

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2020**

Georgia



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

State Program Structure

The Part C State Lead Agency provides statewide administration of Part C early intervention services, program monitoring, technical assistance, and professional development. It serves as the coordinating partner with the State Interagency Coordinating Council (SICC). The State Lead Agency works in partnership with each Local Part C program to promote the Part C program throughout the state to ensure that families can access early intervention services in Georgia. Each local Part C program receives financial support from state and federal funds to support local program staff, such as an Early Intervention Coordinator, Early Intervention Specialists, some Service Coordinators, and licensed professionals. In addition, the Part C State Lead Agency supports each local program by contracting with skilled providers, such as Special Instructors, Speech and Language Pathologists, Occupational Therapists, and Physical Therapists, to provide early intervention services to children in each of the 18 Part C programs. In compliance with Federal law, the Part C State Lead Agency establishes policies and procedures that support early intervention services across the state. The administrative and organizational structure of the Part C State Lead Agency provides for the following:

- Provision of a statewide web-based data and billing system, named Babies Information & Billing Services (BIBS) to support real-time data from each local Part C program
- Establishment of an SICC
- Collaboration with vendors to ensure early intervention providers have access to appropriate evidence-based training and certification requirements
- Coordination of statewide taskforce committee workgroups to assist with program administration and improvements
- Provision of a centralized single point of entry mechanism for early intervention service referrals
- Provision of ongoing technical assistance activities to the 18 local Part C programs
- Collection, compilation, and gathering data from each local lead agency to support reporting and applications

Local Requirements

In compliance with Federal and State policies, the local Part C program in each of the 18 Public Health District establishes policies and practices to support a local system of early intervention services, which is sensitive to the cultural needs of the community. The administrative and organizational structure of the local Part C program provides for the following:

- Inclusion of public and private agencies/resources in the planning, development, and provision of services to infants and toddlers from birth through two years of age.
- Establishment of a Local Interagency Coordinating Council (LICC)
- Early identification and referral of infants and toddlers
- Provision of information to primary referral sources about the local early intervention system
- Implementation of screening, evaluation, and assessment activities according to federally established procedural safeguards
- Planning and the provision of services to families in a timely manner
- Utilizing best practices in the implementation of the Individual Family Services Plan (IFSP) by way of a primary service provider model of service delivery
- Compliance with the State's system of payment for eligible children and families
- Timely transition from Part C to preschool services (Part B) or other appropriate services
- Timely review, response, and resolution of parent complaints
- Gathering, maintaining, and reporting required information to the Part C State Lead Agency to support data.

Interagency Coordinating Council

Per Part C §303.208(a)(b), Georgia's Part C program issues notification of the Part C grant application on the Georgia Department of Public Health/ Babies Can't Wait website for a minimum of 60 days. Each local Part C program provides assistance and support in facilitating public notification and participation in their communities in the following ways:

- Placing notification of the Part C grant and request for comments on Health District's and/or Babies Can't Wait website
- Holding public hearings on any new State policy or procedure
- Providing an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, early intervention service providers, and the members of the LICC, to comment for at least 30 days on the new policy or procedure

To further the intent of the federal policy and to expand opportunities for local collaboration, Georgia has elected to establish local interagency councils in conjunction with the SICC. This structure supports Georgia's efforts to ensure that families are reached throughout the state. There is consistency in planning and implementing the Babies Can't Wait Program in all districts. The Interagency Coordinating Councils are instrumental in assisting the Part C Programs in developing program plans, identifying outcomes and areas of needed improvement, and activities throughout all required areas of performance. Part C State and Local Interagency Coordinating Councils and local Part C programs utilize a self-assessment process to identify strengths and areas of need. External input is obtained through family satisfaction surveys, data review, and demographic analysis. The Part C State and local Part C programs collaborate with community partners, providers, stakeholders, and families to ensure a comprehensive, coordinated, statewide system of early intervention services for Georgia's infants and toddlers, who have developmental delays and disabilities, and their families.

State Staffing Updates

During FFY 20, the Babies Can't Wait program onboarded a new Part C Coordinator, Provider Relations Coordinator, Training and Support Coordinator, and an SICC Coordinator. Due to the staffing updates, the BCW team has provided increased support to the State and Local Interagency Coordinating Councils, improved provider recruitment, onboarding, and training, and initiated the development of a Comprehensive System of Personnel Development in collaboration with the Georgia Department of Education.

Additional information related to data collection and reporting

To ensure consistent and effective services within each Part C program, the Part C State Lead Agency provides ongoing monitoring and quality assurance of each program by collecting, compiling, and analyzing data from each local Part C program. BIBS provides reports based on each indicator and allows child level data to be pulled and organized per District for dissemination to the individual districts. Regional Coordinators meet with assigned

Districts to review missing data and verify corrections. Results are then shared in the annual APR and determinations provided to Districts. Corrective Actions are required for any indicator with less than 95% compliance.

General Supervision System

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

Monitoring System

The Part C State Lead Agency provides ongoing general supervision to each of the 18 local Part C programs to ensure that requirements are met by providing:

- Onsite and/or virtual data verification visits
- Self-assessments
- Desk audits

All local programs are monitored annually by the State Regional Coordinators via desk top monitoring. Regional Coordinators randomly select ten Service Coordinators from each local program to review and monitor all data entered into the state's web-based system, Babies Information and Billing System (BIBS). Following the review, strengths and areas of improvement are discussed with state and local leaders who follow up with individual Service Coordinators.

When findings of noncompliance are identified in any of the 18 local programs, the State Lead Agency continues to monitor the program and track corrections for a period of three (3) months and up to one year following the identification of noncompliance. Local Part C program staff are required to conduct and submit results from a root cause analysis and corrective action plan (CAP) reporting that identifies:

- Areas of non-compliance
- Underlying cause for noncompliance
- Strategies for correction
- Evidence of correction

Provider completion of training requirements are tracked at the District and state level. Post-tests are reviewed and follow-up is provided to ensure implementation of training content.

Dispute Resolution System

The Part C State Lead Agency is committed to addressing parental concerns and resolving disputes. The Part C State Lead Agency staffs a Family Support Coordinator(FSC) responsible for managing a comprehensive dispute resolution system to support this effort. The Part C State Lead Agency is currently set up to track formal written complaints using an Excel spreadsheet and contracts with trained and certified mediators who support all phases of the dispute resolution process. The dispute resolution process was reviewed and updated during this reporting period with the assistance of the Maternal and Child Health legal counsel, the BCW team, CADRE and review of other state processes. This workgroup collaborated to ensure all steps in the process were identified and notated according to federal rules and regulations.

Fiscal Monitoring

The part C actual and projected budgets are reviewed at the state level based on data collected via BIBS. Each district monitors the expenditure of funds and perform bill reviews to check for appropriate charges. District leadership reviews all authorizations for BCW services to ensure appropriate and allowable activities are billed. District audits are conducted bi-annually.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The Part C State Lead Agency provides technical assistance to all local Part C programs. Online training modules and quarterly in-person meetings were provided/held with all local Part C programs until March 2020. Beginning April 1, 2020, during the COVID-19 pandemic, meetings were held virtually weekly, along with intensive oversight to local Part C programs. The Part C State Lead Agency contracts with Valdosta State University to provide technical assistance and support to early intervention providers. To ensure a consistent understanding of APR Compliance and Performance indicators and expectations for appropriate and accurate documentation, technical assistance and training were provided to the local Part C program staff and contract providers in the third quarter of FFY20 virtually. During the COVID-19 pandemic, statewide telehealth training was provided to all local Part C program staff and contract providers across the state to launch telehealth services for children and families. The DPH Telehealth, Telemedicine, and Rural Health Initiatives Office continued to provide intensive training on using the WebEx platform to conduct teleintervention. Weekly technical assistance virtual meetings were held for all staff and providers from April 2020 through August 2020. In September, the technical assistance meetings changed to monthly and are discipline-specific. The Part C State Lead Agency also utilizes technical assistance resources through the Early Childhood Technical Assistance Center (ECTA) (primarily related to the provision of services during the COVID-19 pandemic) and the Center for IDEA Early Childhood Data Systems (DaSy). In addition, state and local staff participate in conferences and webinars offered by each resource center. All resources are utilized on an ongoing basis by the Part C programs at the state and local levels.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The State has mechanisms to ensure that service providers effectively provide services that improve results for infants and toddlers with disabilities and their families.

The Part C State Lead Agency is committed to ensuring that service providers effectively provide services that improve outcomes for infants and toddlers served in Georgia's Part C program. To meet this goal, the Part C State Lead Agency ensures that each provider has the appropriate certification and/or licensure to support children based on their discipline. As a policy, the provider's certification/licensure must be verified through the appropriate licensure or credentialing agency by the local Part C program prior to contracting with the Part C program. Contracted providers are responsible for maintaining standards of professional and ethical practice for each professional service operated by the agency. The Part C program utilizes the Primary Service Provider (PSP) Model, an evidenced-based method of service delivery. The Part C State Lead Agency has an ongoing collaborative relationship with pre-service college/university programs -to train special educators, speech-language pathologists, occupational and physical therapists to provide evidence-based practice in early intervention and the Primary Service Provider model of service delivery.

To ensure that providers serving children in the Part C program continue their professional development efforts, the Part C State Lead Agency contracts with Valdosta State University to provide and manage online training modules. Providers can participate in online training modules through Project SCEIs, Skilled Credentialed Early Interventionists. The modules provide professionals with the skills and knowledge to provide appropriate services to young children with disabilities and their families. Each new service coordinator and special instructor must complete the 5-part module training, which

provides instruction on 1) Evaluation and Assessment, 2) Professionalism in Early Intervention, 3) Infant and Toddler Development, 4) Family Systems 5) Team Processes and 6) Child Outcome Summary Training Modules. The course must be completed within six months of being hired or contracted to provide services through the Part C program. In addition, all licensed BCW providers must also complete the Child Outcomes Summary Training modules.

All new service coordinators must complete the Service Coordination Orientation. The Orientation was revised and is offered monthly to ensure the timely processing of all new Service Coordinators. A certificate of completion must be obtained before new service coordinators can engage in service provision in the Babies Can't Wait program. The Part C State Lead Agency puts forth every effort to provide continuing education units for each training opportunity offered to providers and staff.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and graphics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The APR draft was provided to stakeholders six weeks prior to the OSEP submission date and feedback was obtained.

The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently out performs the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Apply stakeholder input from introduction to all Part C results indicators (y/n)

YES

Number of Parent Members:

8

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

As a result of feedback from our stakeholders that include parent members from the SICC, Parent Advisory work group, parent educators, and Parent to Parent of Georgia, the state embarked on in-depth data analysis that involved a review of historical data to determine trends of state performance. The results of this analysis were shared with the stakeholders to provide input that the state utilized to set the targets, develop improvement strategies, and provide technical assistance and training based on identified needs.

The Parent Advisory Work Group is comprised of 8 parents and is a subgroup of the SICC. The parents have been active in reviewing data on Georgia's Part C program, learning about challenges and successes, providing input to Babies Can't Wait on the target setting, and participating in the refining of the Comprehensive System of Personnel Development. Their next step will be to assist with evaluating progress.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

The Parent Advisory Council Sub-Committee of the SICC has worked hard to increase the number of diverse parents that are members of the SICC. During this reporting period the Governor's Office confirmed two parents from rural areas of the state, and the SICC appointed two additional parents which include an African American parent and a parent from urban Georgia.

During recruitment, geographical information was collected to ensure family representation from across the state, not just metro Atlanta. It's a diverse group that includes the representativeness of families by geographic location, race/ethnicity, language spoken, and child diagnosis/disability and a combination of currently and previously enrolled families.

For this reporting period, the parents participated in the following activities:

- LICCs meetings. During these meetings, parents receive Early Intervention information/resources and engage in activities that are geared towards helping families improve the outcomes of children with disabilities.
- Positive Behavior Support (PBS) Parent Academy trainings. Through these trainings the parents learn about positive behavior and visual support strategies to address their child's challenging behaviors and improve developmental outcomes.
- Division of Early Childhood conference with sessions that helped the parents engage in meaningful connections with peers.

- The parent educators worked directly with the local programs and families to plan strategies for improving outcomes.
- Comprehensive System of Personnel Development (CSPD) training that promotes parent understanding of the needs and opportunities to develop and retain highly qualified providers.
- Georgia Part C Leadership Curriculum (GA-PCLC) training. Through these trainings, the parents provide input from their perspectives and also acquire knowledge, skills, and competencies to improve the state and district early childhood intervention systems as leaders and advocates.

The State Systemic Improvement Plan is also focused on improving child outcomes (positive social-emotional skills). The state utilizes the evidence-based Pyramid Model to train providers that support our families. The Pyramid Model training series consists of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model, and Tier III: Understanding and Addressing Challenging Behaviors. These training series equip BCW providers with the knowledge, skills, and tools necessary to support families within a family coaching framework. Pyramid Family survey results showed that the families increased understanding and confidence in their capability to support their child's social-emotional development as a result of coaching and support from providers.

In collaboration with the SICC, the state plans to support parents to attend conferences (Association of Maternal and Child Health Programs, DEC, Zero to Three, Autism Speaks, Annual Early Hearing Detection and Intervention conference) and internal and external trainings (ECTA SICC Orientation Training, DPH Children's Medical Services orientation training) to provide opportunities for parents to engage in meaningful connections with peers and access resources to improve outcomes. Additionally, the state is collaborating with the SICC to plan for parent-centered trainings with a video component highlighting procedural safeguards/parent rights as well as improving the EI programs in Georgia.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

SICC quarterly meetings are open to the public to provide feedback and learn about the outcomes of the program as well as opportunities for growth. Meeting announcements and links are provided at least one month before the scheduled meeting. All public comments received via email are shared during the SICC meeting and included in meeting minutes. The Part C Coordinator follows up within 48 business hours when contact information is available.

The SICC Executive Committee meets quarterly and provides data analysis and input regarding the APR, target setting, and the Part C application as well as identification and support for opportunities for improvement. All reports to OSEP are reviewed by the Executive Committee two months prior to submission.

Ad hoc workgroups are developed by the SICC Chair to provide input on individual topics such as target setting and strategic planning for the refinement of Georgia's Comprehensive System of Professional Development.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The state provides APR and SSIP results and ongoing status updates during the quarterly SICC public sessions. The Babies Can't Wait Data Manager presents the APR at the public session of the SICC meetings every January for SICC and the public provides input. The SICC Executive Committee receives the APR before the meeting to prepare and provide feedback. Additionally, brochures and factsheets that contain key information on eligibility, enrollment, and services offered have been developed and shared with the public via the BCW website, Early Intervention Coordinators, and partners.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

The Part C State Lead Agency reports annually on the performance of each Part C Local Lead Agency programs' targets in the SPP/APR. The performance for each local Part C program is posted on the Georgia Department of Public Health's website as soon as practicable, but no later than 120 days following the State's submission of its APR as required by 34 CFR §303.702(b)(1)(i)(A). The Georgia Department of Public Health website hosts the Georgia State Lead Agency, Babies Can't Wait webpage. The "APR Public Reporting Tables" and SSIP Reports are posted after the APR is submitted. To find the current public reporting tables of APR and SSIP data, use the following link: <https://dph.georgia.gov/babies-cant-wait/bcw-part-c-application-and-reporting>

The Annual Performance and SSIP results are available for the public on the BCW website (<https://dph.georgia.gov/babies-cant-wait>) to review and provide feedback. The website provides links to directly contact the program and/or provide anonymous feedback. Families are also able to review the federal application and provide comments about the program by using the same webpage link noted above. Once approved, the results of the target setting will be posted on the website as well, and the public will be notified of the updated information.

Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, the Indicator 11 attachment included in the State's FFY 2019 SPP/APR submission is not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment available to the public as soon as practicable, but no later than 120 days after the date of the determination letter

Response to actions required in FFY 2019 SPP/APR

Per Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), the Indicator 11 attachment included in the State's FFY 2019 SPP/APR submission was posted on the BCW website within 120 days after the date of the FY19 determination letter.

Intro - OSEP Response

The State attached, but did not sign, its 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. OSEP notes that the State must submit the signed SICC form to confirm that the SICC is supporting the State's submission of the FFY 2020 SPP/APR.

Intro - Required Actions

Within 90 days of the receipt of the State's 2022 determination letter, the State must submit the SICC form to confirm whether the SICC is supporting the State's submission of the FFY 2020 SPP/APR or submitting its own SICC annual report.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	97.26%	97.10%	95.41%	94.28%	91.19%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,983	2,229	91.19%	100%	92.91%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

88

Provide reasons for delay, if applicable.

In FFY2020, the number of children whose services were received beyond 45 days was due to Babies Can't Wait program delay reasons which included:

Lack of providers available to start a service on time, especially for those who reside in the rural parts of the state

Lack of coordination/communication between the Service Coordinator (SC) and Provider resulting in a delay in scheduling

Documentation of exceptional family circumstances was not available

Family barriers include child illness/hospitalization, parent request, delay in parent response, state of emergency/act of nature.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Georgia's definition of timely service is 45 days from the parent consent date to the initial date of service.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data was collected from the reporting period, January 1, 2021 to March 31, 2021.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The population of children with active IFSPs for the period of January 1, 2021, through March 31, 2021, was collected from BIBS. Due to local staffing challenges, such as staff shortage and the impact of COVID-19 on the health departments, the state selected analysis of third-quarter data as representative of the full reporting period for FY 2020. In compliance with OSEP, a review of additional quarters was conducted to ensure accuracy. The review found that the selected dates are representative of the full reporting year as the same requirements are in place and the children and families are representative of the fiscal year. The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY 2020.

Provide additional information about this indicator (optional)

The full description of Georgia's definition of timely service delivery is provided above. In FFY2020, the number of children whose services were received beyond 45 days was due to Babies Can't Wait program delay reasons which included:

- Lack of providers available to start a service on time, especially for those who reside in the rural parts of the state
- Lack of coordination/communication between the Service Coordinator (SC) and Provider resulting in a delay in scheduling
- Documentation of exceptional family circumstances was not available

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
15	15	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Per OSEP memo 09-02-02, BCW verified instances of non-compliance regarding the provision of timely services during BIBS data collection specific to the APR reporting period beginning in August 2020. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Regional Coordinator team and district leadership to develop a Corrective Action Plan (CAP). The districts then submitted their completed CAP to their designated Regional Coordinator monthly for three months for review and approval. Once the finding is issued, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, districts were required to provide supporting documentation to verify all corrections. Regional Coordinators reviewed the files that were initially noncompliant and subsequent data and supporting documentation were reviewed to ensure continued compliance. The CAP contained information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

The Part C State Lead Agency required that for each incidence of noncompliance, the district must report to Part C State Lead Agency the date that the service actually began even though it was late, which is consistent with OSEP Memo 09-02.02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.02. In compliance with OSEP, a review of additional quarters was conducted to ensure accuracy.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Per OSEP memo 09-02-02, BCW verified instances of non-compliance regarding provision of timely services that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2020. Information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Regional Coordinator team to develop a Corrective Action Plan (CAP) that was reviewed with each district. The districts then submitted their completed CAP to their designated Regional Coordinator monthly for three months for review and approval. Along with the CAPs Progress Report, districts were required to provide supporting documentation to verify all corrections. Regional Coordinators reviewed the files that were initially noncompliant and subsequent data and supporting documentation were reviewed to ensure continued compliance. The CAP contained information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

The Part C State Lead Agency required that for each incidence of noncompliance, the district must report to Part C State Lead Agency the date the service actually began even though it was late, which is consistent with OSEP Memo 09-02.02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.02.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	98.94%

FFY	2015	2016	2017	2018	2019
Target>=	98.00%	98.00%	98.00%	98.00%	98.00%
Data	99.72%	99.69%	99.51%	98.94%	98.78%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	98.00%	98.00%	98.00%	98.00%	98.00%	99.00%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and graphics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The APR draft was provided to stakeholders six weeks prior to the OSEP submission date and feedback was obtained.

The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently out performs the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	8,618
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	8,782

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,618	8,782	98.78%	98.00%	98.13%	Met target	No Slippage

Provide additional information about this indicator (optional).

The COVID-19 pandemic impacted the provision of services in person. Virtual services were offered to all families in lieu of in-person sessions. However, this was impacted by technology challenges and limited internet access for some families.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by ((# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)))] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

*Sampling of **infants and toddlers with IFSPs** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

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The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently out performs the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2018	Target>=	90.00%	90.00%	91.00%	92.00%	90.50%
A1	84.53%	Data	88.59%	87.33%	85.32%	84.53%	83.23%
A2	2018	Target>=	59.00%	61.00%	63.00%	65.00%	60.00%
A2	64.65%	Data	63.28%	65.54%	64.82%	64.65%	69.71%
B1	2018	Target>=	93.00%	94.00%	95.00%	95.00%	90.50%
B1	87.20%	Data	91.34%	88.86%	88.38%	87.20%	86.22%
B2	2018	Target>=	59.00%	60.00%	61.00%	62.00%	50.00%
B2	50.89%	Data	52.83%	53.16%	53.39%	50.89%	52.54%
C1	2018	Target>=	92.00%	93.00%	93.00%	94.00%	90.50%
C1	86.06%	Data	91.07%	89.46%	88.27%	86.06%	87.42%
C2	2018	Target>=	59.00%	61.00%	63.00%	65.00%	60.00%
C2	68.02%	Data	66.46%	67.71%	69.06%	68.02%	72.42%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	85.00%	85.00%	85.00%	86.00%	86.00%	86.00%
Target A2>=	65.00%	65.00%	65.00%	66.00%	66.00%	66.00%
Target B1>=	87.50%	87.50%	87.50%	87.80%	87.80%	87.80%
Target B2>=	51.00%	51.00%	51.00%	52.00%	52.00%	52.00%

Target C1>=	86.20%	86.20%	86.20%	86.50%	86.50%	86.50%
Target C2>=	68.20%	68.20%	68.20%	68.50%	68.50%	68.50%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

1,093

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	6	0.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	145	13.27%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	214	19.58%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	393	35.96%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	335	30.65%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	607	758	83.23%	85.00%	80.08%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	728	1,093	69.71%	65.00%	66.61%	Met target	No Slippage

Provide reasons for A1 slippage, if applicable

The COVID-19 pandemic played a significant role in the slippage in child and family outcomes. The continuation of telehealth services grew tiresome for families and providers as they continued to learn strategies to effectively work together. For families who are new to the program, relationship development is more challenging via a computer screen than in person but is vital for program effectiveness. Fewer services were offered due to a provider shortage directly related to telehealth limitations. Families also were experiencing challenges due to the pandemic such as juggling siblings that were home (childcare closed, virtual school, etc.) and additional family members at home on top of the challenges of working remotely. Economic and psychological factors also impacted individual and family functioning due to additional stressors such as lost income and the feeling of isolation. Many families also cared for ill family members and experienced the death of family and friends related to COVID 19. Families have had limited opportunities for children to practice new social skills as there were limited opportunities for children to play with their peers. Lastly, families in rural and low-income communities had challenges with telehealth technology requirements and access. The majority of families in BCW are in disadvantaged communities and face barriers to services at a disproportionate rate than those in other communities.

During a data review in FY19, the state identified inconsistencies in child outcome scores. Upon further review it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings specifically in identifying that progress was in fact made for children enrolled our program. Some providers may not have understood that most children should make some developmental progress; therefore, they may have been answering "no" to the question. Effective July 1, 2020, all licensed providers are required to complete the COS modules. The COS modules are required for all individuals and organizations that are pursuing contracts to provide services. Additionally, quarterly COS data checklists are now required of all local programs. Using the COS data checklist, local EICs review a quarterly sample of child records to determine if evidence in the progress notes, evaluation reports and on the COS Form support child ratings and if ratings were developed by a team including family input. Georgia will also continue to provide additional COS Process training to all staff and utilize the COS reports in the data system to conduct ongoing monitoring for child outcomes data.

Data slippage is consistent with changes in practice that would occur when practitioners better understand and more accurately apply COS rating criteria. Current performance of outcomes data is consistent with those expected from more accurate data. We know through Theory of Change that, following a system-wide change event, data typically reflects a decrease in outcomes. Recovery can take 2-3 years post-implementation before a demonstration of effective change is evident. While the state acknowledges that the data presented does not meet the initial target and did show slippage, these data are a better reflection of the functioning and progress of children who have been served. Georgia remains above the FY18 national average in all child outcome indicators.

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.46%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	143	13.08%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	380	34.77%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	465	42.54%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	100	9.15%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	845	993	86.22%	87.50%	85.10%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	565	1,093	52.54%	51.00%	51.69%	Met target	No Slippage

Provide reasons for B1 slippage, if applicable

The COVID-19 pandemic played a significant role in child and family outcomes slippage. For families who are new to the program, relationship development is more challenging via a computer screen than in person but is vital for program effectiveness. Fewer services were offered due to a provider shortage directly related to telehealth limitations. Families also were experiencing challenges due to the pandemic such as juggled siblings that were home (childcare closed, virtual school, etc.) and additional family members at home on top of the challenges of working remotely. Economic and psychological factors also impacted individual and family functioning due to additional stressors such as lost income and the feeling of isolation. Many families also cared for ill family members and experienced the death of family and friends related to COVID 19. Families have had limited opportunities for children to practice new social skills as there were limited opportunities for children to play with their peers. Lastly, families in rural and low-income communities had challenges with telehealth technology requirements and access. The majority of families in BCW are in disadvantaged communities and face barriers to services at a disproportionate rate than those in other communities.

During a data review in FY19, the state identified inconsistencies in child outcome scores. Upon further review, it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings specifically in identifying that progress was in fact made for children enrolled in our program. Some providers may not have understood that most children should make some developmental progress therefore, they may have been answering "no" to the question. Effective July 1, 2020, all licensed providers are required to complete the COS modules. The COS modules are required for all individuals and organizations that are pursuing contracts to provide services. Additionally, quarterly COS data checklists are now required of all local programs. Using the COS data checklist, local EICs are reviewing a quarterly sample of child records to determine if the evidence in the progress notes, evaluation reports, and on the COS Form support child ratings and if ratings were developed by a team including family input. Georgia will also continue to provide additional COS Process training to all staff and utilize the COS reports in the data system to conduct ongoing monitoring for child outcomes data.

Data slippage is consistent with changes in practice that would occur when practitioners better understand and more accurately apply COS rating criteria. The current performance of outcomes data is consistent with those expected from more accurate data. We know through Theory of Change that, following a system-wide change event, data typically reflects a decrease in outcomes. Recovery can take 2-3 years post-implementation before a demonstration of effective change is evident. While the state acknowledges that the data presented does not meet the initial target and did show slippage, these data are actually a better reflection of the functioning and progress of children who have been served. Georgia remains above the FY18 national average in all child outcome indicators.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	10	0.91%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	122	11.16%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	227	20.77%

Outcome C Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	471	43.09%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	263	24.06%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	698	830	87.42%	86.20%	84.10%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	734	1,093	72.42%	68.20%	67.15%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

The COVID-19 pandemic played a significant role in the slippage in child and family outcomes. For families who are new to the program, relationship development is more challenging via a computer screen than in person but is vital for program effectiveness. Fewer services were offered due to a provider shortage directly related to telehealth limitations. Families also were experiencing challenges due to the pandemic such as juggled siblings that were home (childcare closed, virtual school, etc.) and additional family members at home on top of the challenges of working remotely. Economic and psychological factors also impacted individual and family functioning due to additional stressors such as lost income and the feeling of isolation. Many families also cared for ill family members and experienced the death of family and friends related to COVID 19. Families have had limited opportunities for children to practice new social skills as there were limited opportunities for children to play with their peers. Lastly, families in rural and low-income communities had challenges with telehealth technology requirements and access. The majority of families in BCW are in disadvantaged communities and faced barriers to services at a disproportionate rate than those in other communities.

During a data review in FY19, the state identified inconsistencies in child outcome scores. Upon further review, it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings specifically, in identifying that progress was in fact made for children enrolled in our program. Some providers may not have understood that most children should make some developmental progress therefore, they may have been answering "no" to the question. Effective July 1, 2020, all licensed providers are required to complete the COS modules. The COS modules are required for all individuals and organizations that are pursuing contracts to provide services. Additionally, quarterly COS data checklists are now required of all local programs. Using the COS data checklist, local EICs are reviewing a quarterly sample of child records to determine if the evidence in the progress notes, evaluation reports, and on the COS Form support child ratings and if ratings were developed by a team including family input. Georgia will also continue to provide additional COS Process training to all staff and utilize the COS reports in the data system to conduct ongoing monitoring for child outcomes data.

Data slippage is consistent with changes in practice that would occur when practitioners better understand and more accurately apply COS rating criteria. Current The current performance of outcomes data is consistent with those expected from more accurate data. We understand know through Theory of Change that, following a system system-wide change event, data typically reflects a decrease in outcomes. Recovery can take 2-3 years post post-implementation before a demonstration of effective change is evident. While the state acknowledges that the data presented does not meet the initial target and did show slippage, these data are actually a better reflection of the functioning and progress of children who have been served. Georgia remains above the FY18 national average in all child outcome indicators.

Provide reasons for C2 slippage, if applicable

The COVID-19 pandemic played a significant role in the slippage in child and family outcomes. For families who are new to the program, relationship development is more challenging via a computer screen than in person but is vital for program effectiveness. Fewer services were offered due to a provider shortage directly related to telehealth limitations. Families also were experiencing challenges due to the pandemic such as juggled siblings that were home (childcare closed, virtual school, etc.) and additional family members at home on top of the challenges of working remotely. Economic and psychological factors also impacted individual and family functioning due to additional stressors such as lost income and the feeling of isolation. Many families also cared for ill family members and experienced the death of family and friends related to COVID 19. Families have had limited opportunities for children to practice new social skills as there were limited opportunities for children to play with their peers. Lastly, families in rural and low-income communities had challenges with telehealth technology requirements and access. The majority of families in BCW are in disadvantaged communities and faced barriers to services at a disproportionate rate than those in other communities.

During a data review in FY19, the state identified inconsistencies in child outcome scores. Upon further review, it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings specifically, in identifying that progress was in fact made for children enrolled in our program. Some providers may not have understood that most children should make some developmental progress therefore, they may have been answering "no" to the question. Effective July 1, 2020, all licensed providers are required to complete the COS modules. The COS modules are required for all individuals and organizations that are pursuing contracts to provide services. Additionally, quarterly COS data checklists are now required of all local programs. Using the COS data checklist, local EICs are reviewing a quarterly sample of child records to determine if the evidence in the progress notes, evaluation reports, and on the COS Form support child ratings and if ratings were developed by a team including family input. Georgia will also continue to provide additional COS Process training to all staff and utilize the COS reports in the data system to conduct ongoing monitoring for child outcomes data.

Data slippage is consistent with changes in practice that would occur when practitioners better understand and more accurately apply COS rating criteria. Current The current performance of outcomes data is consistent with those expected from more accurate data. We understand know through Theory of Change that, following a system system-wide change event, data typically reflects a decrease in outcomes. Recovery can take 2-3 years post post-implementation before a demonstration of effective change is evident. While the state acknowledges that the data presented does not meet the initial target and did show slippage, these data are actually a better reflection of the functioning and progress of children who have been served. Georgia remains above the FY18 national average in all child outcome indicators.

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,893
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	353

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

The COS is a standardized method of reporting a child's developmental status using the seven-point COS rating scale. Multiple sources of information, such as assessments, IFSPs, and parent input, are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. COS scores are entered into BIBS by the districts, and final data was then gathered from BIBS.

Provide additional information about this indicator (optional).

Georgia used the cohort for the APR C3 child outcomes for number that exited because of different reporting periods for 618 and APR 3 Data.

Georgia's Governor issued a stay-at-home order in March 2020 in response to COVID-19. With the stay-at-home order and change to all in-person visits, local service areas struggled with how to complete COS ratings and assessments in a virtual environment. The pandemic has impacted the completeness and validity of COS rating data. If providers found themselves unable to complete the child outcomes assessments, the completeness of entry and exit ratings would be impacted. If providers did not have tools and procedures that provided valid and reliable ratings when completed with remote methods, the validity and reliability of data were impacted.

The following steps were taken to mitigate the impact of COVID-19:

- Weekly and then bi-weekly or monthly webinars offered a regular open two-way communication loop between Part C program staff and local administrators and providers.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

*Sampling of **families participating in Part C** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2018	Target>=	98.00%	98.00%	98.00%	98.00%	90.00%
A	91.15 %	Data	96.94%	96.91%	94.15%	91.15%	91.60%
B	2018	Target>=	96.00%	96.00%	96.00%	96.00%	96.50%
B	90.41 %	Data	97.46%	97.38%	93.97%	90.41%	92.41%
C	2018	Target>=	96.00%	96.00%	96.00%	96.00%	96.50%

C	86.39 %	Data	97.27%	97.43%	90.37%	86.39%	90.30%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	91.20%	91.20%	91.20%	91.50%	91.50%	91.50%
Target B>=	90.50%	90.50%	90.50%	90.80%	90.80%	90.80%
Target C>=	86.50%	86.50%	86.50%	86.80%	86.80%	86.80%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and graphics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The APR draft was provided to stakeholders six weeks prior to the OSEP submission date and feedback was obtained.

The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently outperforms the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	1,236
Number of respondent families participating in Part C	151
Survey Response Rate	12.22%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	137
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	151
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	133
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	149
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	128
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	149

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	91.60%	91.20%	90.73%	Did not meet target	No Slippage

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.41%	90.50%	89.26%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	90.30%	86.50%	85.91%	Did not meet target	Slippage

Provide reasons for part B slippage, if applicable

The COVID-19 pandemic played a significant role in the slippage in child and family outcomes. For families who are new to the program, relationship development is more challenging via a computer screen than in person but is vital for program effectiveness. Fewer services were offered due to a provider shortage directly related to telehealth limitations. Families also were experiencing challenges due to the pandemic such as juggled siblings that were home (childcare closed, virtual school, etc.) and additional family members at home on top of the challenges of working remotely. Economic and psychological factors also impacted individual and family functioning due to additional stressors such as lost income and the feeling of isolation. Many families also cared for ill family members and experienced the death of family and friends related to COVID-19. Families have had limited opportunities for children to practice new social skills as there were limited opportunities for children to play with their peers. Lastly, families in rural and low-income communities had challenges with telehealth technology requirements and access. The majority of families in BCW are in disadvantaged communities and face barriers to services at a disproportionate rate than those in other communities.

Provide reasons for part C slippage, if applicable

The challenges faced by families in effectively applying therapy strategies consistently and regularly may have resulted in limited gains for children. The impacts of COVID-19 are ongoing as Georgia continues to offer only virtual services and families continue to balance and prioritize responsibilities. The slippage in Child Outcome Summaries A1, B1, C1, and C2 align with family reports regarding development and learning.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

Survey Response Rate

FFY	2019	2020
Survey Response Rate	15.68%	12.22%

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The impact of the COVID pandemic affected the survey distribution and the number of families that responded in FY2019 and FY2020. During the pandemic, the service coordinators were not able to meet in person with the families to distribute and collect surveys. Some families, especially in rural areas of the state, were not able to respond to the online surveys due to difficulty accessing technology.

Additionally, In FFY2017, Georgia Part C began using the FOS version 2010 and implemented a new process for survey distribution and collection that involves using a state vendor. As a result, the state has experienced a decrease in response rates. The state is re-examining this process with plans to review the effectiveness of the survey, the mechanisms for distribution, and a process to follow-up and ensure families understand the survey and have the tools to complete it. The state has asked the SICC to convene a workgroup to provide recommendations to improve the rate of survey completion.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

For the response rate analysis, the state utilized the number of families that responded to the survey as the numerator, and the denominator included all surveys in the distribution packets that were generated by the vendor for the period of 1/1/2021 to 3/31/2021.

The steps taken to reduce non-response bias and promote response from a broad cross section of families that received Part C services, will include training of local programs and providers, SICC support, and collaboration with the data system vendor to identify strategies to address non-response bias. Training will be provided to districts and providers regarding the purpose and importance of the FOS-R. The SICC is convening an ad hoc workgroup of parents to better understand the roadblocks presented by the current process and identify viable mechanisms for improvement. A survey link, accessible to Service Coordinators and families will be added to the survey distribution packets that are emailed to families. The state will return to the Service Coordinator providing the FOS-R to families in-person or via electronic file, along with the email from the data system. The state is also examining the feasibility of asking Service Coordinators to provide a 5 question survey, from the FOS-R, to families prior to each quarterly and annual meeting to ensure families are comfortable accessing and completing the survey. This will allow them to review and explain each question with the family and potentially improve completion rates. Data is collected regarding the demographics of who does and does not complete the survey. Those demographics include race, gender, family cost participation rates, Medicaid/private insurance, eligibility category, etc. Descriptive and explorative

analysis will be conducted to allow the state to understand who does and does not complete the survey. Additional targeted steps to reduce non-response bias can be effectively developed and implemented following analysis.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

Georgia Part C uses the FOS tool developed by the ECO Center to capture data for Indicator 4. The FOS is offered to every family when transitioning from the program. Families participating in Part C in Georgia, whose child has been enrolled in the program for at least six months, are given the opportunity to complete the Family Outcome Survey upon exit from the program with the exception of those families who were unable to be located or contacted. Georgia is confident that the response group used is an accurate representation of the demographics of infants, toddlers and families enrolled in the Part C program.

The representativeness of the surveys was assessed by examining the demographic characteristics of the children's parents/caregivers who responded to the survey compared to all Part C children demographics characteristics who were receiving services.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

The representativeness of the surveys was assessed by examining the demographic characteristics of the children whose parents/caregivers responded to the survey compared to Part C children demographics characteristics who were receiving services. The comparison included gender, age, geographic region, race, and ethnicity. The results indicated the results are generally representative by age, gender and ethnicity.

This year's representativeness by race and geographic locations was impacted by the COVID-19 pandemic. The state plans to institute a follow-up component for our families that includes service coordinators.

Provide additional information about this indicator (optional).

During the COVID-19 pandemic, several variables may have impacted Indicator 4 data for FFY20 Reporting. For example, local programs had limited ability to distribute paper copies as in previous years, family stressors or circumstances during COVID-19 may have impacted families' responses to the survey, and families and local program staff were continuing to adjust to virtual services. The impacts of COVID 19-are ongoing as Georgia continues to offer only virtual services and families continue to balance and prioritize responsibilities.

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

OSEP cannot determine whether the State analyzed the response rate to identify potential nonresponse bias, as required by the Measurement Table.

The State did not describe the metric used to determine representativeness, as required by the Measurement Table.

4 - Required Actions

In the FFY 2021 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias, including steps to reduce any identified bias and promote response from a broad cross section of parents with disabilities, as required by the Measurement Table.

In the FFY 2021 SPP/APR, the State must describe the metric used to determine representativeness, as required by the Measurement Table.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	0.80%

FFY	2015	2016	2017	2018	2019
Target >=	0.80%	0.85%	0.90%	1.00%	0.75%
Data	1.05%	0.75%	0.74%	0.80%	0.96%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	0.75%	0.75%	0.75%	0.85%	0.85%	0.85%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and graphics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The APR draft was provided to stakeholders six weeks prior to the OSEP submission date and feedback was obtained.

The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently out performs the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	974
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	124,993

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
974	124,993	0.96%	0.75%	0.78%	Met target	No Slippage

Provide additional information about this indicator (optional)

The state is using American Rescue Plan funds to complete an environmental scan of the state to understand communities resources and understanding of BCW as well as family access to services. The results of the scan will be used to develop an outreach plan to reduce community barriers for families.

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2018	2.51%

FFY	2015	2016	2017	2018	2019
Target >=	1.90%	2.00%	2.10%	2.20%	2.20%
Data	2.36%	2.10%	2.41%	2.51%	2.67%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.30%	2.35%	2.35%	2.40%	2.45%	2.55%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and graphics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The APR draft was provided to stakeholders six weeks prior to the OSEP submission date and feedback was obtained.

The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently outperforms the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	8,782
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	380,723

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,782	380,723	2.67%	2.30%	2.31%	Met target	No Slippage

Provide additional information about this indicator (optional).

The state is using American Rescue Plan funds to complete an environmental scan of the state to understand communities resources and understanding of BCW as well as family access to services. The results of the scan will be used to develop an outreach plan to reduce community barriers for families.

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.47%	98.60%	98.48%	98.10%	98.26%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,255	1,346	98.26%	100%	98.07%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

Provide reasons for delay, if applicable.

Family delays include: child illness/hospitalization, parent request, delay in parent response, state of emergency/act of nature. In FFY2020, the numbers of children for whom the IFSP process was completed beyond 45 days were due to Babies Can't Wait program delay reasons which included:

- Documentation of exceptional family circumstance not provided
- The COVID-19 pandemic affected the IFSP process due to the transition from in-person to virtual services.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data was collected from the reporting period, January 1, 2021 to March 31, 2021.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data was collected from BIBS during Federal Fiscal Year (FFY) 2020 (January 1, 2021, to March 31, 2021). Due to local staffing challenges, such as staff shortage, the state selected analysis of third-quarter data as representative of the full reporting period for FY 2020. In compliance with OSEP, a review of additional quarters was conducted to ensure accuracy. The review found that the selected dates are representative of the full reporting year as the same requirements are in place, and the children and families are representative of the fiscal year. BCW is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2020. BIBS was used to generate a list of all children with newly initiated services for each local EI program. Data validation involves the local EI program staff verifying the data reported in the APR to ensure compliance with all regulatory requirements. The state is confident the selected timeframe is representative of the children and families.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	10	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Per OSEP memo 09-02-02, BCW verified instances of non-compliance with the 45-day timeline for evaluation and assessment that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2020. Each of the districts with noncompliance conducted a root cause analysis and was presented with a Corrective Action Plan (CAP) that detailed strategies that the program would take to correct noncompliance within 90 days when feasible, but no later than one year from notification of the findings, including verification by the state. As part of the CAP planning process, monthly progress reports were submitted for 3 months, including documentation supporting the correction to ensure compliance with the 45-day timeline for evaluation and assessment. After CAP activities had been completed, the designated state Regional Coordinator reviewed the files that were not compliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents were reviewed to confirm progress and improvement for each non-compliant indicator. The district was notified of the verification of correction of noncompliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

The Part C State Lead Agency required that for each incidence of noncompliance, the district must report to the Part C State Lead Agency the date that the service actually began even though it was late, which is consistent with OSEP Memo 09-02.02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program. The local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Per OSEP memo 09-02-02, BCW verified instances of non-compliance with the 45-day timeline for evaluation and assessment that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2021. Each of the districts with noncompliance conducted a root cause analysis and was presented with a Corrective Action Plan (CAP) that detailed strategies that the program would take to correct noncompliance within 90 days when feasible, but no later than one year from notification of the findings, including verification by the state. As part of the CAP planning process, monthly progress reports were submitted for 3 months, including documentation supporting the correction to ensure compliance with the 45-day timeline for evaluation and assessment. After CAP activities had been completed, the designated state Regional Coordinator reviewed the files that were not compliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents were reviewed to confirm progress and improvement for each non-compliant indicator. The district was notified of the verification of correction of noncompliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. The Part C State Lead Agency required that for each incidence of noncompliance, the district must report to the Part C State Lead Agency the date that the service actually began even though it was late, which is consistent with OSEP Memo 09-02.02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program. The local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.02.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	99.64%	99.58%	100.00%	99.57%	99.28%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,353	1,363	99.28%	100%	99.34%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

1

Provide reasons for delay, if applicable.

In FFY2020, the number of children for whom the transition steps and services were not conducted timely were due to the following:

Providers not documenting the transition planning process in a timely manner.

Family barriers include child illness/hospitalization, parent request, delay in parent response, state of emergency/act of nature

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data was collected from the reporting period, January 1, 2021 to March 31, 2021

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The population of children exiting during the reporting period of January 1, 2021 to March 31, 2021 was collected from BIBS. Due to local staffing challenges, such as staff shortage, the state selected an analysis of third quarter data as representative of the full reporting period for FY 2020. In compliance with OSEP, a review of additional quarters was conducted to ensure accuracy. This timeframe selected is considered representative of the full reporting year as the same requirements are in place and the children and families are representative of the fiscal year. The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2020. BIBS was used to generate a list of all children who exited during the reporting period for each of the 18 Local EI programs that correspond with each of the 18 health districts. Data validation involves the district staff verifying the data reported in the APR. Each local program provided the state with verification of the actual exit date from the program to calculate this indicator.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Per OSEP memo 09-02-02, BCW verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in August. Each of the districts with noncompliance for ensuring all children receive timely transition steps and services conducted a root cause analysis and were presented with CAP that detailed strategies that the program would take to correct noncompliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports were submitted. After CAP activities had been completed, the designated state Regional Coordinator reviewed the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents were reviewed to confirm progress and improvement for each noncompliant indicator. The district was notified of the verification of correction of noncompliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

Describe how the State verified that each individual case of noncompliance was corrected.

The Part C State Lead Agency required that for each incidence of noncompliance, the local Part C Program must report the date that the service actually began even though it was late, which is consistent with OSEP Memo 09-02.02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Per OSEP memo 09-02-02, BCW verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2020. Each district with findings conducted a root cause analysis and Corrective Action Plan (CAP) with detailed strategies the district would take to correct the noncompliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, monthly CAP progress reports with supporting documentation were submitted. With each submission of the monthly CAP activities, the designated state Regional Coordinator reviewed the non-compliant files. Supporting documentation and additional child records not identified in the initial review were reviewed to ensure 100% compliance with the development of transition steps and services at least 90 days and not more than nine months prior to the child's third birthday. The documents were reviewed to confirm 100% compliance. When the state determined that all CAP activities had been completed, the districts were notified of the verification of 100% correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning, and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local levels throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

The Part C State Lead Agency required that for 100% of the cases of noncompliance, the local Part C Program reported the date that the steps and services were developed unless the child was no longer within the jurisdiction of the program or provider. A review of documentation from child records reflected the correction of 100% of the cases of non-compliance, unless the child was no longer within the jurisdiction of the local Part C program, consistent with OSEP Memo 09-02.02.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020- June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\left(\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right) \times 100 \right]$

B. Percent = $\left[\left(\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right) \times 100 \right]$

C. Percent = $\left[\left(\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right) \times 100 \right]$

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	98.65%	96.38%	97.29%	97.29%	99.20%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,265	1,357	99.20%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

92

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

For the LEA notification, data for children who exited the Part C program during the reporting period of FFY 2020 from January 1, 2021 through March 31, 2021 for each local Part C program was collected from the BCW database. The data was verified with the local Part C program and used to calculate this indicator. The local Part C programs were given the list of children and asked to provide the date and method the local Part C program used to notify the local school system. For the SEA, a report from the BCW database was generated and uploaded to the secure Georgia Department of Education file transfer protocol (FTP) site

Do you have a written opt-out policy? (yes/no)

YES

If yes, is the policy on file with the Department? (yes/no)

YES

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data was collected from the reporting period, January 1, 2021 to March 31, 2021.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The population of children exiting during the reporting period of January 1, 2021, to March 31, 2021, was collected from BIBS. Due to local staffing challenges, such as staff shortage, the state selected analysis of third-quarter data as representative of the full reporting period for FY 2020. In compliance with OSEP, a review of additional quarters was conducted to ensure accuracy. The review found that the selected dates are representative of the full reporting year as the same requirements are in place, and the children and families are representative of the fiscal year. The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2020. BIBS was used to generate a list of all children who exited during the reporting period for each of the 18 local Part C programs that correspond with each of the 18 health districts. Data validation involves the district staff verifying the data reported in the APR. Each local program provided the state with verification of the actual exit date from the program to calculate this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Per OSEP memo 09-02-02, BCW verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2020. Each district with findings conducted a root cause analysis and CAP with detailed strategies that the district would take to correct noncompliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, CAP progress reports with supporting documentation were submitted. After CAP activities had

been completed, the designated state Regional Coordinator reviewed the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance with notification of transition to the LEA/SEA. The documents were reviewed to confirm compliance with each indicator. When the state determined that all CAP activities had been completed, the districts were notified of the verification of correction of noncompliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

Describe how the State verified that each *individual case* of noncompliance was corrected.

The Part C State Lead agency required that for each incidence of noncompliance, the district must report to the Part C State Lead Agency the date that the service actually began even though it was late, which is consistent with OSEP Memo 09-02.02. A review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program. The local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Per OSEP memo 09-02-02, BCW verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2020. Each district with findings conducted a root cause analysis and CAP with detailed strategies that the district would take to correct the noncompliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, monthly CAP progress reports with supporting documentation were submitted. With each submission of the monthly CAP activities, the designated state Regional Coordinator reviewed the non-compliant files. Supporting documentation and additional child records not identified in the initial review were reviewed to ensure 100% compliance regarding SEA/LEA notification of all toddlers, who may be eligible for Part B services, at least 90 days prior to the toddler's third birthday. When the state determined that all CAP activities had been completed, the districts were notified of the verification of correction of 100% of the cases of noncompliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local levels throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

The Part C State Lead agency required that for 100% of the cases of noncompliance, the local Part C Program reported the date notification was provided or the date the family opted-out of notification, which is consistent with OSEP Memo 09-02.02. A review of documentation from child records reflected correction of 100% of the cases of non-compliance unless the child was no longer within the jurisdiction of the local Part C program consistent with OSEP Memo 09-02.02. The local Part C program was required to submit subsequent data to reflect steps to ensure ongoing compliance.

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\left(\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right) \times 100 \right]$

B. Percent = $\left[\left(\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right) \times 100 \right]$

C. Percent = $\left[\left(\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right) \times 100 \right]$

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	74.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	96.47%	98.83%	99.12%	98.96%	97.77%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,306	1,363	97.77%	100%	97.95%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

29

Provide reasons for delay, if applicable.

In FFY2020, the number of children for whom the transition meeting was not conducted timely was due to the following delay reasons:

- Local Part C program delay to coordinate transition meeting
- Documentation of exceptional family circumstance not provided

Family barriers include child illness/hospitalization, parent request, delay in parent response, state of emergency/act of nature

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data was collected from the reporting period, January 1, 2021 to March 31, 2021.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The population of children exiting during the reporting period of January 1, 2021, to March 31, 2021, was collected from BIBS. Due to local staffing challenges, such as staff shortage, the state selected analysis of third-quarter data as representative of the full reporting period for FY 2020. In compliance with OSEP, a review of additional quarters was conducted to ensure accuracy. The review found that the selected dates are representative of the full reporting year as the same requirements are in place, and the children and families are representative of the fiscal year. The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2020.

BIBS was used to generate a list of all children who exited during the reporting period for each of the 18 Local Part C programs that correspond with each of the 18 health districts. Data validation involves the district staff verifying the data reported in the APR. Each local Part C program provided the state with verification of the actual exit date from the program to calculate this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

Per OSEP memo 09-02-02, BCW verified instances of non-compliance with transition conference timeframes that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2020. Each district with findings conducted a root cause analysis and CAP with detailed strategies that the district would take to correct noncompliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, CAP progress reports with supporting documentation were

submitted. When CAP activities had been completed, the designated state Regional Coordinator reviewed the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation. When the state determined that all CAP activities had been completed, the districts were notified of the verification of correction of noncompliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

Describe how the State verified that each *individual case of noncompliance* was corrected.

The State of Georgia BCW office required that for each incidence of non-compliance, the district must report to the Part C State Lead Agency the date that the service actually began even though it was late, which is consistent with OSEP Memo 09-02.02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Per OSEP memo 09-02-02, BCW verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in August 2020. Each district with findings conducted a root cause analysis and CAP with detailed strategies that the local program would take to correct the noncompliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, monthly CAP progress reports with supporting documentation were submitted. With each submission of the monthly CAP activities, the designated state Regional Coordinator reviewed the non-compliant files. Supporting documentation and additional child records not identified in the initial review were reviewed to ensure 100% compliance with the OSEP requirement to conduct the transition conference, with the approval of the family at least 90 days and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. The documents were reviewed to confirm 100 % compliance. When the state determined that all CAP activities had been completed, the districts were notified of the verification of correction of 100% of the cases of noncompliance through a formal letter closing the CAP. The information is further used for program improvement, planning, and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local levels throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. The Part C State Lead agency required that for each incidence of non-compliance, the local Part C Program report that the transition conference occurred at least 90 days and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B, which is consistent with OSEP Memo 09-02.02. A review of documentation from child records reflected correction for 100% of the cases of non-compliance unless the child was no longer within the jurisdiction of the local Part C program. The local Part C program was required to submit subsequent data to reflect steps for ongoing compliance with this indicator.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 12 uncorrected findings of noncompliance identified in FFY 2019 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

This indicator is not applicable because Georgia BCW uses Part C dispute resolution procedures.

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and graphics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The APR draft was provided to stakeholders six weeks prior to the OSEP submission date and feedback was obtained.

The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently outperforms the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target>=	98.00%	98.00%			
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

Georgia's State-identified Measurable Result (SiMR): "Increase the percentage of infants and toddlers who are nearer or meet age expectations for positive social-emotional skills including social relationships." (APR Indicator 3A; measurement: Summary Statement 1).

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $[(c + d) / (a + b + c + d)]$.

Georgia's SiMR was identified by SSIP Stakeholders, including family members, during SSIP Phase I. The selection of the SiMR was based on an in-depth data and infrastructure analysis conducted by the SSIP Stakeholder's group in collaboration with the state Early Intervention program and data team. The SiMR is well aligned with other initiatives that have been ongoing in the state for the past six years.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://dph.georgia.gov/babies-cant-wait/bcw-part-c-grant-application-and-public-reporting>

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2018	84.53%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	85.00%	85.00%	85.00%	85.50%	85.50%	85.50%

FFY 2020 SPP/APR Data

(c+d)	(a+b+c+d)	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
607	758	83.23%	85.00%	80.08%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The COVID-19 pandemic played a significant role in the slippage in child and family outcomes. The continuation of telehealth services grew tiresome for families and providers as they continued to learn strategies to effectively work together. For families who are new to the program, relationship development is more challenging via a computer screen than in person but is vital for program effectiveness. Fewer services were offered due to a

provider shortage directly related to telehealth limitations. Families also were experiencing challenges due to the pandemic, such as juggling siblings that were home (childcare closed, virtual school, etc.) and additional family members at home on top of the challenges of working remotely. Economic and psychological factors also impacted individual and family functioning due to additional stressors such as lost income and the feeling of isolation. Many families also cared for ill family members and experienced the death of family and friends related to COVID 19. Families have had limited opportunities for children to practice new social skills as there were limited opportunities for children to play with their peers. Lastly, families in rural and low-income communities had challenges with telehealth technology requirements and access. The majority of families in BCW are in disadvantaged communities and face barriers to services at a disproportionate rate than those in other communities.

During a data review in FY19, the state identified inconsistencies in child outcome scores. Upon further review, it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings, specifically in identifying that progress was, in fact, made for children enrolled in our program. Some providers may not have understood that most children should make some developmental progress; therefore, they may have been answering “no” to the question. Effective July 1, 2020, all licensed providers are required to complete the COS modules. The COS modules are required for all individuals and organizations that are pursuing contracts to provide services. Additionally, quarterly COS data checklists are now required of all local programs. Using the COS data checklist, local EICs review a quarterly sample of child records to determine if the evidence in the progress notes, evaluation reports, and on the COS Form support child ratings and if ratings were developed by a team including family input. Georgia will also continue to provide additional COS Process training to all staff and utilize the COS reports in the data system to conduct ongoing monitoring for child outcomes data.

Data slippage is consistent with changes in practice that would occur when practitioners better understand and more accurately apply COS rating criteria. The current performance of outcomes data is consistent with those expected from more accurate data. We know through the Theory of Change that, following a system-wide change event, data typically reflects a decrease in outcomes. Recovery can take 2-3 years post-implementation before a demonstration of effective change is evident. While the state acknowledges that the data presented does not meet the initial target and did show slippage, these data are a better reflection of the functioning and progress of children who have been served.

Provide the data source for the FFY 2020 data.

Georgia collected, analyzed and reviewed APR data for indicator 3A summary statement 1 from the state data base during the APR data inspection period to monitor progress towards the SiMR.

Please describe how data are collected and analyzed for the SiMR.

Georgia utilizes the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process to collect data on child outcomes. The COS is a standardized method of reporting a child's developmental status using the seven-point COS rating scale. Multiple sources of information, such as assessments, IFSPs, and parent input, are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. COS scores are entered into BIBS by the districts, and final data was then gathered from BIBS. The data was analyzed and reviewed by the Early Intervention state team.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

In addition to the APR Child outcome data, Georgia utilizes the following data sources to provide evidence of progress towards achieving the intended improvements to infrastructure and SiMR.

COS Online Module Training Data

The COS training is aimed at improving practitioner knowledge, understanding and correct implementation of COS ratings procedures. Participant content knowledge related to COS was assessed prior to taking the online COS module and following completion using the Pre-Post Content Knowledge Assessments.

COS Provider survey data

A provider survey has been added to the end of online COS module prior to the quiz required for provider certification. The survey assesses provider knowledge, competency and confidence gained in COS process as well as provider knowledge of COS policy and available communication channels with the state lead agency.

COS Data checklist

A COS data checklist was added to the state required quarterly reports for EICs in all districts to ensure they are monitoring COS data to determine if information in child records supports COS ratings, to determine family participation in the COS process and to identify data quality issues. EIC's review 10 child records in the data system: 5 COS initial entry ratings and 5 COS entry and exit ratings for children in the program at least 6 months. Records are sampled from different service coordinators for a total of 10 records per quarter. Data are entered into the checklist and submitted to the state office for analysis.

Pyramid Training Pre-and Post-test Data

Pre-test surveys have been utilized to collect data on practitioner knowledge of Pyramid evidence-based practices before and after the Pyramid trainings.

Pyramid Provider Self-Assessment Survey Data

The Pyramid Provider Self-Assessment Survey was developed and detailed in Phase III Year 2. The Survey was used for providers to self-assess and reflect on their use of evidence-based practices learned through Pyramid trainings. The Survey provides the lead agency with data to assess practice change and fidelity.

Pyramid Provider Observation Survey Data

The Pyramid Provider Observation Checklist was used to observe Pyramid trained providers. Observations are done quarterly by trained EICs and/or Master Cadres at the implementation sites to further assess practice change and fidelity of practice.

Pyramid Family Survey Data

The Pyramid Family Survey was used to assess family perception of support and practices as well as family understanding and confidence in supporting their child's social-emotional development.

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

Georgia has always utilized data to support any changes made to Implementation and Improvement Strategies as follows:

COS Training (Strategy 1 A)

Data review of providers' subjective knowledge assessment during Phase III Year 1 and stakeholder feedback guided modifications made to COS training. Modifications this year consisted of the use of Pre-and Post-Content Knowledge Assessments added to the online ECTA COS module to directly measure knowledge gains. Pre-and post-assessment of provider knowledge gains provided a more objective measure of effectiveness of COS trainings.

Pyramid Training (Strategy 2)

In Phase III Year 1, only post-test assessment of Pyramid model trainings was conducted. Consequently, Georgia was not able to report on content knowledge change at that time. Data review by the Pyramid Implementation team led to research and review of Pyramid model evaluation and assessment resources. The state team sought technical assistance from Federal TA partners to improve our data collection. As a result, the Pyramid implementation team revised the evaluation tools to include pre-and post-content knowledge assessment and skill acquisition of practitioners during Phase III Years 2, 3, 4 and 5. Additionally, this year (Phase III Year 6) Georgia conducted Pyramid Provider Self-Assessments and Pyramid Provider observations to evaluate how providers are transferring acquired knowledge into their practice at the implementation sites. Furthermore, a Pyramid Family Survey was conducted to assess family perception of support and practices.

The adjustments made this year were focused on ensuring provider consistency in the implementation of the COS process, continuity of activities in the midst of the COVID-19 pandemic, and adjusting the data collection timeline to align with the February 2022 submission.

Improvement Strategy 1a: Clarify and define the COS process to make it more meaningful and useful to the program and families.

Outcomes that were the focus of activities this year:

1. Improved communication channels between local BCW programs, practitioners and state lead agency. (Short term)
2. Improved skill sets and knowledge of providers and staff of the COS process. (Short term)
3. Practitioners at implementation sites implement the COS process with fidelity. (Intermediate)
4. Each family's perspective of their child's development is included in the COS process. (Intermediate)

Improvement Strategy 1b: Enhance the data system to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance.

Outcome that was the focus of activities this year:

1. Improved COS data quality from 88% to 95% completeness of data documentation. (Short term)
2. Local EICs have access to COS reports in the data system and are monitoring the reports for program improvements. (Intermediate)

Activities to Meet Outcomes: Continuation of ECTA COS training module and addition of provider survey at end of module (Strategy 1a, Outcomes 1, 2 and 4)

A provider survey has been added to the end of online COS module prior to the quiz required for provider certification. The survey assesses provider knowledge, competency and confidence gained in COS process as well as provider knowledge of COS policy and available communication channels with the state lead agency. New Service Coordinators and Special Instructors must complete within 60 days of hire or contract date; Score of 80% on final quiz required for Certificate of completion.

Evidence/Measures: Survey data and certificates of COS module completion issued by VSU

Timeline (projected initiation & completion dates): January 2018- ongoing for the duration of SSIP

Status/Progress: Completed as planned; ongoing next year

Changes/Adjustments: Required all licensed providers to complete the online COS training modules to ensure consistency and accuracy in implementing the COS process.

Improvement Strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching, Parent Interacting with Infants (PIWI) and Tier III: Understanding and addressing challenging behavior.

Outcomes that were the focus of activities this year:

1. Training is conducted for new and ongoing practitioners at implementation sites. (Short term)
2. BCW staff, Providers and Master Cadres at implementation sites have improved their knowledge and confidence about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model. (Short term)
3. BCW workforce (providers and staff) at implementation sites will implement Pyramid Model as intended. (Intermediate)
4. Families will have improved understanding of and confidence in strategies to support their child's social- emotional development. (Intermediate)

Activities to Meet Outcomes: Pyramid training series for new and existing providers in SSIP Pilot districts and expansion districts Cohort 1 & 2 (Strategy 2, Outcome 2)

Implementation of the Pyramid model was achieved through expansion of trainings and coaching support from GSU-CLD to the SSIP pilot districts and Cohorts 1, 2 & 3 expansion districts. A roll-out plan was developed and implemented collaboratively between the lead agency, GSU-CLD and EIC stakeholders in the expansion districts.

PIWI and Family Coaching training series were delivered in an online webinar format for all the implementation districts.

The third module, Tier III: Understanding and Addressing Challenging Behaviors was delivered virtually using a HIPAA compliant WebEx platform due to

COVID-19 restrictions. Redelivery trainings by master cadres were also conducted by virtually.

Evidence/Measures: Pre and post-test survey scores

Timeline (projected initiation & completion dates): July 1, 2018; ongoing training and coaching support for duration of SSIP.

Status/Progress: Completed as planned: ongoing next year

Changes/Adjustments: Tier III Training was delivered virtually this year due to COVID-19. Redelivery trainings were also conducted virtually by master cadres.

Activities to Meet Outcomes: Pyramid Provider Self-Assessment Survey at SSIP implementation sites. (Strategy 2, Outcome 3)

The Pyramid Provider Self-Assessment Survey was developed and detailed in Phase III Year 2. The Survey was used for providers to self-assess and reflect on their use of evidence-based practices learned through Pyramid trainings. The Survey provides the lead agency with data to assess practice change and fidelity.

Evidence/Measures: Survey data from Pyramid Provider Self-Assessment tool.

Timeline (projected initiation & completion dates): July 2021-August 2021; ongoing for duration of SSIP.

Status/Progress: one measurement cycle completed.

Changes/Adjustments: Adjusted data collection for Provider self-assessment to one measurement cycle to align with the new SSIP reporting timeline of February 2022.

Activities to Meet Outcomes: Observation of a subgroup of providers at SSIP implementation sites. (Strategy 2, Outcome 3)

The Pyramid Provider Observation Checklist was used to observe Pyramid trained providers. Observations were conducted quarterly by trained EICs and/or Master Cadres at the implementation sites to further assess practice change and fidelity of practice.

Evidence/Measures: Survey data from Pyramid Provider Observation checklist.

Timeline (projected initiation & completion dates): April 2021- October 2021; ongoing for duration of SSIP

Status/Progress: Ongoing; 2 quarterly measurement cycles completed.

Changes/Adjustments: 2 quarterly measurement cycles completed to align with the new SSIP reporting timeline of February 2022. Additionally, provider observations by master cadres were also conducted virtually due to COVID-19 restrictions.

Link to evaluation plan: <https://dph.georgia.gov/babies-cant-wait/bcw-part-c-grant-application-and-public-reporting>

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Infrastructure improvement Strategies

Improvement strategy 1A: Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families

COS Trainings (Strategy 1 A)

The Early Childhood Technical Assistance (ECTA) Center and IDEA Early Childhood Data Systems (DaSy) online COS Process training module was added as planned to BCW's professional development website managed by Valdosta State University (VSU) effective July 1, 2017. All new providers must complete the online COS training module within 60 days of hire or contract date. A score of 80% on the final quiz is required for a Certificate of Completion.

COS Provider Survey (Strategy 1 A)

A provider survey has been added to the end of the online COS module prior to the quiz required for provider certification. The survey assesses provider:

- knowledge of where to access the state's COS ratings policy;
- understanding of COS policy and procedures including composition of multidisciplinary teams for developing COS ratings;
- knowledge of available communication channels with the lead agency.

Intended outcomes

Short term:

- Practitioners have access to policies and procedures that support implementation of the COS process with fidelity.
- Improved communication channels between local BCW programs, practitioners and state lead agency.
- Improved skill sets and knowledge of providers and staff in the COS process

Intermediate:

- Practitioners at implementation sites implement the COS process with fidelity.
- Each family's perspective of their child's development is included in the COS process.

Improvement strategy 1B: Enhance the data system to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance.

Intended outcomes

Short term:

- Improved COS data quality from 88% to 95% completeness of data documentation.

Intermediate:

- 90% of Local Early Intervention Coordinators (EICs) have access to COS reports in the data system and 90% of EICs are monitoring the reports for improvements

COS Quarterly Data Checklist (Strategy 1 B)

Data system enhancements completed during Phase III Year I made it possible for EICs at the district level to access COS reports for APR Indicator 3 that allow monitoring of local program data for data completeness and data quality. These data system enhancements included required data fields that reflect COS team participants to ensure team and parent participation in accordance with state COS policy.

Effective July 1, 2018, a COS quarterly data checklist was added to the required district reports completed by all EICs to determine if infrastructure

improvements in the COS process are reflected in improved data quality. EICs select a quarterly sample from the data system of COS entry and exit ratings from 10 records to check for:

- Family and team participation in ratings and
- Evidence that supports the COS rating.

Improvement Strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching, Parent Interacting with Infants (PIWI) and Tier III: Understanding and addressing challenging behavior.

Implementation of Evidence Based Practices: Pyramid Model

Pyramid Training (Strategy 2)

During this year, there was scale-up in expansion of the Pyramid model training series to cover all the 18 districts. The roll out of the pyramid trainings in Georgia started with 5 pilot districts that included Columbus, Dalton, Gwinnett, Coastal plus Dublin. Last year Cohort 2 districts that included Cobb/Douglas, Fulton and DeKalb were covered and this year there was expansion of the pyramid trainings to cover the final Cohort 3 expansion districts which include Augusta, Valdosta, Albany and Athens.

The Pyramid training series continued as detailed in Phase III Year 2 for new or existing Master Cadre, Special Instructors and Service Coordinators at all district implementation sites in order to implement evidence-based practices that support improvements in the SiMR.

Intended outcomes

Short term:

- Training is conducted for new and ongoing practitioners at implementation sites.
- BCW staff (state and local level), Providers and Master Cadres at implementation sites have improved their knowledge and confidence about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model.

Intermediate:

- BCW workforce (providers and staff) at implementation sites will implement Pyramid Model: Family Coaching and PIWI as intended
- Families will have improved understanding of and confidence in strategies to support their child's social-emotional development

Long term:

- Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive social-emotional skills including social-relationships

This year, improvement strategies and activities have continued to focus on Child Outcome COS infrastructure improvements, expanding evidence-based practices associated with the Pyramid model and data collection including:

- Statewide continuation of COS training for new providers using the online ECTA COS module (Strategy 1A)
- Statewide implementation of a COS Provider Survey at the end of the online ECTA COS module to assess knowledge of COS policy and communication channels with the lead agency (Strategy 1A)
- Statewide implementation of a COS quarterly data checklist and monitoring for data quality and completeness (Strategy 1B)
- Pyramid Training for additional Master Cadre and new providers in implementation districts (Strategy 2)
- Use of a Pyramid Provider Self-Assessment Survey and observation of a sub-group of providers for assessing practice change and fidelity of practice in implementation districts (Strategy 2)
- Implementation of a Pyramid Family Survey to assess family perception of support and practices in implementation districts (Strategy 2)
- Statewide implementation of the Pyramid model through expansion of the Pyramid training series to cover all the 18 districts (Strategy 2)

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Alignment of Evaluation Measures with the Theory of Action (ToA)

Georgia's evaluation plan includes questions, measures and methods for each improvement strategy. As a result of feedback from stakeholders, two priorities based on the ToA were the focus ofSSIP improvement strategies. The ToA infrastructure components include Governance, Data, Accountability, Quality standards, Professional development and Technical Assistance.

Priority 1: Improve the quality of COS data to reflect improvement in child outcomes including social-emotional skills in the implementation districts.

Improvement strategies:

A. Clarify and define the COS process to make it more meaningful and useful to the program and families.

B. Enhance the data system to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance.

Priority 2: Support social-emotional development of children through implementation of the Pyramid Model.

Improvement strategy: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid model.

Progress towards Intended Outcomes and SiMR

Improvement strategy 1A: Clarify and define the COS process to make it more meaningful and useful to the program and families.

Short-term outcome: Improved communication channels between local BCW programs, practitioners and state lead agency.

Measurement: Provider survey was utilized to assess provider knowledge of COS policy and communication channels with the lead agency.

Results: 94.4% of practitioners know where to access the policies and procedures that support implementation of the COS process with fidelity. 98.2% of the practitioners understand COS Policy and procedures including composition of multidisciplinary teams for COS ratings and 90.7% of practitioners agreed that communication channels were available with the lead agency.

Short-term outcome: Improve the skill sets and knowledge of providers and staff of the COS process.

Measurement: Pre-Post assessment utilized to assess provider content knowledge related to COS.

Results: Overall average content knowledge related to COS across districts prior to the online COS module training was 63.9% and after the training was 93.8%.

Measurement: Provider survey used to assess provider competency and confidence gained in the COS process after completion of online COS modules.

Results: 95.7% of the providers reported that the training improved their competency in the COS Process. 96.3% of the providers improved their confidence in implementing the COS Process.

Intermediate outcome: Practitioners at implementation sites document the COS process with fidelity.

Measurement: EICs at implementation sites perform COS ratings data verification using the quarterly COS data checklist to determine if evaluation/assessment and progress notes support entry and exit COS ratings.
 Results: 140 child records were reviewed by the EICs. 96% of COS ratings were supported by documented information in the record at entry and at exit.
 Intermediate Outcome: Each family's perspective of their child's development is included in the COS process.
 Measurement: EICs at implementation sites perform COS data verification to assess family input in the COS process.
 Results: 99% of the child records reflected family input in the COS process.
 Improvement strategy 1B: Enhance the data system to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance
 Short-term outcome: Improved COS data quality from 88% to 95% completeness of data documentation.
 Measurement: Review of APR indicator 3A data.
 Results: Overall, there was 98% completeness in data documentation of COS ratings for indicator 3.
 Improvement strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model.
 Short-term outcome: Training is conducted for new and ongoing practitioners at implementation sites.
 Measurement: Training registration & certification process managed by the state Professional Development vendor.
 Results: 115 providers completed PIWI; 117 providers completed Family Coaching & 124 providers completed the Tier III modules.
 Short-term outcome: Providers & master cadres at implementation sites have improved their knowledge and confidence about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model.
 Measurement: Pre-and post-tests administered to trainees during Pyramid model trainings.
 Results by training modules
 PIWI: Across districts, overall average content knowledge score prior to the training was 74.6% and after the training was 94.7%. As a result of the training, overall average content knowledge scores increased by 26.9%.
 Family Coaching: Across districts, overall average content knowledge score prior to the training was 60.1% and after the training was 96.2%. As a result of the training, overall average content knowledge scores increased by 60.1%.
 Tier III: Master cadre trainings- Across districts, overall average confidence prior to the training was 62.9% and after the training was 82.6%. As a result of the training, overall average confidence across districts increased by 31.3%. Additionally, overall average content knowledge score prior to the training was 72.8% and after the training was 89.9%. As a result of the training, overall average content knowledge scores increased by 23.5%.
 Tier III Redelivery- Across districts, overall average confidence score prior to the training was 63.3% and after the training was 79.4%. As a result of the training, overall average confidence scores across districts increased by 25.4%. Additionally, overall average content knowledge score prior to the training was 65.8% and after completion was 92.2%. As a result of the training, overall content knowledge scores increased by 40.1%.
 Intermediate outcome: BCW providers and staff at implementation sites will implement Pyramid Model as intended.
 Measurement: Provider-Self Assessment Survey administered to providers to assess implementation of Pyramid practices as intended.
 Results: Survey link was sent to 238 providers with 125(52.5%) of the providers responding to the survey. Overall, 96.6% of respondents at implementation sites self-reported using specific evidence-based practices to support parents and caregivers in improving their child's social-emotional skills.
 Measurement: Observations of trained practitioners at implementation sites by master cadres using the Pyramid Provider Observation checklist.
 Results: 19 providers were observed by the master cadres. Overall, 73.7% of the observed providers used specific evidence-based practices to support parents and caregivers in improving their child's social-emotional skills.
 Intermediate outcome: Families will have improved understanding and confidence in strategies to support their child's social-emotional development.
 Measurement: Pyramid Family Survey distributed to families by Pyramid trained providers.
 Results: Survey was distributed to 368 families with 153(41.6%) of the families responding to the survey.
 99.4% of the families reported that they had improved understanding and had confidence in the strategies to support their child's social emotional development. Additionally, 99.4% of the families reported that the provider's observations, comments and suggestions supported their competence as parents.
 Long term outcome: Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive social-emotional skills including social-relationships.
 Measurement: Review of APR Data for Indicator 3A summary statement 1 for FFY2020.
 Results: 80.08% of infants and toddlers were nearer or met age expectations for positive social-emotional skills including social-relationships.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Georgia will continue to utilize data to inform the next steps in the SSIP implementation.

COS Training (Strategy 1 A)

Georgia will monitor change in provider knowledge following COS training by comparing pre-test and post-test percentages on COS module survey items. Findings will be used to identify providers/sites that need additional training or specific types of coaching, and to identify content areas that practitioners, in general, need more support mastering and implementing. Differential findings will also be reviewed if there are sufficient numbers of trainees to examine by demographic variable.

Additionally, the state team will monitor COS reports from the state data system and quarterly COS data checklist reports completed by the EICs to ensure:

- Evidence in child records supports COS ratings
- Evidence of family participation in the COS process and
- COS data in the system is complete.

Follow up and technical assistance will be provided as needed. Progress towards improvement strategies will continue to be shared with stakeholder groups during regular meetings.

Improvement strategies and anticipated outcomes

Improvement Strategy 1a: Clarify and define the COS process to make it more meaningful and useful to the program and families.

Anticipated outcomes for next year:

1. Improved communication channels between local BCW programs, practitioners and state lead agency. (Short term)
2. Improved skill sets and knowledge of providers and staff of the COS process. (Short term)
3. Practitioners at implementation sites implement the COS process with fidelity. (Intermediate)
4. Each family's perspective of their child's development is included in the COS process. (Intermediate)

Improvement Strategy 1b: Enhance the data system to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance.

Anticipated Outcomes for next year:

1. Improved COS data quality from 88% to 95% completeness of data documentation. (Short term)
2. Local EICs have access to COS reports in the data system and are monitoring the reports for program improvements. (Intermediate)

Activities to Meet Outcomes: Continuation of ECTA COS training module and provider knowledge assessment using a provider survey at end of module (Strategy 1a, Outcomes 1, 2 and 4)

Provider survey will be utilized to assess provider knowledge, competency and confidence gained in COS process. This survey also has questions that assess provider knowledge of COS policy and available communication channels with the state lead agency. New Service Coordinators and Special Instructors will be required to complete the COS modules within 60 days of hire or contract date; Score of 80% on final quiz will be required for Certificate of completion. Those who don't pass will receive an email notice to review COS modules and retake final quiz.

Evidence/Measures: Survey data and certificates of COS module completion issued by VSU

Timeline (projected initiation & completion dates): January 2018- ongoing for the duration of SSIP

Activities to Meet Outcomes: Statewide implementation of a COS Data Checklist and monitoring for data quality and completeness (Strategy 1a, Outcomes 3,4 and 5; Strategy 1b, Outcome)

A COS data checklist piloted in SSIP implementation districts has been added to the state required quarterly reports for EICs in all districts to ensure they are monitoring COS data to determine if information in child records supports COS ratings, to determine family participation in the COS process and to identify data quality issues. EIC's review 10 child records in the data system: 5 COS initial entry ratings and 5 COS entry and exit ratings for children in the program at least 6 months. Records will be sampled from different service coordinators for a total of 10 records per quarter. Data will be entered into the checklist and submitted to the state office for analysis.

Evidence/Measures: Data from COS Checklist

Timeline (projected initiation & completion dates): July 1, 2018 - ongoing for duration of SSIP

Pyramid Training (Strategy 2): Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model.

Georgia will continue to monitor change in provider knowledge following Pyramid trainings by comparing pre-and post-test percentages on survey items. Findings will be used to identify providers/sites that need additional training or specific types of coaching, and to identify content areas that practitioners, in general, need more support mastering and implementing. Further coaching and technical assistance will be provided to SSIP implementation sites and expansion districts regarding the use of Functional Behavior Assessments and Individualized Positive Behavior Supports at Tier III of the Pyramid. Master Cadres from all targeted districts will provide Tier III redelivery trainings for new staff with GSU-CLD support.

Additionally, all newly hired or contracted service coordinators and special instructors will complete the two 90-minute online webinars: Family Coaching-Pyramid Model and PIWI, within the first two weeks of their contract or hire date. Submission of an associated activity packet to the district Early Intervention Coordinator and GSU-CLD is also required. Additional details for the outcomes and activities are provided under the section for evidence based practices.

List the selected evidence-based practices implemented in the reporting period:

Georgia utilizes the Pyramid Model, which is an evidence-based model that supports social-emotional development in infants and toddlers, ages 0-3.

Implementation of Evidence Based Practices: Pyramid Model

Improvement strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching, Parent Interacting with Infants (PIWI) and Tier III: Understanding and Addressing Challenging Behavior.

Pyramid Training (Strategy 2)

During this year, there was scale-up in expansion of the Pyramid model training series to cover all the 18 districts. The roll out of the pyramid trainings in Georgia started with 5 pilot districts that included Columbus, Dalton, Gwinnett, Coastal plus Dublin. This was followed with expansion to the Cohort 1 districts that included Gainesville, Rome, Clayton, LaGrange, Macon and Waycross. Last year Cohort 2 districts that included Cobb/Douglas, Fulton and Dekalb were covered and this year there was expansion of pyramid trainings to cover the final Cohort 3 expansion districts which include Augusta, Valdosta, Albany and Athens.

The Pyramid training series consists of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model and Tier III: Understanding and Addressing Challenging Behaviors detailed in SSIP Phase III Year 2. All three modules within this training series aim to build within-district capacity, equipping BCW providers with the knowledge, skills, and tools necessary to support families within a family coaching framework. Faculty and staff of the Georgia State University - Center for Leadership in Disability (GSU-CLD) assisted in the continued adaptation and dissemination of the three training modules. The modules integrate the philosophy and best practices in implementation of Positive Behavior Support (PBS) approaches and the Pyramid Model.

Two of the three modules in the Pyramid training series continue to be available in webinar format: The Family Coaching module and the PIWI module. Having these modules available as online webinars enhanced efforts to expand statewide implementation of the Pyramid model.

The third module, Tier III: Understanding and Addressing Challenging Behaviors training has been delivered as a 2-day virtual training due to efforts to reduce the spread of COVID-19 and adhere to social distancing guidelines. Redelivery trainings were also conducted virtually by Master Cadres via a secure WebEx platform.

Intended outcomes

Short term

- Training is conducted for new and ongoing practitioners at implementation sites.
- BCW staff (state and local level), Providers and Master Cadres at implementation sites have improved their knowledge and confidence about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model.

Intermediate

- BCW workforce (providers and staff) at implementation sites will implement Pyramid Model: Family Coaching and PIWI as intended
- Families will have improved understanding of and confidence in strategies to support their child's social-emotional development

Long term

- Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive social-emotional skills

including social-relationships.

Over the past year, improvement strategies identified in SSIP Phase II have continued in collaboration with EICs who manage four (4) SSIP pilot implementation sites in Georgia: Dalton, Columbus, Coastal, and Gwinnett. The four implementation sites were selected by the Stakeholder's group during Georgia's SSIP Phase I based on the following criteria:

1. Low percentages on the SiMR;
2. Available resources to address low SiMR percentages;
3. Desire to participate/partner in activities designed to improve low percentages;
4. Statewide geographic representation desired by the SSIP stakeholders.

The Dublin district was also included in training and implementation activities over the course of Phase III Years 1-3 based on available training and support resources.

Additionally, Georgia in collaboration with EICs has continued to expand its improvement strategies and provide technical assistance to all the 18 health districts: Cohort 1 expansion districts (Gainesville, Rome, Clayton, LaGrange, Macon and Waycross), Cohort 2 expansion districts (Cobb, Fulton and DeKalb) and Cohort 3 expansion districts (Albany, Athens, Augusta and Valdosta).

Selection priority for the Cohort 1 and Cohort 2 expansion districts was based on:

1. Location in close proximity to the SSIP pilot districts with the aim of utilizing peer to peer technical assistance.
2. Metro-Atlanta location in close proximity to the state office and Georgia State University - Center for Leadership in Disability (GSU-CLD) that oversee training and technical assistance.

This year, improvement strategies and activities have continued to focus on expanding evidence-based practices associated with the Pyramid model and data collection including:

- Pyramid Training for additional Master Cadre and new providers in implementation districts (Strategy 2)
- Use of a Pyramid Provider Self-Assessment Survey and observation of a sub-group of providers for assessing practice change and fidelity of practice in implementation districts (Strategy 2)
- Implementation of a Pyramid Family Survey to assess family perception of support and practices in implementation districts (Strategy 2)
- Statewide implementation of the Pyramid model through expansion of the Pyramid training series to all the 18 health districts (Strategy 2)

Provide a summary of each evidence-based practice.

Pyramid Model – Overview

Positive behavior support emphasizes the following ideas about behavior:

1. Understand: Behavior is communication. Children are communicating something through their behavior. We must try to understand what they are communicating.
2. Prevent: To prevent challenging behavior, we must change the environment and/or change the way we interact with children to remove any behavior triggers.
3. Replace: A child's challenging behavior must be replaced with a more positive way to communicate his/her needs. To reduce challenging behavior, we must teach the child a new skill or a new way to communicate with us.

Faculty and staff of the Center for Leadership in Disability at Georgia State University (GSU) assisted in the adaptation and dissemination of three training modules that describe the philosophy and implementation of Pyramid Model practices with young children. All three modules within this training series aim to build within-district capacity, equipping BCW providers with the knowledge, skills, and tools necessary to support families within a family coaching framework.

Module #1: Family Coaching and Pyramid Model with Young Children (90-Minute Webinar)

This training was created by Dr. Erin Barton of Vanderbilt University, and the abbreviated version distributed to all targeted health districts was created by Dr. Barton through a partnership with the state early intervention program in West Virginia. The content from this abbreviated training was combined with content and expertise from GSU-CLD. The resulting training was then formatted into a 90-minute pre-recorded webinar, with an accompanying activity packet to be completed as the webinar.

The webinar and accompanying activity packet were distributed throughout 18 implementation districts to every service coordinator and special instructor. All Service Coordinators and Special Instructors in each district were given deadlines to complete the webinar, quiz, and its associated activity packet.

Family Coaching-Pyramid Model Webinar Objectives

- Familiarize trainees with the Pyramid Model/Multi-Tiered System of Positive Behavior Support
- Educate providers around Universal Supports at Tier I, required for social-emotional development in all children
- Equip providers with evidence-based approaches to family coaching, especially for children at-risk for social-emotional delays at the Secondary, or Tier II level of intervention
- Introduce trainees to essential concepts related to functional assessment of behavior and individualized positive behavior supports at the Tertiary level of support, or Tier III

Family Coaching-Pyramid Model Webinar Outcomes

Participant content knowledge related to family coaching strategies and the Pyramid Model was assessed prior to webinar initiation and following webinar completion using the Pyramid-Family Coaching Webinar Pre-Post Content Knowledge Assessment

Module #2: Parents Interacting with Infants (PIWI, 90-Minute Webinar)

This training was created by Dr. Tweety Yates of University of Illinois, and championed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL). In order to convert the live version of the PIWI training into a more accessible webinar-based format, GSU-CLD consulted with Dr. Yates to create 90-minute, pre-recorded webinar version of PIWI Training. Participants were required to complete an activity packet as they view the webinar, which is then submitted to their district Early Intervention Coordinator, as well as to GSU-CLD.

PIWI Training Objectives

- Familiarize trainees with the PIWI Philosophy
- Equip teams with Dyadic and Triadic family coaching strategies to build caregiver confidence, competence, and mutual enjoyment with their child(ren)
- Establish teams' areas for growth in using approaches that center around the caregiver-child dyad
- Practice development of social-emotional objectives through the use of Developmental Observation Topics (DOTs), identified and targeted through caregiver-provider collaboration

Module #3: Tier III: Understanding and Addressing Challenging Behaviors of Young Children

The core content for this training module was derived from Module Three of Dr. Erin Barton's Family Coaching and Pyramid Model training, with activities, case examples, tools, and supplemental resources added by GSU-CLD. The resulting training was developed to build providers' confidence and competence in supporting families with children facing persistent, challenging behaviors. This specific training component targeted Tier III approaches to Positive Behavior Support, and a Train-the-Trainer model was used throughout the process of redelivering the Tier III training within the implementation districts.

Tier III Training Objectives

- Equip trainees with steps for a coaching-based approach to supporting families experiencing persistent, challenging behavior
- Teach providers to recognize the ABCs of behavior in order to hypothesize the function or the reason why the behavior is occurring
- Teach providers to complete a functional behavior assessment (FBA) by using the Brief Behavior Questionnaire and Intervention Plan (BBQulP)
- Teach providers, including intake coordinators and evaluators, to use the BBQulP Lite as a function-based problem-solving guide during team meetings
- Equip providers with empirically-supported prevention and replacement strategies at Tier III of the Positive Behavior Support pyramid

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

Pyramid Model Training Results

Participant Satisfaction

Participants throughout all districts reported positive perceptions of training objectives, organization, and gains in knowledge, understanding, and abilities in relation to the use of pyramid model concepts and strategies as a result of participation in the training.

Participant Content Knowledge

Participant content knowledge related to PIWI, Family Coaching and TIER III strategies was assessed using Pre-Post Content Knowledge Assessments. There was an increase in participant content knowledge related to Pyramid Model strategies across all SSIP districts as well as expansion districts.

Parents Interacting with Infants (PIWI)

115 providers completed the PIWI webinar across SSIP and cohorts 1, 2 & 3 expansion districts between December 1, 2020 and August 31st, 2021.

Pyramid Content knowledge

Pilot SSIP districts and Cohorts 1 & 2 expansion districts

Average knowledge score for newly contracted providers in the SSIP and Cohorts 1&2 Expansion districts prior to PIWI training was 69.8% and following the training was 94.7%. As a result of the PIWI training, the overall average knowledge score for newly contracted providers in the SSIP and Cohort 1 & 2 Expansion districts has increased by 35.7%.

Cohort 3 Expansion Districts

Average content knowledge score across cohort 3 expansion districts prior to PIWI training was 75.8%. and following PIWI training was 94.7%. As a result of the PIWI training, overall average content knowledge scores across cohort 3 expansion districts increased by 24.9%.

Average content knowledge score across all districts prior to the PIWI training was 74.6%. and after the training was 94.7%. As a result of the PIWI training, the overall average knowledge score for newly contracted providers in all districts increased by 26.9%.

Family Coaching and Pyramid Model with Young Children

117 providers completed the Family Coaching-Pyramid Model webinar across SSIP and cohorts 1, 2 & 3 expansion districts between December 1, 2020 and August 31st, 2021.

Pyramid Content Knowledge

SSIP, Cohort 1 and 2 Expansion districts

Average knowledge score for newly contracted providers in the SSIP and Cohort 1 & 2 Expansion districts prior to Family Coaching was 56.5% and after the training was 97.4%.

As a result of the Family Coaching-Pyramid Model training, the overall average knowledge score for newly contracted providers in the SSIP and Cohort 1 & 2 Expansion districts increased by 72.4%.

Cohort 3 Expansion Districts

Average content knowledge score across cohort 3 expansion districts prior to the Family Coaching-Pyramid Model webinar was 61.1% and after the webinar was 95.9%. As a result of the Family Coaching-Pyramid Model webinar, overall average content knowledge scores across cohort 2 expansion districts increased by 57.0%.

Average content knowledge score across all districts prior to the Family Coaching-Pyramid Model Webinar was 60.1% and after the training was 96.2%. As a result of the Family Coaching-Pyramid Model Webinar, the overall average knowledge score for newly contracted providers in all districts increased by 60.1%.

Tier III: Understanding and Addressing Challenging Behaviors of Young Children

124 Master Cadres and Redelivery Providers participated in the Tier III training across pilot SSIP districts as well as cohorts 1,2 & 3 expansion districts. The trainings took place between March 2-3, 2021 for Master Cadres and January 21 and September 10, 2021 for Redeliveries.

Tier III Self-Reported knowledge

Participants confidence in relation to Tier III concepts and procedures was assessed prior to the training and following completion of the training using Tier III Self-Reported Knowledge Assessment.

Cohort 2 Expansion districts

Average self-reported knowledge score for master cadres across Cohort 2 districts prior to Tier III training was 59.5% and following Tier III training was 83.9%, reflecting high levels of confidence in relation to Tier III concepts and procedures. As a result of Tier III training, overall self-reported knowledge scores increased by an average of 41.0%.

Cohort 3 Expansion Districts - Master Cadre

Average self-reported knowledge score for master cadres across Cohort 3 districts prior to Tier III training was 64.6% and following Tier III training was 82.0%, reflecting high levels of confidence in relation to Tier III concepts and procedures. As a result of Tier III training, overall self-reported knowledge scores increased by an average of 26.9%.

The overall average confidence across cohort 3 and the two cohort 2 districts prior to the Tier III training was 62.9% and after the Tier III training was 82.6%. As a result of the Tier III training, the overall average knowledge score for newly contracted providers in cohorts 3 and 2 expansion districts increased by 31.3%.

Training Redeliveries

Tier III training redeliveries were conducted for 12 districts: Albany, Athens, Augusta, Valdosta, LaGrange, Rome, Clayton, Waycross, Gainesville, Macon, Gwinnett, and Dalton.

SSIP and Cohort 1 & 2 Expansion Districts

Average self-reported knowledge score across SSIP and Cohort 1 & 2 expansion districts prior to Tier III training redeliveries was 76.1% and following the training was 84.7%. As a result of Tier III training redeliveries, overall self-reported knowledge scores increased by an average of 11.3%.

Cohort 3 Expansion Districts

Average self-reported knowledge score for cohort 3 expansion districts prior to Tier III training redeliveries was 59.9% and following Tier III training was 78.6%. As a result of Tier III training redeliveries, overall self-reported knowledge scores increased by an average of 31.2%.

The overall average confidence across all districts prior to the Tier III training was 63.3% and after the Tier III training was 79.4%. As a result of the Tier III training, overall self-reported knowledge scores increased by an average of 25.4%.

Tier III Content Knowledge

Participant content knowledge related to TIER III strategies was assessed prior to training and following completion using Pre-Post Content Knowledge Assessments.

Cohort 2 Expansion Districts - Master Cadres

Average content knowledge score across the districts prior to Tier III training was 72.5%. The overall average content knowledge score across the districts following Tier III training was 90.0%. As a result of Tier III training, overall content knowledge scores increased by an average of 24.1%.

Cohort 3 Expansion Districts - Master Cadres

Average content knowledge score across the cohort 3 districts prior to Tier III training was 73.0% and after the Tier III training was 89.8%. As a result of Tier III training, overall content knowledge scores increased by an average of 23.0%.

The overall average content knowledge across cohorts 3 and the two cohort 2 districts prior to the Tier III training was 72.8% and following the Tier III training was 89.9%. As a result of the Tier III training, the overall average content knowledge score across the districts increased by 23.5%.

Training Redeliveries

Tier III training redeliveries were conducted in 12 districts: Albany, Athens, Augusta, Valdosta, LaGrange, Rome, Clayton, Waycross, Gainesville, Macon, Gwinnett, and Dalton.

SSIP and Cohorts 1 & 2 Expansion Districts

Average content knowledge score across SSIP and Cohort 1&2 expansion districts prior to Tier III training redeliveries was 60.0% and after Tier III training was 84.5%. As a result of Tier III training redeliveries, overall content knowledge scores increased by an average of 40.8%.

Cohort 3 Expansion Districts

Average content knowledge score across cohort 3 expansion districts prior to Tier III training redelivery was 65.8% and after the Tier III training was 93.2%. As a result of Tier III training redeliveries, overall content knowledge scores increased by an average of 41.6%.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Georgia utilizes data from the Pyramid Provider Self-Assessment and Provider Observation tools to determine if practices are being implemented as intended.

Pyramid Provider Self-Assessment and Provider Observation tools (Strategy 2)

These tools were developed during Phase III Year 2 with input from the Pyramid Implementation team, national training experts Dr. Tweety Yates and Dr. Erin Barton who are associated with CSEFEL and TA partners (DaSy, ECTA and IDC). The tools use a 4-point rating scale consisting of 8 questions that assess provider practices. Choices for rating practices are: Never, Rarely, Most of the time and Always.

Pyramid Provider Self-Assessment Survey

Survey was disseminated to all providers who participated in Pyramid model trainings to assess the application of the Pyramid Model training to the providers' practice.

Participants

The survey link was sent via email to 238 providers with 125(52.5%) of the providers responding to the survey.

Results

Overall, 92.8% of the providers reported to have completed the PIWI training, 87.2% Family Coaching and 83.2% reported to have completed the TIER III training. A provider may have attended one or more training modules.

Practices assessed, and self-reported survey results:

- 97.6% of the providers supported the caregiver as the primary interactor with their child throughout the visit.
- 97.6% of the providers used specific interaction strategies to promote parent competence and confidence during their practice.
- 97.6% of the providers facilitated use of activities and materials to support engagement of the caregiver-child dyad.
- 98.4% of the providers had observations and discussions with the caregivers focused on building and enhancing the caregivers' knowledge of their child's development.
- 92.8% of the providers suggested activities that supported the parent's interactions with their child.
- 96.8% of the providers suggested activities that supported the child's acquisition and practice of skills appropriate to child's developmental level.
- 96.8% of the providers suggested modifications in materials, positioning and interaction approaches to facilitate the child's interaction with objects and people when appropriate.
- 95.2% of the providers used a collaborative approach with the caregiver to plan and implement the next visit.

The Pyramid Provider Observations

A subgroup of providers was observed quarterly based on the analysis of pre and post training test scores. Due to COVID-19 pandemic, adjustments were done this year for master cadres at the implementation districts to complete their provider observations via a secure WebEx platform. Observation results are utilized to determine the need for refresher training or additional coaching support.

Participants

A total of 19 providers were observed by master cadres from April 2021 to October 2021. Of the 19 providers, 5 (26.3%) were from Clayton, 4(21.1%) Gainesville, 5(26.3%) Gwinnett and 5(26.3%) from Waycross implementation districts.

Results

Of the 19 providers observed, 94.7% had completed the PIWI training, 89.5% Family Coaching and 79.0% had completed the TIER III training. A provider may have attended one or more training modules.

Practices assessed, and Survey results:

- 84.2% of the providers supported the caregiver as the primary interactor with their child throughout the visit.
- 79.0% of the providers used specific interaction strategies to promote parent competence and confidence during their practice.
- 68.4% of the providers facilitated use of activities and materials to support engagement of the caregiver-child dyad.
- 68.4% of the providers had observations and discussions with the caregivers focused on building and enhancing the caregivers' knowledge of their child's development.
- 68.2% of the providers suggested activities that supported the parent's interactions with their child.
- 73.7% of the providers suggested activities that supported the child's acquisition and practice of skills appropriate to child's developmental level.
- 68.4% of the providers suggested modifications in materials, positioning and interaction approaches to facilitate the child's interaction with objects and people when appropriate.
- 79.0% of the providers used a collaborative approach with the caregiver to plan and implement the next visit.

Pyramid Family Survey (Strategy 2)

A Pyramid Family Survey was developed with stakeholder input from the Pyramid Implementation Team during SSIP Phase III Year 2 to measure how families perceive their experiences with the practices providers are using, and if families understand and are confident in their ability to support their child's social-emotional development. One measurement cycle was implemented for this improvement strategy to ensure family responses were captured at the end of providers implementing best practices learned through Pyramid training. Technical assistance in development of these tools (the Pyramid Provider Self-Assessment, Provider Observation tool and Pyramid Family Survey) was provided by Dr. Tweety Yates of the University of Illinois and from Dr. Erin Barton, of Vanderbilt University. Additional guidance and support were received GSU-CLD faculty and staff as well as Georgia's TA partners from ECTA, DaSy, SRI, NCSI and IDEA Data Center (IDC).

Pyramid Family Survey

Survey was distributed by Pyramid trained providers to families who received services to assess family perception of support and practices as well as family understanding and confidence in supporting their child's social-emotional development.

Participants

Survey was distributed to 368 families with 153(41.6%) of the families responding to the survey.

Results

Practices assessed, and Survey results:

- All (100.0%) of the families reported that the provider asked them about questions, ideas and concerns about their children.
- All (100.0%) of the families reported that the providers responded to their concerns.
- 99.4% of the families reported that the provider's observations, comments and suggestions supported their competence as parents.
- 99.4% of the families reported that the provider's observations, comments and suggestions supported their confidence as parents.
- 98.2% of the families reported that the provider visit was focused on parent-child interactions.
- All(100.0%) of the families reported that the provider shared developmental information and activities in a way that helped the families better understand and support their child's development.
- 99.4% of the families reported that the provider suggested parent-child activities and materials that are relevant and meaningful to the family everyday settings and routines.
- 96.3% of the families were involved in the planning for the next visit (For example, the provider discussed with the family ideas for the next visit as well as materials in the home that could be used).

Overall, the survey results from the Pyramid trainings suggest that the trainings are having the intended effect on provider knowledge and confidence. Pyramid Provider Self-Assessment survey results show that the majority of providers who received Pyramid trainings at implementation sites reported using specific evidence-based practices in their practice most of the time or always to support parents and caregivers in improving their child's social-emotional skills.

Similarly, Pyramid Provider observation results show that most of the providers are using specific evidence-based practices in their practice. Pyramid Family survey results show that families increased understanding and confidence in their capability to support their child's social-emotional development.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Georgia did not collect any additional data but utilized pre and post provider assessment tools to assess provider knowledge and confidence during the pyramid trainings. Additionally, pyramid trainings assessment data was reviewed to ensure the providers get timely technical assistance and support. Georgia also utilized the Pyramid Provider self-assessment and Provider observation tool to monitor fidelity of implementation and assess practice change. Pyramid Family surveys were also used to assess family perception and confidence.

Georgia plans to continue utilizing the Pyramid Model training series because they have been impactful in building the content knowledge and confidence in the vast majority of providers who participated in the training. As a result of the Pyramid-Family Coaching webinar, overall average content knowledge scores across districts increased by 60.1% from pre- to post-assessment. As a result of PIWI training, overall average content knowledge scores across districts increased by 26.9% from pre- to post-assessment. As a result of Tier III training, overall self-reported knowledge scores increased by an average of 31.3% in the Master Cadre trainings and 25.4% in the Redeliveries.

Across all three trainings, overall content knowledge related to the Pyramid Model increased an average of 36.3% because of participation in the training series.

Additionally, Pyramid Provider Self-Assessment and Pyramid Provider observation results show that the majority of providers are utilizing the evidence-based practices to support parents and caregivers in improving their child's social-emotional skills. Family survey results also indicate that families increased understanding and confidence in their capability to support their child's social-emotional development. Additionally, review of child outcome data suggests progress towards consistency and accuracy of implementing the COS process.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

Georgia utilizes data to inform the next steps in the SSIP implementation.

Pyramid Training (Strategy 2)

Georgia will continue to monitor change in provider knowledge following Pyramid trainings by comparing pre-and post-test percentages on survey items. Findings will be used to identify providers/sites that need additional training or specific types of coaching, and to identify content areas that practitioners, in general, need more support mastering and implementing. Further coaching and technical assistance will be provided to SSIP implementation sites and expansion districts regarding the use of Functional Behavior Assessments and Individualized Positive Behavior Supports at Tier III of the Pyramid. Master Cadres from all targeted districts will provide Tier III redelivery trainings for new staff with GSU-CLD support. Additionally, all newly hired or contracted service coordinators and special instructors are required to complete the two 90-minute online webinars: Family Coaching-Pyramid Model and PIWI, within the first two weeks of their contract or hire date. Submission of an associated activity packet to the district Early Intervention Coordinator and GSU-CLD is also required.

Improvement Strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and PIWI

Anticipated Outcomes for next year:

1. Training is conducted for new and ongoing practitioners at implementation sites. (Short term)
2. BCW staff, Providers and Master Cadres at implementation sites have improved their knowledge and confidence about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model. (Short term)
3. BCW workforce (providers and staff) at implementation sites will implement Pyramid Model as intended. (Intermediate)
4. Families will have improved understanding of and confidence in strategies to support their child's social- emotional development. (Intermediate)

Activities to Meet Outcomes: Pyramid training series will continue for new or existing Master Cadre and Special Instructors and Service coordinators at implementation sites. (Strategy 2, Outcome 1).

The Pyramid training series will be required to be completed within 6 months of contract or hire date. Certificates of completion will be issued for providers who score 80% or better on the posttest.

Evidence/Measures: Training registration and certificates of completion

Timeline (projected initiation & completion dates): Began April 2017; ongoing for duration of SSIP.

Activities to Meet Outcomes: Pyramid training series for new and existing providers in SSIP Pilot districts and expansion districts Cohort 1, 2 & 3 (Strategy 2, Outcome 2)

Implementation of the Pyramid model will be achieved through continued trainings and coaching support from GSU-CLD to all the 18 health districts. A roll-out plan that was developed collaboratively between the lead agency, GSU-CLD and EIC stakeholders in the implementation districts will be utilized for new providers as well as training master cadres in implementation sites where there has been a turnover.

PIWI and Family Coaching training series will be delivered in an online webinar format for all the implementation districts.

As the state continues to monitor the COVID-19 pandemic, the third module, Tier III: Understanding and Addressing Challenging Behaviors trainings will be delivered virtually using a HIPAA compliant WebEx platform. Redelivery trainings by master cadres will also be conducted virtually.

Evidence/Measures: Pre and post-test survey scores

Timeline (projected initiation & completion dates): July 1, 2018; ongoing training and coaching support for duration of SSIP.

Activities to Meet Outcomes: Pyramid Provider Self-Assessment Survey at SSIP implementation sites. (Strategy 2, Outcome 3)

The Pyramid Provider Self-Assessment Survey was developed and detailed in Phase III Year 2. The Survey will be used for providers to self-assess and reflect on their use of evidence-based practices learned through Pyramid trainings. The Survey will provide the lead agency with data to assess practice change and fidelity.

Evidence/Measures: Survey data from Pyramid Provider Self-Assessment tool.

Timeline (projected initiation & completion dates): July 1, 2018; ongoing for duration of SSIP.

Activities to Meet Outcomes: Observation of a subgroup of providers at SSIP implementation sites. (Strategy 2, Outcome 3)

The Pyramid Provider Observation Checklist will be used for observations of Pyramid trained providers. Observations will be conducted quarterly by

trained EICs and/or Master Cadres in district implementation sites to further assess practice change and fidelity of practice.
Evidence/Measures: Survey data from Pyramid Provider Observation checklist.
Timeline (projected initiation & completion dates): July 1, 2018; ongoing for duration of SSIP

Activities to Meet Outcomes: Implementation of a Pyramid Family Survey at SSIP implementation sites. (Strategy 2, Outcome 4)
The Pyramid Family Survey will be utilized to assess family perception of support and practices as well as family understanding and confidence in supporting their child's social-emotional development.
The survey will be distributed by Pyramid trained providers to families who received services. Providers will be given a script to use when presenting the survey to families. Families could choose to complete the survey on paper or online via a link to Survey Monkey.
Evidence/Measures: Survey data from the Pyramid Family Survey
Timeline (projected initiation & completion dates): Began July 1, 2018; ongoing for duration of SSIP

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

For this year, the changes in activities were driven by the COVID-19 impact. For instance, the state made adjustments to deliver virtual trainings using a HIPAA compliant WebEx platform for one of the pyramid modules (Tier III: Understanding and Addressing Challenging Behaviors). These trainings were conducted as a 2-day face-to face prior to COVID. The state has worked with GSU who are our professional development partners in charge of the pyramid series trainings to incorporate activities that enhance interaction for the trainees in a virtual space. Redelivery trainings by master cadres were also conducted virtually. Additionally, provider observations that assess provider implementation of pyramid practices as intended were also conducted virtually by master cadres. The additional adjustments done this year were done this year were change in timelines and cycles of data collection for the quarterly COS data checklist and Pyramid provider self-assessment to align with the new submission requirement of February 2022. Previously Georgia would include additional data collected from SSIP activities done up to February in the April submission.

Georgia's plan to make modifications to intended outcomes will be data driven to make sure the SSIP is on the right path.

COS Training (Strategy 1 A)
Data review of APR reports, COS module assessments and quarterly COS checklist data informs decisions about training content for providers. Using these data, the state is in position to know if there are districts or providers that do not demonstrate mastery of aspects of the COS process following training. Implementation support and follow up occurs when intended outcomes are not being achieved. Modifications to COS policy and procedures may also occur if data indicates that changes are needed.
The state and local EICs at implementation sites use the quarterly COS data checklist to identify providers who need assistance in implementing COS process as intended.

Pyramid Model Training (Strategy 2)
The state, GSU-CLD and master cadres work together to identify individual providers or groups of providers who need further assistance implementing Pyramid Model practices based on pre-and post-training evaluation results. Data review of Pyramid Provider Self-assessments and Pyramid Provider observation results further guide provider coaching and technical assistance.
For both the COS Process and Pyramid model trainings, Georgia BCW has made modifications to the training content and process based on data findings. If there are sufficient numbers, analyses could suggest strategies for differentiating training content/processes according to providers' needs. For instance, providers at a particular site might need more emphasis on one aspect of the training.
Additionally, the skills or practices that receive low knowledge scores for a substantial number of trainees will be used as targets for changes in training content or delivery. For example, more illustrations of the practice might be used in the training, or additional opportunities to practice or try out the strategy in analog situations during the initial training might be added.
Furthermore, data review will be used to identify potential changes needed in the quality or frequency of follow-up support and observation needed at implementation sites.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Part C State Lead Agency solicited stakeholder input on identifying targets for the State Performance Plan through various methods. Input was received from the State and Local Interagency Coordinating Councils. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors)..

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and graphics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The APR draft was provided to stakeholders six weeks prior to the OSEP submission date and feedback was obtained.
The group conducted a trend analysis of the 2014-2019 average, the 2019 national average, and the 2020 BCW data to identify performance indicators that warranted changes in the baseline and/or targets. Additionally, the average change year over year for each performance indicator was considered. The workgroup and state agreed to recommend the FY18 data as new baselines. This data is close to the BCW 5 year average yet remains above the national average for the majority of indicators. A revision of the baselines and targets reflects substantial improvements in data quality. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were the leading factors in revising baselines. Georgia consistently outperforms the national average and will continue to do so despite the impacts of the Pandemic.

In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia

State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Stakeholder Involvement in SSIP Implementation and Evaluation

The Pyramid Implementation Team is the stakeholder component of the feedback loop between the lead agency and implementation sites created to make ongoing adjustments to implementation of Pyramid trainings and practices. The Pyramid Implementation Team is composed of lead agency staff, GSU staff, EICs and the Master Cadre trainers from the 4 SSIP implementation districts plus the Dublin EIC and Dublin Master Cadre Cohort 1, Cohort 2 and Cohort 3 expansion districts. Feedback was obtained during the year via monthly conference calls between the state BCW team and the Pyramid Implementation Team.

The Pyramid Implementation team met monthly via conference calls this year to offer suggestions and provide feedback on: aspects of implementation related to the Pyramid Provider Self-assessment Survey and provider observations; planning for implementation of the Pyramid Family Survey; expansion of the Pyramid model and trainings with Cohort 3 districts; adjustments needed to Pyramid training modules; and additional support and guidance needed for Pyramid practices.

The Pyramid Implementation Team gave specific suggestions regarding items to include in the COS data checklist tool for a record review as part of the required district quarterly reports as well as the Pyramid Family Survey.

Because of feedback and recommendations from the Pyramid Implementation Team, the third Pyramid training module, Tier III: Understanding and Addressing Challenging Behaviors, will become a live virtual training for Master Cadre trainers as the Pyramid model is expanded statewide and requires additional real time interaction. It was the consensus of the Pyramid Implementation Team that due to the level of difficulty of the content and social-distancing requirements, this module needs to be delivered as a live virtual training. The Pyramid Implementation Team has provided input in the development of intensive coaching support for Master Cadre trainers who complete the Tier III module as they in turn support other providers and families. The consensus is that providers need intensive coaching support in developing behavioral support plans and strategies with families of children with persistent, challenging behaviors. GSU-CLD staff has developed additional Tier III training and intensive follow-up coaching support for trained Master Cadres in the implementation districts.

The Pyramid Implementation Team made suggestions about SSIP and expansion districts partnering across districts on co-delivery of the Pyramid training module, Tier III: Understanding and Addressing Challenging Behaviors. The team agreed co-delivery across districts would create additional support and opportunities for newer Master Cadres to demonstrate applied knowledge of the model. For example, Master Cadres in districts with smaller geographical regions and provider groups to train, would have the option of co-delivering in a district with greater territory and multiple provider trainings scheduled that needs the additional support. Also, Special Instructors, Service Coordinators and EICs trained as Master Cadres would be able to leverage the specialty expertise from another SSIP district to add value, specific reference and depth to training delivery discussion. The Pyramid Implementation Team agree to update a Master Cadre Trainer List to make available for participating districts to access peer support.

Feedback and recommendations on the Pyramid Family Survey was obtained from a focus group of 4 of family stakeholders. The focus group was conducted at the Columbus district implementation site in April 2018. Consequently, the wording of two items on the survey was modified and one open ended question was added at the end to obtain family feedback on any desired topic.

Stakeholders on the State Interagency Coordinating Council (SICC) received written and verbal SSIP reports from BCW state staff that contained qualitative and quantitative data. SICC stakeholders provided verbal feedback at their quarterly meetings in April 2021, August 2021, October 2021.

FFY2020-FFY2025 Targets and Description of Stakeholder Input

The Part C State Lead Agency solicited broad stakeholder input on identifying the FFY2020-FFY2025 targets for the State Systemic Improvement Plan. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

The Part C State Lead Agency solicited stakeholder input on identifying baselines and targets for the State Performance Plan via the Interagency Coordinating Councils, which are comprised of parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for indicator 3 which correlates to the SSIP. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The BCW Data Manager, Part C Coordinator, and Program Manager provided a presentation, tables, and infographics to facilitate discussions with the workgroup. The workgroup held multiple meetings two months before the OSEP submission deadline, which included rich discussion regarding Georgia's performance and the ongoing effects of the Pandemic. The State Systemic Improvement Plan (SSIP) Stakeholders group continue to focus their efforts and guidance on the social-emotional needs of young children and participate in the revision of targets based on data analysis of state performance. The workgroup and state agreed to recommend the FY18 data as the new baseline for Indicator 11 as it aligns with Indicator 3. Concerns regarding the effects of the Pandemic and the need to return to previous performance levels were also considered in the discussion. The SSIP and Indicator 3 performance has become more reliable based on improved training of providers and quarterly reviews of child outcomes. A revision of the baselines and targets for this indicator reflects substantial improvements in data quality and identifies areas for growth that may have previously gone unnoticed. The development of improvement activities that coincide with reliable and valid child performance data will provide better outcomes for children and families. The realignment of the baseline and targets for this indicator, based on reliable data, will increase confidence in the progress of BCW and the social-emotional well-being of Georgia's children. The APR draft of Indicator 11 was provided to stakeholders six weeks prior to the OSEP submission date, and feedback was obtained.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Monthly meetings between the state lead agency and Pyramid implementation team

During these meetings, the stakeholders review progress towards implementation and SiMR and adjustments are made based on noted deficiencies. Additionally, the lead agency and the professional development partners utilize these meetings to identify any needs for master cadres to ensure timely technical assistance.

Quarterly SICC meetings

Data review and feedback from these meetings is utilized to guide the next steps for SSIP.

The Part C State Lead Agency solicited stakeholder input on the SSIP activities and performances via the Interagency Coordinating Councils, which are comprised of parents, public and private providers (Speech-Language Pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

Monthly meetings between the state lead agency and Pyramid implementation team were held., During these meetings, the stakeholders reviewed progress towards implementation and SiMR, and adjustments were made based on noted deficiencies. Additionally, the lead agency and the professional development partners utilize these meetings to identify any needs for master cadres to ensure timely technical assistance. Quarterly SICC meetings are held to provide updates on all Part C activities, progress, and roadblocks. Data review and feedback obtained from these meetings are utilized to guide the next steps for SSIP.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

NA

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

NA

Describe any newly identified barriers and include steps to address these barriers.

Anticipated Barriers

The anticipated barriers that may be encountered include staff turnover at the state and implementation districts as well as delays in implementation related to personnel shortages locally. An additional barrier may be lack of funding for providers to attend training. COVID-19 also presented barriers for implementation with technology challenges and provider turnover. To address barriers and delays, SSIP strategies and activities will be included in the new hire orientation for Training Coordinator at the state level and state staff will be available for technical assistance to districts. Additionally, State BCW staff will seek opportunities to offer stipends for providers that complete the training.

Technical Assistance Needs

Technical assistance and support will continue to be utilized from partners with OSEP national TA centers: The Early Childhood TA Center (ECTA), and the Center for IDEA Early Childhood Data Systems (DaSy). Technical assistance and support from these national partners will be utilized in the evaluation of future implementation activities including the evaluation of Pyramid trainings for additional Master Cadre and new providers, data collection methods for assessing practice fidelity as well as family/caregiver understanding and confidence in supporting their child's social-emotional development.

Additionally, state BCW staff will continue to seek technical assistance from national TA partners in developing solutions to address barriers encountered during ongoing SSIP implementation activities.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Kimberlee Spencer

Title:

Part C Coordinator/Deputy Director Early Intervention

Email:

kimberlee.spencer@dph.ga.gov

Phone:

678-347-5318

Submitted on:

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