

Georgia Department of Public Health

Babies Can't Wait Program

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III

State Phase III Report

April 2017

Georgia Babies Can't Wait SSIP Phase III Report

A. Summary of Phase III

1. Theory of Action and Logic Model for the SSIP (including the SiMR)

During Phase III (SFY 17) of Georgia's State Systemic Improvement Plan (SSIP Phase III) for the Part C Early Intervention – Babies Can't Wait (BCW) program, implementation focused on strategies and activities developed during SSIP Phase II to improve 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, progress categories c and d; measurement: Summary Statement 1)).

Georgia's SiMR was identified by SSIP Stakeholders during SSIP Phase I based on an in-depth data and infrastructure analysis conducted by the state BCW team in collaboration with the state's Maternal and Child Health (MCH) Epidemiology team. Furthermore, the SiMR is well aligned with other initiatives that have been ongoing in the state for the past four years.

During SSIP Phase I Stakeholders developed the following Theory of Action that would lead to improvements in the SiMR when implemented.

THEORY OF ACTION

Theory of Action: If children improve their social-emotional skills they will be ready to participate successfully in school and community through everyday activities.

Components	If	Then	Then	Then (from OSEP's ToA)
 Governance	If BCW develops and implements written policies practices and procedures on the implementation of evidence-based practices related to development of positive social-emotional skills including social relationships	local Early Intervention programs will have the foundation needed to ensure fidelity of practice	BCW will increase the percentage of infants and toddlers who are nearer or meet age expectations for positive social-emotional skills including social relationships	All infants, toddlers, children, and youth with disabilities will receive individualized services in natural settings and demonstrate improved educational results and functional outcomes.
 Data	If BCW develops and provides statewide technical assistance on the collection and analysis of early child outcomes data by local Early Intervention programs	local Early Intervention personnel will be able to make data-based decisions about effective evidence-based practices with young children		
	If BCW enhances the current data system (BIBS)	local Early Intervention programs can more effectively monitor and ensure high-quality child outcomes data		
 Accountability	If BCW enhances the state's monitoring process to include fidelity of practice checks and mentoring by model programs, then	local Early Intervention programs will develop the expertise needed to use evidence-based practices in supporting the improvement of social-emotional skills in young children		
 PD/TA	If BCW develops a statewide system of training and TA resources available for Early Intervention personnel, families and community partners	Early Intervention personnel, families and community partners will have a better understanding of and will use evidence-based practices that improve social-emotional skills and other child outcomes		

Quality Standards

If BCW develops or adopts the Georgia Early Learning and Development Standards (GELDS) and assessment tool that addresses social-emotional development as well as other aspects of child development, then

local Early Intervention programs can ensure the use of a curriculum and assessments that are consistent with other early childhood state partners

BCW will increase the percentage of infants and toddlers who are nearer or meet age expectations for positive social-emotional skills including social relationships

All infants, toddlers, children, and youth with disabilities will receive individualized services in natural settings and demonstrate improved educational results and functional outcomes.

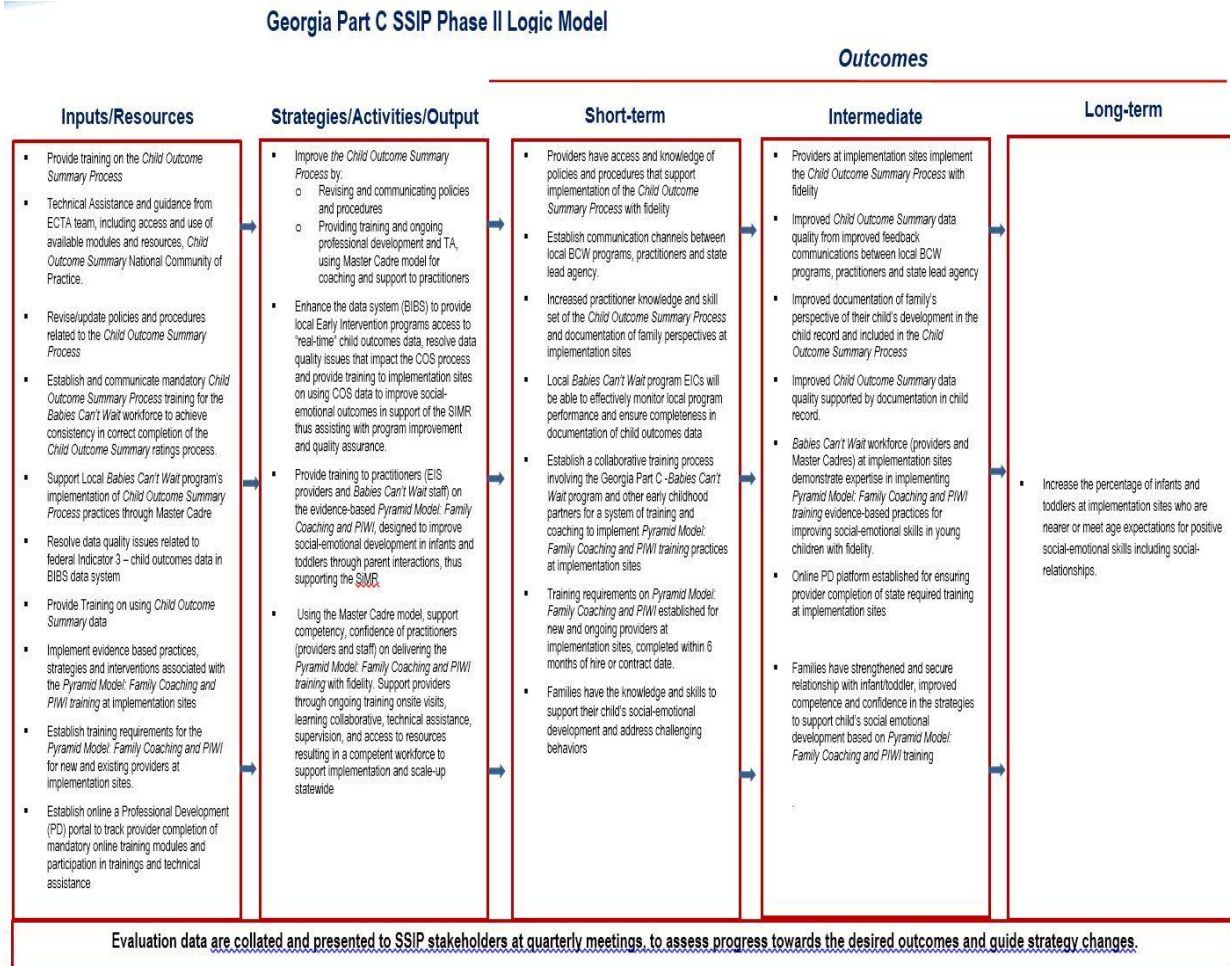
Fiscal

If BCW ensures sustainability of appropriate funding and builds the capacity of future resources and funding, then

BCW will be able to attract and retain more providers with expertise in improving social-emotional skills in young children

Logic Model

A logic model was developed during SSIP Phase II based on the Theory of Action to assist in evaluating Georgia's implementation of strategies and activities targeted to produce desired improvements in the SiMR.



2. Improvement Strategies and Activities

Over the past year, improvement strategies identified in SSIP Phase II were implemented at four (4) Local *Babies Can't Wait* district implementation sites throughout 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.

Implementation of coherent improvement strategies and principle activities have focused on infrastructure improvements detailed in Phase II of Georgia's SSIP including *Child Outcome Summary (COS)* policy development (Strategy 1 A), *COS* training (Strategy 1 A), *COS* data system improvements (Strategy 1B), and rolling out evidence-based practices of the *Pyramid Family*

Coaching and PIWI model (Strategy 2 A) through training and development of Master Cadres at the local implementation sites selected during SSIP Phase 1.

Infrastructure Improvements

COS Policy Development (Strategy 1 A)

Georgia's SSIP Phase II focused efforts to shore up the Part C infrastructure by improving the Child Outcome Summary process which would result in improved COS data quality. A major priority was developing a Child Outcome Summary (COS) policy. Over the past year, a new COS policy was developed that specifies team composition and procedures for developing COS ratings, data entry into the BCW database as well as training requirements for practitioners who will be rating child outcomes. It is included in the new BCW Policy Manual with all policies that have been recently revised or developed as a part of updating BCW policies. The COS Policy will be distributed to local EICs and posted to the state BCW website. It is expected to improve practice by increasing multidisciplinary team and parent participation in the development of COS ratings.

COS Training (Strategy 1 A)

COS trainings were provided to 156 participants composed of EICs and selected practitioners in the 4 SSIP Implementation districts as well as EICs and selected providers from each local program in the state. Additionally, all providers who attended training were required to complete the online COS webinar modules offered through the ECTA website. COS trainings were expected to improve practitioner knowledge, understanding and correct implementation of COS ratings procedures.

Current and new providers who did not attend one of the face to face COS trainings will be required to watch the training video that is being posted to the BCW website as well as complete a pre-and post-test survey. The survey will include questions taken from the ECTA COS modules. Valdosta State University is managing the COS training certification process and maintaining the database of providers trained in the COS process.

Challenges were encountered in providing ongoing support in the COS process as planned to SSIP Implementation districts and other local BCW programs. Challenges and changes to the SSIP are discussed below in Section A, item 5.

COS Database Improvements (Strategy 1 B)

Data system improvements were made as planned to give access to COS reports in the data system to state BCW staff as well as EICs at the local program level. Summary reports of COS data are now available at both the state and local program level. Thus, periodic monitoring of local program performance on COS measures including the SiMR can now be performed at the local level by district EICs.

The ECO Decision Tree was another data system enhancement accomplished this year as planned. The ECO Decision Tree was added to the data system to improve data quality through ease of access to this tool during development and reporting of individual COS ratings.

An additional data system enhancement that was completed this year requires data input of names and titles of COS team participants who develop COS ratings. This enhancement will improve data quality by ensuring team and parent participation in developing COS ratings in accordance with new COS policy.

3. Evidence-Based Practices: Implementation of Pyramid Family Coaching and PIWI Model

Implementation of the Pyramid Family Coaching and PIWI Model began with the first wave of Master Cadre training of selected BCW providers from the 4 SSIP Implementation districts (Dalton, Columbus, Coastal, and Gwinnett). The first wave of Pyramid Master Cadre trainings consisted of two Family Coaching trainings and three PIWI trainings for a total of five (5) Pyramid trainings. All trainings were face to face.

As planned in SSIP Phase II other early childhood partner agency representatives were included in Pyramid Family Coaching and PIWI trainings as a part of BCW's interagency collaboration with Georgia's Pyramid State Leadership Team. Early childhood partner representatives trained included: Department of Early Care and Learning (DECAL), Department of Family and Children Services (DFCS), and Early Head Start.

Pyramid Family Coaching Training (Strategy 2 A)

Two (2) Family Coaching trainings of Master Cadre participants from SSIP implementation districts were held in March and May, 2016. Participants were trained in Pyramid Family Coaching practices designed to support families/caregivers in using universal strategies as well as targeted strategies to improve the social-emotional development and outcomes of infants and toddlers.

PIWI Training (Strategy 2 A)

Three (3) PIWI trainings of Master Cadre participants from SSIP implementation districts were held in April, June and November, 2016. Participants were trained in PIWI practices designed to support age-appropriate parent-child interaction and to create supportive opportunities for parents to have positive interactions with their infant or toddler.

It is important to note that the third PIWI training held in November, 2016 was not in the original Phase II plan but was added based on feedback and recommendations from stakeholders on the Pyramid Implementation Team. (Composition of the Pyramid Implementation team is discussed in Section B, item 2.) It was targeted specifically to EICs and Master Cadres from the SSIP implementation districts. Stakeholder input regarding this decision as well as others is discussed in more detail in Section B, item 2.

Trained GSU staff have been providing ongoing mentoring and coaching support to local Master Cadres as planned in Georgia's SSIP implementation of Pyramid Family Coaching and PIWI practices.

4. Brief Overview of Evaluation Activities, Measures and Outcomes

COS Policy Development (Strategy 1 A)

Evaluation of COS policy development: (1) Activities: a new COS policy was developed in collaboration with stakeholders; (2) Measures: qualitative data included verbal and written stakeholder feedback that informed development of the COS policy over the course of a year; (3) Outcomes: revisions were made as indicated throughout the year-long process of developing the policy. The COS policy was approved in late February 2017. Georgia BCW plans to post the COS Policy to the BCW website and distribute it to local programs by April 2017.

COS Training (Strategy 1 A)

Evaluation of initial COS trainings: (1) Activities: two statewide face to face trainings were held in March and June 2016; (2) Measures: attendance records and pre- and post-survey data of participants' perceptions of knowledge gained and satisfaction with the training, (3) Outcomes: (a) participants generally thought trainings had increased their knowledge of the COS process as discussed in more detail in Section E, and (b) targets for percentage of implementation district providers trained were not met for COS training. Consequently, training of additional providers in SSIP implementation districts will continue next year. Plans for continuation of this activity are detailed below in this section under item 5 and in Section F, Plans for Next Year.

COS Database Improvements (Strategy 1 B)

Evaluation of the COS database improvements: (1) Activities: completed planned database enhancements; (2) Measures: standard COS reports generated from the database by state and local programs that allow COS data to be tracked and monitored by state staff and local EICs, (3) Outcomes: Georgia BCW plans to conduct systematic and timely state and local monitoring of COS data.

Pyramid Family Coaching Training (Strategy 2 A)

Evaluation of initial Pyramid Family Coaching trainings: (1) Activities: two face to face trainings of Master Cadre participants from SSIP implementation districts were held in March and May, 2016 (2) Measures: attendance records and post survey data of participants' perceptions of knowledge gained and satisfaction with the training, (3) Outcomes: (a) all participants agreed that trainings increased their knowledge of effective communication strategies when coaching families as discussed in more detail in Section E, and (b) targets for percentage of implementation district providers trained were not met for Pyramid Family Coaching trainings. Consequently, training of additional providers (specifically service coordinators and special instructors) in SSIP implementation districts will continue next year. Plans for continuation of this activity are detailed below in this section under item 5 and in Section F, Plans for Next Year.

PIWI Training (Strategy 2 A)

Evaluation of initial PIWI trainings: (1) Activities: three face to face trainings of Master Cadre participants from SSIP implementation districts were held in April, June and November, 2016; (2) Measures: attendance records and post survey data of participants' perceptions of knowledge gained and satisfaction with the training; (3) Outcomes: (a) participants generally thought that trainings enhanced their knowledge of different ways to support social-emotional development through parent-child interaction as discussed in more detail in Section E, and (b) targets for percentage of implementation district providers trained were not met for PIWI trainings. Consequently, training of additional providers (specifically service coordinators and special instructors) in SSIP implementation districts will continue next year. Plans for continuation of this activity are detailed below in this section under item 5 and in Section F, Plans for Next Year.

5. Changes to Implementation and Improvement Strategies

Changes and adjustments to Georgia's SSIP Plan have occurred based on feedback from Stakeholders and barriers or challenges encountered during implementation over the past year which was the first year of SSIP implementation. Changes are summarized below.

COS Policy Development (Strategy 1 A)

- COS Policy was developed but was in the approval process with DPH leadership as a part of the larger BCW Policy Manual and was not approved until late February 2017. As a result, the timelines for posting the approved COS policy to the BCW website and communicating the official COS policy to the field have been changed to April 2017.
- Consequently, activities to improve communication channels between local and state programs have also been delayed. The timeline for surveying providers at implementation sites regarding their knowledge of COS policy and procedures as well as their knowledge of available communication channels with the lead agency has been revised to begin September 2017.

COS Training (Strategy 1 A)

- The percentage of SSIP implementation district providers trained in COS process did not meet the goal of 100% within the first year of implementation. Therefore, untrained current and new providers in SSIP implementation districts will be required to complete COS training that includes the state's COS training video and posttest with an 80% passing score. Effective July 1, 2017, current providers will be required to complete COS training by October 2017. New providers will be required to complete COS training before providing services and within 2 weeks of their contract date or date of hire. Tracking and certification of provider completion of COS training requirements will be managed by VSU, the state's professional development vendor for BCW.

- Plans for developing, training and supporting COS Master Cadres in SSIP implementation districts have been canceled. This change was necessary due to limited state BCW personnel to provide ongoing support to COS Master Cadres at SSIP Implementation districts. Regional BCW coordinators were to be hired for this purpose, but the hiring process has been indefinitely postponed due to changes in DPH Human Resources policies.

Pyramid Family Coaching and PIWI (Strategy 2 A)

- The percentage of SSIP implementation district providers (specifically service coordinators and special instructors) trained in the Pyramid Family Coaching and PIWI model will not meet the goal of 90% by June 2017 (see Section E, Table 2). As a result, the timeline for completion of training of 90% of service coordinators and special instruction providers within SSIP implementation districts has been changed to June 2018.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP Implementation Progress

COS Policy Development (Strategy 1 A)

A COS Policy was developed but was in the approval process with DPH leadership until late February 2017. The timeline for posting the policy to the BCW website was May 2016 thus the timeline was not met and has been changed as described in Section A, item 5.

COS Trainings (Strategy 1 A)

The Child Outcomes Summary (COS) trainings were conducted in March and June, 2016 as planned. Participants were from all the Public Health districts as well as DPH/state MCH staff.

The percentage of providers trained in COS process from each SSIP implementation district is shown in Section E., Table 2. The percentage of providers trained in COS process from each SSIP implementation district did not meet the projected goal of 100% within the first year of implementation due to limited availability of face to face training slots and a process for tracking provider completion of online training was not yet in place for those who did not attend face to face training. Consequently, SSIP modifications are discussed in Section A, item 5 and Section F.

COS Data System Improvements (Strategy 1 B)

With the addition of standard COS reports for APR Indicator 3 to the database, the addition of the ECO Decision Tree and the data system enhancement that requires COS team participants to be entered, data system improvements planned during SSIP Phase II have been completed.

Pyramid Family Coaching Training (Strategy 2 A)

The Family Coaching trainings were conducted as planned in March and May, 2016 with SSIP district participants from Columbus, Dalton, Gwinnett and Coastal Health districts. Early childhood partners were also trained as planned through BCW's collaboration with the Pyramid State Leadership Team representing DECAL, GSU staff, ICF International as well as other state MCH staff.

Based on feedback and recommendations from stakeholders on the Pyramid Implementation Team an additional Pyramid Family Coaching training is scheduled for March 2017. (Composition of the Pyramid Implementation Team is described in Section B, item 2.) A plan with timelines for rolling out the redelivery of Pyramid Family Coaching training to other providers within SSIP districts will be developed by the Master Cadre from each implementation site during the March 2017 training. Stakeholder input in this decision is discussed in further detail under item 2. below.

PIWI Training (Strategy 2 A)

The PIWI trainings were conducted as planned in April and June, 2016 with SSIP district participants from Columbus, Dalton, Gwinnett and Coastal Health districts. Early childhood partners were also trained as planned through BCW's collaboration with the Pyramid State Leadership Team representing DECAL, GSU staff, ICF International as well as other state MCH staff.

A third PIWI training was added in November 2016 based on feedback and recommendations from stakeholders on the Pyramid Implementation Team. The November 2016 training was not part of the initial Phase II implementation plan. The Pyramid Implementation Team wanted additional training within a smaller group setting targeted more specifically to increase the competence and confidence of the Master Cadre. GSU staff who are supporting the Master Cadres were included in this training. A plan with timelines was developed for rolling out the redelivery of PIWI training to other providers within SSIP districts by the Master Cadre from each implementation site during the November 2016 PIWI training. The PIWI redelivery plan developed by each SSIP district Master Cadre is summarized in Section F, item 1.

2. Stakeholder Involvement in SSIP Implementation

COS Policy Development (Strategy 1 A)

Stakeholders on the BCW Service Delivery Committee assisted in developing the COS policy via monthly conference calls with BCW state staff and two face to face meetings during the year. Stakeholder input also included review of the COS policy and feedback obtained during SSIP Phase II from the state level SSIP Stakeholder group at their planning meeting in October, 2015.

COS Data System Improvements (Strategy 1 B)

Four stakeholders, three EICs and one service coordinator, from four different local BCW district programs, participated in weekly conference calls with the BCW state data team and the BCW database vendor. These stakeholders provided verbal and written input and feedback into the decisions regarding the COS enhancements to the state database.

Pyramid Family Coaching and PIWI Trainings (Strategy 2 A)

The Pyramid Implementation Team is the stakeholder component of the feedback loop created to make ongoing adjustments to Pyramid Family Coaching and PIWI training as well as Master Cadre implementation. The Pyramid Implementation Team is composed of GSU staff, EICs and the Master Cadre from the 4 SSIP implementation districts plus the Dublin EIC and Dublin Master Cadre trained during the year as part of the first wave of Pyramid implementation. Feedback was obtained during the year via monthly conference calls by GSU staff with the Pyramid Implementation Team. GSU staff informed the BCW state staff of feedback and recommendations from the Pyramid Implementation Team via monthly conference calls with the BCW state program manager.

Because of feedback and recommendations from the Pyramid Implementation Team, an additional PIWI training was provided to the Master Cadre in November 2016, and an additional Family Coaching training is scheduled for March 2017. These additional trainings were not included in the Phase II SSIP. They were added at the recommendation of stakeholders on the Pyramid Implementation Team who requested additional training within a smaller group setting specifically targeted to the Master Cadre for increasing their competence and confidence to train other providers within the SSIP implementation districts. GSU staff who are supporting the Master Cadres were included in these additional trainings.

The decision to provide an introductory Pyramid Family Coaching and PIWI training in February 2017 to other EICs and providers in the state was a result of requests to BCW state staff from EIC stakeholders in non-SSIP districts. The fact that this introductory training was not specifically targeted to develop a Master Cadre from additional districts in the state was a departure from the SSIP plan. EICs from non- SSIP districts specifically requested to know more about the Pyramid Family Coaching and PIWI model being implemented in SSIP districts. As a result of the introductory training in February 2017, 28 additional BCW providers and EICs were trained as well as 10 DECAL staff. Five BCW providers expressed the desire to receive further training and /or participate on the Master Cadre for their district.

General SSIP Stakeholder Involvement

Stakeholders on the State Interagency Coordinating Council (SICC) received a verbal SSIP status report from BCW state staff that contained qualitative and quantitative data. SICC stakeholders provided verbal feedback at their quarterly meetings in August 2016 and January 2017. Another SSIP status report will be provided to the SICC stakeholders at their April 2017 meeting using an SSIP Progress Factsheet developed for this purpose (see Appendix). As a result of questions received from the SICC stakeholders at the January 2017 meeting, the MCH epidemiology team conducted further analysis of the COS data for Outcome 3A Summary Statement 1 using the ECO Meaningful Differences Calculator. Specifically, the SICC were interested in knowing more about the slight downward trend in the data between FFY 2014 and FFY2015. Results of the additional analysis are discussed in Section E, item d.

C. Data on Implementation and Outcomes

The Georgia Epidemiology Team oversees the collection, management and analysis of SSIP data for quality and integrity as well as monitoring progress towards achieving intended improvements to infrastructure and the SiMR.

1. Monitoring and measurement of outputs to assess the effectiveness of the implementation plan

Alignment of Evaluation Measures with the Theory of Action

Georgia's evaluation plan includes questions, measures and methods for each improvement strategy, which were the result of written feedback and comments submitted by Stakeholders to the *Babies Can't Wait* State Epidemiology team. As a result of feedback from stakeholders, two priorities based on the Theory of Action (ToA) were the focus of SSIP Phase II improvement strategies. The two priorities addressed during SSIP Phase III with their corresponding improvement strategies are:

1. Improve the quality of child outcome summary data to reflect improvement in child outcomes including social-emotional skills in the 4 SSIP implementation districts.

Improvement strategies for this priority are:

- A. Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families. (ToA infrastructure component: Governance, Data, Accountability, Quality standards, Professional development, Technical Assistance)
 - B. Enhance the data system Babies Information and Billing System (BIBS) to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance. (ToA infrastructure component: Data, Professional development, Technical Assistance)
2. Support social-emotional development of children through implementation of the Pyramid: Family Coaching and PIWI model in the 4 initial implementation districts.

The improvement strategy for this priority is:

- A. Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Family Coaching and PIWI model (ToA infrastructure component: Data, Quality Standards, Professional development, Technical Assistance)

Table 1. below shows the progress of evaluation activities including data sources, key measures, implementation status of each activity and the timelines in relation to outcomes. Evaluation outcomes with expected attainment or progress in the first year of implementation are included in this table. A full revised evaluation activities table is provided in Section F. Table 4.

Table 1. Progress of evaluation activities including data sources and collection, key measures, implementation status and timelines.

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

Type of Outcome	Outcome Description	Evaluation Questions	Key Measure/ Performance Indicator	Measurement /Data Collection Method	Data Source	Timeline (projected initiation and completion dates) Implemented as intended? [yes/no] Timeline
Short term	Practitioners have access to policies and procedures that support implementation of the COS process with fidelity.	Has COS policy been written, approved and communicated to the field for use? Does the policy specify training requirements for practitioners who will be rating child outcomes?	COS policy that specifies ratings procedures and training requirements written, approved, and communicated to district EICs and practitioners posted on the <i>Babies Can't Wait</i> website.	Policies, procedures and official communication are posted on website Link to ECTA Child Outcome Summary Process modules and face-to-face recorded training is posted on the Professional Development website hosted by VSU.	DPH Website Professional Development Database	June 2016-Dec 2016 Yes; A revised policy that includes documented procedures as well as training requirements for practitioners that will rate the child outcomes is in place and will be posted on DPH website by April 2017. Yes; Link to ECTA Child Outcome Summary Process modules posted on VSU website. Video for the face to face training to be posted on BCW website in August 2017 as VSU is developing a YouTube page.
Short term	Improve the skill sets and knowledge of providers and staff in the COS process	Has the knowledge of the COS process increased among providers and staff?	The % change of knowledge and confidence of the COS process among Providers before and after trainings.	Pre-and Post-surveys administered to providers and staff	Pre-and Post-Surveys	Yes; Knowledge and confidence assessment was done before and after the 03/16 and 06/16 Trainings.

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

Type of Outcome	Outcome Description	Evaluation Questions	Key Measure/ Performance Indicator	Measurement / Data Collection Method	Data Source	Timeline (projected initiation and completion dates) Implemented as intended? [yes/no] Timeline
Intermediate	90% of Local EICs have access to COS reports in the data system and 90% of EICs are monitoring the reports for improvements	Are EICS at implementation sites accessing COS reports in the data system in accordance with state policy? Are EICS identifying data quality issues?	90% EICS in implementation sites who monitor their COS data quarterly	(PDSA) EICs can access COS reports through the BIBS data system	BIBS state Data System	July 2016-June 2017 Yes; COS Reports available in BIBS EICs as of 01/2017. No; In progress. We are not in position to tell the % of EICs monitoring their data at this point or any identified data issues. Anticipated to track % and data issues by May 2017.

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

Type of Outcome	Outcome Description	Evaluation Questions	Key Measure/ Performance Indicator	Measurement /Data Collection Method	Data Source	Timeline (projected initiation and completion dates) Implemented as intended? [yes/no] Timeline
Short term	Establish a collaborative process involving <i>Babies Can't Wait</i> and other early childhood partners for a system of training and coaching to implement <i>Pyramid Model: Family Coaching and PIWI</i> practices at implementation sites.	Did <i>Babies Can't Wait</i> collaborate with their early childhood partners to train current practitioners/ staff at implementation sites?	90% <i>Babies Can't Wait</i> staff/practitioners at implementation sites and 80% of other early childhood partners (DECAL, Project Launch, Head Start, and Part B) participate in Pyramid Training during the 1 st year of implementation.	At training registration data collected on practitioner and Early childhood agency represented.	Sign in sheets	July 2016-June 2017 Yes; data collected for practitioners trained from implementation sites and other districts as well as other early childhood partners
Short term	Training requirements are established for new and	Where/how, are the <i>Pyramid Model: Family Coaching and</i>	<i>Pyramid Model: Family Coaching and PIWI</i> training requirements for	Copy of communication to local EICs	Emails, Conference calls, Dropbox	March 2016- June 2017 Yes; The state office created a drop box

	ongoing practitioners at implementation sites.	<i>PIWT</i> training requirements communicated to practitioners at implementation sites?	practitioners posted to website and distributed to EICs and practitioners at implementation sites.			account so that providers could easily access and print the power point from the <i>PIWI</i> training and the handouts and communicated to practitioners in a meeting.
Short term	BCW staff (state and local level), Providers and Master Cadres at implementation sites have improved knowledge of writing appropriate functional social-emotional IFSP outcomes to support child progress, appropriately rate the child's social-emotional progress for indicator 3a, and coach/support the parent(s) of infant/toddler with the use of targeted strategies.	Has knowledge, confidence and understanding of the Pyramid Model: Family Coaching increased among BCW staff (state and local-level), Providers and Master Cadre's at implementation sites	25% or more of BCW staff (state and local-level) Providers and Master Cadres demonstrate improved understanding on a proficiency post-test administered after all trainings compared to the pre-test administered before the training.	Establish a baseline of the number of practitioners (staff and providers) in each of the implementation sites. Post-test surveys administered to practitioners (providers and staff) who participated in training.	Post Surveys	March 2016- June 2017 Yes; Baseline number of practitioners has been established at implementation sites. Knowledge and confidence assessment was done after the 03/16, 04/16, 06/16 and 11/16 Trainings. Pre-assessment of knowledge and confidence was not conducted for the Pyramid Family Coaching training since this was a new model for the state.
Short term	BCW staff (state and local level), Providers and Master Cadres at implementation sites that have improved their knowledge about supporting the process of improving and strengthening parent and infant/toddler	Has knowledge, confidence and understanding of the Pyramid Model: <i>PIWI</i> increased among BCW staff (state and local-level), Providers and Master Cadre's?	25% or more staff, providers and Master Cadres have increased knowledge and confidence demonstrated by improved understanding on a proficiency post-test administered after all trainings compared to the pre-test administered before the training.	Post-test surveys administered to practitioners (providers and staff) who participated in training.	Post Surveys	Mar 2016- June 2017 Yes; Knowledge and confidence assessment was done after the 03/16, 04/16, 06/16 and 11/16 Trainings. Pre-assessment of knowledge and confidence was not conducted for the <i>PIWI</i> training since this was a new model for the state.

	relationships using techniques from the Pyramid Model: PIWI					
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 from 90% to 92%	Have more infants and toddlers from implementation districts exited <i>Babies Can't Wait</i> at or nearer age expectations for positive social-emotional development?	State target met	State Epidemiology and <i>Babies Can't Wait</i> team reviews BIBs data for improvements in Outcomes 3A	BIBS State Database	During Annual Performance Review (APR) data inspection periods for each APR reporting period Yes; Review of APR Data for Indicator 3A summary statement 1 for the Fiscal year 2015.

2. Demonstration of Progress and Modifications to the SSIP

a. Evidence of Progress toward Achieving Intended Improvements to Infrastructure and the SiMR

Georgia reviewed key data that provide evidence of progress toward achieving intended improvements to infrastructure and the SiMR using the following approaches:

Survey Data

COS Training (Strategy 1 A)

Georgia used quantitative ratings from pre-and post-tests of providers' perceived knowledge before and after COS trainings to identify effectiveness of training in improving knowledge of the COS. For COS, GA compared percentages before and after and saw increases in providers' perceived knowledge as intended.

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

Georgia used the ratings from the post-tests of providers' perceived knowledge after the Pyramid Family Coaching and PIWI trainings to identify effectiveness of training in improving knowledge of the of the Pyramid model.

Additionally, Georgia used meeting notes, verbal feedback, other qualitative data collected from stakeholders.

COS Reports

COS Data System Improvements (Strategy 1 B)

As of January 2017, COS reports are available on the BIBS state website. The state office and EICs will be using these reports to review data for indicator 3A summary statement 1 and monitoring progress towards achieving intended improvements to infrastructure and the SiMR.

Georgia will use the COS Reports to analyze entry and exit COS ratings. The epidemiology team will extract a sample of COS data quarterly for one year and then, based on acceptable findings, will reduce the analysis/review annually for the duration of the SSIP. The team will evaluate the COS ratings data for accuracy, completeness, fidelity and inclusion of family input.

EICs will assist the GA MCH Epidemiology team by recommending specific providers to sample when doing the COS data extractions.

EICs at implementation sites will also perform COS ratings verifications to determine if there is documented child information that supports the COS entry and exit ratings and if the record reflects family input in the COS process.

Annual Performance Review (APR) Data

All Improvement Strategies (Strategies 1A, 1B and 2A)

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.

b. Evidence of Change to Baseline Data for Key Measures

COS Training (Strategy 1 A)

Pre-test surveys have been utilized to collect baseline data of COS process knowledge of practitioners during COS trainings. There was an increase in knowledge of the COS process among practitioners after the training as compared to the baseline data as discussed further under COS survey results in section E.

Pyramid Family Coaching Training (Strategy 2 A)

We did not collect baseline data for Pyramid trainings because this was a new model for the state.

c. How Data Support Changes Made to Implementation and Improvement Strategies

COS Training (Strategy 1 A)

Pre-and post-test assessments were used for the COS trainings conducted in March and June 2016. For future COS trainings, Georgia plans to use the COS module quiz questions developed by the ECTA Center to more directly measure knowledge gains. Direct assessment of provider knowledge will eliminate implications that providers' subjective assessment of their knowledge may be less accurate than the more objective measure to be used for future trainings. Based on the evaluation training provided by Federal TA partners, the state revised the Pyramid Family Coaching and PIWI surveys to include more items that assess perception of knowledge gained and skill acquisition of practitioners.

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

Only post-test surveys were used for the Pyramid model trainings since this was a new practice being introduced to the state. Based on the evaluation training provided by Federal TA partners, the state revised the Pyramid surveys to include more items that assess perception of knowledge gained and skill acquisition of practitioners. Additionally, Georgia will conduct a follow-up assessment 6 months after the Pyramid training to evaluate how providers are transferring acquired knowledge in their practice at the implementation sites.

d. How Data Inform Next Steps in the SSIP Implementation

COS Training (Strategy 1 A)

Georgia will continue to 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.

Monitoring of COS reports from BIBS will be used by the state to identify sites without evidence of family input as well as incomplete COS data and then following up as needed. Factsheets with information on progress towards improvement strategies are also being developed by the team to share with stakeholder groups during meetings.

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

Georgia will continue to monitor change in provider knowledge following Pyramid Family Coaching and PIWI trainings by comparing 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. Differential findings will also be reviewed if there are sufficient numbers of trainees to examine by demographic variable.

e. How Data Support Planned Modifications to Intended Outcomes (including the SiMR)

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 from COS module assessment informs decisions about training content for providers. Using this data, the state is in a position to know if there are any providers that do not demonstrate mastery of aspects of the COS process following training and this guides implementation support and follow up with providers.

The state and local EICs at implementation sites will work to identify providers who need assistance in implementing COS process as intended based on data collected for assessing COS process improvements.

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

The state, GSU and master cadres will work together to identify individual providers or groups of providers who need assistance implementing Pyramid Family Coaching and PIWI practices based on data collected for assessing adequate knowledge of the model following training of providers.

For both the COS Process and Pyramid Family Coaching and PIWI model trainings, Georgia BCW will also make modifications to the training content and process based on the 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 the way the training is conducted. 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 the implementation sites.

3. Stakeholder Involvement in the SSIP Evaluation

Through regular stakeholder input and feedback loops created via monthly conference calls with the Service Delivery Committee and the Pyramid Implementation Team as well as SICC quarterly meetings, state staff have included or modified evaluation activities such as the pre-and post-training data collection methods and observation tools to assess provider fidelity of Family Coaching and PIWI practices. A detailed discussion of stakeholder input is provided in Section B, item 2.

As a result of questions received from the SICC stakeholders at the January 2017 meeting, the Epidemiology team conducted further analysis of the COS data for Outcome 3A Summary Statement 1 (the SiMR) using the ECO Meaningful Differences Calculator. Specifically, the SICC were interested in knowing more about the 1.3% decrease in the SiMR between FFY 2014 and FFY2015. Results of the additional analysis are discussed in Section E, item d.

D. Data Quality Issues

Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR due to the quality of the evaluation data were primarily encountered in evaluating COS and Pyramid training activities.

COS Training (Strategy 1 A)

COS training pre-post measures from last year included provider *perceptions* of knowledge gained. Moving forward, Georgia BCW will use the COS module quiz questions to more directly measure knowledge gains. Direct assessment of provider knowledge will eliminate implications that providers' subjective assessment of their knowledge may be less accurate than the more objective measure to be used for future trainings.

COS Data System Improvements (Strategy 1 B)

COS data reports became available in the state database as a standard report effective January 2017. Previously, the state and local EICs at implementation sites were only able to monitor progress toward the SiMR on an annual basis when the APR data were extracted for federal reporting purposes. However, the COS reports are now available and can be monitored in real time by EICs at implementation sites as planned. Training for EICs in SSIP implementation districts will be conducted by state BCW staff to support their use of COS data reports in monitoring progress toward the SiMR before the projected completion date of June 2017 as planned.

Other plans for improving data quality, from Phase II, include plans for EICs at implementation sites to perform COS ratings data verification to determine if child information supports entry and exit COS ratings and if data are complete.

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

Pyramid pre-training assessment data was not collected as previously planned because the Pyramid Family Coaching and PIWI model consists of new strategies and practices being introduced to EICs and providers in local BCW implementation districts in the state. It was not expected that participants would have had prior knowledge nor expertise in the Pyramid Family Coaching and PIWI model. Georgia plans to conduct a follow-up assessment 6 months after the Pyramid training

to evaluate how providers are transferring acquired knowledge into their practice at the implementation sites.

E. Progress Toward Achieving Intended Improvements

1. Assessment of Progress Toward Achieving Intended Improvements

a. Infrastructure Changes that Support SSIP Initiatives; How System Changes Support Achievement of the SiMR, Sustainability, and Scale-Up

COS Training (Strategy 1 A)

A total of two face to face statewide COS trainings were held. A COS training video developed for inclusion as required training for untrained current and future providers. A process for monitoring and managing provider completion of required COS training was developed with VSU, the state's professional development vendor.

COS Data System Improvements (Strategy 1 B)

To ensure that the local programs have access to real-time data to monitor progress toward achieving the SiMR, the state program staff worked with the data system vendor to make necessary system enhancements. As a result, COS reports for APR indicator 3 were added as a standard report in the BIBS data system effective January 2017. These reports are now available at the state and local level in real time. COS reports will be utilized by the state and local EICs to monitor child outcomes in real time and to monitor progress towards achievement of the SiMR in implementation districts. The state BCW staff will provide training to all district EICs in monitoring COS data reports to improve social-emotional outcomes.

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

A total of 10 Master Cadre trainers for Pyramid Family Coaching and PIWI are in place and have been trained including the 4 SSIP implementation districts. These Master Cadres have scheduled redelivery of PIWI trainings to additional providers at the implementation sites. The same Master Cadres will develop a schedule of Family Coaching trainings for additional providers at implementation sites after the upcoming Master Cadre training in March 2017. GSU and state BCW staff will attend the first trainings conducted by Master Cadres at implementation sites to ensure training fidelity.

The state BCW office created a drop box that contains Pyramid Family Coaching and PIWI training materials from the face to face trainings conducted in 2016. These materials are to be used by Master Cadres at implementation sites to support training fidelity and by providers to support practice fidelity.

b. Evidence that SSIP's Evidence-Based Practices Are Being Carried Out with Fidelity and Having the Desired Effects

To ensure that SSIP evidence-based practices are carried out with fidelity, Georgia plans to use the following measures:

Pyramid Family Coaching Training (Strategy 2 A)

For Pyramid Family Coaching Model, Georgia is using the Family Coaching checklist which includes an observer tool and a practitioner self-assessment tool. In the observer tool, a Master Cadre observes providers during home visits (or other natural setting) to measure fidelity of practice at implementation sites.

PIWI Training (Strategy 2 A)

For the PIWI Model, Georgia will use two PIWI handouts as the basis for developing a fidelity measure: The *HO-3 Dyadic Characteristics & Strategies* which set the expectations for an adult/caregiver interacting with an infant/toddler and the *HO-5 Triadic Strategies which* focus on the role of a third person (interventionist) in supporting a dyad. Georgia will also consult with Dr. Tweety Yates to determine if the model has an available fidelity measure, how it can be used, and what level of fidelity, if known, is associated with beneficial outcomes.

Additionally, Georgia will adopt items from the ECO Family Outcomes Family Survey to measure improvement of family understanding and confidence in using strategies to support their child's social-emotional development and feedback from families.

How Fidelity Data Will Be Collected

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

Georgia plans to conduct the first fidelity measurement using the appropriate tool for Pyramid Family Coaching or PIWI training described above within the first two weeks following the initial training conducted by the Master Cadres for additional providers in implementation districts. This expectation will be made clear to trainees before the end of the initial training. Based on the results of the first fidelity measurement, a schedule will be developed for additional observations. Less frequent observation (monthly, quarterly) will be used for Individuals with high fidelity scores and more frequent observation (weekly, monthly) for individuals with lower scores. Feedback and support will be provided as available and needed.

Georgia will develop an electronic version of the coaching checklist using Survey Monkey for the fidelity assessment data collection. Data will be submitted to the state on a quarterly basis to allow for follow-up and prompting to ensure that data are collected in a timely fashion and to provide evidence to all stakeholders that these data are valued by the state.

c. Outcomes Regarding Progress toward Short-term and Long-term Objectives

COS Training (Strategy 1 A)

Overall, 155 participants attended the COS training. 36 (23.2%) of the participants were from SSIP districts; 117(75.5%) were from other districts and 2 (1.3%) were state employees.

Additionally, when asked for any previous trainings attended, 58% of the participants indicated that they had initially received training from BCW staff and 59% had completed the Early Childhood Outcome Summary webinar while 10% had never attended any COSF training.

Survey

Pre-test paper surveys were administered by the state office to assess participants' knowledge of COS before the training. Online post-test surveys were administered by Georgia's federal TA partners to assess participants' knowledge of COS after the training.

Survey Results

57% of the participants said that they had sufficient knowledge of the key features of the COS process, but after the training, 87% reported that they had increased their knowledge. 58% of the participants had sufficient knowledge of how to measure and rate child outcomes and 78% reported to have increased their knowledge after the training. Only 43% reported that they could rate a child and document evidence to support their ratings before the training and this percentage increased to 79% after the training. Additionally, 75% of the participants had sufficient knowledge on what constitutes an adequate interdisciplinary team for the COS process before the training and 69% responded that they had gained extra knowledge after the training.

Pyramid Family Coaching and PIWI Training (Strategy 2 A)

Overall, 61 participants attended the Family Coaching and PIWI trainings. 29 (47%) of the participants were from SSIP districts; 4(7%) from Dublin Health District; 11(18%) were state employees; 17 (28%) from other Early Childhood partner agencies.

Survey

A post-test survey was administered to participants who attended Family Coaching and PIWI trainings to assess participants' perception of the training as well as their knowledge of the pyramid model.

Survey Results

All participants agreed that the trainer was knowledgeable about the training; 99% reported that the overall quality of the training met their expectations and that the trainer was well prepared. 97% of the participants agreed that the materials distributed were helpful.

After the Family Coaching training, all participants reported that they felt confident to effectively communicate strategies when coaching families and to apply strategies to elicit caregiver-child interactions. Participants also reported confidence in providing suggestions and follow-up activities directly linked to the child's goal and parent's concern after the Family Coaching Training.

After the PIWI training, all participants reported that their understanding of the PIWI model had increased and that they had increased their knowledge in social emotional competence of dyads through the use of dyadic strategies. All participants also enhanced their knowledge of different ways to support social and emotional development through parent-child interaction. 86% of the participants said that they could describe how the components of the PIWI model work together in the implementation process.

Outcomes

The survey results from the initial COS and Pyramid Family Coaching and PIWI trainings suggest that the trainings are having the intended effect on provider knowledge and confidence. Similarly, qualitative data from training evaluations indicated that participants viewed the trainings as effective, helpful and relevant to their practice.

The percentage of providers trained in SSIP implementation districts was an outcome established during SSIP Phase II for COS, Pyramid family coaching and PIWI trainings. Table 2 provides a breakdown of the percentage of providers trained from each SSIP implementation district by type of training.

Table 2: Percentage of providers trained in COS process, Pyramid Family Coaching and PIWI from each SSIP district in 2016

SSIP District	Number (%) providers trained COS Process	Number (%) providers trained Family Coaching and PIWI
Coastal (N=37)	3 (8 %)	2 (5%)
Dalton (N=33)	5 (15%)	3 (9%)
Columbus (N=10)	5 (50%)	3 (30%)
Gwinnett (N=50)	8 (16%)	5(10%)

*N: Number of registered providers that are targeted to be trained in each SSIP District.

The percentage of providers trained in COS process from each SSIP implementation district did not meet the projected goal of 100% within the first year of implementation. The percentage of providers trained in the Pyramid Family Coaching and PIWI model from each SSIP implementation district may not meet the goal of 90% by June 2017.

d. Measurable Improvements in The SIMR In Relation to Targets

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, progress categories c and d; measurement: Summary Statement 1).

Summary Statement 1: Of those infants and toddlers who entered or exited 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.

Table 3: Comparison of statewide percentage for APR FFY 2014 vs. FFY 2015 and by SSIP District

	2014 Percent	2015 Percent	Percent change 2014-2015
Statewide	89.8%	88.6%	-1.3%
SSIP Districts:			
Gwinnett	87.4%	87.4%	
Coastal	100%	93.1%	-6.9%
Dalton	96.3%	96.6%	0.3%
Columbus	89.0%	93.1%	4.6%

From the table above, there was an overall statewide percentage decrease of 1.3% and a 6.9% decrease for Coastal Health District. There was no change for the Gwinnett District. The Dalton District and the Columbus district experienced increases of .3% and 4.6 % respectively.

Georgia has focused implementation efforts this past year on improving infrastructure including 2 statewide trainings on the COS process for all district BCW programs. Although not all of Georgia's SSIP implementation activities for the COS are fully implemented, local practitioners may be paying more attention to how they are implementing the COS process, knowing that there is an emphasis on it at the state level. This could have caused the decrease in the overall statewide percentage of 1.3% as well as a 6.9% decrease for Coastal in the SiMR.

Additionally, the staff turnover at some local districts including local BCW leadership and practitioners could have impacted the data. Georgia plans to keep track of such changes and streamline training and support for new hires that will be involved in implementing the COS process moving forward.

Further analysis of the COS data was conducted as a result of stakeholder feedback at the January 2017 SICC meeting. Analysis of the COS data using the ECO Measurable Differences calculator revealed that the 1.3% decrease in Georgia’s SiMR measured by indicator 3A, Summary Statement 1 from FFY 2014 to 2015 is significant. Georgia experienced a larger sample size in the COS data in FFY 2015. The COS sample size for Indicator 3A Summary Statement 1 was 4332 in FFY 2014 compared to 4660 in FFY 2015. Thus, the slight percentage decrease of 1.3% for this indicator yielded a significant effect possibly due to the larger sample size in 2015.

The four SSIP implementation districts’ individual data were entered into the ECO Measurable Differences calculator and yielded the following results: Of the four implementation districts, Coastal's decrease from the previous year indicated a meaningful difference. Dalton's results

indicated a decrease that is not significant; Columbus indicated an increase that is not significant and Gwinnett's percentages did not change from the previous year.

Using the Local-to-State Meaningful Difference calculator, none of the four implementation districts had a meaningful decrease difference from the state. Dalton, Coastal and Columbus had an increase that is significant while Gwinnett's decrease is not significant.

Georgia's COS data profile provided by the ECTA Center compared to the national COS data profile reveals that Georgia has consistently reported percentages equal to or more than 1 standard deviation above the national average for Indicator 3A, progress categories c and d (the two progress categories that comprise Summary Statement 1, Georgia's SiMR) from FFY 2008 to FFY 2014. Therefore, one possible conclusion is that Georgia may have been inflating child progress by implementing the COS process incorrectly thus yielding COS ratings consistently above the national average. These data further support Georgia's strategies and activities focused on improving the COS process.

F. Plans for Next Year

Additional activities to be implemented next year with timelines are detailed in this section.

PIWI and Family Coaching trainings will be provided to additional providers at implementation sites. The goal is 90% of current and new providers at SSIP Implementation districts will receive PIWI and Family Coaching training by June 2018.

The following PIWI training redelivery schedule was developed by Master Cadres at their November 2016 training. GSU/State will provide the first trainings to providers at each district implementation site to ensure training fidelity. GSU staff and Master cadre trainers will co-lead the second training at each site. The third trainings at SSIP district implementation (and all trainings thereafter) will be provided by Master Cadre trainers with GSU staff in a supporting role.

Scheduled trainings by Master Cadres at each implementation site are:

PIWI Redelivery Schedule 2017

District	Training Date(s)	Facilitator(s)	Observer(s)
Dublin	February 20, 2017	Master Cadre	Lillie
Columbus	March 3, 2017	Lillie	Master Cadre
Dalton	March 1, 2017	Lillie & Master Cadre	Lillie
Gwinnett	March 23, 2017	Allison	Master Cadre
Savannah	February 23, 2017 (3/29, 5/25, 6/22, 9/28, 10/13, 11/8, 12/8)	Breanna & Master Cadre	Master Cadre

A Pyramid Family Coaching training schedule for additional providers in SSIP implementation districts will be developed by Master Cadres at their March 2017 training with Dr. Erin Barton, GSU staff

and state BCW staff. The training process described above for PIWI will be repeated for Family Coaching.

Future planned evaluation activities including data collection, measures and expected outcomes are summarized in Table 4. Activities reflect the changes that have been made to the SSIP as a result of learnings, stakeholder feedback, adjustments and mid-course corrections discussed in previous sections during SSIP Phase III, the first year of implementation.

Table 4: Planned evaluation activities including data collection, measures, and expected outcomes.

Improvement strategy 1A: Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families						
Type of Outcome	Outcome Description	Evaluation Questions	Key Measure /Performance Indicator	Measurement /Data Collection Method	Data Source	Timeline (projected initiation and completion dates)
Short term	Improved communication channels between local <i>Babies Can't Wait</i> programs, practitioners and state lead agency.	Do Local <i>Babies Can't Wait</i> staff at implementation sites, including new hires know: Where to access the revised COS ratings policy? Understand COS policy and procedures including composition of multidisciplinary teams for COS ratings? Available communication channels with the lead agency?	# and % positive answers on survey of <i>Babies Can't Wait</i> staff and new hires/contractors at implementation sites	State <i>Babies Can't Wait</i> team and Epidemiology team develop survey, with input from SSIP Stakeholder Team regarding effective communication for Practitioner (providers and staff). State epidemiology team send survey to practitioners via Survey Monkey, followed by collection and analysis of data for duration of SSIP	Annual Provider Survey	Begin September 2017 – Complete first annual provider survey by June 2018; repeat annually for duration of SSIP.
Short term	Improve the skill sets and knowledge of providers and	Which training methods (e.g. on-line module, in-person, conference call	The % change of knowledge and confidence of the COS process among Providers	Pre-and Post-surveys administered to providers and staff	Pre-and Post-Surveys	Begin June 2017- Complete by June 2018; continue

	staff in the COS process	etc.) were most effective to improve competency and confidence of the COS process among Providers?	by the method of training, the material was delivered (e.g. in-person, on-line, conference call etc.)			for duration of SSIP. Will be assessed when sufficient data is available
Intermediate	Practitioners at implementation sites implement the COS process with fidelity.	% of improvement from entry to exit before COS training and after COS training supported by documentation in child record % of improvement from entry to exit before COS family coaching training and after COS and family coaching training	% COS ratings that are supported by documented information in the record at entry and at exit.	EICs at implementation sites perform COS ratings data verification to determine if child information supports entry and exit COS ratings. State Epidemiology team extracts a data sample quarterly for (one) 1 year, then annually thereafter for duration of SSIP; include in report to SSIP stakeholders.	BIBS State Data Base	September 2017-June 2018; continue for the duration of SSIP
Intermediate	Each family's perspective of their child's development is included in the COS process.	Is family input reflected in the COS process for each child?	#% of child records that have documented evidence of family input in the COS process	EICs at implementation sites perform COS data verification to determine if information in child's record reflects family input in the COS process. State Epidemiology team extracts a data sample quarterly for (one) 1 year,	BIBS State Data Base	September 2017-June 2018; continue for the duration of SSIP

				then annually thereafter for duration of SSIP; include in report to SSIP stakeholders		
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 from 90% to 92%.	Have more infants and toddlers at implementation sites exited <i>Babies Can't Wait</i> at or nearer age expectations for positive social-emotional development?	State target met at implementation sites	State Epidemiology and <i>Babies Can't Wait</i> team reviews BIBS data for improvements in Outcomes 3A Summary Statement 1	BIBS State Data Base	Begin and end with APR data inspection periods for each year; continue annually for the duration of SSIP

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

Type of Outcome	Outcome Description	Evaluation Questions	Key Measure/ performance indicator	Measurement/D ata Collection Method	Data Source	Timeline (projected initiation and completion dates)
Short term	Improved COS data quality from 88% to 95% completeness of data documentation.	Is there complete data documentation for each child outcome area 3a, 3b, and 3c?	95% completeness in data documentation of COS ratings for Indicator 3 compared to previous reporting period & compared to FY 2015 baseline 88%	(PDSA) State Epidemiology and <i>Babies Can't Wait</i> team review Indicator 3 data in BIBS for each implementation site quarterly for one (1) year, then semi-annually thereafter for duration of SSIP	BIBS State Data Base	Begin October 2017-complete first measurement cycle of 4 quarters July 2018; repeat semi-annually for duration of SSIP.
Intermediate	90% of Local EICs have access to COS reports in the data system and 90% of EICs are monitor the program for improvements	Are EICS at implementation sites accessing COS reports in the data system in accordance with state policy? Are EICS identifying data quality issues?	90% EICS in implementation sites who monitor their COS data quarterly	(PDSA) EICs are able to access COS reports through the BIBS data system	BIBS state Data System	July 2017-June 2018; continue quarterly for duration of SSIP

<p>Long term</p>	<p>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 from 90% to 92%</p>	<p>Have more infants and toddlers from implementation districts exited <i>Babies Can't Wait</i> at or nearer age expectations for positive social-emotional development?</p>	<p>State target met</p>	<p>State Epidemiology and <i>Babies Can't Wait</i> team reviews BIBs data for improvements in Outcomes 3A Summary Statement 1</p>	<p>BIBS State Data Base</p>	<p>Begin and end with APR data inspection periods for each year; continue annually for the duration of SSIP.</p>
-------------------------	--	--	-------------------------	---	-----------------------------	--

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

Type of Outcome	Outcome Description	Evaluation Questions	Key Measure/ performance indicator	Measurement/ Data Collection Method	Data Source	Timeline (projected initiation and completion dates)
Short term	Training requirements are established for new and ongoing practitioners at implementation sites.	Is <i>Pyramid Model: Family Coaching and PIWI</i> training available to new practitioners who enter <i>Babies Can't Wait</i> after the face to face statewide training is completed at implementation sites?	80% of new practitioners at implementation sites complete state required Pyramid training on the PD website within 6 months of hire date or contract date.	Training registration and certification process managed by the state and state Professional Development vendor VSU. The state uses Eventbrite for registration and then VSU tracks CEUs based on the attendance sheet; data collected on practitioner status (new, existing) for duration of SSIP.	State Professional Dev. vendor database	Begin June 2017- Complete measurement cycle June 2018; continue for the duration of SSIP Professional dev. tracking capability for Pyramid trainings will be established by June 2017; ongoing tracking will continue for duration of SSIP.
Short term	BCW staff (state and local level), Providers and Master Cadres at implementation sites that have improved their knowledge about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model: PIWI	Has knowledge, confidence and understanding of the Pyramid Model: PIWI increased among BCW staff (state and local-level), Providers and Master Cadre's Has the BCW employee, Provider and Master Cadre built competence and confidence in parents to support their child's	25% or more staff, providers and Master Cadres have increased knowledge and confidence demonstrated by improved understanding on a proficiency post-test administered after all trainings. 25% or more parents have increased knowledge and confidence demonstrated by improved understanding	(PDSA) State <i>Babies Can't Wait</i> team and Epidemiology provide post-test to parents, practitioners (providers and staff) who participated in training. State Epidemiology team collect and compile data The PSP will provide survey to parents at each visit; data analysis will be provided by MCH Epi team.	Pre and Post Surveys Survey	Begin September 2017- complete September 2018

		emotional development?				
Intermediate	<i>Babies Can't Wait</i> workforce (providers and staff) at implementation sites will have expertise in <i>Pyramid Model: Family Coaching and PIWT</i> evidence-based practices for improving social-emotional skills in young children.	Do practitioners at implementation sites implement the <i>Pyramid Model: Family Coaching and PIWT</i> practices as intended?	25% <i>Babies Can't Wait</i> workforce (providers and staff) at implementation sites who correctly demonstrate Pyramid practices with fidelity	Observation of trained practitioners completed by Pyramid Master Cadre trainer at recommended intervals after training using checklist and observation tools developed by TACSEI or CSEFEL, based on recommended intervals for duration of SSIP and ongoing	Surveys	Begin July 2017- Complete measurement cycle June 2018; continue for the duration of SSIP Demonstration of Pyramid practices with fidelity will be assessed after roll out of training for additional providers at implementation sites.
Intermediate	Online PD platform and database established for ensuring provider completion of state required training at implementation sites.	What is the method for ensuring practitioner completion of <i>Pyramid Model: Family Coaching and PIWT</i> training at implementation sites?	90% practitioners at implementation sites who complete training as evidenced by certificate of completion and provider listing in training database with dates of training	Certification process; Training database maintained and monitored by the state and state vendor VSU. The state uses Eventbrite for registration and then VSU tracks CEUs based on the attendance sheet	state vendor VSU database	Began July 2016- Complete measurement cycle June 2018; continue for the duration of SSIP
Intermediate	Families will have improved understanding of and confidence in strategies to support their child's social-emotional development.	Do families have an increased understanding and confidence in their capability to support their child's social-emotional development?	25 % of families who positively report understanding and confidence on an assessment tool	(PDSA) Pre-and posts Assessment tool administered to families by PSP prior to additional provider training by Master Cadres at implementation sites and again at 6-month intervals for duration of SSIP	Pre-and Post Surveys	Begin September 2017 - Complete measurement cycle June 2018; continue for the duration of SSIP
Long term	Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive	Have more infants and toddlers exited <i>Babies Can't Wait</i> at or nearer age expectations for positive social-	State target met	State Epidemiology and <i>Babies Can't Wait</i> team reviews BIBS data for improvements in Outcomes 3A Summary Statement 1	BIBS State Data Base	Begin and end with APR data inspection periods for each year; continue annually for the duration of SSIP.

	social-emotional skills including social-relationships from 90% to 92%.	emotional development?				
--	---	------------------------	--	--	--	--

Anticipated barriers that may be encountered include state and local staff turnover as well as delays in implementation related to available personnel and funding. To address barriers and delays, state BCW staff will solicit recommendations from stakeholder groups including the Service Delivery committee, the Pyramid Implementation team, the SICC, and district EICs. State BCW leadership will seek support from DPH leadership in developing solutions to implementation barriers.

Technical assistance and support will continue to be utilized from partners with four OSEP national TA centers: the Early Childhood TA Center (ECTA), Center for IDEA Early Childhood Data Systems (DaSy), National Center for Systemic Improvement (NCSI) & IDEA Data Center (IDC). Technical assistance and support from these national TA partners will be utilized in the evaluation of future implementation activities including the redelivery of Pyramid Family Coaching and PIWI trainings by the Master Cadres at implementation sites, 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.

Appendix



Georgia State Systemic Improvement Plan (SSIP)

What is SSIP?

The State Systemic Improvement Plan (SSIP) is a multi-year plan that describes how Georgia will improve outcomes for children with disabilities served under Part C of the Individual Disabilities Education (IDEA). It is part of the Office of Special Education Programs' (OSEP) Results Driven Results Driven Accountability framework (RDA). SSIP is an added requirement to the State Performance Plan (SPP) and is identified as Indicator 11.

What is SiMR?

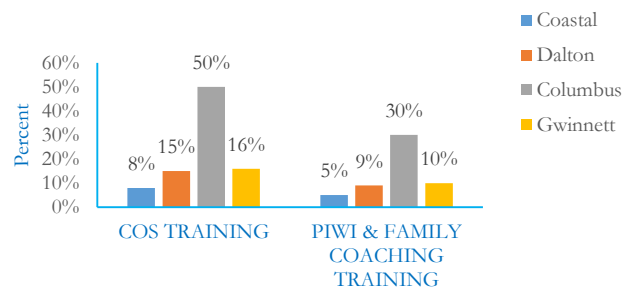
Georgia will see improvement in the percentages (%) of infants and toddlers who are nearer or meet age expectations for positive social-emotional skills including social relationships as measured by Annual Performance Review (APR) Indicator 3A, Summary Statement 1.

Our Progress.....

Table 1: Number and Percentage of providers trained in SSIP Districts

SSIP District	COS Process	Family Coaching and PIWI
Coastal (N=37)	3 (8%)	2 (5%)
Dalton (N=33)	5 (15%)	3 (9%)
Columbus (N=10)	5 (50%)	3 (30%)
Gwinnett (N=50)	8 (16%)	5 (10%)

Fig 1: Percent of Providers trained in SSIP Districts



*N: Number of registered providers that are targeted to be trained in each SSIP District.

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 Policy: Completed in September 2016. Reviewed and approved by DPH leadership late February 2017. To be posted on DPH website in April 2017.
- COS Trainings: 155 participants. (23.2%) from SSIP districts; (75.5%) from other local districts and (1.3%) state employees.

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

- Access to ECO Decision Tree in BIBS used in development and reporting of individual COS ratings.
- Access to COS reports by state and EICs enabling real time data review for indicator 3A summary statement 1.
- Monitoring progress towards achieving intended improvements to infrastructure and the SiMR.

Improvement strategy 2A: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and Parents Interacting With Infants (PIWI).

- Pyramid Family Coaching and PIWI model trainings: 61 participants. (47%) from SSIP districts; (7%) Dublin Health District; (18%) state employees and (28%) other early childhood partner agencies.
- PIWI training to EICs and Master Cadres from SSIP districts, November 2016.
- Family coaching training to EICs and Master Cadres from SSIP districts, March 2017.
- Master Cadres (10) are trained and scheduling trainings at district implementation sites.
- State provided on-line access to Pyramid Training materials.

