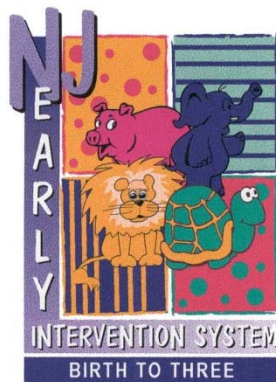




**New Jersey Early Intervention System
SPP/APR FFY 2014 (SFY 2015)
Indicator 11-Attachment
State Systemic Improvement Plan
Submitted: April 1, 2016**





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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, 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 (NJ) is a geographically small northeastern state with a diverse population of 8,938,175 according to the July 1, 2014 estimate by the U.S. Census Bureau. Despite its small geographic size NJ ranked first as the most densely populous state in the country (1,185 residents per square mile). New Jersey is divided into three geographic regions that are: North Jersey, Central Jersey and South Jersey. The state has a twenty-one county governmental structure and is the only state 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, contracts with 61 Early Intervention Agencies (EIPs), 13 Service Coordination Units (SCU) and 4 Regional Early Intervention Collaboratives (REICs).

The development of Phase I of the State Systemic Improvement Plan (SSIP) in 2015 was accomplished through the efforts of the DOH and its Stakeholders by multiple meetings, the execution of a SWOT analysis of the state’s infrastructure, as well as data collection and analysis which lead to the identification of a State-Identified Measurable Result (SIMR). The DOH-NJEIS through these processes, determined the SIMR to be:

“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”

Phase I continued with the further analysis of data and other information to develop the Coherent Improvement Strategies that would impact the improvement of the SIMR. These strategies were aligned in a Theory of Action (see Appendix A) that depicts the relationship between DOH-NJEIS actions, necessary infrastructure enhancements, results on provider practices and the resulting impact on children’s social and emotional development.

Phase II of the SSIP process continued the working relationship between DOH-NJEIS and the identified Stakeholders to create four (4) Implementation Plans aligned with the Theory of Action submitted in Phase I. The complete Implementation Plans are found in Appendix B. The activities and infrastructure improvements outlined in each of the Implementation Plans support the SIMR and provide the momentum for the overall SSIP. The DOH-NJEIS is targeting 1) Data Quality, 2) Social and Emotional Development, 3) Family Engagement and 4) Professional Development in the execution of the SSIP through these plans.



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Each of the 4 Implementation Plans identifies:

1. Action Steps – overarching action/outcome to be achieved;
2. Large Activities – main activity that supports the Action Step;
3. Specific Activities- smaller components of the large activity;
4. Persons Responsible- identifies specific persons and/or groups responsible for the implement of the specific activities;
5. Projected Start and Completion Dates – when the work begins and ends; and
6. Resources and Alignments – those persons, resources, and other initiatives that are critical to the successful completion of the activity.

With the Implementation Plans developed, the DOH-NJEIS and Stakeholders shaped a plan to evaluate the ongoing progress and ultimate success of the implementation with both short term and long term benchmarks for evaluation based on five evaluation questions. The full evaluation plan is discussed in the third section of this submission.

DOH-NJEIS has benefitted throughout both Phase I and Phase II from the committed and on-going active support of the SSIP Stakeholders. With a few additions and subtractions, the original SSIP Stakeholder group assembled for the development of Phase I, continued with the process and work of Phase II. Each has committed to Phase III and many have begun specific tasks outlined in the Implementation Plans by participating on workgroups. In addition, over the course of the year, additional stakeholders have been brought on-board as needed to ensure the drafted plans would meet the intended goals.

The State Interagency Coordinating Council (SICC) meets every other month and at each meeting over the past year, SSIP discussions and updates were always included on the agenda. Members of the SSIP Stakeholder group, who are not formal SICC members, were also informed of these meetings, invited to attend and encouraged to participate in all SSIP related discussions. This group met a total of 8 times between the submission of Phase I and the submission of Phase II.

The SSIP Stakeholder group contributed significantly to Phase II by:

1. Taking major responsibility for the development of the Implementation Plans, including the projected timelines and available resources;
2. Completing a “Stakeholder Participation Survey”;
3. Assisting the DOH-NJEIS in the decision to select the Division for Early Childhood Recommended Practices ((DEC-RPs) as the source of practices to implement;
4. Attending the OSEP Leadership Conference in July 2015;
5. Serving on workgroups and sub-committees; and
6. Guiding the DOH-NJEIS in developing and finalizing the Evaluation Plan.



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The names and affiliations of all the individuals who contributed to Phase II of the SSIP is found in Appendix C.

It is important that the reader recognize the information contained in this report is derived from a joint effort of the State Leadership Team at the DOH-NJEIS and the SSIP Stakeholders.

COMPONENT #1 INFRASTRUCTURE DEVELOPMENT

Utilizing the information gathered by the SWOT analysis of Phase I, the DOH-NJEIS reviewed all the infrastructure components identified by Stakeholders as “Weakness and/or Opportunity” and assessed each for potential opportunity for infrastructure change in light of these questions:

- 1) Is the proposed change within the control of DOH-NJEIS?
- 2) What is the likelihood that the proposed infrastructure change can be achieved?
- 3) Is the proposed change directly related to the goals of the SSIP?
- 4) What will the overall impact of the proposed infrastructure be on the entire system?
- 5) Will there be unintentional consequences?

The DOH-NJEIS and Stakeholders concluded that there are several infrastructure components of the system that are feasible, within the control of the DOH-NJEIS and that can be pivotal to the achievement of one or more outcomes of the SSIP. They require varying levels of improvement from minor improvement in day to day operations to enhancement of existing systems to the development of new systems. The infrastructure changes are found primarily in the Implementation Plans that address Data Quality and Professional Development. The specifics are enumerated in this section.

INFRASTRUCTURE DEVELOPMENT: DATA QUALITY

The Data Quality Implementation Plan has two distinct parts that will equally contribute to the overall Long Term Outcome: “**The quality of Child Outcome Data will improve statewide**”. Both of these parts are represented in the Data Quality Action Strand of NJ’s Theory of Action.

1. *Data Completeness*: Number of children reported in Indicator 3; and
2. *Data Fidelity*: How DOH-NJEIS ensures the data are accurate.

Data Completeness

The sub-components that contribute to the Data Completeness rate for DOH-NJEIS are:

1. The number of Exit Battelle Developmental Inventory 2 (BDI2) evaluations completed for children including internal procedures and parental participation factors; and
2. Data matching and clean-up procedures.



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Number of Exit BDI2 Evaluations Completed

The DOH-NJEIS utilizes the BDI2 as part of the initial developmental evaluation to determine system eligibility. Therefore, each child who participates in the program has an “in BDI2” and those that exit the system during the reporting year are scheduled to be evaluated prior to leaving the system with an “Exit BDI2”. As the process involves the administration of an evaluation tool, parental participation and consent is needed. In FFY 2013 the DOH-NJEIS Data Completion rate was 22.9% which is well below the OSEP criteria for quality data. During Phase I of the SSIP, Stakeholders hypothesized two areas in need of improvement including the procedures by which families are informed of the exit evaluation and educated about its value, and the procedures used by the Targeted Evaluation Teams (TETs) and Service Coordination Units (SCUs) to schedule and conduct the Exit BDI2.

As part of the Phase II Implementation Plan, the DOH-NJEIS Monitoring Team conducted focused monitoring between July 2015 and September 2015, to assess the procedures used by local programs to 1) obtain parental participation and consent for the BDI2; and 2) schedule the Exit BDI2. The Monitoring Team visited two (2) Service Coordination Units, each responsible for two (2) counties resulting in four (4) counties included as a part of this monitoring.

These counties/SCUs were selected based on their local Data Completeness rate calculated for FFY 2013, with one SCU/counties demonstrating performance under the state average and the other SCU/counties with performance above the state average. The Monitoring Team utilized the resources of the DOH-NJEIS Data Team to drill into specific months, and worked with a national Technical Assistance (TA) consultant to create interview questions for staff to use during the on-site monitoring visits. The Monitoring Team conducted interviews with Service Coordinators, the Unit Coordinators, the TET administrative teams, and TET practitioners who routinely evaluate using the BDI2.

The conclusions of the focused monitoring supported the hypothesis of the SSIP stakeholders and included:

- Lack of awareness by practitioners (non -TET members) about the Child Outcome process;
- SCU and TET not routinely using the DOH-NJEIS brochure on Child Outcomes with families;
- Lack of awareness by families of the Child Outcome process;
- Inconsistent use of procedures for obtaining BDI2 records for children who exit the system for reasons other than turning 3 (e.g. moving out of state);
- Inconsistent use of procedures for obtaining parental consent and participation and consent; and



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- Inconsistent use of procedures for sharing BDI2 data between NJ Part C and NJ Part B-619.

The results of the focused monitoring support the Action Step in the Data Quality Implementation Plan: **“Revise, distribute and implement specific policies for the use of the BDI2 in the NJEIS”**. Revised policy and procedures specific to the use of BDI2 in the NJEIS will contribute to consistent distribution of materials, and specify timelines and responsibilities for TETs, SCU and EIPs in one comprehensive document.

The review and revision to these BDI2 policies and procedures are underway and scheduled to be completed by July 2016. The Part C Coordinator and Results Accountability Coordinator are responsible for the execution of these activities. With assistance from the DOH-NJEIS Monitoring Team and a national TA consultant, the DOH-NJEIS has compiled current policies and procedures that contain specific references to the use of the BDI2, memos that have been distributed regarding BDI2, and the relevant policies and procedures of the DOH-NJEIS that can inform the BDI2 policy process. The final policy/procedures related to BDI2 have a targeted completion date of July 2016 with distribution of the policy to providers to occur by September 2016 along with TA opportunities (webinar, conference call, in-person meetings) to be provided in September and October 2016.

When the DOH-NJEIS began collecting data on Child Outcomes in 2006, a brochure was developed for families that provided information about the importance of the Exit BDI2 and the overall Child Outcomes process. The focused monitoring activities in September 2015 confirmed for DOH-NJEIS that the procedures for explaining Child Outcomes to families, the importance of the Exit BDI2 and the use of the original brochure were in need of updates and distribution to the TET and SCU who have primary responsibility for securing parent participation and consent in the Exit BDI2 evaluation. The Monitoring Team also recommended that information be distributed to the Early Intervention Program (EIP) provider agencies to ensure the message and information is available to all personnel that work with families.

In October 2015, the Family Support Committee of the State Interagency Coordinating Council (SICC) took on the task of re-designing the *Child Outcomes Brochure* which will be distributed to families and available to practitioners. The Committee is expected to have the final brochure ready to present to the SICC and DOH-NJEIS by May 2016. Once the DOH-NJEIS has approved the contents of the brochure, its use will be described in any relevant policy and/or procedures including the forthcoming policy governing the use of BDI2.

Ensuring that families see a “value” to participating in the Exit BDI2 evaluation will be addressed through the policy/procedural work described here in the Data Quality Implementation Plan, but also through the activities found in the Family Engagement and



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Social Emotional Implementation Plans as well. Through those efforts, described in Component #2, practitioners and families will have exposure to and information about Child Outcomes, the importance of social emotional development in young children and a clear message about what family engagement means in the DOH-NJEIS.

Lastly, the DOH-NJEIS has begun implementation of a significant infrastructure change to ensure the capacity of the TETs to meet the workload of Exit BDI2 evaluations. The identified Action Step is: **“Create Exit BDI Teams”**. DOH-NJEIS estimates that an additional 5,000-7,000 Exit BDI2 evaluation will need to be conducted annually to meet the highest data quality standard in the Results Determination rubric of OSEP. (70% Data Completeness rate or higher).

The transition to the addition of Exit BDI teams began with a proposal to the SICC in November 2015 by the Part C Coordinator and Results Accountability Coordinator and again with the current TET administrators in February 2016. The awarding of modifications to EIP Letters of Agreement to assign responsibility for Exit BDI2 will be based upon county capacity data along with self-identified capacity of TETs.

Data Matching and Clean-up

DOH-NJEIS utilizes the BDI Data Manager to collect and record the data used to report Child Outcomes, Indicator 3. The business rules for data analysis have been used since the State began reporting data in FFY2007. The DOH-NJEIS also utilizes a comprehensive system point of entry data collection (known as SPOE) which maintains all pertinent information for each child/family. The information contained in SPOE includes child name, date of birth, family information, child identification number and a record of all authorized IFSP services. DOH-NJEIS utilizes the data of both the SPOE database and the BDI Data Manager to verify the information is accurate in both systems and to yield the highest possible inclusion of records in the Indicator 3 data.

In previous years, the DOH-NJEIS conducted data clean-up procedures each fall in preparation for the submission of the Annual Performance Report to OSEP. As the SSIP process has unfolded, the DOH-NJEIS has recognized the need to operationalize the data clean-up procedures and to implement those procedures at the state office on a monthly basis. This is reflected in the Action Step: **“Operationalize DOH-NJEIS data clean up-processes”** found in the Data Quality Implementation Plan. The DOH-NJEIS Data Team is responsible for ensuring the revised and enhanced reports are generated and distributed to staff timely each month. The Data Team is supported by a Data Entry Clerk who takes primary responsibility to make any identified changes/error corrections to the BDI Data Manager per the generated reports. Most common errors include misspelled names, incorrect dates of birth and incorrect/non-matching child identification numbers. Were these errors to be left uncorrected, the data set



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would not find and match the entirety of the population eligible to be included in the Indicator 3 data set.

The increase in the frequency of the data clean-up allows the DOH-NJEIS to report more frequently and accurately to programs on their current progress data and their local data completeness rate. Providing local reporting quarterly to local programs will allow time and opportunity for the TET and or SCU to make adjustments, if necessary, and in more real-time.

In support of reducing errors in the field by TET members, the DOH-NJEIS presented a webinar to existing NJEIS TETs in October 2015 that reviewed the mechanics of the BDI Data Manager and reviewed standard data element requirements. DOH-NJEIS specific business rules such as assigning child identification numbers, entering of hyphenated names and assignment of children who move, were reviewed. The webinar was presented by the Results Accountability Coordinator who also holds the major responsibility for the TET functions. The webinar was accomplished with the resource of Mercer County Community College (MCCC) and their Learning Management System (LMS). The webinar was archived and all TET members were expected to view the archived session if they were unable to participate in the live presentation. The MCCC system provided the DOH-NJEIS with the ability to track participation and issue certificates of completion and to send reminders to those that had not completed the session. This activity met the Action Step **“Present refresher webinar on BDI Data entry to TET team”** identified in the Data Quality Implementation Plan.

The Results Accountability Coordinator and the DOH-NJEIS Data team are prepared to complete the final large activity in the Data Quality Implementation Plan as it relates to Data Completeness: **“Create a procedure manual for DOH-NJEIS use of BDI Data Manager”**. The timeline for completion of this manual is August of 2016. DOH-NJEIS is utilizing the resource of Riverside Publishing in the creation of this manual, utilizing some of the materials that have been commercially produced by the BDI2 publisher and some materials that have been customized for the NJEIS.

Data Fidelity

Complementary to the procedural infrastructure designed to improve the state’s Indicator 3 data quality, are the system’s enhancements to training and assurance of fidelity of administration on the BDI2 by the TET members.

The NJEIS began using the BDI2 in April 2006. The addition of the BDI2 to the system provided many advantages, among them: a consistent tool is used as part of eligibility determination, the standardized tool provides consistent measures to compare progress, and a central data system allows for easier data analysis. However, continuous quality improvement strategies in conjunction with the SSIP data and SWOT analysis identified the need to retrain



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evaluators on the administration of the BDI2 to ensure their fidelity and to address the phenomenon of “evaluator drift” particularly on the Personal-Social Domain as it relates to the DOH-NJEIS SIMR.

The first Action Step of the Data Quality/Fidelity Implementation Plan is “**Determine the baseline fidelity of the TET agencies on the Personal-Social Domain of the BDI2**”. This Action Step occurred at the beginning of the SSIP process and continued through Phase I. The Results Accountability Coordinator, along with three (3) of the regional Training and Technical Assistance (TTA) staff, conducted in-person observations of the TETs as they administered the BDI2 for NJEIS purposes. Using a DOH-NJEIS developed *Fidelity Checklist*, the observation teams coded the practitioners they observed. The data provided baseline information and confirmed for the DOH-NJEIS the need to continue addressing the issue of fidelity of administration.

The DOH-NJEIS brought the preliminary data and *Fidelity Checklist* to the TET administrators and requested their participation in observing and scoring their own TET practitioner performance. NJ consulted with the national BDI community of practice as these steps were implemented and found other states shared similar patterns of administration error and the need for additional professional development.

The DOH-NJEIS is now engaged in the development of a professional development opportunity for TET members that will address the identified errors of administration. DOH-NJEIS has identified the Training and Technical Assistance (TTA) Coordinator at the state office, and one REIC TTA to take the responsibility for the execution of this action step. These two individuals will have assistance from the Results Accountability Coordinator and the resources of Riverside Publishing, NJ’s Part B-619 program which also uses BDI2, the BDI community of practice and the MCCC LMS to accomplish the goal of statewide training to address fidelity. DOH-NJEIS engaged a new set of Stakeholders to assist with the development of this training opportunity by conducting a focus group with long-time evaluators to ascertain their needs and concerns regarding the administration of the BDI2 and their responsibilities as evaluators.

A unanimous conclusion from the TET focus group of stakeholders was that training and professional development activities should be centralized from the state office and not provided by the local agencies to ensure a consistent foundation. The projected timeline for the first round of professional development is planned to begin in November 2016 with training provided on-going until the current cohort of TET members have all participated. DOH-NJEIS has approximately 350 evaluators that will need to participate.

The most significant infrastructure enhancement to ensure quality data will be to “**Revise the training procedures for on-boarding new evaluators on BDI and NJEIS evaluation**”



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procedures”. DOH-NJEIS will continue to centralize the on-boarding process for new evaluators through the state office but will re-design the entire training curriculum. The current method of on-boarding relied on consultants hired through the publisher (Riverside Publishing) to present a one-day training with follow-up training as the responsibility of each local TET. The preliminary outline for the revised training includes the use of hybrid learning, a combination of classroom and on-line modules. DOH-NJEIS expects to utilize in-house expertise of one regional TTA to deliver the classroom portion, allowing for greater flexibility in scheduling, continuity of message, a focus on fidelity and an overall reduction in expenses. The state TTA Coordinator and the Results Accountability Coordinator have primary responsibility for this change which is set to roll-out in January of 2017.

At the conclusion of the first round of professional development activities, DOH-NJEIS will reassess the fidelity of TET members again using the *Fidelity Checklist* with the resources of the TTAs, and agency administrators. Those teams still experiencing difficulty and/or with identified patterns of error will receive targeted technical assistance from the TTA team. The first round of reassessment is slated for July 2017.

INFRASTRUCTURE DEVELOPMENT: PROFESSIONAL DEVELOPMENT

The area of Professional Development (PD) has been identified as the infrastructure component in need of the most significant enhancements given that PD is an essential part of each Implementation Plan. The DOH-NJEIS has an established PD team that includes four regional Training and Technical Assistance Coordinators (TTA) located one each at the Regional Early Intervention Collaboratives (REICs) and the state TTA Coordinator from the lead agency. The PD team is responsible for the development and execution of all activities related to training and professional development. The first Action Step in the Professional Development Implementation Plan is: **“Determine necessary adjustments to Professional Development System to meet the needs of the SSIP.”** The successful enhancement of the PD team will be pivotal to the achievement of the overall SSIP and the ultimate achievement of the SIMR.

Phase II of the SSIP process included an analysis of the role and responsibilities of the current TTA team which found a disproportionate amount of time spent on activities categorized as “technical assistance” compared with the development and delivery of training opportunities. Technical assistance has comprised no-less-than 80% of the TTA workload, leaving 20% or less for the provision of capacity-building professional development training activities. Furthermore, the definition of “technical assistance” is poorly articulated and communicated to other members of the system including families, practitioners, and service coordinators resulting in an overload of responsibilities, some of which may not be in the scope of “technical assistance.”



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The DOH-NJEIS has the regional infrastructure, the financial commitment for the TTA structure and quality professionals available in the role of TTA. However, their roles and responsibilities must shift to achieve a more equitable balance to at least 50-50 and in favor of capacity-building professional development. A clear definition of “technical assistance” must also be clearly articulated to the system.

The Implementation Plans designed for Social Emotional Development, Family Engagement and Data Quality developed for this SSIP all contain some professional development activity central to achieving success. In January 2016, the DOH-NJEIS hired a new staff member with expertise in the development and delivery of training in the role of Training and Technical Assistance Coordinator for the PD team. As of this submission, professional supports have been added to the TTA team to ensure their skills as developers and providers of training are advancing and can meet the needs of increased face-to face and on-line learning opportunities in support of the SSIP.

Two key components to the “new and improved” PD system are **“Integrating on-line modules, hybrid learning and enhanced face to face training opportunities”** and **“Establishing a cadre of coaches with knowledge of Evidence Based Practice (EBP).”** DOH-NJEIS intends to maintain a central LMS through the MCCC which includes support and accessibility for NJEIS practitioners to on-line training modules. Negotiations for a contract renewal will propose the possibility of MCCC providing training to the TTA staff on the use of an e-learning platform. The Part C Coordinator will finalize the contract renewal on/or before July 2016.

The establishment of a cadre of coaches with knowledge in EBP is a long term goal. The selection of EBPs (discussed fully in Component #2) and the selection and development of qualified personnel who have the capacity to coach practitioners will complete the enhanced PD system. DOH-NJEIS is utilizing the resources of the Early Childhood Technical Assistance (ECTA) Center for this infrastructure development. DOH-NJEIS has two state staff serving on the NJ Part B-619 State Leadership Team for their “Reaching Potential through Recommended Practices” (RP²) initiative. The partnership between the NJ Part B and Part C systems will help to inform each other of the process, allow for shared resources and align the choices of EBP for implementation.

INFRASTRUCTURE DEVELOPMENT: RESULTS MONITORING

The DOH-NJEIS has an established an effective system for statewide monitoring for each of the Compliance Indicators reported each year in the Annual Performance Report (APR). The team at the state office utilizes desk audits, data inquiry, focused monitoring, on-site visits and data analysis to find and correct identified non-compliance.



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With the addition of the Child Outcome Results Indicator 3 to the calculation of the State's determinations and the SSIP Evaluation Plan, the DOH-NJEIS has identified the need to develop the infrastructure within the Monitoring team to focus on improvement in results.

In September 2015, the DOH-NJEIS Monitoring Team conducted a focused monitoring effort around Data Completeness and the NJEIS' need to increase the number of children for which an Exit BDI2 is completed. The monitoring team used a focused monitoring approach which resulted in actionable items for the DOH-NJEIS Data Team, recommendations for channels of communication between the SCU and the TETs, and ideas to improve families' participation in an Exit BDI for their child. The focused Monitoring Team's work on this specific results topic also served as an opportunity for the team to consider and begin planning specific enhancements to the team's workflow. As of this submission, a request is in process to obtain approval for hiring two additional staff positions for the Monitoring Team in order to meet the increased demands of results monitoring.

COMPONENT #2 SUPPORT FOR EIS PROVIDERS AND THE IMPLEMENTATION OF EBP

DOH-NJEIS and Stakeholders engaged in considerable discussion and activities to arrive at the choice of the evidence based practices (EBPs) that will be targeted for implementation in support of the SSIP/SIMR.

Immediately upon the submission of Phase I, the DOH-NJEIS began holding internal discussions about the "evidence" that would meet the needs of the SSIP and what would be the NJ research threshold needed for interventions to be considered as "having evidence". The State Leadership Team investigated levels of evidence commonly applied within the education and health fields and the quality of the evidence available for the targeted age population of birth to three. The State Team reviewed EBP documents and definitions from sources such as the: Institute of Education Sciences: What Works Clearinghouse, the Penn State Evidence-based Prevention and Intervention Support Center, Occupational Therapy Association (OTA), Substance Abuse and Mental Health Services Administration (SAMHSA), National Autism Center/National Standards Report, IRIS Center for Training Enhancements and Center for Evidence Based Practices.

In May and June of 2015, the Results Accountability Coordinator visited each REIC and met with EIP administrators and service coordinators to present an overview of Phase I of the SSIP and the selected SIMR. The Results Accountability Coordinator then led a substantial discussion on EBP with the administrators, priming them to the Lead Agency's priority and intent to select and support the use of specific EBPs in the system to meet the goals of the SSIP.



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In July 2015, the annual SICC retreat focused on Phase II development of Implementation Plans which included a healthy debate on the definition of EBP including what type of EBP would be appropriate for the practitioners and families in NJEIS. Given that the accepted definition of EBP includes the use of strategies supported by “research”, the concerns raised by the Stakeholders centered on the level of research needed in order to be considered “evidence based” by DOH-NJEIS. The SICC contemplated these questions among others: “Does all the evidence need to originate from rigorous scientific experimental design?” “Can the research evidence derived from other populations be applied to the early intervention population?” and “What is the role of clinical consensus in EBP?”

In late July 2015, the State Leadership Team attended the OSEP Leadership Conference in Washington, DC and members participated in the break-out sessions focused on implementation of EBP. While at the leadership conference, the State Leadership Team met with the NJ OSEP State Contact to specifically obtain guidance on this topic. At the conclusion of these meetings, the State Team determined that a full investigation of the DEC Recommended Practices (2014) would be an appropriate next step in choosing EBPs for the NJEIS SSIP.

In August 2015, the Part C Coordinator and the Results Accountability Coordinator joined the NJ Part B-619 RP² project (Reaching Potential Through Recommended Practices) which verified the potential role of the DEC Recommended Practices (DEC-RPs) in the NJEIS. DOH-NJEIS contacted the ECTA Center for guidance and a full discussion on bringing the DEC-RPs and ECTA technical assistance to the NJEIS. DOH-NJEIS received assurances from the ECTA Center staff that their support and technical assistance would be available to NJ for these purposes.

At the September 2015 SICC meeting, the Lead Agency presented the full DEC-RPs including a video presentation about the practices and a look at the tools that have been developed by the ECTA Center. The SICC discussed and agreed that the Lead Agency should move forward in using the DEC-RPs as the source from which to select the EBP to be implemented through the SSIP.

DEC RECOMMENDED PRACTICES

The Division for Early Childhood (DEC) of the Council for Exceptional Children published a set of Recommended Practices in April 2014. The DEC-RPs were “developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through five years of age, who are at-risk for developmental delays or disabilities”. The DEC-RPs are appropriate for implementation in the NJEIS as they are:



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- Based on the “best available” empirical evidence;
- Include clinical consensus of experts in the field;
- Are specifically for children with delays and disabilities;
- Are specifically for children ages 0-5;
- Are observable; and
- Are not disability-specific.

In refining the work in EBP selection, the DOH-NJEIS found it necessary to narrow the field from eight topic areas and 66 total practices to a starting point of four topic areas and four-to-five total practices on which to focus. In March 2016, a small Stakeholder workgroup from the larger SSIP Stakeholders met to make recommendations on the selection of the RPs that NJEIS will target first for implementation. The workgroup selected five specific practices to implement from the “Family, Instruction, Interaction and Leadership” topic areas and presented them to DOH-NJEIS for consideration.

In May 2016, the DOH-NJEIS is scheduled to “kick-off” the use of EBPs at a state-wide, full-day conference for practitioners. DOH-NJEIS has arranged with three Technical Assistance providers from the ECTA Center to develop and present the content for the day. The content will specifically focus on four of the five DEC-RPs that the Stakeholder workgroup recommended. The Stakeholder workgroup recommendations 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. (INS₄)
3. Practitioners use coaching or consultation strategies with primary caregiver or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. (INS₁₃)
4. Practitioners promote the child’s social development by encouraging the child initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback or other types of guided support. (INT₂)
5. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge and information to build team capacity and jointly solve problems, plan and implement interventions. (TC₂)

The conference will introduce the practitioners to the DEC-RPs and provide them with their first opportunity to “practice the practice” and to collaborate with colleagues on the topics.



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Post-conference activities for full-implementation of these practices are described in detail in the next section.

DOH-NJEIS believes that implementation of these practices will meet the requirements of the SSIP and provide the system with a specific focus for professional development over the next several years. Additionally, tools available from the ECTA Center that support the DEC-RPs will be useful resources in the DOH-NJEIS Evaluation Plan.

SOCIAL EMOTIONAL DEVELOPMENT

The Implementation Plan focused on social emotional development contains a multi-pronged approach to achieving the Long Term Outcome: “Families are better able to support and enhance their child’s overall development, including social emotional development.”

Central to this Implementation Plan is a strong message of the importance of social emotional development in a young child’s growth. The first Action Step is to **Develop and disseminate strategies that project the message of social emotional development to practitioners, families and broad stakeholders.**

The DOH-NJEIS established a definition of Social and Emotional Development aligned with the NJ Council for Young Children *Birth to Three Early Learning Standards* (2013) which will be used to guide the implementation of the SSIP (see Appendix D). The Results Accountability Coordinator has responsibility to work with established communication methods to disseminate this definition and the overall message of the importance of social emotional development to practitioners, families and broad stakeholders. DOH-NJEIS has multiple resources to utilize for dissemination including: the DOH-NJEIS and REIC websites, website of the Parent Training and Information Center in NJ (SPAN) and other advocacy organizations, newsletters, “Did You Knows” sent from DOH-NJEIS via LMS email blasts directly to practitioners and, the LMS available through MCCC. The definition will be included in the materials distributed at the statewide conference in May 2016.

The DOH-NJEIS will identify opportunities to **Integrate EBP and social emotional development into NJEIS documents, procedures and materials.** The DOH-NJEIS has identified the Family Directed Assessment, the IFSP document, the “Welcome to NJEIS” packet for families as documents that are good initial candidates for revision to include language that reflects social emotional development and/or EBP.

The Action Step: **Select and disseminate EBP practices that are designed to increase social emotional development in young children** began with a decision to implement selected DEC-RPs. DOH-NJEIS will utilize the PD system to support the EIP providers/practitioners in their implementation of the identified EBPs. DOH-NJEIS is consulting with the ECTA Center and



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considering the most effective steps to integrating EBPs at the local level potentially using a structure similar to that created for the Reaching Potential through Recommended Practices (RP²) project. The DOH-NJEIS structure will be determined by fall 2016 and will result in a cadre of coaches available to assist practitioners to increase their knowledge, skills and application of selected EBPs.

After the May 2016 statewide conference, the DOH-NJEIS will generate an application process for EIP agencies who are interested in having targeted and sustained TA to implement the identified practices. The state TTA Coordinator will have responsibility for developing TA supports for the selected EIP agencies, and to develop a cadre of coaches with skill and knowledge of the identified practices. The opportunity to apply will be given to the EIP agencies by July 2016.

Another significant activity being undertaken to enhance the presence of social-emotional development within NJEIS practice is the development of on-line modules that can be available to practitioners at any time. The DOH-NJEIS has been in partnership with Montclair State University (MSU) ensuring early intervention practitioners are provided the opportunity to participate in the “Keeping Babies and Children in Mind” (KBCM) professional development series offered by MSU. As Phase II is submitted 263 NJEIS practitioners have participated in this training series and an additional 19 NJEIS practitioners have committed to a five full day KBCM training scheduled this spring. The KBCM program was developed to focus on the social and emotional/mental health needs of children affected by Superstorm Sandy and has been continued with additional funding and support past the intended project completion. While the entirety of the program is not specific to the needs of the NJEIS, there are specific components, particularly those that provide an overview of social emotional development and its importance to young children, that are applicable. In March 2016, the KBCM program submitted to DOH-NJEIS a draft of an on-line training module that is intended to provide an introduction to “social emotional development” for NJEIS practitioners. DOH-NJEIS will work with MSU to fully develop this module, using the resources of MCCC to post and track participation with the on-line module. The Results Accountability Coordinator, Part C Coordinator, and TTA Coordinator will share responsibility for this activity.

A specific hypothesis generated by the Stakeholders throughout the SSIP discussions has been the limitations of the BDI2 in identifying delays in the social emotional development of children as they participate in the program. The Stakeholders have recommended, and the Implementation Plan includes the Action Step: **Investigate additional tools, process and/or procedures to augment the collection of information on children social emotional development** as a strategy to ensure that IFSP teams are actively considering social emotional development. The DOH-NJEIS has the resources of the ECTA sponsored BDI Community of Practice and Riverside Publishers to contribute to discussions of additional procedures or tools



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that would augment the ability of NJEIS practitioners to identify children's needs in this area. The BDI3 is scheduled for release in 2019, therefore the DOH-NJEIS has determined that consideration of additional tools should be accomplished in consideration of the updated BDI and in light of the significant work that will be accomplished in 2016 and 2017 through the continued work of the NJEIS SSIP. Therefore, the consideration of additional tools or processes will not commence until January 2018.

FAMILY ENGAGEMENT

The fourth action strand in the DOH-NJEIS Theory of Action concentrates on Family Engagement with a Long Term Outcome that "Families are better able to support and enhance their child's overall development including social emotional development."

The Implementation Plan begins with the task: **Define Family Engagement for NJEIS**. The workgroup assigned to this activity began their work by collecting resources that have examined the concepts related to "family engagement" including papers and information from Head Start, NAEYC, U.S. Department of Health and Human Services/ Child Welfare, Draft Joint Policy on Family Engagement from the U.S. Departments of Education and Health and Human Services and the Harvard Family Research Project. The Chair of the Family Support Committee of the SICC is leading this workgroup that is composed of volunteers from the broader NJEIS Stakeholder group. The group is charged with presenting a summary, highlights and a recommended statement related to family engagement to the DOH-NJEIS State Leadership Team by September 2016.

The DOH-NJEIS will utilize the final statement on family engagement to **Design and implement identified professional development activities related to family engagement**. The State TTA Coordinator will be responsible to 1) identify the training needs for NJEIS practitioners, 2) identify specific supports for families that participate in the system, and 3) develop and implement activities that promote the use of family engagement practices throughout the NJEIS. The selected EBP from DEC-RPs that will factor strongly in these activities is:

"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)

The designed activities that target family engagement will become a part of the regular and consistent offerings of the PD system beginning in July 2017.



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COMPONENT #3 EVALUATION

NJEIS has designed the following Evaluation Plan which outlines short term and long term outcomes to be measured, achieved and reported. There are five specific evaluation questions specifically related to one or more of the Action Strands of the Theory of Action. These questions are:

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

For each evaluation question, the reader will find the following section contains:

1. **Short Term Outcome(s)** intended to answer the questions of Implementation or impact;
2. **A Long Term Outcome** designed to answer the question of Impact; and
3. A **Discussion** specific to the evaluation questions and methods that will be implemented.



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EVALUATION QUESTION #1

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

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



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Outcomes	Performance Indicators	Methods/Measures
<p>Short Term Outcome #3</p> <p>Practitioners actively consider relevant information on social emotional development for each child’s IFSP development. (Impact)</p>	<p>1. Percentage of practitioners who report they actively consider relevant information on social emotional development in the development of each child’s IFSP.</p>	<p>A confidential self-assessment questionnaire will be developed to allow a sample of practitioners to report the extent to which they actively consider relevant information on social emotional development in the development of each child’s IFSPs.</p> <p>Progress will be measured twice yearly against established baseline obtained in 2017.</p>
	<p>2. Percentage of IFSP team meetings that reflect active consideration of available information on social emotional development.</p>	<p>An observation tool & criteria will be developed to measure the extent of active consideration of social emotional development. A sample of practitioners will be observed and scored in all 4 regions of the state.</p> <p>Progress will be measured yearly against established baseline obtained in the first quarter of 2017.</p>
<p><u>Long Term Outcome</u></p> <p>Practitioners use the identified EBPs to enhance the social emotional development of children (Impact)</p>	<p>1. Percentage of practitioners that use identified EBPs to enhance the social emotional development of children.</p>	<p>The ECTA Center’s “Child Social-Emotional Competence Checklist” will be used to collect confidential self-assessment from a sample of practitioners from all 4 regions of the state.</p> <p>Progress will be measured twice against established baseline obtained by November 2016.</p>
	<p>2. Percentage of children who substantially increase their rate of growth and development of positive social emotional development by the time they exit the program (Indicator 3A, Summary Statement 1)</p>	<p>The business rules established by NJEIS will be used to measure and report progress categories for Indicator 3.</p> <p>Progress will be measured against the baseline and targets set for Indicator 3A and reported annually in the APR.</p>

DISCUSSION

Short Term Outcome #1

The two performance indicators for this evaluation question are interrelated and represent a multipronged approach to achieving the long term outcome of practitioners using identified EBPs to enhance the social emotional development of children. Central to the success of this



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long term outcome is the communication of a consistent message of the importance of social emotional development, family engagement and EBPs by the NJEIS to practitioners, families and the public. In particular, the official documents, professional development materials, websites, and general communications from the state and REIC offices must contain a consistent message to its audience. For example, the NJEIS mails a “Welcome Packet” to families when they have been determined eligible and will be participating in the system. The “Welcome Packet” materials should reflect the NJEIS commitment to the identified EBPs, social-emotional development and family engagement. Professional development materials developed by the state and REIC staff for practitioners is another opportunity to ensure the inclusion of a consistent message.

To evaluate this outcome, NJEIS will develop criteria for two performance indicators which determines the extent of the inclusion of each of the three messages in the materials produced by NJEIS and then determine a baseline for current status. The criteria must include a distinction for documents for which the “message” is not appropriate and for which the “message” is appropriate. For example, the criteria may identify that it is not appropriate for certain policy and procedure documents to contain the message.

The Evaluation Plan makes a distinction between documents and forms produced and required by use in the system and those opportunities for communication that are more adaptable to change, e.g. websites, newsletters, “Did You Know” communications etc. The criteria developed to score documents will be applied to the second category of communication resulting in two performance indicators. An environmental scan of internal and external websites will be conducted. Websites targeted for this external scan would include those agencies and resources with an interest in early intervention: disability specific websites, advocacy organizations, parent support groups, other state agencies and/or primary referral sources. Although the NJEIS only has control of those communications that originate internally, a strong indicator of the success of the system’s messaging, will be if external sources update their information to reflect the NJEIS information. A yearly review using the established criteria will occur to measure progress against baseline established in July 2016 and September 2016.

Short term Outcome #2

The performance indicators for this outcome measure agency and practitioner investment in the importance of social emotional development for young children.

The first indicator assesses the percentage of provider agencies that include social emotional topics in professional development opportunities designed and provided at the local level. DOH-NJEIS will create a questionnaire to be distributed to all EIP provider agencies and Service Coordination Units creating an opportunity for self-reporting. Procedures will be in



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place to ensure the self-reporting is confidential including the possibility of utilizing the resources of an outside entity to collect and analyze the responses for the DOH-NJEIS. DOH-NJEIS will establish a baseline for the questionnaire in September 2016 and collect data yearly on the same questionnaire to measure progress.

The percentage of practitioners who report they understand the importance of social emotional development, will be ascertained through *sampling* practitioners from all 4 REIC regions. Here again, procedures will be established to provide a confidential self-assessment questionnaire for practitioner reporting. For purposes of this item, the definition of practitioners includes EIP direct service and service coordinators as each has a role in considering social emotional development of children throughout the IFSP process. Yearly progress will be calculated against a baseline established in November 2016.

Short Term Outcome #3

This short term outcome includes two performance indicators, one reflecting self-reported data and one obtained through direct observation.

The self-assessment questionnaire developed to measure practitioners understanding of social emotional development (for short term outcome #2) will also include questions regarding their *practice*. DOH-NJEIS will define the term “actively consider” for purposes of this outcome.

The same sample of practitioners, representing all 4 regions of the state, will be used to measure the extent to which practitioners “actively consider” social emotional development in the development of each child’s IFSP. By combining the questionnaire to reflect both specific questions, DOH-NJEIS can analyze the responses to each question individually but also in relationship to each other.

NJEIS will track the second performance indicator through direct observations of practitioners to determine the percentage that “actively consider” social emotional development in the discussions and decisions related to the IFSP. An observation scoring rubric will be developed to measure “active consideration” in the context of an IFSP meeting. DOH-NJEIS will conduct observations for a sample of initial and annual IFSP meetings in all 4 regions of the state. Baseline will be established in the first quarter of 2017 and progress measured yearly.

Long Term Outcome

To determine the percentage of practitioners that utilize the identified evidence based practices the NJEIS will use the ECTA center’s “Child Social-Emotional Competence Checklist”. This checklist has been developed by the ECTA center to support the DEC Recommended Practices, which are the evidence based practices that the NJEIS will implement (see Section 2). The NJEIS will establish a baseline percentage by November of 2016 by collecting



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practitioner responses on the checklist. Procedures will be developed to collect data from all four regions of the state and to collect the checklists in a confidential manner. For purposes of this performance indicator, “practitioners” does not include service coordinators; only EIP direct service practitioners.

Data for this performance indicator will be collected two times after the baseline is established in 2016. The first benchmark will be collected and measured upon completion of the first round of intensive EBP implementation activities outlined in section two. The second benchmark data collection will take place 6 months later.

The ultimate final performance measure of implementation of evidence based practices to enhance the social emotional development of children is the data collected and reported in Indicator 3A, Summary Statement 1. This indicator is “The percentage of children who substantially increase their rate of growth and development of positive social emotional development by the time they exit the program.” NJEIS will utilize the established business rules to report a progress category for each child. Progress will be measured against the targets established and reported by the DOH-NJEIS beginning with FFY 2013. Child outcomes progress is collected and reported annually.

EVALUATION QUESTION #2

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

Outcomes	Performance Indicators	Measures/Methods
<p>Short Term Outcome #1</p> <p>Practitioners will support families to increase their capacity to help their child’s development (Impact)</p>	<p>1. Percentage of practitioners that report using the identified EBPs with families to enhance their capacity to help their child grow and learn.</p>	<p>The 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>Short Term Outcome #2</p> <p>IFSPs reflect outcomes and strategies to include social emotional development as appropriate to the child’s needs and the families concerns and priorities. (Impact)</p>	<p>1. Percentage of initial and annual IFSPs that contain outcomes and strategies that address identified needs to enhance social emotional development.</p>	<p>A sample of child records will be reviewed and scored on a “Social Emotional Continuity Scale”, which will determine the relationship between the BD12 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>



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<p><u>Long Term Outcome</u></p> <p>Families are better able to support and enhance their child’s overall development including social emotional development (Impact)</p>	<p>1. Proportion of families who report that NJEIS practitioners helped them increase their capacity to help their child grow and learn.</p>	<p>The business rules established by NJEIS to measure and report Indicators 4B & 4C. will be used.</p> <p>Progress will be measured against the baseline and targets set for Indicator 4 and reported annually in the APR</p>
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DISCUSSION

DOH-NJEIS believes that family engagement is a critical component of children’s successful development of social emotional skills. Therefore, implementation activities that focus on families is a cornerstone of the SSIP.

Short Term Outcome #1

To measure a practitioner’s use of evidence based practices to support families and their capacity to help their child’s development, the NJEIS will use the ECTA center’s “Family Capacity Building Practices Checklist”.

The percentage of practitioners who report using the identified evidence based practices will be ascertained through *sampling* practitioners from all 4 REIC regions. Procedures will be established to provide a confidential self-assessment questionnaire for practitioner reporting. For purposes of this item, the definition of practitioners includes EIP direct service and service coordinators as each has a role in supporting families. Yearly progress will be calculated against a baseline established by November 2016.

Short Term Outcome #2

The NJEIS will complete development of a “Social Emotional Continuity Scale” to determine the relationship between the BDI2 Personal-Social Domain results, the NJEIS Family Directed Assessment (FDA) and the initial and/or annual IFSP of the child. The FDA workgroup has collected and conducted an initial review of 80 evaluations, IFSPs and FDAs for each of the four regions. The results of this work will be used to design and complete the “Social Emotional Continuity Scale” which will be used to complete collection of baseline data in the fall of 2016. Yearly progress will be calculated against this baseline.

Long Term Outcome

The performance indicator that will demonstrate improvements in a family’s ability to enhance their child’s overall development including social emotional development is Indicators 4B & 4C regularly reported as part of the state’s APR. The business rules and procedures established by NJEIS will be used to measure and report the proportion of families who report that NJEIS practitioners helped them increase their capacity to help their child grow and learn.



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These indicators are measured and reported annually and can be measured against the baseline and targets established in the APR for FFY 2013.

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
Short Term Outcome #1 The number of exit BDI2 evaluations completed and reported will increase to meet the OSEP standard. (Implementation)	1. State "Data Completeness"	Data Completeness will be calculated using the formula established by OSEP: the number of children included in Indicator 3 divided by the number of children who exited the program in the federal fiscal year. The Data Completeness rate will be calculated annually for the state. Baseline for the NJEIS was established in FFY 2013 at 22.9%.
	2. County "Data Completeness"	Each of the 21 counties in NJ established baseline performance in FFY 2013 with a range of 4%-42%. NJEIS will continue to calculate county performance for Data Completeness and report to county personnel. County data will not be made publically available.
Short Term Outcome #2 NJEIS evaluation practitioners demonstrate improved skills in administering the BDI2 Personal-Social Domain. (Impact)	1. The statewide percentage of children reported in progress category "e" in Indicator 3A, Child Outcomes.	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. Baseline for the NJEIS was established in FFY 2013 at 69.53%. In this indicator a decrease in the percentage reported in "e" is the goal
	2. The County percentage of children reported in progress category "e" in Indicator 3A, Child Outcomes	Each of the 21 counties in NJ established baseline performance in FFY 2013 with a range of 25.0%-82.08% NJEIS will continue to calculate county performance by progress category and report this data to pertinent county personnel. County data will not be made publically available.
	3. NJEIS BDI2 <i>Fidelity Checklist</i> for the Personal-Social Domain	Administrators for each Target Evaluation Team will re-assess their staff performance using the BDI2 Fidelity Checklist using the scoring rubric provided. Baseline was established in January 2016 for each TET. Re-assessment will take place in July 2017 upon completion of Professional Development activities



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Outcomes	Performance Indicators	Measures/Methods
<p><u>Long Term Outcome</u></p> <p>The quality of Child Outcome Data will improve statewide. (Impact)</p>	<p>1. OSEP "Data Anomaly" calculations</p>	<p>NJEIS will collect, analyze and report Indicator 3, Child Outcomes data, according to the state's established business rules.</p> <p>Progress will be measured by OSEP's Results Determination calculations, specifically those measures that evaluate "Data Anomalies" for each progress category in Indicator 3 A, B & C.</p>
	<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>

DISCUSSION

Short Term Outcome #1

A major indicator of the quality of the DOH-NJEIS data is the "Data Completeness" rate as calculated for Results Determination by OSEP. The NJEIS baseline was calculated in FFY 2013 for the first time using the established formula and fell short of the standard required to receive full credit by OSEP for Data Completeness. DOH-NJEIS will be assured that data quality is improving when the statewide Data Completeness rate increases and approaches the standard required for full credit in the determinations rubric.

DOH-NJEIS calculated county performance using the OSEP formula for all 21 counties and found the range of performance between 4-42% for FFY 2013. DOH-NJEIS communicated the FFY 2013 county performance to the TETs and SCU in each county along with a comparison to the state rate and in relationship to the OSEP standard. County performance based on the FFY2014 APR submitted February 1, 2016 was calculated and communicated to the TET administrators in February 2016. The DOH-NJEIS will continue to calculate and report to each county their performance while monitoring county progress and/or slippage. DOH-NJEIS does not plan to report this data publically, however, DOH-NJEIS will assist with target setting based on an individual county need and current performance.

Short Term Outcome #2

The DOH-NJEIS SSIP includes significant time and resources to be directed to the improvement of the evaluation skills of the TETs, and specifically their ability to administer the Person-Social domain of the BDI2 with fidelity. The Performance Indicators listed in Short



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Term Outcome #2 are those measures that will most reflect successful implementation of the PD efforts in this area.

As outlined in the Phase I report, data for the DOH-NJEIS consistently showed a data anomaly in Indicator 3A progress reporting category (e). Baseline for Indicator 3A(e) was established in FFY 2013 at 69.53%, indicating the evaluations are reporting too many children as “with peers” upon entry to the program. A decrease in the number of children reported in 3A(e) will be an indicator that statewide improvement efforts have addressed this issue.

In addition to the county calculations for data completeness described above, the DOH-NJEIS calculated county performance using the DOH-NJEIS business rules for Child Outcome reporting for all 21 counties. The range of performance for FFY 2013 was 25.0%-82.08% of children fell into progress category (e). DOH-NJEIS communicated the FFY 2013 county performance to the TETs and SCU in each county along with a comparison to the state rate. County performance based on the FFY2014 APR submitted February 1, 2016 was calculated and communicated to the TET administrators in February 2016. The DOH-NJEIS will continue to calculate and report to each county their performance to monitor progress and/or slippage. DOH-NJEIS does not plan to report this data publically, however, DOH-NJEIS will assist teams with target setting based on the individual county need and current performance.

The BDI2 *Fidelity Checklist* will be utilized by TET administrators to re-assess the evaluation teams and compare performance to baseline upon completion of the targeted PD activities. The TET administrators will have the opportunity to work collectively with technical assistance to demonstrate inter-rater reliability on the *Fidelity Checklist*.

Long Term Outcome

The ultimate determinations of data quality, will be a state Data Completeness rate that meets the OSEP standard (currently 70% or higher) and a lack of Data Anomalies as calculated by the OSEP rubric for Results Determination. DOH-NJEIS has set baseline for these measures based upon the FFY 2013 data.



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EVALUATION QUESTION #4

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

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

DISCUSSION

Short Term Outcome

The professional development activities of the SSIP are woven throughout Phase II of the SSIP, which makes a sustainable infrastructure necessary to its success. Three specific performance



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indicators will be used to demonstrate that the PD system is meeting the goals described here in Phase II.

The DOH-NJEIS will review the number and type of PD opportunities offered from July 1, 2015- June 30, 2016 and determine those that have at least one of the selected EBPs included compared with the number of opportunities where it would be appropriate for inclusion of at least one selected EBP. The percentage would be calculated:

$$\# \text{ of PD with EBP} / \# \text{ of PD appropriate for inclusion of EBP}$$

As professional development opportunities are developed through the SSIP Implementation Plans, the activities and material produced will be monitored to ensure the inclusion of the selected EBPs, where appropriate. DOH-NJEIS will continue to review all PD opportunities yearly to assess for the inclusion of at least one selected EBP.

The SWOT analysis in Phase I, along with continuous quality improvement activities of the DOH-NJEIS, has identified the need to provide multiple methods of professional development for the adult learners for whom the training is intended. DOH-NJEIS has set a goal of increasing the number of *hybrid* learning opportunities to be available via the PD system. Hybrid learning uses a combination of on-line learning modules and face-to-face classroom and/or coaching methods as a follow-up to the on-line component. At this time, the DOH-NJEIS system has professional development opportunities that are either on-line or face-to-face only. Research informs that these methods in isolation are ineffective methods for changing practice in contrast to the hybrid model. Therefore, the DOH-NJEIS will utilize a performance indicator that counts the number of opportunities that use the hybrid approach as a method to measure progress in the PD system.

Long Term Outcome

A functioning PD system requires specific infrastructure components in order to support the implementation, therefore, the Long Term Outcome is that "an infrastructure of professional development composed of state, regional and local provider agencies exists to support the work". A specific performance indicator is the number of budgeted state and regional TTA positions assigned to professional development activities at least 50% of the position time or greater.

The training and designation of individuals at the regional and local level as EBP coaches is the second major indicator of a complete and effective infrastructure. The DOH-NJEIS is proposing to use the MCCC-LMS data system to collect and maintain practitioner qualifications and include the identification of those practitioners who are qualified as EBP coaches.



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EVALUATION QUESTION #5

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

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

DISCUSSION

Short Term Outcome/Long Term Outcome

To carry out effective results monitoring, the DOH-NJEIS Monitoring Team will need to develop new tools, monitoring processes and identify new data elements in order to ascertain pertinent results data. The development of these tools, data elements and processes and the systematic consistent use will be used as an indicator to answer this evaluation question. The DOH-NJEIS Monitoring team will assist local programs in determining their baseline once the results indicators have been established. Local results monitoring information will not be made public, rather the data will be used to assist local provider agencies with target setting and improvement of performance.

STAKEHOLDER INPUT IN THE EVALUATION PLAN

The DOH-NJEIS and Stakeholders met in March 2016 to complete the Evaluation Plan which will evaluate the ongoing progress and ultimate success of the implementation outlined here.



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Prior to the meeting with Stakeholders, DOH-NJEIS consulted with a TA representative from the NCSI project to assist with the conceptualization and drafting of the Evaluation Plan. The draft evaluation questions and short term and long term outcomes were presented and discussed with the Stakeholders at the March 2016 meeting. The Stakeholders suggested modifications to the evaluation questions and then contributed their input on the selection of Performance Indicators and the Methods and Measures that are a part of the plan.

Throughout the remainder of the SSIP, DOH-NJEIS will use the evaluation data to examine the effectiveness of implementation and assess the state's progress towards achieving intended outcomes. The information will be used to inform on-going adjustments to ensure maximum effectiveness of SSIP implementation.

As formative evaluation data are collected and summarized, findings will be shared with Stakeholders periodically (through meetings, webinars, "Did You Knows") to review the data on what has been implemented to date and the potential need for mid-course corrections to procedures. When evaluation data are collected and summarized, reports will be disseminated to SSIP Stakeholders for their information and feedback. As relevant, the local EIPs, TETs and SCUs will be provided data that will assist with target setting and improvement of their local performance.

In addition, the state will post the evaluation plan, tools used to collect evaluation data, and the results of summative evaluation to the state website.

PHASE II TECHNICAL ASSISTANCE AND SUPPORT

Throughout this report, the reader will notice the inclusion of technical support from the ECTA Center has been woven into multiple activities within each Implementation Plan. Throughout the Phase II process, the DOH-NJEIS has relied on the support of this national team to guide some specific decisions and directions.

To accomplish the work described here in Phase II, members of the State Leadership Team, along with several Stakeholders took advantage of these resources between May 2015 and April 2016:

1. The IDC Interactive Institute on High Quality Data and the SSIP (May 2015)
2. OSEP sponsored webinars and conference calls (monthly scheduled and additional offerings);
3. OSEP Leadership Conference (July 2015);
4. The Social Emotional Community of Practice conference calls hosted by DASy, ECTA and NCSI;
5. The BDI users group hosted by ECTA;



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

6. NJ's NCSI project liaison for assistance with the Evaluation Plan;
7. The ECTA Center's guidance on DEC-RPs; and
8. The ECTA Center's guidance on SSIP preparation and submission.

As the work of the SSIP continues, the DOH-NJEIS will continue to utilize the OSEP funded TA supports as applicable.



APPENDICES

Action Strands

If the State.....

Then providers...

Then

Result

Data
Quality

...provides targeted TA to TETs based on identified errors in fidelity ...

...develops, implements & monitors statewide procedures for obtaining exit BDIs

...WILL ADDRESS INDIVIDUAL SKILLS THAT NEED IMPROVEMENT THEREBY IMPROVING FIDELITY OF BDI ADMINISTRATION

...INCREASE THE NUMBER OF EXIT BDIS

Quality of child outcome data will improve statewide

Social & Emotional
Development

...effectively communicates: the fundamental importance of social emotional development to young children's success; and the expectation that IFSP teams should consider this developmental area.

...will understand the value of social and emotional development will result in increased support to families and caregivers around enhancing children's social and emotional development.

IFSPs will reflect appropriate outcomes and strategies to include Social/Emotional

Family
Engagement

... develops, implements and monitors a process that defines and enhance quality family engagement as a core expectation of Early Intervention.

...will support families to increase their capacity to help their child grow and learn.

Families will be better able to support and enhance their child's overall development including social emotional

Professional
Development

...enhances the Professional Development System to provide learning opportunities focused on practitioners' knowledge and skills in evidence-based practices to support young children's social and emotional development.

...will apply evidence-based practice when working with children and their families that enhances the child's social and emotional development and their family's capacity to enhance their development

including social emotional

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



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

IMPLEMENTATION PLAN FAMILY ENGAGEMENT

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	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
Define Family Engagement for NJEIS	Gather resources and research on Family Engagement and EBP in this area	<p>Identify small stakeholder team to gather resources and select the most relevant resources to bring to workgroup</p> <p>Connect with NJ CYC Family Engagement committee for resources and current products/initiatives of the CYC</p> <p>Track current initiative from DOE and HHS on Family Engagement and Early childhood (2016)</p> <p>Present to workgroup summary, highlights and recommendations from available resources.</p>	Results Accountability Coordinator	January-March 2016	<p>Family Engagement Stakeholder Workgroup</p> <p>Family Support Committee of SICC</p> <p>Head Start</p> <p>UD DOE</p> <p>NJEIS PD system</p>



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ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
	Convene workgroup to develop a recommended statement and expectation for family engagement in the NJEIS as it related to the SIMR	<p>Determine members and lead of the group</p> <p>Review recommended information from resources</p>	Results Accountability Coordinator	March - September 2016	<p>Family Support Committee SICC</p> <p>NJEIS Family support coordinators</p> <p>Family Engagement Stakeholder Workgroup</p>
	Develop & present to DOH-NJEIS a recommended statement related to family engagement for use NJEIS		Stakeholder Workgroup Chair	September 2016	<p>Family Support Committee SICC</p> <p>NJEIS Family support coordinators</p> <p>Statewide Parent Advocacy Network (NJ's PTI)</p>
Design and Implement identified professional development activities related to Family Engagement as defined by NJEIS	Identify training needs within NJEIS (practitioners, families, stakeholders)	<p>Conduct needs assessment activity to collect baseline on current implementation of the defined statement</p> <p>Consider the need for focus groups with parents, providers and service coordinators related to Family Engagement</p>	<p>Training & Technical Assistance Coordinator</p> <p>Results Accountability Coordinator</p>	October 2016 – March 2017	<p>TTA Team</p> <p>Regional Family Support Coordinators</p> <p>Local EIPs</p> <p>ECTA Center</p> <p>Statewide Parent Advocacy Network (NJ's PTI)</p>



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
	Utilize the Professional Development system to implement the use of family engagement practices throughout the NJEIS		Training & Technical Assistance Coordinator	July 2017- Ongoing	TTA Team Family Engagement Stakeholder Workgroup Regional Family Support Coordinators Local EIPs ECTA Center Statewide Parent Advocacy Network (NJ's PTI)



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

IMPLEMENTATION PLAN PROFESSIONAL DEVELOPMENT

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	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMNET
Determine necessary adjustments to Professional Development System to meet the needs of the SSIP	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	Training & Technical Assistance Coordinator	January 2016- April 2016	REIC Executive Directors Regional TTA staff Part C Coordinator Results Accountability Coordinator ECTA center framework
	Determine feasibility of incentives for practitioner to encourage participation in PD. e.g. CEUs, other professional credit standards	Explore current endorsements and their requirements Create handbook to reference when designing in-service trainings	Training & Technical Assistance Coordinator	August 2016 (completed handbook)	Regional TTA Professional Boards for specific disciplines – e.g. ASHA, BACB NJ professional licensing boards NJ Dept. of Education NJ Higher Education
Design and provide ongoing Professional Development on EBP to increase	Continued FDA training for SC to better identify and incorporate social	Face to Face Trainings, Webinars & Coaching	Part C Coordinator Training & Technical Assistance Coordinator	January 2016-june 2016	FDA Development Team



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMNET
competencies in practitioners to support Social Emotional in children	emotional development into IFSPs				
(continued) Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children	Design NJEIS version of "Foundations of Social Emotional Development in Young Children" to be available for all practitioners	Arrange a MOU with MSU to modify the "Keeping Babies and Children in Mind" program for use in NJEIS	Results Accountability Coordinator Training & Technical Assistance Coordinator	July 2016	Montclair State University MCCC Learning Management System TTA *This aligns with the Infant Mental Health endorsement available in NJ And the work of MSU
	Roll-out of Modules	Determine process & expectations for roll-out	Training & Technical Assistance Coordinator Regional TTA team	September 2016 on-going	MCCC Learning Management System Stakeholders



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMNET
<p>(continued)</p> <p>Design and provide ongoing Professional Development on EBP to increase competencies in practitioners to support Social Emotional in children</p>	<p>Create and implement "new and improved" model for professional development.</p> <p>Establish cadre of coaches with knowledge of EBP</p> <p>Integrate on-line modules, hybrid learning and enhanced face to face training opportunities.</p>	<p>Utilize ECTA framework results to inform process</p> <p>Create master calendar and process for statewide Professional Development activities</p> <p>Utilize multiple communication strategies to promote CSPD activities related to SSIP</p> <p>Create centralized system (website) for professional development resources & material</p>	<p>Training & Technical Assistance Coordinator</p>	<p>January 2017 & ongoing</p>	<p>Regional TTA team</p> <p>Stakeholders</p> <p>ECTA Center TA supports for coaching</p> <p>NJ Part B-619 RP2 project</p> <p>MCCC Learning Management System</p>
<p>Design and implement accountability system for professional development that includes Results</p>	<p>Develop evaluation plan for all Professional Development activities</p>	<p>Utilize ECTA framework results to inform process</p>	<p>Monitoring Coordinator</p> <p>Training & Technical Assistance Coordinator</p>	<p>January 2018-May 2018</p>	<p>Monitoring Team</p> <p>ECTA Center Consultant</p>



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMNET
Monitoring and assurance of EBP implementation	Make recommendations for the development of standardized supervisory requirements for EIP agencies	Consider necessary changes to Letters of Agreement with EIP agencies	Part C Coordinator	January 2018-July 2018	EIP Provider Association (ABCD) ECTA Center System Framework NJ DOH Legal Department
	Convene a workgroup to determine appropriate activities and scope of a Results Driven Monitoring Process		Monitoring Coordinator Part C Coordinator	October 2016	Monitoring Team Part C Coordinator ECTA Center Consultant NCSI consultant Stakeholders DOH-NJEIS Data Team



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

IMPLEMENTATION PLAN: DATA QUALITY

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

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

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

ACTION STEP/FIDLEITY	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
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	Results Accountability Coordinator	January 2014-December 2015	TTA staff National BDI Community of Practice
	Present findings to TET agencies for review and discussion	Statewide meeting to review observational data	Results Accountability Coordinator	October 2014	
	Provide <i>Fidelity Checklist</i> to TET administration & assign TET administrators to conduct observations	Determine the number of observations necessary for each TET.	Results Accountability Coordinator	October 2014-November 2015	TET administrators
	TET administrators conduct fidelity observations and submits to DOH-NJEIS	Direct observation of TET evaluators Collate information and send to DOH-NJEIS	Results Accountability Coordinator TET administrators	October 2014-December 2015	TET administrators National BDI Community of Practice



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP/FIDELITY	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
Conduct statewide fidelity training on the Personal Social Domain for all evaluators in NJEIS	<p>Develop training & materials related to fidelity on the BDI Personal Social Domain</p> <p>Determine logistics for training 450+ evaluators statewide</p>	<p>Determine with Riverside Publ. possible training supports</p> <p>Collaborate with BDI Community of Practice on training methods/protocols for fidelity training</p>	<p>Training and Technical Assistance Coordinator (CSPD)</p> <p>Results Accountability Coordinator</p>	November 2016 & on-going	<p>TET Stakeholders</p> <p>Riverside</p> <p>NJEIS Partners in Higher Education</p> <p>BDI Community of Practice</p> <p>Mercer County College Learning Management System</p>
Design & Implement Professional Development plan for agencies with specific fidelity issues.	<p>Evaluate fidelity practices of TET agencies post Fidelity training</p> <p>Use results to identify practitioners/agencies that need targeted assistance</p>	<p>Administrators conduct second round of observations using the <i>Fidelity Checklist</i> and submit to DOH-NJEIS</p>	<p>Training and Technical Assistance Coordinator (CSPD)</p> <p>Results Accountability Coordinator</p>	July 2017-ongoing	<p>TET administrators</p> <p>TET evaluators</p> <p>State TTA</p> <p>Mercer County College Learning Management System</p>
	<p>Design & Provide agency-specific professional development plan</p> <p>Evaluate agency specific plans</p>		<p>Training and Technical Assistance Coordinator (CSPD)</p> <p>Results Accountability Coordinator</p>	July 2017-Ongoing	<p>TET administrators</p> <p>TET evaluators</p> <p>State TTA</p> <p>Mercer County College Learning Management</p> <p>DOH-NJEIS Monitoring Team</p>



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP/FIDELITY	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
<p>Revise training procedures for on-boarding new evaluators on BDI and NJEIS evaluation procedures</p>	<p>Develop & implement new procedures for on-boarding new evaluators</p>	<p>Conduct a focus group with TET about current training pros and cons and training needs</p> <p>Determine with Riverside Publ. possible training supports</p> <p>Collaborate with BDI Community of Practice on training methods/protocols</p>	<p>Training and Technical Assistance Coordinator (CSPD)</p> <p>Results Accountability Coordinator</p>	<p>January 2017-ongoing</p>	<p>TET Stakeholders</p> <p>Riverside</p> <p>NJEIS Partners in Higher Education</p> <p>BDI Community of Practice</p> <p>Mercer County College Learning Management System</p> <p>State TTA</p> <p>NJ Dept. of Education</p>



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP - COMPLETENESS	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
Focused Monitoring	Conduct desk audits based on available data	Review current data and request additional data as needed	DOH-NJEIS Monitoring Team DOH-NJEIS Data Team	July 2015 -September 2015	ECTA Consultant DOH-NJEIS data systems (BDI Data Manager, SPOE)
	Develop Hypotheses on issues impacting performance	Determine counties that will have on-site visits.		Completed September 2015	
	Develop focused monitoring tools Conduct on-site visits	Schedule meetings with chosen Counties for on-site visits	DOH-NJEIS Monitoring Team	September 2015	Completed September 2015
	Analyze data/information from on-site visit to determine root causes	Analyze findings in comparison to hypotheses	DOH-NJEIS Monitoring Team Results Accountability Coordinator	October -November 2015	State Data Team
Focused Monitoring-Continued	Determine if additional on-site visits are needed	Determine next steps for TA to SCU/TET for Exit BDI	DOH-NJEIS Monitoring Team Part C Coordinator Results Accountability Coordinator	November 2015 Completed November 2015	DOH-NJEIS data systems (BDI Data Manager, SPOE)



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP - COMPLETENESS	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
Operationalize DOH data clean up processes	Create a procedure manual for DOH-NJEIS use of BDI DataManager	Determine style and goal of the manual Field test with new users to ensure accuracy and plain language instructions	DOH-NJEIS Data Team Results Accountability Coordinator	June 2016	BDI Community of Practice Alignment with Data Elements for SPOE
Present refresher Webinar on BDI data entry procedures to TET teams	Develop webinar Schedule webinar Present completed webinar Archive webinar	Assess common errors in using DataManager and MDS Advertise webinar day and time Register participants	Results Accountability Coordinator	September -October 2015 <i>Completed October 2015</i>	Mercer County Community College Learning Management System
	Require participation for all Targeted Evaluation Team members	Set timeline for viewing either live or archived webinar.	Results Accountability Coordinator	November 2015 <i>Completed November 2015</i>	Mercer County Community College Learning Management System



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP - COMPLETENESS	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
<p>Revise and distribute and implement specific policies for the use of the BDI in the NJEIS</p>	<p>Compile current policies, procedures and memos that outline BDI processes into a single policy/procedure for use in NJEIS</p> <p>Create informational brochure for families that describes Child Outcomes. Include its use as part of policy</p>	<p>Use data and information from on-site focused monitoring visits to inform policy/procedure development</p> <p>Align new policies and procedure with existing policies to ensure consistency</p>	<p>Part C Coordinator</p> <p>Results Accountability Coordinator</p>	<p>July 2016</p>	<p>DOH-NJEIS Monitoring team</p> <p>Policy Consultant</p> <p>REIC staff</p> <p>State Interagency Coordinating Council (SICC)</p>



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP - COMPLETENESS	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
	Revise and distribute and implement specific policies for the use of the BDI in the NJEIS	<p>Compile current policies, procedures and memos that outline BDI processes into a single policy/procedure for use in NJEIS</p> <p>Create informational brochure for families that describes Child Outcomes. Include its use as part of policy</p>	<p>Use data and information from on-site focused monitoring visits to inform policy/procedure development</p> <p>Align new policies and procedure with existing policies to ensure consistency</p>	<p>Part C Coordinator</p> <p>Results Accountability Coordinator</p>	<p>DOH-NJEIS Monitoring team</p> <p>Policy Consultant</p> <p>REIC staff</p> <p>State Interagency Coordinating Council (SICC)</p>



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP - COMPLETENESS	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
	Distribute and conduct opportunities for TA related to new policy/procedure	<p>Distribute via email, provider meeting and posting on the web, new policy/procedures</p> <p>Schedule and conduct conference calls with SCU and TETs regarding new policies and procedure</p> <p>Investigate use of MCCC specific direct email to TET teams to distribute new information</p>	Part C Coordinator	September 2016	<p>DOH-NJEIS Monitoring team</p> <p>Policy Consultant</p> <p>REIC staff</p> <p>Mercer County Community College Learning Management System</p>
Create Exit BDI Teams	<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>Part C Coordinator</p> <p>Results Accountability Coordinator</p>	February 2016- July 2016 & ongoing	<p>DOH-NJEIS Data Team</p> <p>TET administrators</p> <p>Riverside Training</p> <p>MCCC LMS system</p> <p>Training Coordinator</p> <p>State TTA</p> <p>Higher education</p>



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

IMPLEMENTATION PLAN: SOCIAL EMOTIONAL DEVELOPMENT

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	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
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	Results Accountability Coordinator	January 2016-February 2016	DEC ECTA Center Stakeholder input Keeping Babies and Children in Mind (MSU project)
	Use established communication method to focus on social emotional development among all NJEIS stakeholders, including efforts specifically for families	Evaluate potential opportunities for communication Disseminate to NJ partners including the NJEIS mission statement on Social Emotional Development Ensure inclusion of cultural & language specific information	Results Accountability Coordinator	January 2016-ongoing	REIC Family Support Coordinators Social Emotional Stakeholder workgroup MCCC Learning Management System Head Start County Councils for Young Children Partners within NJ Dept. of Children and Families



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
	Hold statewide conference for practitioners that is SSIP focused		Results Accountability Coordinator	May 2016	ECTA Center DEC practices NJDOH Staff REIC staff
Select and disseminate EBP practices that are designed to increase Social Emotional Development in Young Children	Convene short-term workgroup to select & recommend EBP (global and domain specific) to DOH-NJEIS based on available resources	Gather resources, explore nationally recognized EBP Develop "charge" to the workgroup, determine member Consider role of NJ Early Learning Standards & DEC Recommended Practices	Results Accountability Coordinator	November 2015-March 2016	Stakeholder workgroup NJ Part B619 RP2 project w/ECTA Center ECTA Center SICC Chair
	Collect Data On EBP currently used by practitioners	Investigate available checklists/survey and or other tools to collect this data Collate and analyze collected data	Results Accountability Coordinator	January 2016-April 2016	Stakeholder workgroup NJ Part B619 RP2 project w/ECTA Center ECTA Center SICC Chair EIP Administrators



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
	Utilize Professional Development activities to implement EBP in social emotional development throughout the NJEIS		Training & Technical Assistance Coordinator	January 2017-ongoing	TTA staff Stakeholder workgroup NJ Part B619 RP2 project w/ECTA Center ECTA Center SICC Chair EIP Administrators NJEIS Practitioners
Integrate EBP into NJEIS documents, procedures and materials	Revise documents and forms to reflect social emotional EBP (e.g. IFSP, evaluation FDA, progress reports)		Part C Coordinator Results Accountability Coordinator	September 2016 & ongoing	National TA consultant Monitoring Team EIP Administrators
Investigate additional tools, processes and/or procedures to augment the collection of information on children's social	Maintain communication with Riverside Pub. to provide input & follow the progress of the planned BDI revisions. BDI-3 expected 2019	DOH-NJEIS staff to continue membership in national BDI Users Community of Practice group	Results Accountability Coordinator	November 2015 & On-going	DOH-NJEIS Data Team BDI-Community of Practice Riverside Publishing SICC chair Stakeholder workgroup on evaluation tools.



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

ACTION STEP	LARGE ACTIVITIES	SPECIFIC ACTIVITIES	PERSON(S) RESPONSIBLE	PROJECTED TIMELINE	RESOURCES/ALIGNMENT
emotional development	Convene workgroup to review data & make recommendations on the need for additional tools or procedures	Analyze data over time to identify possible trends for specific populations Analyze NJEIS Data Quality trends in Indicator 3 compared to national standards and expectations	Results Accountability Coordinator	January 2018 & Ongoing	DOH-NJEIS Data Team BDI-Community of Practice Riverside Publishing SICC chair Stakeholder workgroup on evaluation tools.

APPENDIX C STAKEHOLDERS

SSIP STAKEHOLDER COMMITTEE	
Amy M. Smith	Autism NJ
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
Dan Keating	ABCD
Danielle Anderson Thomas	NJ Department of Education/Member SICC
K. David Holmes	Consultant/ABCD
Desiree Bonner	Helpful Hand Early Intervention Collaborative
Diana MTK Autin	Statewide Parent Advocacy Network/ NJ PTI
Fran Gallagher	NJ AAP
Gerald Theirs	ASAH
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	NJ 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
Malia Corde	Statewide Parent Advocacy Network/ NJ PTI

Additional Family Engagement & Social Emotional Workgroup members	
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Rachelle Ledden-Albadine	Southern NJ REIC
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Deidre Krok	Family Link REIC
Shakira Lindsey	Mid-Jersey REIC
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STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

Patricia Paraskeraus	SPAN
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TET Evaluator Stakeholders for BDI2	
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Barbra Bowers	Ladacin EIP/TET
Roberta Dihoff	Rowan EIP/TET
Carola D'Emery	Sunny Days EIP/TET
Cathy Hasprunar	Catholic Family Community Services EIP/TET
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DOH-NJEIS SSIP Leadership Team	
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Susan Evans	Results Accountability Coordinator
Oliver Giller	Central Management Coordinator/Data Team
Christine Nogami-Engine	Monitoring Coordinator
Kristen Kugelman	Training and Technical Assistance Coordinator



STATE SYSTEMIC IMPROVEMENT PLAN PHASE II

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APPENDIX D DOH-NJEIS DEFINITION OF SOCIAL EMOTIONAL DEVELOPMENT

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. The healthy development of social and emotional competence greatly affects the abilities of children in all other areas of development.