</p> | <p>Determine style and goal of the manual</p> <p>Field test with new users to ensure accuracy and plain language instructions</p> | <p><del>June 2016</del><br/> <del>March 2018 (if needed)</del><br/>           December 2018</p> | <p>April 2017-status</p> <ol style="list-style-type: none"> <li>1. Activity was delayed pending the final award of contract for new data system</li> <li>2. In January 2017, NJEIS began development of a brand-new, system-wide data system, that will result in different data requirements for all users.</li> <li>3. This activity may or may not be needed given the anticipated feature of the new system.</li> </ol> <p><b>In-progress-2018</b></p> <ol style="list-style-type: none"> <li>1. The newly designed EIMS data system includes BDI data and a specific function for reporting Indicator 3.</li> <li>2. As users adapt to the new functionality and requirements of the EIMS, this activity can be completed.</li> </ol> |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| ACTION STEP  | LARGE ACTIVITIES  | SPECIFIC ACTIVITIES   | TIMELINE                 | STATUS & COMMENTS   |
|--|---|---|--------------------------|---|
| <b>Present refresher Webinar on BDI data entry procedures to TET teams</b>                       | Develop webinar<br>Schedule webinar<br>Present completed webinar<br>Archive webinar                                       | Assess common errors in using DataManager and MDS<br>Advertise webinar day and time<br>Register participants  | September - October 2015 | <b>COMPLETED – October 2015</b><br>1. DOH utilizes 3, standard “clean-up reports that identify data entry errors<br>2. Webinar was developed based upon trend data of these common errors<br>3. Webinar was held in October 2015<br>4. Initial airing viewed by 64 people<br>5. Webinar was archived. |
|  | Require participation for all Targeted Evaluation Team members  | Set timeline for viewing either live or archived webinar.   | November 2015            | <b>COMPLETED – November 2015</b><br>1. Archived webinar was viewed by an additional 206 people as of March 2017   |
| <b>Revise and distribute and implement specific policies for the use of the BDI in the NJEIS</b> | Compile current policies, procedures and memos that outline BDI processes into a single policy/procedure for use in NJEIS | Use data and information from on-site focused monitoring visits to inform policy/procedure development<br>Align new policies and procedure with existing policies to ensure consistency | July 2016 & on-going     | <b>COMPLETED – February 2017</b><br>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               |   |                          | <b>COMPLETED -July 2016</b><br>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                              | <b>COMPLETED – March 2017</b><br>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<br><br>Schedule and conduct conference calls with SCU and TETs regarding new policies and procedure<br><br>Investigate use of MCCC specific direct email to TET teams to distribute new information | <del>September 2016</del><br>March 2017 | <b>COMPLETED -March 2017</b><br>1. OMB audit was completed March 2017; final policy not finalized until final recommendations from OMB were available.<br>2. Statewide meeting held with TET administrators to review new policy<br>3. Policy distributed via email to SCU and TET evaluators<br>4. Statewide meeting held with SCU Coordinators to review policy<br>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<br/>July 2016 &amp; ongoing</p> | <p><b>COMPLETED-July 2016</b></p> <ol style="list-style-type: none"> <li>1. New Exit teams created based on data analysis of county need and prior performance</li> <li>2. Training of additional evaluators to meet the increased need began June 2016 and is on-going.</li> <li>3. Data analysis will continue to ensure the county completeness rates continue to improve</li> </ol> |

APPENDIX C EVALUATION PLAN

EVALUATION QUESTION #1

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

| Outcomes  | Performance Indicators  | Methods/Measures  |
|---|---|---|
| <p><b>Short Term Outcome #1</b><br/>A consistent message about family engagement, EBP, and social emotional development is communicated throughout the NJEIS.<br/><b>(Implementation)</b></p> | <p>1. Number of NJEIS Forms and documents that contain the message on family engagement, EBP and social emotional development.</p>  | <p>Criteria will be developed to measure extent of inclusion of these components as relevant to the document’s purpose. (e.g. present &amp; relevant, partially present &amp; relevant, not relevant)<br/><br/>Progress will be measured Yearly against established baseline calculated in July 2016.</p>   |
|   | <p>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.</p> | <p>Criteria will be developed to measure extent of inclusion of these components (e.g. present, partially present).<br/><br/>An environmental scan will be conducted of internal and external website, blogs, newsletters etc. using established criteria.<br/><br/>Progress will be measured Yearly against established baseline calculated in July 2016.</p>  |
| <p><b>Short Term Outcome #2</b><br/>Practitioners understand the fundamental importance of social emotional development in young children. <b>(Impact)</b></p>                                | <p>1. Percentage of NJEIS provider agencies that report their practitioner orientation &amp; ongoing professional development includes emphasis on the importance of social emotional development in NJEIS.</p>               | <p>A confidential self-assessment questionnaire will be developed to allow provider agencies and SCUs to report the extent to which social emotional development is included in their orientation to NJEIS practitioners &amp; other professional development activities. Progress will be measured Yearly against statewide baseline established by September 2016.</p>  |
|   | <p>2. Percentage of practitioners who report they understand the importance of social emotional development in their NJEIS work with children and families.</p>   | <p>A confidential self-assessment questionnaire will be developed to allow a sample of practitioners to report the extent to which they understand the importance of social emotional development with children and their families in the NJEIS. Sample will include practitioners from all 4 regions in the state.<br/><br/>Progress will be measured Yearly against established baseline obtained by November 2016.</p> |





# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| Outcomes   | Performance Indicators  | Methods/Measures  |
|--|---|---|
| <p><b>Short Term Outcome #3</b></p> <p>Practitioners actively consider relevant information on social emotional development for each child’s IFSP development. <b>(Impact)</b></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 &amp; criteria will be developed to measure the extent of active consideration of social emotional development. A sample of practitioners will be observed and scored in all 4 regions of the state.</p> <p>Progress will be measured Yearly against established baseline obtained in the first quarter of 2017.</p>               |
| <p><b><u>Long Term Outcome</u></b></p> <p>Practitioners use the identified EBPs to enhance the social emotional development of children <b>(Impact)</b></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><b>Short Term Outcome #1</b><br/>Practitioners will support families to increase their capacity to help their child’s development <b>(Impact)</b></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 ECTA Center’s “Family Capacity-Building Practices Checklist” will be used to collect confidential self-assessment from a sample of practitioners. Practitioners will be sampled from all 4 regions of the state.</p> <p>Progress will be measured Yearly against established baseline obtained by November 2016.</p>   |
| <p><b>Short Term Outcome #2</b><br/>IFSPs reflect outcomes and strategies to include social emotional development as appropriate to the child’s needs and the families concerns and priorities. <b>(Impact)</b></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 “<b>Social Emotional Continuity Scale</b>”, 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><b>Long Term Outcome</b><br/>Families are better able to support and enhance their child’s overall development including social emotional development <b>(Impact)</b></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 &amp; 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>   |

## 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><b>Short Term Outcome #1</b><br/>The number of exit BDI2 evaluations completed and reported will increase to meet the OSEP standard. <b>(Implementation)</b></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>  |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| Outcomes  | Performance Indicators  | Measures/Methods  |
|---|---|---|
| <p><b>Short Term Outcome #2</b></p> <p>NJEIS evaluation practitioners demonstrate improved skills in administering the BDI2 Personal-Social Domain.<br/><b>(Impact)</b></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 <b>decrease</b> 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>3. NJEIS BDI2 <i>Fidelity Checklist</i> for the Personal-Social Domain</p>                                     | <p>Administrators for each Target Evaluation Team will re-asses their staff performance using the BDI2 Fidelity Checklist using the scoring rubric provided.</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><b>Long Term Outcome</b></p> <p>The quality of Child Outcome Data will improve statewide.<br/><b>(Impact)</b></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 &amp; C.</p>  |
|   | <p>2. State “Data Completeness” for Indicator 3</p>   | <p>Data Completeness will be calculated using the formula established by OSEP: the number of children included in Indicator 3 divided by the number of children who exited the program in the federal fiscal Year.</p> <p>The Data Completeness rate will be calculated annually for the state. Baseline for the NJEIS was established in FFY 2013 at 22.9%.</p>                  |



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



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



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX D NJEIS SOCIAL EMOTIONAL DEVELOPMENT SURVEY

### NJEIS Social-Emotional Development Survey

Please take a few moments to thoughtfully respond to the questions below.

*Social-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, setting and health.*

- |  | Seldom or<br>Never (0-<br>25%) | Some of the<br>Time<br>(25-50%) | As Often as<br>I Can<br>(50-75%) | Most of the<br>Time<br>(75-100%) |
|--|--------------------------------|---------------------------------|----------------------------------|----------------------------------|
| 1. During the development of an IFSP, <b><u>I actively consider</u></b> all information on social-emotional development that is available to me from multiple sources and disciplines.                     | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>         |
| 2. During the development of an IFSP, <b><u>the team I work with actively considers</u></b> all information on social-emotional development that is available to us from multiple sources and disciplines. | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>         |

3. How important is a system-wide emphasis on social-emotional development to the work you do in NJEIS?

|                     |                    |                    |                      |                                   |
|---------------------|--------------------|--------------------|----------------------|-----------------------------------|
| Extremely important | Somewhat important | Not Very important | Not At All Important | I haven't really thought about it |
| 5                   | 4                  | 3                  | 2                    | 1                                 |

Please provide us with a brief explanation of your response to the question above.

---



---



---



---



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX E SOCIAL EMOTIONAL CONTINUITY SCALE

### Social Emotional Continuity Scale

**PURPOSE:** This scale is used to evaluate child records to determine if continuity exists between NJEIS sources of information, which indicate concerns in social emotional development, and the resulting IFSP.

**MATERIALS:** SPOE Referral Document, Evaluation Summary Form, FDA, and Initial IFSP

#### STANDARD PROCEDURES

---

#### PROCEDURE:

1. Using the checklist of key concepts as a guide, review the **SPOE Referral Document** and note any social and emotional development concerns from the parent.
2. Using the checklist of key concepts as a guide, review the **Evaluation Summary Form** and note any social and emotional development concerns from the evaluator.
3. Using the checklist of key concepts as a guide, review the **FDA** and note any social and emotional development concerns from the service coordinator.
4. Review the outcomes of the **Initial IFSP** and note any outcomes related to social and emotional interventions.
5. Use the scoring rubric to assess the continuity between all four documents.

| Score                                 | Criteria   |
|---------------------------------------|--|
| <b>0</b><br><b>Below Expectations</b> | If there are at least two mentions total of social and emotional development/intervention in the <b>SPOE Referral Document, Evaluation Summary Form, and FDA</b> and <b>NO MENTION</b> of social and emotional development in the goals/outcomes of the <b>Initial IFSP</b> , a <u>zero will be scored</u> .   |
| <b>1</b><br><b>Proficient</b>         | If there is evidence of a need for social and emotional intervention in one or more of the three documents ( <b>SPOE Referral Document, Evaluation Summary Form, FDA</b> ) and the social and emotional need is addressed in the outcomes of the <b>Initial IFSP</b> , a <u>one will be scored</u> .<br><br>If there is evidence of a need for social and emotional intervention in one or more of the three documents ( <b>SPOE Referral Document, Evaluation Summary Form, FDA</b> ) and the social and emotional need is addressed in the <b>Initial IFSP</b> , but the parents and team did not indicate it as a priority, a <u>one will be scored</u> . |
| <b>N/A</b><br><b>No Score</b>         | If the need for social and emotional intervention is not documented in any of the documents and intervention appears to not be needed;<br><p style="text-align: center;">AND</p> The Standardized Assessment Tool (BDI) concurred that there is no need for social and emotional intervention, a <u>N/A will be scored</u> .   |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX F FAMILY CAPACITY-BUILDING PRACTICES CHECKLIST

### Family Capacity-Building Practices Checklist

This checklist includes practices for engaging parents and other family members in using child-level interventions to promote child learning and development in ways that strengthen parenting confidence and competence. The capacity building practices are used by a practitioner to promote a parent’s understanding and use of everyday activities and routines as sources of child learning opportunities. The checklist can be used for planning purposes or self-evaluation.

**Reminder:** A family is defined as two or more people who regard themselves as family and who carry out the functions that families typically perform. In addition to parents, families are comprised of siblings and the full range of extended family, including grandparents, aunts/uncles and cousins.

(Months/Years)

**Discipline:** \_\_\_\_\_ **Region:** \_\_\_\_\_ **Time in NJEIS:** \_\_\_\_\_

**As a self-reflection, please indicate how often you use each practice characteristic.**

**Seldom or Never (0-25%)      Some of the Time (25-50%)      As Often As I Can (50-75%)      Most of the Time (75-100%)**

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I describe the use and benefits of everyday activities as sources of child learning opportunities.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I illustrate or demonstrate child engagement in everyday activities.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I describe and illustrate the importance of child interests and preferences in promoting child learning.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I use an everyday activity checklist to have a parent select which activities would be easiest for the parent to use.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Together with the parent, I engage the child in a familiar everyday activity.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I provide supportive guidance and suggestions to the parent as necessary.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I illustrate or demonstrate how adult responsiveness to child behavior is used to promote child learning in everyday activities.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Together with the parent, I identify five or six everyday activities that will be used as child learning opportunities.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I engage the parent in conversations about which activities will be used for child learning and which parent responses will be used to promote learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX G – ON-BOARDING NEW BDI-2 USERS

### 2018 Process for On-Boarding New BDI-2 Users

This on-boarding process assumes that a practitioner is in “current” status with NJEIS. “Current” status means that all Procedural Safeguards modules and all IFSP training has been successfully completed.

Any newly hired TET evaluators MUST successfully complete all Procedural Safeguards modules and IFSP training before registering for the Riverside BDI and Fidelity trainings.

#### 2018 On-Boarding Process

**Component 1:** Attend one-day Riverside BDI-2 Administration training sponsored by the NJEIS.

**Component 2:** Complete two (2) BDI evaluation observations of an experienced TET evaluator. It is preferred that these observations include:

- Child under 1 Year old
- Child over 1 Year old
- Different experienced evaluators

- During each observation, the practitioner should refer to the **NJEIS TET Observation Guide for New BDI-2 Users**, which includes strategies to maintain fidelity of BDI-2 administration, guided observation questions and a Reflections section.
- After each observation, the practitioner must complete the Reflections section of the Guide and bring these observations with him/her to Fidelity training. Observations and reflections will be used during the Fidelity training day.
- Practitioners can complete these observations before or after attending the Riverside BDI Administration training. However, ALL observation must be completed prior to attending Fidelity training. Two observations are minimum. Additional observations are encouraged.

**Once a practitioner has attended Riverside BDI-2 Administration training and completed the two (2) required observations, he/she can participate as a paid member of a 2-person evaluation team.**

**Component 3:** Register and attend a one-day Fidelity training facilitated by NJEIS CSPD staff.

Once a practitioner has attended Fidelity training, the final component in the on-boarding process, he/she can conduct BDI-2 Evaluations by him/herself.

An MDS license will not be issued until a practitioner has satisfied ALL components of the on-boarding process:

- Attended Riverside BDI-2 Training
- Conducted Two (2) Observations (completed Reflections must be brought to Fidelity training)
- Attended Fidelity Training

#### 2018 BDI-2 Training Offerings

- For 2018, Riverside BDI-2 Administration training will be offered in February, May, August and November.
- Fidelity training will be scheduled 4-6 weeks after the Riverside training date. NJEIS will offer one or two Fidelity training sessions to maintain a manageable class size and to accommodate practitioner schedules.
- For 2018, Fidelity training will be scheduled in March/April, June/July, September/October and December/January (2019). Session dates will depend on the date Riverside training was held, how many Fidelity sessions are needed and the internal NJEIS scheduling process.

Certificates will be issued for both the Riverside BDI and the Fidelity trainings. It is the responsibility of the agency and the practitioner to maintain these records should proof of attendance ever be needed. Agencies may require additional supervision or training for new evaluators at their discretion and in addition to the process outlined here.



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX H – OBSERVATION GUIDE FOR NEW BDI-2 USERS

### *NJEIS Observation Guide for New BDI-2 Users*

#### How to Use This Guide

Make arrangements to conduct two observations of experienced Evaluators administering the BDI-2.

It is preferred that you observe evaluations being administered to a child under one Year of age and a child over one Year of age. Observing two different Evaluators will give you a better opportunity to observe various techniques.

Review the *Strategies for Maintaining Fidelity of Administration of BDI-2* (page 2).

During your observations, look for evidence of these strategies being used by the Evaluator. These strategies were generated by seasoned NJEIS evaluators during Fidelity training and were identified as being important reminders during the BDI-2 administration process.

Review the *Observation Questions* (page 3). These questions will help you to focus your attention during the observation. Make notes of what you see.

After the evaluation is finished, take some time to reflect on the experience. Complete a *Reflections* sheet (page 4) for each observation and bring these with you to Fidelity Training. They will be used during the training to generate discussion.

Before you will be granted access to the BDI Mobile Data Solutions (MDS) system and be authorized to conduct BDI-2 evaluations as the sole practitioner, you must:

1. Attend Riverside BDI-2 Administration Training
2. Complete Two BDI-2 Evaluation Observations and a Reflections page for each
3. Attend NJEIS Fidelity Training

Please talk to your Agency Administrator if you have any questions about this process.

## Strategies for Maintaining Fidelity of Administration of BDI-2

---

### Practice

- Become familiar with the tool and each testing item
- "Practice is the best of all instructors" -Publilius Syrus

### Follow manual closely

- Read, read, and re-read each item prior to administration...every time.

### Show More, Hover, Scroll

- Make use of **all** available information
- Click on **all** sections when administering **every** item
  - Structured
  - Observation
  - Interview

### What is the Construct?

- **KNOW WHAT YOU ARE MEASURING for every item!**
- Why is this item included in the tool?
- What is the intent?

### Practice good interviewing skills

- Ask open-ended questions
- Reflect back what you hear parent saying
- Practice, practice, practice

### Listen without judgement

- The quieter you become, the more you can hear.

### Get a complete picture of child's functioning

- The more complete picture, the better.
- Ask about the consistency of the behavior: different people; different routines; different settings?

### Know about social-emotional development

- It is important to have a strong foundation of knowledge about **ALL** areas of development
- Be familiar with the evidence-base

### Recall what typical development looks like

- Know when milestones are achieved
- Know missed milestones

### Set the stage by explaining expectations

- Time spent up front is time well spent.
- Explain the scoring, looking for a full picture, no right/ wrong answers, etc.

### Respect

- When you show sincere respect to families, they open up and share more information.

### Prepare

- Preparing materials, examples, documentation & technology ahead of time helps smooth the way...

### Do some research

- Keep current in your area of expertise
- Keep current in early intervention
- Know NJEIS policies and procedures

### Talk to colleagues

- Make use of the knowledge and experience of seasoned evaluation team members.
- Share experiences and lessons learned with others

### Use video to learn

- Refresh your knowledge of typical infant/ toddler development
- Create opportunities to observe yourself in action



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

## APPENDIX I STAKEHOLDERS - PHASE III YEAR 2

### REVISED 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)             |

### SOCIAL EMOTIONAL CONTINUTITY SCALE VOLUNTEERS

| Name               | Agency                                   |
|--------------------|--|
| Rich Fishman       | Ladacin TET                              |
| Cathy Haspruner    | Catholic Family & Community Services TET |
| Catherine Jasaitis | Ladacin TET                              |
| Megan Strahlendorf | Ladacin TET                              |
| Rebecca Hansen     | Virtua TET                               |
| Ashley Reddick     | Sunny Days TET                           |
| Dawn Jenkins       | Inspira TET                              |
| Lynne Potter       | St. John of God TET                      |
| Fiona DeLow        | Childrens Specialized Hospital TET       |
| Valerie Fowler     | Childrens Specialized Hospital TET       |
| Rosemary Browne    | SICC/ Workgroup Chair                    |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| HIGHER EDUCATION WORKGROUP AND INVITED STAKHOLDERS |  |
|--|--|
| Name   | Agency/Institution                     |
| Catherine Colucci                                  | SICC/Committee Workgroup Chair         |
| Kristen Kugelman                                   | DOH 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              |
| Christina Simmons                                  | Rowan University                       |
| Mary Kientz  | Stockton University                    |
| Amanda Copes                                       | Stockton University                    |
| Maryann Schiattarella                              | Stockton University                    |
| Jennifer Calabrese                                 | Stockton University                    |
| Lorene Cobb  | Stockton University                    |
| Vikram Dayalu                                      | Seton Hall University                  |
| Ruth Segal   | Seton Hall University                  |
| Kristiane George                                   | Seton Hall University                  |
| Mara Podvey  | Seton Hall University                  |
| Natalie Neubauer                                   | Seton Hall University                  |
| Thais Petrocelli                                   | Kean University                        |
| Kim Wynarczuk                                      | Kean University                        |
| Nora Barrett                                       | Rutgers University                     |
| Maryrose McInerney                                 | Montclair University                   |
| Lesley Dixon                                       | Montclair University                   |
| Svetlana Shpiegel                                  | Montclair University                   |



# THE STATE SYSTEMIC IMPROVEMENT PLAN PHASE III

| SSIP STEERING COMMITTEE STAKEHOLDERS |   |
|--------------------------------------|---|
| Name                                 | Affiliation                                       |
| Barbara Tkach                        | NJ Department of Education/ Member SICC           |
| 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    |
| Steve Weiss                          | Parent/Member SICC                                |
| Lorri Sullivan                       | Montclair State University                        |
| Maria Emerson                        | Early Intervention Provider Agency                |
| Mary Remhoff                         | Monmouth County Service Coordination Unit         |
| Michele Christopoulos                | Early Intervention Provider Agency/Member SICC    |
| Rachel Badalamenti                   | Parent/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             | Results Accountability Coordinator |
| Kristen Kugelman        | PD Coordinator                     |
| Oliver Giller           | Central Management Coordinator     |
| Christine Nogami-Engime | Monitoring Coordinator             |
| Patty Green             | Monitoring Officer                 |
| Steve Gwozdik           | Data Specialist                    |
| Karen Gruber            | Monitoring Officer                 |
| James Anderson          | Clerical Support                   |