



Friday, November 22, 2024  
Meeting Minutes

Public Meeting 9:30 a.m. to 12:30 p.m.  
ZOOM Meeting Platform

A regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) was held on Friday, November 22, 2024. The meeting was held via ZOOM meeting platform. The meeting was called to order at approximately 9:30 a.m. by Joyce Salzberg, Acting Chair.

### **Welcome**

- I. Joyce Salzberg welcomed attendees and read the Welcome Statement.

### **Attendance**

- I. Maintained by the Department of Health (DOH)

### **Introductions**

- I. SICC members and DOH representatives were introduced.
- II. Quorum requirements were met.
- III. Public members signed their attendance through the chat box in the ZOOM platform.

### **Approval of Minutes**

- I. The September 20, 2024 Minutes were *APPROVED*; 9 Yes, no opposed, 2 abstain, 1 not present, no discussion. Motion by Catherine Colucci, seconded by Kathleen Hinnigan-Cohen.

### **Presentation by National Institute for Early Education Research (NIEER) regarding the 2 year study,**

Allison Friedman-Krauss, Ph.D., Associate Research Professor      [afriedman-krauss@nieer.org](mailto:afriedman-krauss@nieer.org)

- I. Allison Friedman-Krauss shared a powerpoint, New Jersey Early Intervention System (NJEIS) Deep Dive.
  - A. NIEER's Team for the NJEIS Deep Dive includes Steve Barnett, Ph.D., Karin Garver, Jennifer Duer, Ph.D., Julie MacLeod, and herself.
  - B. Ms. Friedman-Krauss stated the New Jersey Department of Health, Division of Family Health Services (NJDOH-FHS) is entering into a Memorandum of Understanding with NIEER and Rutgers University in order to complete this deep dive into the State's Early Intervention System.
  - C. The goal is to identify ways to improve the system, including making the whole system more effective, efficient, equitable, and sustainable.
  - D. Ms. Friedman-Krauss states NIEER will examine all aspects of the NJEIS; the referral system, evaluations, service coordination, and direct service delivery. NIEER will make recommendations to improve the NJEIS structure and ultimately improve experiences for children and families. NIEER will be looking at other states for models.
  - E. Outcome Goals for NJEIS Deep Dive:
    - i. How does NJEIS compare to other states?
    - ii. Is the current structure of NJEIS sustainable?
    - iii. What are the areas for improvement in the NJEIS system?
    - iv. Which components of NJEIS need additional support, funding, resources?

- v. What are the strengths and challenges of NJEIS?
- vi. What can be done to build upon the strengths and adjust the challenges as we move forward?
- F. Part 1: First steps, which have begun already, are conducting a literature view of EI Models to understand what has been successful or not successful on other places; Landscape of EI in NJ, Structure of NJEIS, and Family Satisfaction survey.
- G. Part 2: Data analysis and recommendations; National and NJ data will be analyzed and used to make recommendations, Input from working groups throughout the project will also inform recommendations, and Reasonable and feasible recommendations for improvements to NJEIS will be developed by NIEER in collaboration with stakeholders.

H. **Discussion ensued:**

Allison Friedman-Krauss elaborated by stating the study has a 2 year timeline that started in October 2024.

Dr. Nancy Scotto-Rosato added that Rutgers will be constantly in communication with the DOH.

Josephine Shenouda added the study is built into phases and we will have ongoing recommendations.

Any policy/rule changes will have to go through public comment. This study is funded by the DOH.

Corinne Catalano mentioned that the Personnel Preparations Committee was requested to give recommendations to revise the Personnel Standards and as part of that they are looking at what is going on in other states. Ms. Catalano questioned if their work is in parallel to this study.

Josephine Shenouda responded as the SICC, the council provides advice and guidance to the Department. NIEER is working on multiple aspects of the system, not just one aspect and there will be opportunities between the Council and NIEER to work together on Personnel Preparation and other pieces of the system as well. It's going to be a collaborative effort. Council requests to collaborate with NIEER can be made through Josephine Shenouda.

Nicole Edwards asked how NIEER will navigate the difference between New Jersey and other states.

Allison Friedman-Krauss responded NIEER is used to doing a lot of cross-state work. Part of the goal is to summarize what's out there and put it together with all of the other data to think holistically about what is best for New Jersey.

Joyce Salzberg requested NIEER address the Council about the previous study and its results.

There was not an RFA for this study. Josephine Shenouda responded this was through a Memorandum of Understanding (MOU) process.

Samuel Kivell questioned the cost of the study and how many people are working on the study?

And can the timeline of work be made public for example, what will be focused on in the next 6 months, etc?

Josephine Shenouda responded it is a 2 year study and it's going to cost \$400,000. As the study moves forward, DOH will be sharing updates.

Allison Friedman-Kraus responded staffing right now is 5 main people and a certain percentage of time will have some other people weighing in from time to time and they may adjust the staffing as the work moves forward.

Catherine Colucci asked if the study will include focus groups and listening sessions with families and practitioners across the State, looking at documentation and how services are integrated or is it more of a big structure type study?

Ms. Colucci also asked if the Senate Bill S3140 in proposal right now to extend EI to age five will be part of the Study's purview?

Allison Friedman-Krauss responded they are planning to talk to service providers and parents through a minimum of surveys, but possibly some interviews and/or focus groups with different stakeholders across the system. Ms. Friedman-Krauss stated she does not know about the proposed Senate Bill but

if it does move forward, there could be discussion on how that would affect the work or not.

Saira Hussain Akhter asked what kind of governance structure will the study put into place so those involved are aware of key inflection points of the project; who are the stakeholders that are going to be involved in each of the phases to ensure that the SICC will know what is going on.

Allison Friedman-Krauss stated this is something that Josephine Shenouda and she can discuss and lay out as the study progresses.

Ms. Shenouda agreed and thanked Ms. Hussain Akhter for the recommendation.

Kathleen Hinnigan-Cohen stated a concern for the transparency of this study.

Samuel Kivell wanted to know if the rate study will be included in this study?

Mr. Kivell requests an update each SICC meeting.

Saira Hussain Akhter questioned why the study will not be publicized.

Josephine Shenouda replied that this study will examine the whole system, including the financial component. If there are places the study can compare, it would definitely benefit to look at the data and look for comparisons. Ms. Shenouda added this study is going to be deliberative and consultative and will produce different findings from the past study to share with the Council at appropriate times. Ms. Shenouda clarified that there is not going to be a publication as a summary of the whole study.

Dr. Nancy Scotto-Rosato mentioned that DOH will be sharing the findings and information as the study goes along, just as it was done with the rate study. There will not be a published report or a public facing report because it is deliberative and consultative to the DOH and for EI in general.

Erika Nava, representing Senator Ruiz, stated she plans to speak to the Majority Leader and follow up in writing to the DOH and Josephine Shenouda.

## **SICC Standing & Ad Hoc Committees Reports**

### **I. Administrative/Policy Committee, Samuel Kivell, Chair and Saira Hussain Akhter, Co-Chair**

#### **A. Samuel Kivell stated that the Committee is going to work on its initiatives for 2025.**

Saira Hussain Akhter added some points of focus are going to be in relation to tracking and accessibility.

### **II. Service Delivery Committee, Virginia Lynn, Chair**

#### **A. Virginia Lynn shared the guidance documents on Providing EI Services in Child Care - "Collaboration Throughout the NJEIS Process: EI and Child Care;" "EI Agency Guide to Starting EI Service in Child Care, Information For Parents;" "EI Agency Guide to Starting EI Service in Child Care, Information For Practitioners;" and "EI Practitioner Guide to Ongoing Services in Child Care."**

*MOTION:* Council Members were asked to vote on recommending the DOH accept the documents as a resource To distribute for EI.

*MOTION* by Catherine Colucci. Second by Kathleen Hinnigan-Cohen.

*DISCUSSION:* Nicole Edwards asked if this has been piloted yet.

Virginia Lynn stated a Member of the Committee is from a Goddard School who shared it at a meeting there and reported to the Committee that it was well received. The Committee also had conversations with Practitioners who are currently providing services in a child care setting. Susan Evans shared these are a proposed resource material and the idea of what to do with them next is another step in the process.

No further discussion.

*APPROVED:* 9 approved; 1 abstain.

**III. Fiscal Infrastructure Committee, Kathleen Hinnigan-Cohen, Chair**

- A. Kathleen Hinnigan-Cohen shared the Committee has two main focuses right now; the Medicaid Survey to gather data regarding what may be recommended for a Medicaid rate increase and meeting with other states to understand their professional development initiatives. More information to follow.

**IV. Personnel Preparation Committee, Corinne Catalano, Chair**

- A. Corrine Catalano shared a powerpoint
- i. Thank you to Michele Christopoulos for all of her support to this Committee.
  - ii. The Committee has been asked to make recommendations to update and revise the existing NJEIS Personnel Standards.
    1. Committee Recommendation: Merge the current standards of Child Development Specialist (CDS), Behavior Specialist, and Special Educator into one standard focused on the provision of family-centered, developmental interventions.
      - a. Rationale: All three current standards have the same rate, provide the same services, and require the same skill set; Other states use a title such as Developmental Specialist (Interventionist, Therapist) to more clearly convey to all stakeholders, including families, the nature of the services provided by these professionals; and this recommendation was brought to SICC during the June meeting and we were given the green light to explore this further.
      - b. What the Committee is doing: Conducted a self-assessment of the Personnel Standards with the support of consultants from the Early Childhood Technical Assistance Center (ECTA.) Based on that self-assessment the Committee gathered information. Therefore, the Committee reviewed the following documents looking specifically at information related to the role of “Developmental Specialist” (Early Interventionist/Early Childhood Special Educator (EI/ECSE) Standards 2020, Individuals with Disabilities Education Act (IDEA,) and the Role of Special Instruction in EI 2024.)  
The Committee reviewed information from other states before drafting the recommendation for new personnel standards for the position of Developmental Specialist. The Committee has asked to connect with administrators from several of these states.
      - c. The Committee’s Next Steps: Meet with administrators from other states to gain information; Collaborate with those conducting the NIEER Study; Develop recommendations for changes to the Personnel Standards for the position of Developmental Specialist.  
Susan Evans commented that as we have been talking today about the structural components, she sees the work the Personnel Prep. Committee is doing is in parallel and not going to be in any conflict with the work that NIEER is doing.

**V. Family Support Committee, Nicole Edwards, Chair**

- A. Nicole Edwards shared several links and statements in the CHAT (3:38:34 & 3:41:34):
- i. SC Coordination CoP <https://www.dec-sped.org/servicecoordinationcop>
  - ii. Early Intervention CoP <https://www.dec-sped.org/earlyinterventioncop>
  - iii. Family Partnership CoP <https://www.dec-sped.org/familypartnershipcop>
  - vi. Cross-state networking and resources-Free for non-DEC members to join – DEC is one of the subdivisions of the Council for Exceptional Children.
  - v. Please help us spread the word as survey responses will be collected from all current EI parents until the end of the month-through next week.  
[https://docs.google.com/forms/d/17yEJWObrNNs4j5eu8tXxuMY3gcWlLe6e5\\_XIMfxJAus/edit#responses](https://docs.google.com/forms/d/17yEJWObrNNs4j5eu8tXxuMY3gcWlLe6e5_XIMfxJAus/edit#responses)

Primary caregiver voice as part of the conversation on recommendations we can bring to the DOH on ways of supporting earlier screening/referral efforts in the first 12 months of life.

- B. Nicole Edwards Thanked Patty Green and her team for creating the link and being launched this month. Ms. Edwards mentioned with the approval of the Executive Director of the New Jersey American Academy of Pediatrics, the survey link is being sent to pediatricians through the listserv. It is also being shared through the Reach Out and Read NJ. More to follow after results are received.
- C. The Committee started some parent forums in order to be able to create recommendations with families. Ms. Edwards stated they have collected 24 survey responses.

**VI. Transition Committee**, vacant Chair  
In process of organizing

**Lead Agency Reports**

- I. State Systemic Improvement Plan (SSIP), Kristen Kugelman, the Comprehensive System of Personnel Development (CSPD) Coordinator
  - A. Kristen Kugelman shared a powerpoint
    - i. Indicator 11: SSIP, State Fiscal Year (SFY) 2023 Update (July 1,2023 to June 30, 2024)
    - ii. State Identified Measurable Result (SiMR) – 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.
    - iii. Infrastructure Development:
      - 1. Partnerships
        - a. Montclair State University (MSU) – Practitioner training opportunities
        - b. SPAN (Parent Advocacy Network) – Pyramid Model State Leadership Team and Family Support
        - c. New Jersey Association of Infant Mental Health (NJAIMH) – Reflective Supervision and Consultation Training
      - 2. Improved Model of Professional Development
        - a. Learning Management System (LMS)-Additional courses, folders for centralization of certificates, PIWI 2.0 asynchronous learning modules.
        - b. Capacity building of training & Technical Associates (TTAs), Family Support Coordinators (FSCs), and Early Intervention Provider/Service Coordination Unit (EIP/SCU) Administrators (continuation of RSC training)
        - c. Community of Practice (COPs) and Reflective Groups
        - d. Reflective Supervision
        - e. Evidence-based Practices (DEC recommended practices and PD grounded in research)
        - f. Teaming with SPAN
      - 3. Community Impression Plans (CIPs)
        - a. Born out of 2020 “REIC Refresh” by DOH
        - b. Each TTA and FSC chooses 2-3 data-driven goals (1 in line with SSIP and 1 based on regional data) for system improvement
        - c. Process is regionally executed and reported up to DOH within REIC Semi-Annual Reports
        - d. TTAs reported in detail on CIP work during September SICC meeting

4. Increased Use of Data
  - a. Surveys to gauge interest, readiness, concerns of stakeholders related to the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF)
  - b. Regional document reviews to inform CIPs
  - c. EIPPF tool to evaluate use of and fidelity to Evidence Based Practices (EBPs) [DEC Recommended Practices and Seven Key Principles of EI]
  - d. EIPPF process incorporates coaching, reflection, and connection (opportunity to support retention)
- iv. Early Relational Health (ERH) Messaging and Communication
  1. EI Week Focus – ERH integrated into all presentations
  2. Welcome to Early Intervention (EI) Video – In 6 languages and ASL for Welcome Packet & Adapted to act as Child Find vehicle
    - a. In the Chat Box:
      - Nicole Brogden (1:56:02) posted: English: Don't Wait, Act Now! NJ Early Intervention System - Child Find
      - Spanish: ¡No espere, actúe ahora! Sistema de Intervención Temprana de Nueva Jersey – Búsqueda de Niños
      - Nicole Ramirez (1:56:38) ASL: <https://www.youtube.com/watch?v=7Koa0gT2bac>
      - Nicole Brogden (1:56:49) posted: All videos can be found on the NJEIS Family Matters YouTube channel: NJEIS Family Matters - YouTube
      - Saira Hussain Akhter commented how wonderful it is to translate this into many languages and ASL.
  3. Early Relational Health series on LMS
  4. The Family Matters website has dedicated ERH section
  5. PD offerings for practitioners
  6. Transition training to families
- v. Individual Family Service Plan (IFSP) Service Provider and Service Coordinator Development and Support
  1. Welcome to NJEIS and Introduction to IFSP Development online Modules
  2. Additions to LMS course catalogue
  3. PD offerings in partnership with MSU
  4. Regional trainings-Grief & Loss, Safety Awareness While Conducting Home Visits
  5. Meet & Greets
  6. Evidence Based Practices (Knowledge & Skills)
- vi. Kristen Kugelman shared a bar chart that shows EI has grown and increased its reach to practitioners and increased our diversity of offerings to practitioners. There was about \$85,000.00 in stipends given, but Kristen Kugelman does not believe the stipends were a huge driver of people into the trainings. Kristen Kugelman explained the “Blank Space” in the chart shows where there was a lot of capacity building activities with the TTAs, Family Support, and the EIP Administrators such as infrastructure was being built, improving and increasing our partnerships, working on Community Impression Plans, and TTAs began to build their skill sets around reflective supervision, and the PIWI training.
- vii. Learning Management System (LMS) Data – 6,697 licenses issued; 65% of Users have logged in. Ms. Kugelman wants to incentivize these trainings more and believes there is a structural issue. Because of the way the system is structured, some agencies are full-time employees, some are contracts, and some are per diem, the labor laws, etc.
 

Nicole Edwards suggested it may be an idea that when users come into the system to make them aware that there's a certain expectation of completion within a period of time. Ms. Kugelman stated a lot of ongoing work will be done along with the Personnel Preparation Committee to continue this discussion around the Personnel Standards and onboarding.

viii. ARP Funds Continue to “Give”

MSU – Continuing to draw down on \$700,000.00 worth of contracts until at least June 30, 2026, potentially into 2027.

NJAIMH – Completed \$30,000.00 contract; 73/75 spaces in RSC training for Agency Administrators, new FSCs, and new TTAs.

ix. NJEIS Selected evidence-based Practices (DEC Recommended Practices)

Family (F6) – Engage family in opportunities; Support/strengthen parenting knowledge/skills/competence/confidence

Teaming & Collaboration (TC2) – Systematically exchange expertise, ideas, and knowledge with families; Joint problem-solving

Interaction (INT2) – Coach/consult with family; Facilitate parent-child interaction; Encourage child learning

Instruction (INS13) – Promote social development; Help child initiate/sustain positive interactions with adults and children; Create all activities within routines.

- x. Kristen Kugelman stated that realizing helping practitioners to have knowledge around early relational health and routines and our evidence-based practices, builds the skills of how to actually work most effectively in partnering with families and then, all as a system, understanding the relational component. Training is a process of building our workforce, not just a one and done.

Catherine Colucci questioned how the EIPFI tool works with the EIP Administrators and how is it being received?

Kristen Kugelman explained that this is a formalized tool and has somewhere around 40 items on it that is meant as a growth and development tool. The idea is that the Administrator or trained Mentor would, in an Administrative capacity, observe, use the tool, capture data, then have a conversation and reflection discussing the findings. She feels it has been well received because people see it as a way to connect with their staff and not punitive.

Nicole Edwards requested to add Janine Pratt’s 11:20pm (2:16:54) comment to the Minutes: It’s very difficult to have practitioners make time for training when they are already stretched for time and have mandatory agency training requirements as well. Most agencies can no longer higher full time employees due to reimbursement rates.

II. Request for Application (RFA) for Centralized Early Intervention Referral Services (EIRS), Alvina Seto

- A. Josephine Shenouda stated that this RFA is going to be open to for-profit agencies and non-profit agencies.

The main goal of the RFA is to improve the experience of the families.

- B. Alvina Seto shared a powerpoint

- i. This RFA is for the System Point of Entry (SPOE) which is currently housed at the 4 Regional Early Intervention Collaboratives (REICs) across the state. The RFA will be looking to centralize the NJEIS referral system under one grantee.
- ii. Purpose of the RFA – system change benefits:
  1. Efficiency – improve efficiency by eliminating duplication of efforts and streamlining the process for the benefit of the children and families served by NJEIS.
  2. Consistency – Data quality via standardized data collection and training protocols and interactions with families.
  3. Modernizing the System – to meet the needs of new generations of tech savvy parents.

- iii. What does this mean for the REICs?

1. Business as usual but without SPOE
2. The REICs are an important and valuable DOH partner – providing technical assistance and support to the field.
3. The REICs are instrumental in carrying the DOH message to the field and the public.

4. REICs will continue to work with the DOH on multiple initiatives and support the DOH in all other grant objectives.
- iv. REIC SPOE staffing and RFA Scoring
  1. DOH prefers that the EIRS grantee give hiring priority to current SPOEs. Therefore, this will be built into the scoring of the RFA.
  2. There is currently a >95% retention rate of SPOE. DOH expects a high rate of retention of current SPOEs with the new grantee.
- v. RFA Important Deadlines
  1. RFA will be released on 12/2/2024. (This date may change to a later date in December.)
  2. Application is due on 1/31/2025.
  3. Notice of Award 3/10/2025.
  4. Funding starts on 4/1/2025.
  5. This is open to all agencies (for-profit and non-profit.)
- vi. Once released, the RFA and its details can be found on <https://healthapps.nj.gov/noticeofgrant/noticegrants.aspx#>
- vii. Discussion ensued:

Erika Nava questioned if the DOH going ahead with this change/RFA before having the research of the NIEER Project?

Josephine Shenouda replied DOH is following a model that's done in other states where they have a centralized referral system. This is not unique to New Jersey. The referral process is the first part of Early Intervention. It's the first time families interact with the system. This will not change the EI delivery model, evaluation, our eligibility, or even policy or rules. This will open up the EI system to families that are tech savvy. DOH has done a lot of research on its own as well. There will be a parent portal with multiple languages for parents. The aim is to improve accessibility and equitability of the system.

Dr. Nancy Scotto-Rosato added there are other programs within her division that have a sort of centralized referral system. This is not a new concept. This will be more efficient and more modern and allows for multiple ways for a family to make contact besides using the 1-800 number.

Corinne Catalano and Saira Hussain Akhter asked why the DOH is presenting this change prior to the \$400,000 NIEER study results?

Josephine Shenouda responded that the DOH has collected information about referral, collected information from families about referral, and stated she is still receiving emails about referral from families directly. This is to improve operations and is not going to impact the system in any way. The main focus is to improve the experience of families entering the system. Ms. Shenouda added that the REICs were part of the system before the referral piece was added to them and they will be here after the referral piece is centralized. The priority is enhancing the family's experience. It would be an unfair advantage to release the RFA to the Council when some of those agencies that are represented by the council may actually have the opportunity to apply. The REICs have the opportunity to apply for this grant. The DOH is moving the Family Cost Participation (FCP) responsibility from the Ongoing Service Coordination Units to the SPOE Units. There will also be a developmental screening as part of the referral process. The 1-800 number will still be available along with the parent portal enhancement.

Samuel Kivell stated he is the treasurer for one of the REICs and had a concern regarding the rent for the REICs.

Josephine Shenouda offered to have a closed meeting with any REIC Boards to present the RFA and answer questions regarding the financial impact.

Susan Evans stated the grant itself will be adjusted to make sure that they meet their needs. The Department



will make sure that those funds are available to make sure the REICs are funded and viable.

Corinne Catalano requested the DOH provide evidence that no implementation is going to change and stated she would have appreciated more information before the presentation.

Josephine Shenouda stated she will be available for any questions that arise.

Saira Hussain Akhter expressed significant concern regarding the timing of RFA on SPOE coordination, specifically questioning why it would predate the Rutgers study that was meant to review the whole system. Ms. Akhter noted that by removing SPOE coordination from the regional collaboratives would essentially gut their funding so that some regional collaboratives, if not all, would be left inoperable in the long run. For example, in the immediate term, they would no longer be able to afford their leases. She also stated that SPOE coordination was running well and questioned why it was only this part of the system that was being dismantled given the upcoming Rutgers Study to review Early Intervention holistically.

#### **Procedural Safeguards Office (PSO), Beth Lohne, PSO Coordinator**

##### A. Beth Lohne shared a powerpoint

###### i. Compensatory Awards Process Prior to 10/2023

1. The compensatory award process was managed by the four Data Analysts at the REICs in collaboration with the Lead Agency.
2. This arrangement was a response to the increased number of families whose early intervention services were impacted by the COVID-19 pandemic.
3. The goal was to address service disruptions and ensure that families received the necessary compensatory support.

###### ii. Compensatory Process Timeline

1. 120 Days before 3<sup>rd</sup> Birthday – Identification of children that qualify for compensatory services due to delay or disruption in services.
2. 90 Days before 3<sup>rd</sup> Birthday – Parent has 10 days to respond to service coordinator of their intention to seek compensatory services.
3. 60 Days before 3<sup>rd</sup> Birthday – Exit evaluation completed.
4. 30 Days from 3<sup>rd</sup> Birthday – Hold a Post Transition Planning Meeting to discuss eligibility and identify missed services. Form submitted to the PSO.
5. PSO Determination – PSO reviews all documentation related to missed services. Compensatory award authorization letter sent to family and Service Coordination Unit (SCU.)

###### iii. Benefits of the New Compensatory Process

1. Early Implementation: Begins the process at 32 months of age, allowing more time for planning.
2. Increase in Exit Data: Improved data collection, supporting better outcomes analysis.
3. Timely Access to Services: Reduction in delays, ensuring families receive needed services on time.
4. Proactive Missed Services Review: Missed services are identified and addressed earlier during Individualized Family Service Plan (IFSP) meetings, ensuring that families' needs are considered promptly.

###### iv. Procedural Safeguards Office Initiatives

1. Office Hours Launched: In March 2024, the office began offering dedicated office hours, completing six sessions with a total of 336 attendees.
2. Training Initiative: Provided "Who Is the Parent?" training to 277 SPOE and Ongoing Service Coordinators (OSCs.)

3. Ongoing Initiatives: Monthly office hours – Regular sessions to address questions and provide support.  
Quarterly Trainings – Continuous education on Procedural Safeguards requirements for providers.
4. Upcoming Training: Next training session will cover the Formal Dispute Resolution Process (date TBD.)
- v. Dispute Resolution Data Submission: Submitted Table 4 Dispute Resolution data to the Office of Special Education Programs (OSEP), fulfilling the timeline requirements for the final Annual Performance Report (APR.)

### New Business

- I. Michele Christopoulos has given the SICC her letter of resignation from the SICC Council.  
We all wish her well and thank her for her many years on the SICC.
- II. Future Meeting Dates:  
January 17, 2025 - confirmed  
February Retreat – date TBD  
Suggested dates:  
March 21, 2025  
June 13, 2025  
September 19, 2025  
November 21, 2025
- III. SICC In-State Report to the Governor
- IV. Federal Annual Performance Report – Susan Evans will send information ahead of January’s meeting where this information will be presented.  
Thank you, Nicole Ramirez, for sharing the link in the Chat Box (3:47:50)  
<https://www.nj.gov/health/fhs/eis/public-reporting/>

### Old Business

- I. In need of a Chair for the Transition Committee. Nicole Edwards mentioned there are Committee members ready.
- II. Josephine Shenouda updated that there have been 7 appointments approved by the Commissioner, now at the Governor’s Office to be appointed: One is the 619 Coordinator, another could be helpful with the Transition process, 2 more parents, and a pediatrician.
- III. Catherine Colucci asked if DOH has any information regarding the Senate Bill S3140. The bill Josephine Shenouda responded that there are multiple comments and DOH is not at a position right now to comment.  
Susan Evans stated that a bill like this would require a rule change and a change in the system application to OSEP, all of which require mandatory public comment.
- IV. Saira Hussain Akhter questioned if the entire Chat Box conversation should be reflected in the Minutes.  
Susan Evans suggested the Administrative Committee look at updated Robert’s Rule for Zoom Meetings and what is the current way of handling public comment when the ability exists of an enabled Chat Box. Ms. Evans mentioned that if the meeting were in person, people would not be able to speak until the public comment period unless they were specifically presenting.
- V. Departure of agencies – St. John of God and Catholic Charities have recently departed the EI system.  
Susan Evans mentioned that both of these agencies made their own internal decisions. The agency that left was part of the system for over 30 years so they knew how to provide services in that part of the state.  
Kathleen Hinnigan-Cohen mentioned this came up because of a conversation regarding South Jersey and the question was is there a relationship between the difficulties that providers have with providing services in

South Jersey related to them leaving, is this part of a trend.

- VI. Revision of the Policy regarding cancellation and no shows for services  
Susan Evans reported there is a projected reissue date of December 1<sup>st</sup>.
- VII. Susan Evans answered Virginia Lynn's question regarding the rebid for EIMS by stating there is an advantage to having multiple systems in place. And Parent Portal in the EIMS is envisioned differently than what is meant by parent portal for the centralized referral system.
- VIII. Samuel Kivell asked about the Passaic County transition.  
Susan Evans stated it is still a work in progress. DOH is putting mechanisms in place for service coordinators and other individuals to take on the service coordination role.

### Public Comments

#### The following comments were made by members of the public:

Linda Hogoboom – Ms. Hogoboom's statement is summarized as follows: The Family Cancellation Policy stating as an Occupational Therapist and a Clinical Coordinator, she sees the current policy as discriminating against her most vulnerably medical children who require more medical appointments or are more fragile on a certain day versus another; the families with siblings or a parent with their own health issues that take time to address and may require canceling and flexibility; the families with more socio or economic pressures that require flexibility in the scheduling; and the families that she sees at the end of her work week that have zero opportunity for rescheduling versus those she sees at the beginning of her work week. EI is a family model and talks about consistently meeting the family's needs and supporting their journey to care for their most vulnerable infants and toddlers and she stated she doesn't see the family cancellation policy supporting our families as it consistently leads to missed sessions, missed opportunities for the child and family's growth. Practitioners used to be able to use their professional judgement on providing makeups for family cancellations and she would like to see the system go back to that policy. Ms. Hogoboom requests DOH investigate whether the family cancellation policy is in fact discriminatory towards children with more complex medical disabilities, discriminatory towards families of certain socio needs and economic backgrounds and punitive towards families that have their sessions at the end versus the beginning of the week and is DOH can report back on their findings and why the family cancellation policy was ever changed, did it meet that goal that was set at that time or not, and if it didn't, maybe it can make the recommendation regarding the policy. Ms. Hogoboom hopes it can take the burden off the families and create a more equitable provision of services that supports the many difficulties facing our families.

Maureen Archibald – Ms Archibald's statement is summarized as follows: would like to apologize to her team from Hudson who she invited to join this meeting about the outburst earlier. Ms. Archibald stated that was very disturbing to her as a person of color, extremely disturbing. Ms. Archibald hopes the Department, as quick as it was to respond to get the person out and she appreciates that, puts a mechanism in place going forward to prevent that. Maureen Archibald stated our world is coming out of a very dark place and she is hoping that is not the culture or trend going forward. Ms. Archibald stated, " I can tell you just how disturbed I was about that. We continue to serve families across all geographical areas where at Hudson County we have a cross section of the world, we love people and just the nature of what we do here in EI. I know that's not who we are as a people so my hope is again a mechanism will be in place. This meeting was loaded with information. I'm glad a lot of my Service Coordinators were here and my hope is the Department will pivot in a good place." Ms. Archibald mentioned that there is no service coordination representation on the SICC Council.

Samuel Kivell responded much apologies and Saira and I will look into implementing something so this like will never happen again.

Kenneth David Holmes, ABCD EIPA – Mr. Holmes’ statement is summarized as follows: Mr. Holmes stated he enjoyed hearing from the parent representatives. Mr. Holmes stated he heard a common theme of concern in how the Department comes up with initiatives, releases initiatives, and those types of things. Mr. Holmes stated you can hear the passion from all of the stakeholders and he hopes the Department can translate this into an understanding that they need to take the temperature of all these passionate units as they go forward in terms of making decisions. Mr. Holmes stated the worst thing to do is make your own sub-committees feel as though they are wasting their time. Mr. Holmes mentioned he sat on a committee for three and a half years and created a document that has never been used. Mr. Holmes mentioned his hope is the Department roll things out after some collaboration, not making it look as though it was done in a silo. Mr. Holmes stated the SICC Financial Infrastructure Committee had a very good discussion when they were invited to Trenton to sit down with Josephine Shenouda and staff; this is the type of dialogue there should be because people walk away knowing that they each have a role in how the whole picture comes to play. Mr. Holmes stated this is what needs to be done with every initiative. Mr. Holmes congratulated the DOH on the use of NIEER and urges the DOH to consider some document at the end of it that clarifies and memorializes what went on. Mr. Holmes asked how much is being set aside for the Centralized Referral RFA? Mr. Holmes asked is there a new Deputy Commissioner, a Dr. Kelly Andrew Thomas?  
Christine Nogami Engime, NJEIS-DOH (1:23 pm) from the Chat Box – Yes, she is the current Deputy.

Irene Derrico – Ms. Derrico’s statement is summarized as follows: Ms. Derrico stated she has worked for EI on and off for many years and since COVID, has been 99% through telehealth and has only provided in home to one family. Ms. Derrico stated she likes Telehealth because of the flexibility that Linda talked about in terms of cancellations and being able to adapt to the family’s needs. Ms. Derrico stated she has found, especially during meetings, that there are some mixed message from service coordination in her county about the effectiveness of telehealth. Ms. Derrico states she had a family recently express that telehealth is only supposed to be temporary. Ms. Derrico is asking is there a problem with telehealth, is there a question regarding its effectiveness, is there some miscommunication between offices, and what is the requirements or order of the broadcast?  
Susan Evans responded DOH encourages telehealth when it is appropriate for the child and family with the exception of evaluation and stated she has made note to reinforce to the field that telehealth is still a very viable option. Ms. Evans requested Ms. Derrico refer the question regarding the assignment policy for the broadcast to the Training and Technical Assistance Coordinator (TTA) in her region or the regional staff.

Liz Mannino, Physical Therapist with NJIID– Ms. Mannino expressed the benefits of co-treating and if the NIEER study can look into it.

Kristi Balent, JFK– Ms. Balent’s statement is summarized as follows: Kristi Balent stated that to work as a team and be truly collaborative, it takes trust, transparency, and buy-in from all in the system. Ms. Balent expressed a need for feedback and insight into the major changes of the system and the importance of the stakeholders being included in the study.

**Submitted Chat Messages as Public Comments** (Public Comment began at 1:12pm):

Amber Hummer, PGCS (1:21pm) – I agree that it’s 10000% unacceptable and disturbing what happened today.

A tech person just told me if the zoom is hosted as a presentation vs. a meeting, that everyone is automatically muted and needs permission to unmute. It would add time and someone to manage this, but could potentially avoid this in the future. Just something to look into.



Liz Mannino (1:27 pm) – I have a comment but cannot raise my hand

Kathleen Flatley (1:28 pm) – Nice job on the daycare guidance. Perhaps the guidance can also suggest that the parent provide an overview of the daycare schedule to help with scheduling EI sessions. That way the practitioner can try to come during a daycare routine that best aligns with the identified outcomes.

For example, a PT may want the visit to occur during playground time and all practitioners will want to avoid nap time, etc. In my experience this does not always occur.

Carol Marshall (1:29 pm) – Thank you all for this enlightening session. I need to move to another meeting. Happy holiday!

Terra Madden (1:30 pm) – To my knowledge px can co-terat if it is in strategies. (1:30 pm) – treat\*

Irene Derrico (1:30 pm) – And we can't read each other's notes in EIMS.

Shawn Rebman (SCSSSD) (1:27:25) shared in the Chat Box:

Link to: Bill Number: S3140 Expansion of NJ Early Intervention to age 5

**Submitted Written Comments (Attached):**

No written comment submitted.

There were no additional public comments.

The Public can submit comments to the Department or in the Chat Box which are recorded for the Department.

The next SICC public meeting is January 17, 2025, 9:30 a.m. to 12:30 p.m.

*MOTION* to adjourn the meeting by Kathleen Hinnigan-Cohen and seconded by Saira Hussain Akhter at approximately 1:33 p.m.