



Building a System of Care and Sustainability for Expectant and Parenting Teens

Presenters:

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Family and Community Partnership' Office of School Linked Services

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March 16, 2016

OSLS Purpose

OSLS oversees *the implementation of prevention and intervention programs that are comprehensive, multifaceted, and build on the strengths of young people and assist them in achieving their educational and life goals.*

Principles: Focus on Families

- Parents and families are a child's first and most influential teachers — the primary source of social, emotional, physical, intellectual and spiritual development and maturity.
- Family Support (prevention) should begin as early as possible, including prior to or during pregnancy, to ensure the best possible outcomes for infants, children, youth and families.



Array of School Linked Services



What to Expect

- PLP Overview
- PSNJ Expansion Overview
- PLP Outcomes
- Program Implementation
 - WIC Nutrition and Teens
 - Father Engagement and Community Education
 - Technical Assistance: PLP and Project TEACH
- System Building: Lessons Learned

Parent Linking Program (PLP)

component of

NJ School Based Youth Services Program (SBYSP)

- 1980 Established by Prevent Child Abuse-NJ
- 1989 Incorporated as an optional component of SBYSP
- 2013 Secured funding to expand support

The goal of the PLP is to support expectant and parenting teens by reducing the barriers that can impede their ability to complete their education and safely care for their child

Located in 10 SBYSPs

PLP expansion project

Promoting Success for Pregnant and Parenting Teens NJ (PSNJ)

U.S. Dept. of Health and Human Services

Office of Adolescent Health (OAH)

Pregnancy Assistance Fund (PAF)

DCF awarded \$6M grant (2013-2017)

Pregnant Teens

Pre-natal Education

Educational Support

Referral and Resource Services

Parenting Teens

Young father support groups

Family Planning (Pregnancy Prevention)

Child custody and child support education

Child development education

Co-parenting support

Job readiness and career planning

Learning support

Referral and resource services

PSNJ Framework

**PLP
Expansion**

**Increased funding &
staffing, new polices &
procedures**

**Program
Processes**

**Reaching more students
with services and
evidence-based curricula**

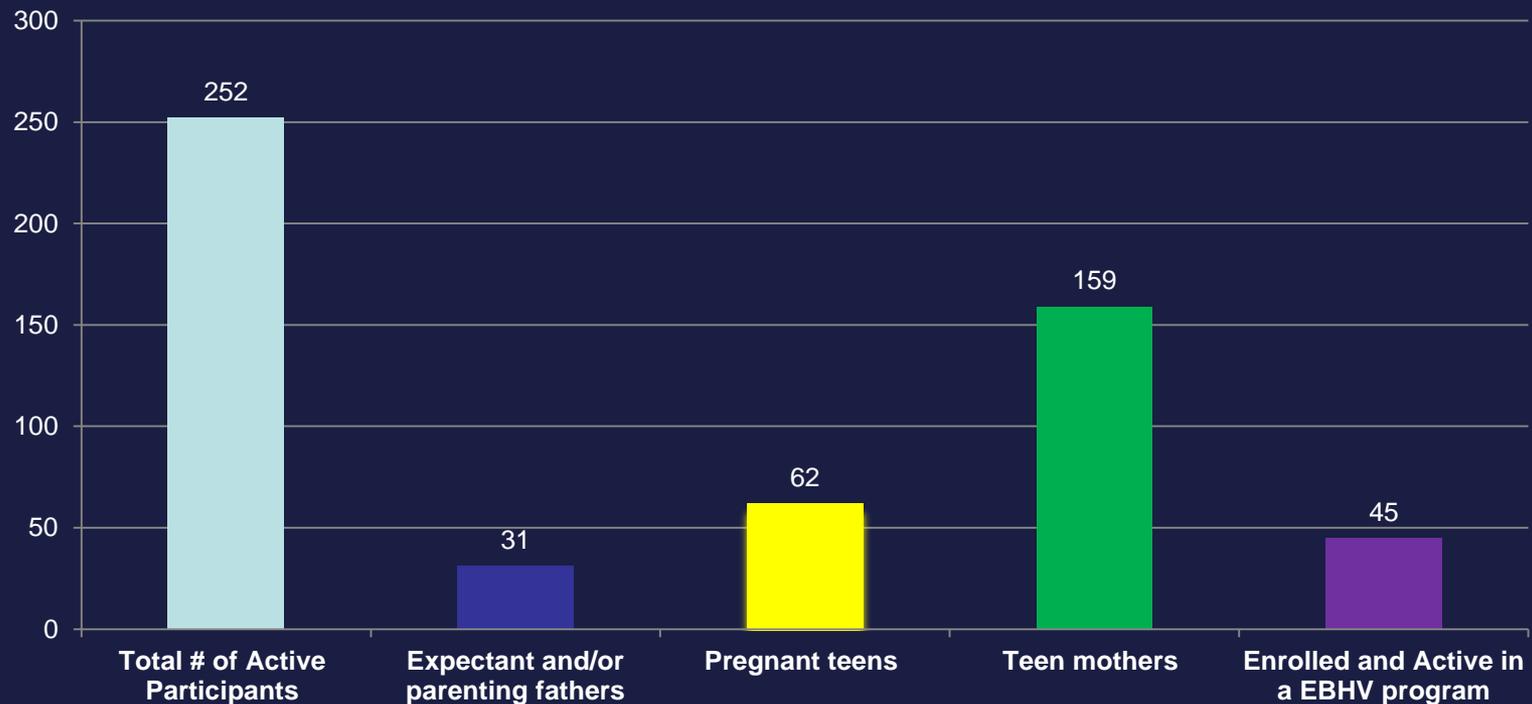
**Program
Outcomes**

Greater impact

Impact:

PLP expansion project Promoting Success for Expectant and Parenting Teens NJ (PSNJ)

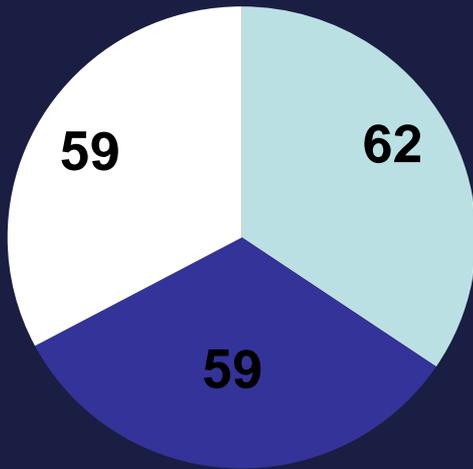
LOS (October 1, 2015-December 31, 2015)



Impact:

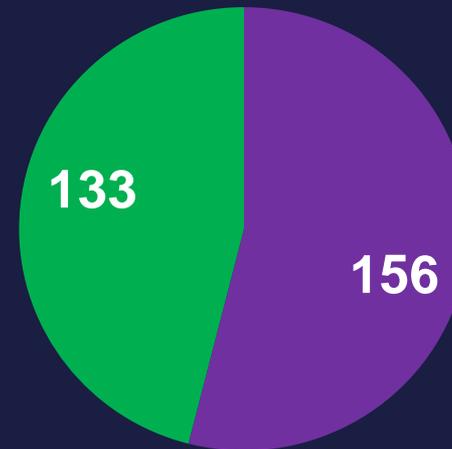
PLP expansion project Promoting Success for Expectant and Parenting Teens NJ (PSNJ)

Pregnant Teens (62)



- Have insurance coverage
- On schedule for Prenatal Care
- Enrolled in WIC

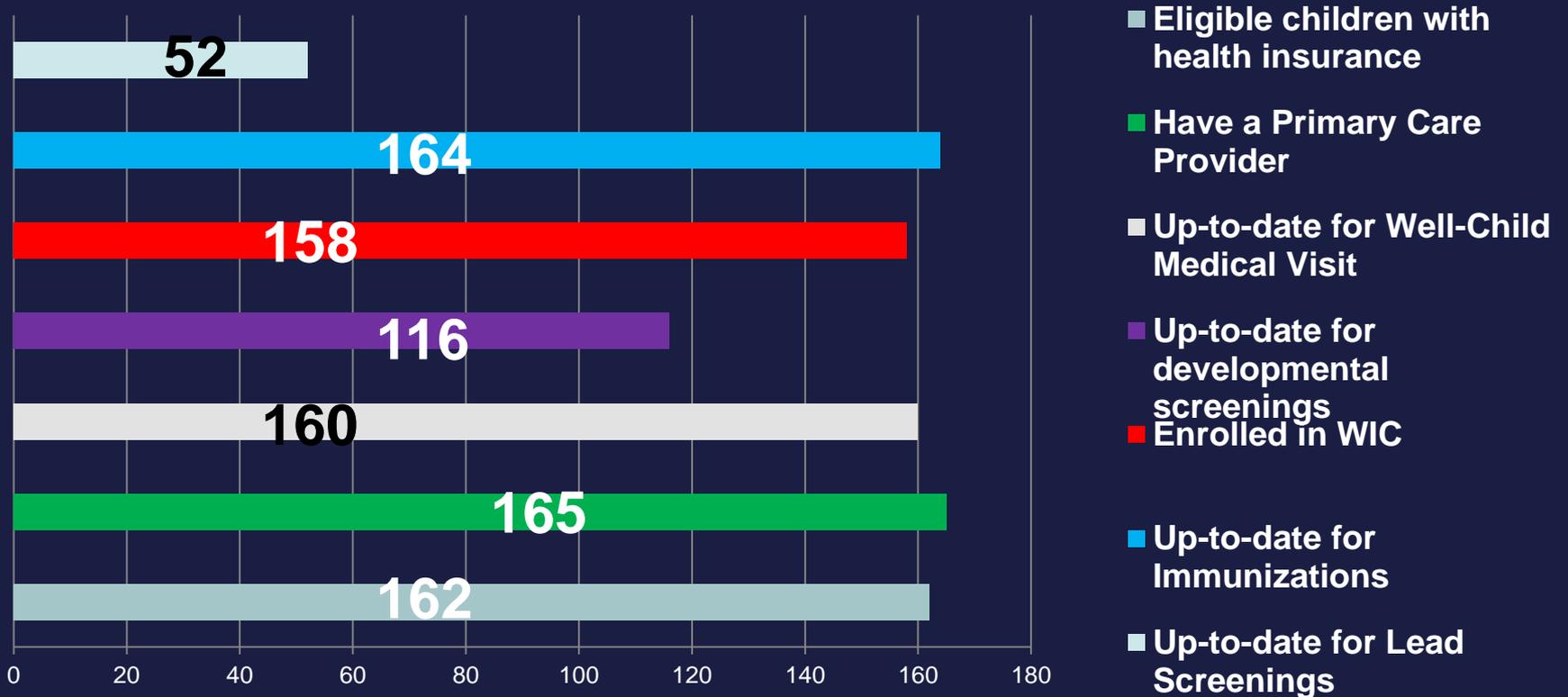
Parenting Mothers (159)



- Have a Primary Care Provider
- Receive an Annual Primary Care Visit

Impact:

PLP expansion project Promoting Success for Expectant and Parenting Teens NJ (PSNJ)



165 Infants /Toddlers Served October 1, 2015-December 31, 2015

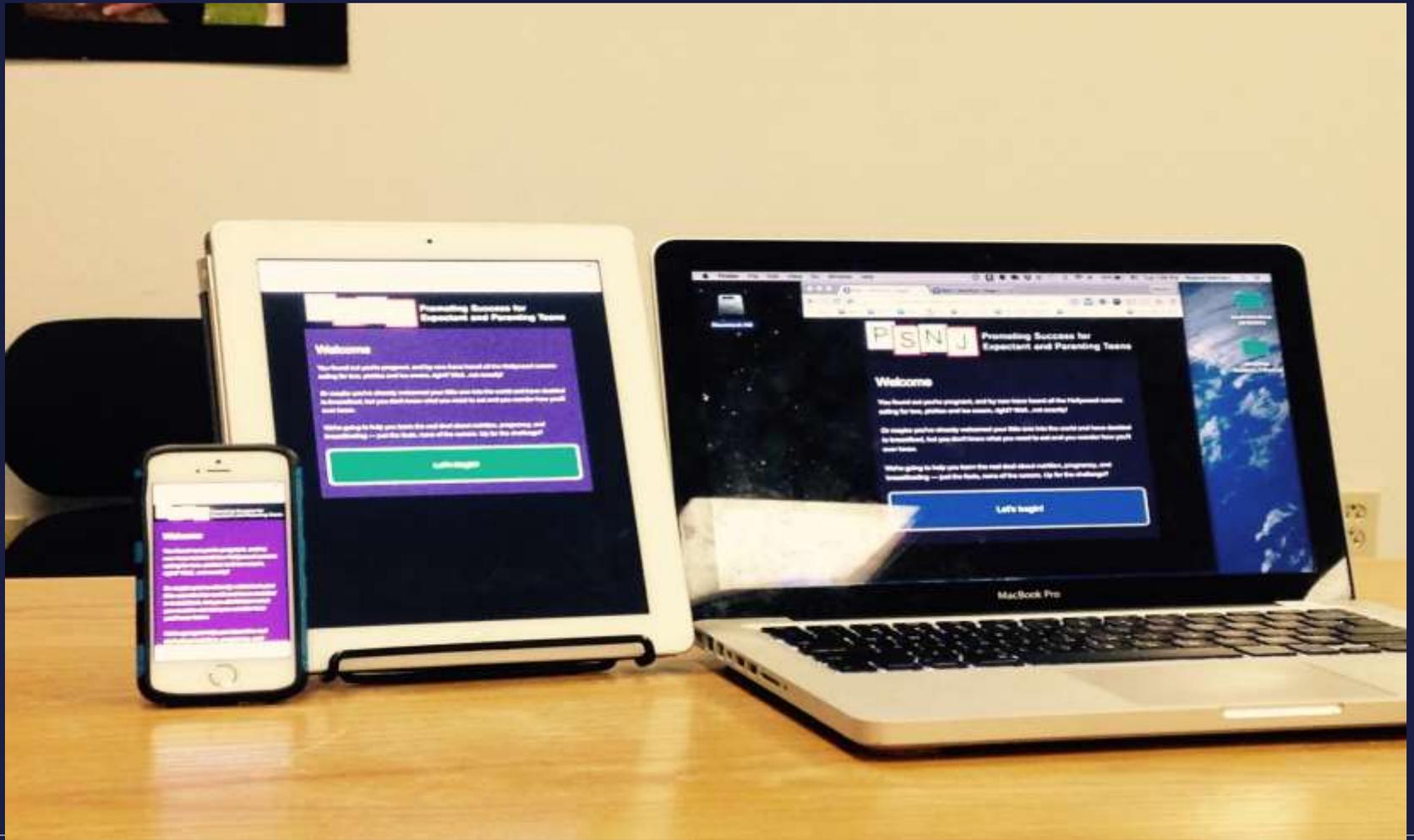
State System Collaboration

DOH Child and Adolescent Health Program & WIC

Develop a teen-friendly
interactive on-line
health education
module
for expectant and
parenting teen WIC
participants.



Teens, Technology & WIC Nutrition



Fatherhood Healthy Relationships Initiative Youth Advocate Programs, Inc. (YAP)

Southern Region

- Atlantic, Camden, Cape May , Cumberland & Salem

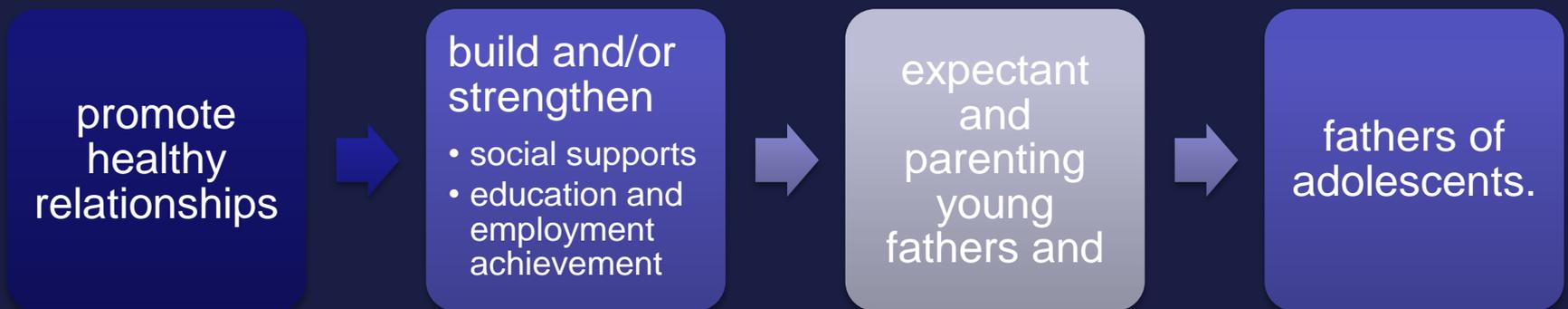
Northern Region

- Essex (Newark, Irvington & East Orange), Passaic, Hudson (Jersey City & Union City)



Fatherhood Healthy Relationships Initiative Youth Advocate Programs, Inc. (YAP)

- The purpose of this initiative is to support community father engagement efforts in the target communities



Fatherhood Healthy Relationships Initiative Youth Advocate Programs, Inc. (YAP)

Relationships skills education



Parenting education



Jobs Skills Training



Strengthening Families Five Protective Factors

Parental resilience

Social connections

Knowledge of
parenting and child
development

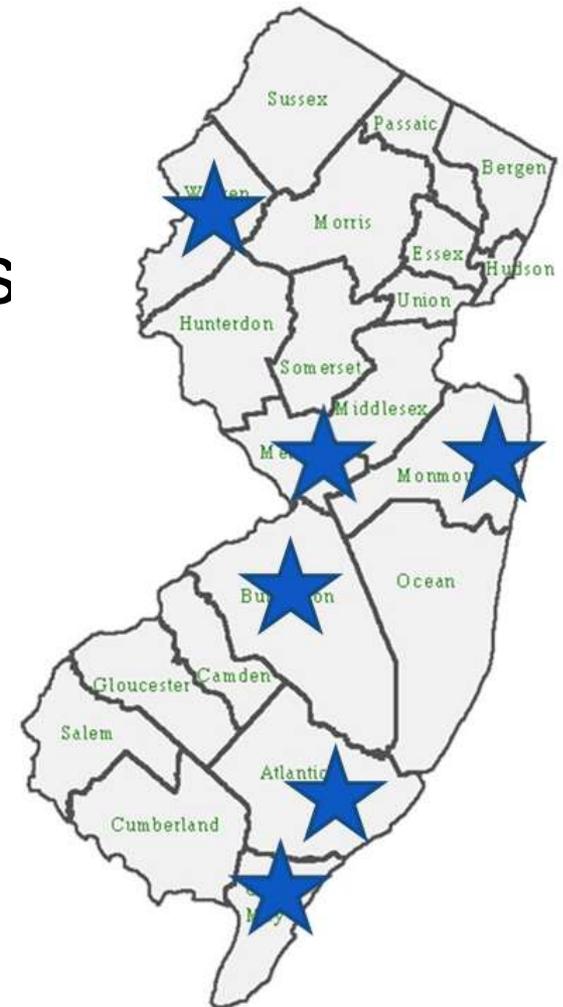
Concrete support in
times of need

Children's social and
emotional
development

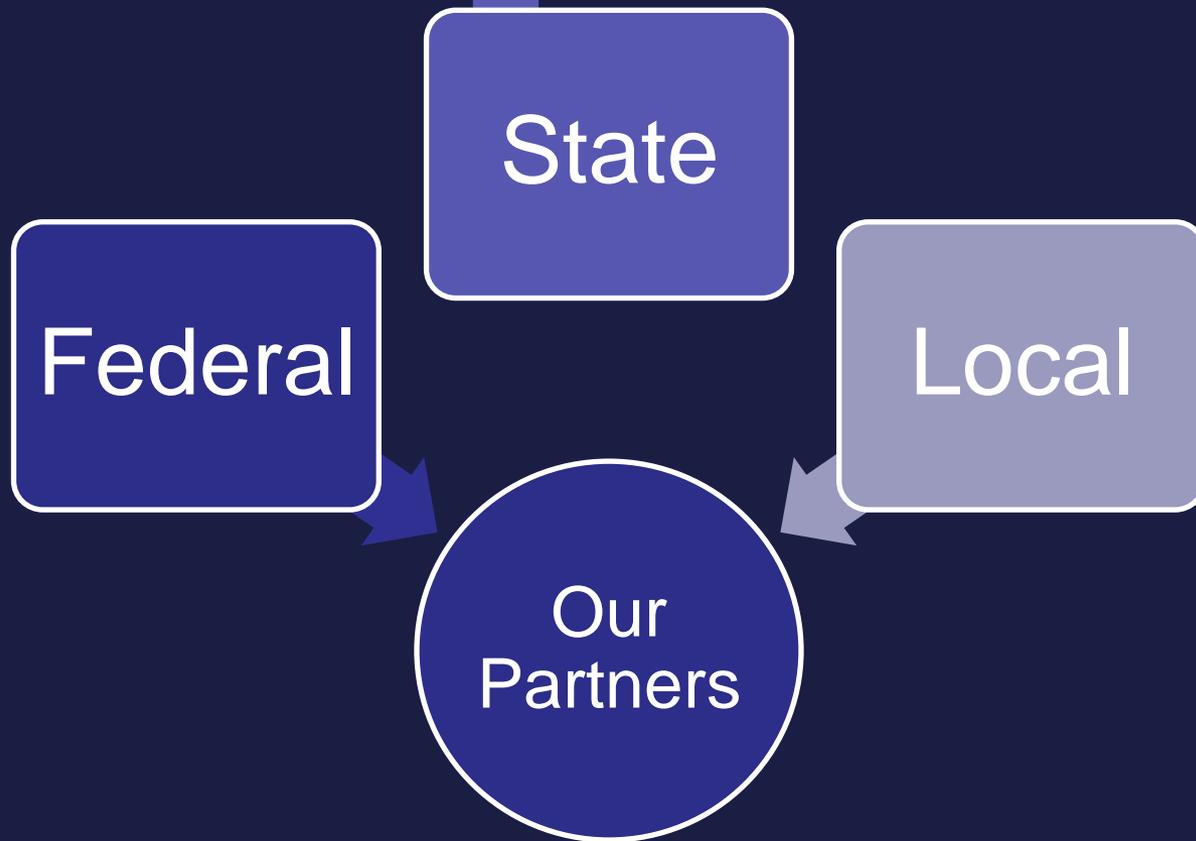
G.R.A.V.I.T.Y. Project TEACH Partnership

- Safe Dates
- Partnering with Teen Parents

“My experience could not have been better. Elizabeth listened to what the girls had to say, and lead them to a deeper understanding about their self-worth.”



System Building: Lessons Learned



System Building: Lessons Learned

Process

- Patience
- Perseverance
- Persistence

Outcomes

- Anticipated
- Unexpected

Thank You

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SECOND ANNUAL STAKEHOLDER PARTNER SURVEY: INFANT CHILD HEALTH COMMITTEE

March 16, 2016



Objectives

- Review purpose of stakeholder survey
- Highlight results
- Learn what else you would like to know!

Why a Stakeholder Survey?

- Help us understand how collaborations evolve during the course of the NJ LAUNCH activities
- Identify opportunities to strengthen and support interactions among all our partners who are committed to promoting the well-being of the LAUNCH target population (Birth to Age 8)

Stakeholder Survey

- Data collected at September 2015 in person meeting
- Survey includes:
 - Participant and organizational characteristics
 - Wilder Collaboration Factors Inventory (Mattessich, Murray-Close, & Monsey 2001)
 - Interagency Collaborative Activities Scale (Dedrick and Greenbaum 2011)
 - Connections and Collaborations in the past 12 months

ICHC Survey Participants

	2014 (n=52)	2015 (n=41)
Number of Meetings Attended		
1	32%	10%
2	26%	28%
3	16%	18%
4+	26%	45%
Years at Organization/Program		
<1	24%	15%
1-2	14%	17%
3+	63%	68%
Education		
Associate's Degree/Tech Diploma	4%	5%
Bachelor's Degree	14%	15%
Masters/Doctoral Degree	82%	80%
Focus of Work— All Counties	59%	80%

Wilder Collaboration Factors Inventory

- 40 item tool that assesses extent of collaboration
 - Yields 20 factors (1 to 3 items/factor)
- Items scored for extent of agreement
 - 1 (strongly disagree) to 5 (strongly agree)
- Interpretation of scores
 - ≥ 4.0 Strength: Don't need special attention
 - 3.0 to 3.9 Borderline: Discuss to decide if need attention
 - ≤ 2.9 Concern: Address (and examine individual items)
- Remember: All scores are relative!

Wilder: Results

Type of Factors	2014 (n=52)	2015 (n=41)
Strengths	4	5 
Borderline	16	15 
Concerns	0	0

Wilder: Results

Type of Factors	2014 (n=52)	2015 (n=41)
Strengths Scores ≥ 4.0	<ul style="list-style-type: none"> Members see collaboration as in their self-interest Favorable political and social climate Skilled leadership Unique purpose 	<ul style="list-style-type: none"> Members see collaboration as in their self-interest Favorable political and social climate Skilled leadership Shared vision* Established informal relationships and communication links*
Borderline Scores 3.0-3.9	16	15
Concerns Scores ≤ 2.9	0	0

*This factor has a score of 3.97 that has been rounded to 4.0.

Interagency Collaborative Activities Scale (ICAS)

- 12 item tool
 - Yields 3 subscales (4 items/subscale)
- Items Scored for extent of collaboration
 - 1 (not at all) to 5 (very much)
 - Don't know option treated as missing data
- High internal validity of each of the 3 scales
 - Financial and physical resources: $\alpha = 0.90$
 - Program development and evaluation: $\alpha = 0.94$
 - Collaborative policy activities: $\alpha = 0.90$

ICAS: Results

Subscale	2014 Mean (SD) (n=52)	2015 Mean (SD) (n=41)
Financial and physical resources	2.8 (1.2)	3.0 (1.3)
Program development and evaluation	3.6 (1.1)	3.8 (1.0)
Collaborative policy activities	3.1 (1.1)	3.4 (1.0)

- Subscale score means are higher in 2015 than 2014
- Relatively lower scores for financial and physical resources

Subgroup Analysis

- Examined how responses vary by respondent characteristics
 - Number of meetings attended
 - Length of time working at current organization

Subgroup Results Summary

- Those people who attended 3+ ICHC meetings scored higher on 14 of 20 Wilder factors:
 - Favorable political and social climate (4.3 v. 3.8, $p < 0.01$)
 - Appropriate cross section of members (3.9 v. 3.5, $p < 0.05$)
 - Members see collaboration as in their self interest (4.6 v. 4.1, $p < 0.05$)
 - Members share a stake in both process and outcome (4.1 v. 3.7, $p < 0.05$)
 - Multiple layers of participation (3.7 v. 3.3, $p < 0.05$)
 - Flexibility (4.0 v. 3.5, $p < 0.01$)
 - Development of clear roles and policy guidelines (3.7 v. 3.2, $p < 0.05$)
 - Appropriate pace of development (3.8 v. 3.2, $p < 0.05$)
 - Open and frequent communication (4.0 v. 3.4, $p < 0.05$)
 - Established informal relationships and communication links (4.3 v. 3.4, $p < 0.01$)
 - Concrete attainable goals and objectives (4.1 v. 3.5, $p < 0.01$)
 - Shared vision (4.1 v. 3.7, $p < 0.05$)
 - Unique purpose (4.1 v. 3.5, $p < 0.01$)
 - Skilled leadership (4.3 v. 3.7, $p < 0.05$)
- There were no consistent findings for the subgroup:
 - Length of time working at current organization

Connections and Collaborations

- Survey asked, “Have you worked with partners within this service category or organization in the past 12 months...”
- There were 44 possible service categories/organizations
- For each service category/organization endorsed we asked about the type of interaction
 - Follow-up connection
 - Advisory committee
 - Joint Service or Project
 - Joint Training
 - Data Collection

Connections and Collaborations: Results

	Possible Range	Actual Range	Mean (sd)
Total # of Connections & Collaborations	0-44	0-44	25.5 (11.0)
# of Connections with DCF	0-9	0-9	4.9 (2.8)
# of Connections with DOH	0-6	0-6	3.2 (2.2)
# of Connections with DHS	0-3	0-3	2.0 (1.0)
# of Connections with DOE	0-5	0-5	2.6 (2.0)

Collaboration with Specific Departments

Department	Percentage
DCF	92
DOH	84
DHS	89
DOE	79

Type of Connections and Collaborations in the Last 12 months

Type	Percentage
Follow-up Connections	53
Advisory Committee	40
Joint Service or Project	45
Joint Training	33
Data Collection	26

Summary

- Overall levels of collaboration remain high
 - Wilder: 5 areas of strength, the rest of the areas were borderline
 - ICAS: All subscale score means improved from 2014
 - Relatively lower scores for financial and physical resources
 - Subgroup analyses: Attending 3 or more ICHC meetings was associated with higher Wilder scores for 14 factors.
- Survey participants collaborated with 26 organizations, on average
 - Over half of all collaborations included a follow-up connection

Discussion

1. Value of participating in ICHC Meetings
 - Attending 3+ meetings was associated with higher scores on 14 factors on the Wilder. How might attending the ICHC meetings lead to improved scores related to collaboration?
2. New Section on Collaboration
 - Are these results what you expected?
 - Is it helpful to know the number of collaborators and the type of collaboration?



THANK YOU!!!

Wilder Detailed Results

	2014	2015
Strengths (Scores ≥ 4)	<ul style="list-style-type: none"> Members see collaboration as in their self-interest (4.4) Favorable political and social climate (4.2) Skilled leadership (4.2) Unique purpose (4.0) 	<ul style="list-style-type: none"> Members see collaboration as in their self-interest (4.4) Favorable political and social climate (4.1) Skilled Leadership (4.1) Shared vision (4.0) * Established informal relationships and communication links (4.0) *
Borderline (Scores 3.0 to 3.9)	<ul style="list-style-type: none"> Shared vision (3.8) Members share a stake in process and outcomes (3.7) Collaborative group seen as legitimate leader in community (3.7) Established informal relationships and communication links (3.7) Open and frequent communication (3.7) Concrete attainable goals and objectives (3.7) Flexibility (3.6) Adaptability (3.6) Appropriate cross section of members (3.6) History of collaboration and cooperation in community (3.6) Mutual respect, understanding and trust (3.6) Appropriate pace of development (3.4) Ability to compromise (3.4) Sufficient funds, staff, materials, and time (3.3) Multiple layers of participation (3.3) Development of clear roles and policy guidelines (3.3) 	<ul style="list-style-type: none"> Members share a stake in both process and outcomes (3.9) History of collaboration or cooperation (3.9) Unique purpose (3.9) Concrete, attainable goals and objectives (3.9) Mutual respect, understanding, and trust (3.9) Open and frequent communication (3.8) Flexibility (3.8) Collaborative group seen as a legitimate leader (3.7) Appropriate cross section of members (3.7) Adaptability (3.7) Ability to compromise (3.6) Multiple layers of participation (3.6) Appropriate pace of development (3.5) Development of clear roles and policy guidelines (3.5) Sufficient funds, staff, materials and time (3.0)
Concerns (Scores ≤ 2.9)		

*This factor has a score of 3.97 that has been rounded to 4.0.

2015 Wilder Results: Borderline

Borderline (Scores 3.0 to 3.9)

- Members share a stake in both process and outcome (3.9)
- History of collaboration or cooperation (3.9)
- Unique purpose (3.9)
- Concrete, attainable goals and objectives (3.9)
- Mutual respect, understanding, and trust (3.9)
- Open and frequent communication (3.8)
- Flexibility (3.8)
- Collaborative group seen as a legitimate leader (3.7)
- Appropriate cross section of members (3.7)
- Adaptability (3.7)
- Ability to compromise (3.6)
- Multiple layers of participation (3.6)
- Appropriate pace of development (3.5)
- Development of clear roles and policy guidelines (3.5)
- Sufficient funds, staff, materials and time (3.0)

Plan for the Pyramid Model in New Jersey

Gerard Costa, Ph.D., IMH-E IV-C

Kaitlin Mulcahy, LPC, IMH-E IV-C

Montclair State University

Center for Autism and Early Childhood Mental Health

What is the Pyramid Model?

- The Pyramid Model was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
- **CSEFEL** is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.
- CSEFEL is currently made up of 5 Universities and the national Zero to Three organization

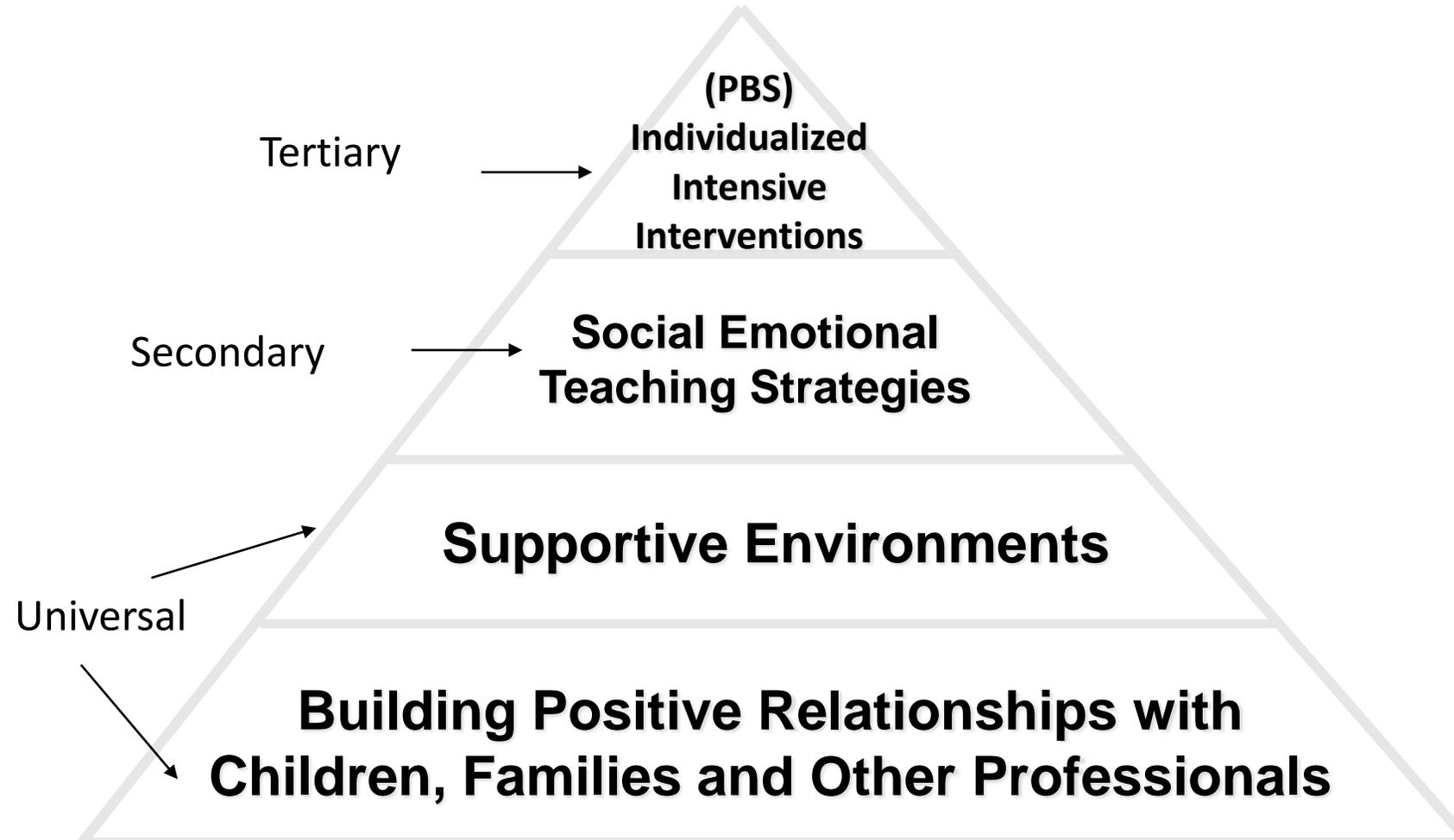
<http://csefel.vanderbilt.edu/index.html>

What is the Pyramid Model?

- The Pyramid Model provides guidance for early childhood special education, early intervention personnel, early educators, families and other professionals **on the evidence-based practices for promoting young children's healthy social/emotional development.**

Technical Assistance Center on Social Emotional Intervention

Evolution of The Teaching Pyramid





Key Points about the CSEFEL Pyramid Model

- Most social/emotional development and behavior is promoted through positive preventive measures
- Most children's behavior and development does not require intensive intervention
- Social/emotional development is the responsibility of all providers who interact with young children, not just those titled "mental health" professionals

Brief history of the Pyramid Model in New Jersey

- 2005: The Pyramid Model was supported by multi-agency collaborative volunteers known as NJ-FEELS
- 2009: NJ-FEELS became the New Jersey Pyramid Model Partnership, an interagency, collaborative working group with the purpose of putting in place the mechanisms required to adopt, implement, and sustain the Pyramid Model in the state of New Jersey.
- 2010: Funding from the NJCFYC and the Infant/Early Childhood Mental Health Committee led to the engagement of a national consultant, and the training of 12 Pyramid Model Master Cadre trainers. A Leadership Team comprising of state leadership, the Head Start Collaboration Office and some of those original volunteers kept the initiative alive.

Goals of the Pyramid Model Partnership

- To develop and maintain an interagency, collaborative state leadership team to develop policies, procedures, and other mechanisms for the planning, implementation, evaluation, and maintenance of a standardized professional development system that supports the use of The Pyramid Model and practices;
- To connect currently existing systems and programs in the statewide implementation of The Pyramid Model;

Goals- continued

- To provide all of the early childhood community with the support needed to implement The Pyramid Model with fidelity;
- To ensure families are knowledgeable about and have access to programs that implement The Pyramid Model; and
- To ensure that the public and public and private funding sources recognize The Pyramid Model as an evidence-based approach that promotes the healthy social-emotional development of infants and young children.

Where are we now?

- 2016: Through funding from the **New Jersey Department of Human Services**, the **Division of Family Development** and the **Grow NJ Kids** grant, the administrative and operational responsibility for the Pyramid Model will fall to the *Center for Autism and Early Childhood Mental Health at Montclair State University*.
- 2016: Following the mission of the grant-funded Project LAUNCH through the **Department of Children and Families**, Pyramid Model Demonstration Classrooms will also fall to the Center for Autism and Early Childhood Mental Health at Montclair State University

Where are we now?

- MSU will be incorporating the members of the Pyramid Model Leadership Team in an advisory role, and will have the financial responsibility over hiring consultants trained in the Pyramid Model to conduct trainings and administer coaching throughout the state.
- MSU will continue the goals outlined by the Pyramid Model Partnership

Current Pyramid Model Program Plan

- Three part plan:
 1. Pyramid Model Demonstration Classroom Sites
 2. Pyramid Model Overview Training
 3. Pyramid Model Implementation Sites

Demonstration Classroom Sites

1. MSU will survey current sites using PM in Essex County
2. These sites will be invited to apply to be Demonstration Sites
3. 2-3 classrooms will be chosen as Demonstration Classroom Sites
4. Using MC members, training and coaching will be delivered to ensure these sites are operating to fidelity

Overview Training

1. MSU will contract with Master Cadre
2. MSU will reconvene the NJ Pyramid Model Partnership into the MSU Pyramid Model Advisory Board
3. MSU will roll out 6-hour PM Overview Training through Grow NJ Kids TAC regions
4. MSU will continue to offer KBCM workshops through Grow NJ Kids TAC regions as foundational information to support Pyramid Model

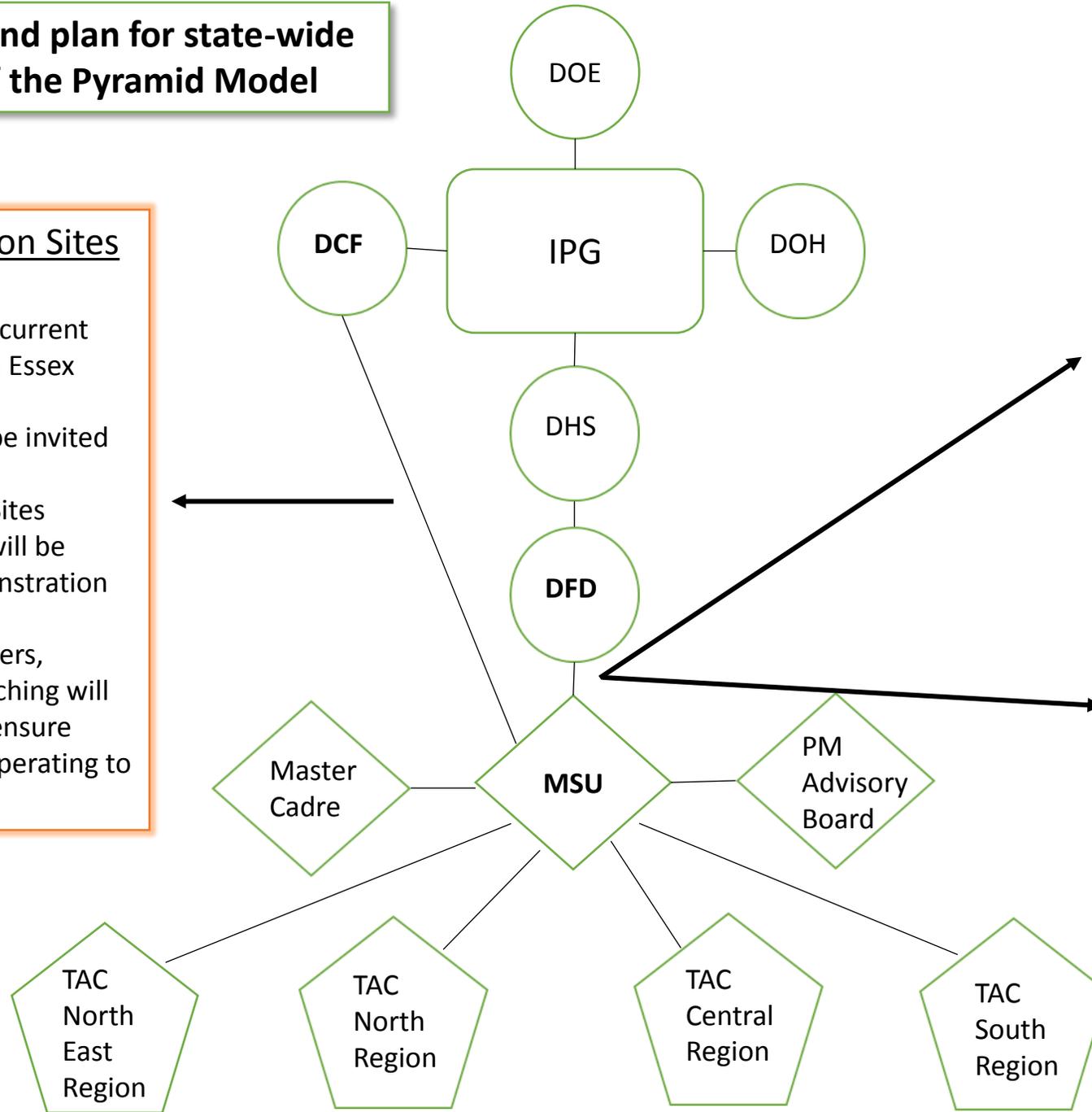
Implementation Sites

1. MSU will roll out Practice Modules through Grow NJ Kids TAC regions using MC
2. MSU will convene regional groups for programs wanting implementation and coaching
3. TAC/MSU will serve as regional leadership team

Proposed structure and plan for state-wide implementation of the Pyramid Model

PM Demonstration Sites - Program Plan:

1. MSU will survey current sites using PM in Essex County
2. These sites will be invited to apply to be Demonstration Sites
3. 2-3 classrooms will be chosen as Demonstration Classroom Sites
4. Using MC members, training and coaching will be delivered to ensure these sites are operating to fidelity



PM Overview - Program Plan:

1. MSU will contract with Master Cadre
2. MSU will reconvene the NJ Pyramid Model Partnership into the MSU Pyramid Model Advisory Board
3. MSU will roll out 6-hour PM Overview Training through Grow NJ Kids TAC regions
4. MSU will continue to offer KBCM workshops through Grow NJ Kids TAC regions as foundational information to support Pyramid Model

PM Implementation Sites - Program Plan:

1. MSU will roll out Practice Modules through Grow NJ Kids TAC regions using MC
2. MSU will convene regional groups for programs wanting implementation and coaching
3. TAC/MSU will serve as regional leadership team

Pyramid Model Overview: Completed tasks

- Master Cadre: 10 of the 14 Master Cadre members have expressed interest in continuing work on the Pyramid Model
- Developed 6-hour Pyramid Model Overview Module for New Jersey to meet standard 4.4.3 on Grow NJ Kids Self-Assessment tool
- Scheduled 6-hour Overview training for all Technical Assistant Specialists to occur before 6/30/16
- Currently scheduling the 6-hour Overview to be offered twice in each TAC Region before 6/30/16
- Continued contract with Rob Corso, CSEFEL Consultant

Pyramid Model Overview: Future tasks

- Schedule Master Cadre members to review the overview workshop and Practice Modules, and become proficient in delivery
- Schedule Pyramid Model Advisory Board meeting
- Create training calendar of each of the eleven practice modules at a central location in the state (considering a child care program in Basking Ridge who have expressed interest)
- Offer one series of the eleven practice modules between now and 6/30/16

Pyramid Model Demonstration Classroom Sites: Completed tasks

- Surveyed all districts and child care programs in Essex County at the elementary and preschool level to inquire about their use of the Pyramid Model
- Compiled a list of three districts (Livingston, East Orange, and Newark) who responded to still using the model
- Amended application done by Pyramid Model Leadership Team and drafted accompanying letter to send to three districts
- Applications will be sent by March 15th with a return date of April 15th

Pyramid Model Demonstration Classroom Sites: Future tasks

- Select 2-3 CLASSROOMS eligible to serve as Demonstration Sites
- Contract with these 2-3 classrooms and assess remaining needs and/or barriers to fidelity and develop “fidelity plan”
- Provide the training and coaching necessary to have the Demonstration Sites reach fidelity status
- Announce Demonstration Classroom Sites to other interested Pyramid Model programs and/or partners.

Pyramid Model Implementation: Future tasks

- Schedule Practice Module Trainings throughout the state
- Review ITERS and ECERS scores of GNJK sites for those who rise to the top on the social/emotional indicators to invite them to be Pyramid Model Implementation Sites
- Create a system where programs can contact MSU if they are interested in becoming a Pyramid Model Implementation Site
- Contact current programs around the state who are close to fidelity and gather them regionally into Implementation Teams (communities of practice)
- Engage in a Train-the-Coach training to develop coaches in the state

Interest, questions or comments?

Contact us at:

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