

Georgia Department of Public Health

Babies Can't Wait Program

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

PHASE III Year 2

April 2018

Georgia Babies Can't Wait

SSIP Phase III Year 2 Report

A. Summary of Phase III Year 2

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

During Phase III Year 2 (SFY 18) of Georgia's State Systemic Improvement Plan (SSIP) for the Part C Early Intervention – Babies Can't Wait (BCW) program, implementation focused on strategies and activities developed during Phase II. In addition activities were and further refined during Phase III 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.

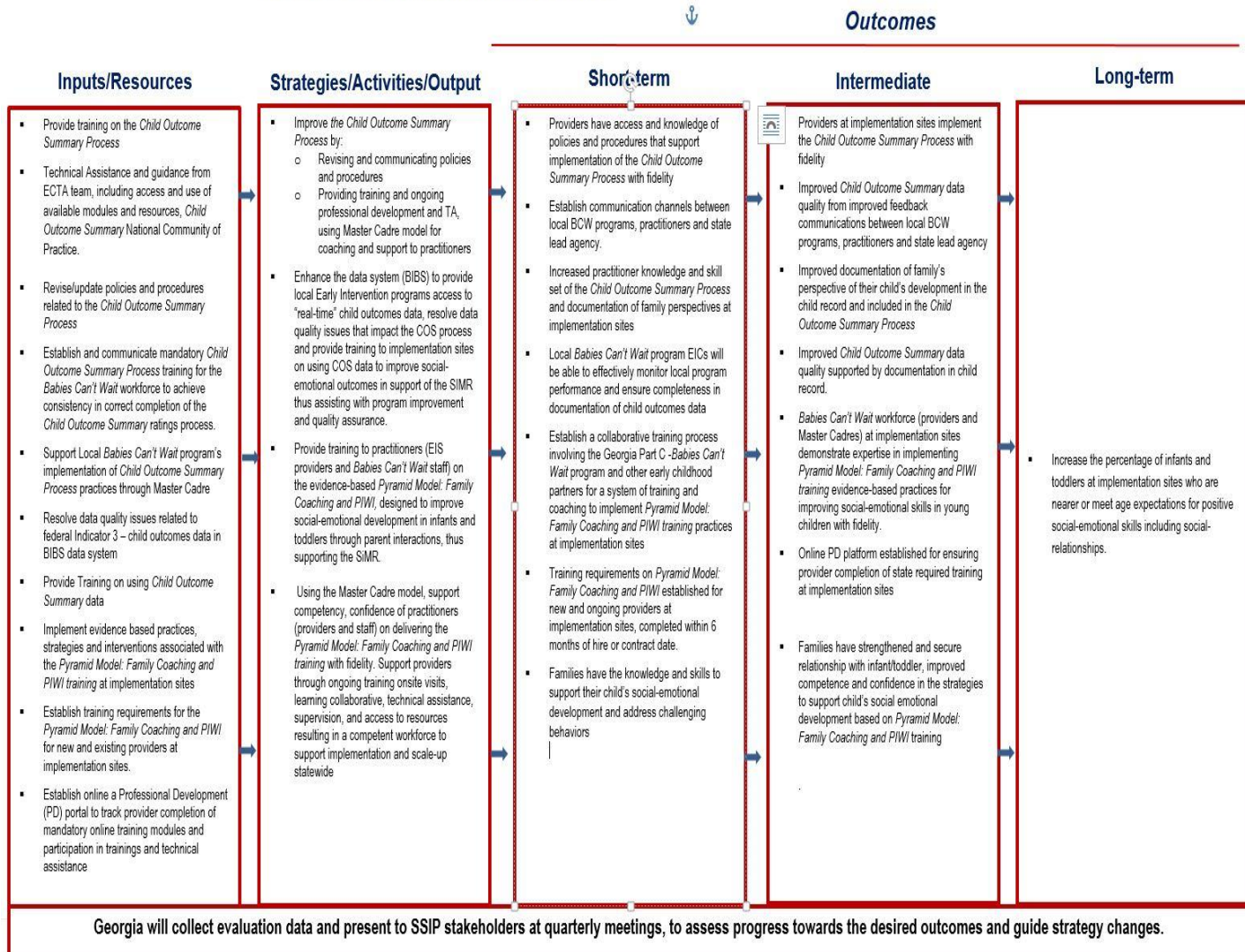
Components	If	Then	Then	Then (from OSEP's ToA)
Governance	If BCW develops and implements written policies practices and procedures on the implementation of evidence-based practices related to development of positive social-emotional skills including social relationships	Local Early Intervention programs 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 If BCW enhances the current data system (BIBS)	Local Early Intervention personnel will be able to make data-based decisions about effective evidence-based practices with young children 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.

Georgia Part C SSIP Phase II Logic Model



2. Improvement Strategies and Activities

Over the past year, improvement strategies identified in SSIP Phase II and further refined in Phase III were implemented at four (4) Local BCW 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 including Child Outcome Summary (COS) policy implementation (Strategy 1 A), implementation of online COS module training for all providers (Strategy 1 A), and rolling out evidence-based practices of the Pyramid model (Strategy 2 A) through training a second cohort of providers at 4 district implementation sites selected during SSIP Phase 1.

A summary of activities and progress appears in Section B below. Additional details are provided in Table 2. Progress/Status of Activities for each Improvement Strategy, Measures and Changes /Adjustments.

B. Progress in Implementing the SSIP

Infrastructure Improvements:

COS Policy Development (Strategy 1 A)

Over the past year, a new COS policy was implemented that specifies team composition and procedures for developing COS ratings, data entry into the BCW database as well as training requirements for practitioners who develop child outcome ratings. The COS policy is included in the new BCW Policy Manual with all policies that have been recently revised or developed. The COS Policy has been distributed to local EICs, posted to the BCW website and to the state Babies Information and Billing System (BIBS) database. Statewide training that included the new COS policy was held with all local EICs in conjunction with training on the new BCW Policy Manual in October, 2018.

COS Trainings (Strategy 1 A)

The Early Childhood Technical Assistance (ECTA) Center and IDEA Early Childhood Data Systems (DaSy) online ***Child Outcomes Summary (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 are now required to complete the online COS training module within 60 days of hire or contract date. Statewide 100% of required providers have completed the online COS training module. A survey of all providers who completed the online COS training module was conducted by VSU in February 2018. See Table 2 for more details and Section C. Data on Implementation and Outcomes for survey results.

The COS module provider survey discussed above has been added to the end of the online COS training module prior to the quiz required for provider certification of COS module completion by VSU. This will allow provider survey data collection to occur in conjunction with COS module completion.

COS Data System Improvements (Strategy 1 B)

Data system enhancements completed the previous year have made it possible for Early Intervention Coordinators (EICs) at the district level to access COS reports and to monitor their COS data locally. Last year's data system enhancements included the addition of standard COS reports for APR Indicator 3 to the database, the addition of the Early Childhood Outcomes (ECO) Decision Tree for ease of access during COS process and required data fields that reflect COS team participants to ensure team and parent participation in accordance with new COS policy. Data system improvements planned during SSIP Phase II have been completed.

Effective January 2018 a COS data checklist has been added to the quarterly report completed by EICs in SSIP districts to determine if information in child records supports COS ratings and to determine if family input is reflected in the COS process. See Table 2 for further details.

Implementation of Evidence Based Practices: Pyramid Model

Pyramid Training Cohort 2 (Strategy 2 A)

A second cohort of Pyramid trainings was delivered to Service Coordinators and Special Instructors this year in the four SSIP implementation districts (Dalton, Columbus, Coastal, and Gwinnett) and a fifth district (Dublin) in order to implement evidence-based practices that will lead to improvements in the SiMR. The Master Cadre trainers in each SSIP implementation district conducted trainings with assistance and support provided by Georgia State University (GSU) staff. GSU staff and the Master Cadre from each SSIP implementation district were previously trained during Cohort 1 of Pyramid training.

Cohort 1 of Pyramid training included the Parents Interacting with Infants (PIWI) training conducted by Dr. Tweety Yates of University of Illinois in Winter 2016 and Family Coaching training conducted by Dr. Erin Barton of Vanderbilt University in Summer 2016.

Cohort 2 of Pyramid training consisted of three modules: Family Coaching, PIWI Model and Tier III: Understanding and Addressing Challenging Behaviors. A train-the-trainer model was used to build district capacity so that Master Cadre were supported through the process of becoming trainers. The first district level training involved one Georgia State University - Center for Leadership in Disability (GSU-CLD) Technical Assistance (TA) provider co-presenting the training to one cohort of providers along with the district Master Cadre. The second district level training involved the district Master Cadre delivering the training while a GSU-CLD TA provider observed, checked for fidelity and documented feedback.

Faculty and staff of the GSU-CLD assisted in the adaptation and delivery of three training modules aimed at integrating principles of the Positive Behavior Support (PBS) approaches with the Pyramid Model. The selection of Pyramid Model evidence based practices during SSIP Phase II built upon the foundation of PBS training that was previously delivered by GSU to BCW providers and parents from 2014-2015.

Georgia State University (GSU) conducted evaluation and analysis of the three Pyramid training modules. Results of the analysis are discussed in Section C. Data on Implementation and Outcomes.

Module 1: PIWI Training

PIWI training was created by Dr. Tweety Yates of University of Illinois in collaboration with The Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

Cohort 2 of Pyramid training over the past year generally included two PIWI trainings delivered in each of the four SSIP implementation districts and one additional district. Service Coordinators and Special Instructors within each district were trained. All PIWI trainings were completed between February-June 2017. Training results are discussed in Section C. Data on Implementation and Outcomes.

Module 2: Family Coaching Training.

Family Coaching Training was created by Dr. Erin Barton of Vanderbilt University.

For Cohort 2 an abbreviated version of Family Coaching training was used. This training module was created by Dr. Barton in partnership with West Virginia. The abbreviated training was combined with content and expertise from GSU-CLD. The resulting training module was then formatted into a 90-minute pre-recorded webinar, with an accompanying activity packet to be completed as the webinar is viewed. The webinar and accompanying activity packet were then distributed throughout the five BCW districts to every service coordinator and special instructor. All Service Coordinators and Special Instructors in each district were given until September 30, 2017 to complete the webinar and its associated activity packet.

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 provided to Master Cadre from the five targeted BCW Health Districts in September 2017 to build their confidence and competence in training additional practitioners to support families with children facing persistent, challenging behaviors. Training of additional providers in implementation districts began on October 6, 2017. All scheduled trainings are due for completion by March 2018.

Pyramid Provider Self-Assessment (Strategy 2 A)

A Pyramid Provider Self-Assessment and Observation tool was developed with stakeholder input from the Pyramid Implementation Team to determine if practices are being implemented as intended. The first online provider survey data collection occurred January-February 2018. See Table 2 for additional details. The Survey uses a 4-point rating scale consisting of 8 questions that assess provider practices. Choices for rating practices were: Never, Rarely, Most of the time and Always.

Provider Observations (Strategy 2 A)

A subgroup of providers will be selected for observation based on the analysis of Cohort II pre and post training test scores. EICs in SSIP implementation districts will select 2 high and 2 low scorers for observation by a Master Cadre trainer. Four providers per quarter will be observed on a rotating

basis so that all trained providers have an opportunity to be observed over an 18 month - two year period in each district. Observation results will be used to set criteria for refresher training.

Family Survey (Strategy 2 A)

A Family Survey was developed with stakeholder input from the Pyramid Implementation Team to determine if practices are being perceived as intended and if families understand and are confident in their ability to support their child’s social-emotional development. The first Family Survey data collection is projected to begin May 2018.

Technical assistance in development of both tools, Pyramid Provider Self-Assessment and Observation tool and 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 in survey development was received from Allison O’Hara of GSU, trainer of SSIP Master Cadres as well as Georgia’s TA partners from ECTA, DaSY, Scientific Research Institute (SRI) and IDEA Data Center (IDC).

Brief Overview of Evaluation Activities, Measures, Outcomes and Progress in Implementing the SSIP including Adjustments or Changes

Table 1 below lists Improvement Strategies and Intended Outcomes. Table 2 contains a brief overview of evaluation activities, measures, outcomes and progress in implementing the SSIP as well as adjustments or changes that were made.

Table 1: Improvement Strategies and Intended 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.	
Outcome	Outcome Description
Short term	Practitioners have access to policies and procedures that support implementation of the COS process with fidelity.
Short term	Improved communication channels between local BCW programs, practitioners and state lead agency.
Short term	Improved skill sets and knowledge of providers and staff in the COS process
Intermediate	90% of Local EICs have access to COS reports in the data system and 90% of EICs are monitoring the reports for improvements
Intermediate	Practitioners at implementation sites implement the COS process with fidelity.
Intermediate	Each family’s perspective of their child’s development is included in the COS process.
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%.
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	
Short term	Improved COS data quality from 88% to 95% completeness of data documentation.

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%.
Improvement strategy 2A: <i>Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and PIWI</i>	
Short term	Training is conducted for new and ongoing practitioners at implementation sites.
Short term	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: PIWI
Intermediate	BCW workforce (providers and staff) at implementation sites will implement <i>Pyramid Model: Family Coaching and PIWI</i> as intended
Intermediate	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 from 90% to 92%.

Table 2: Progress/Status of Activities for each Improvement Strategy, Measures and Changes /Adjustments

Improvement strategy 1A: Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families.				
Activities to Meet Outcomes	Measures/Steps to implement activities	Timeline (projected initiation & completion dates)	Progress/Status and Evidence	Description of Changes/Adjustments
<p>Improve <i>the Child Outcome Summary Process</i> by:</p> <ul style="list-style-type: none"> ○ Revising and communicating policies and procedures ○ Providing training and ongoing professional development and TA 	<p>Verbal and written stakeholder feedback that informed COS Policy development, email from the state office to the EICS containing the COS Policy and the link to the COS Policy posted on the BIBS database.</p> <p>Quantitative data: Policy Training attendance lists</p>	<p>April 2017- Oct 2017</p>	<p>Status: Completed Progress</p> <p>New COS policy was implemented that specifies team composition and procedures for developing COS ratings, data entry into the BCW database as well as training requirements for practitioners who develop child outcomes ratings</p> <p>COS Policy has been distributed to local EICs and posted to the</p>	<p>COS Policy: Approval and implementation were delayed due to changes in DPH leadership this year. As a result, timelines for posting the approved COS policy on the BCW website and communicating the official COS policy to the field were delayed until October 2017.</p> <p>Regional coordinators: Plans for Regional Coordinators to support COS Master Cadres in SSIP implementation</p>

	and certificates of training		<p>state BCW website and BIBS database.</p> <p>Statewide training that included the new COS policy was held with all local EICs in conjunction with training on the new BCW Policy Manual in October, 2018. Ongoing training and technical assistance will be provided by state BCW Regional Coordinators.</p>	<p>districts were canceled as reported in the April 2017 SSIP submission due to limited state BCW personnel. However, personnel challenges were resolved. Consequently, two Regional BCW coordinators are now in place in the North Georgia and the Metro area. Recruitment and hiring of a third Regional Coordinator is in process as of February 2018. Regional Coordinators provide TA and support to local programs in COS Policy and Procedures as well as all BCW Policies and Procedures.</p>
COS Training using ECTA COS online Modules	<p>Certificates of COS module completion issued by VSU</p> <p>Online survey: February 2018, VSU surveyed providers who completed the COS module to assess 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.</p>	July 2017-September 2017 and ongoing for the duration of SSIP	<p>Status: Completed this year; ongoing next year</p> <p><u>Progress</u></p> <p>Effective July 1, 2017 all current Service Coordinators and Special Instructors statewide were required to complete the ECTA and DaSY online COS training module available on the state PD website managed by Valdosta State University (VSU) by September 30, 2017;</p> <p>New Service Coordinators and Special Instructors must complete within 60 days of hire or contract date; Score of 80% on final quiz required for</p>	<p>Provider survey: The provider survey was delayed due to delays in COS Policy approval that resulted in delayed posting of COS Policy to BCW website and delayed communication of COS Policy to the field. Consequently, the provider survey did not occur until February, 2018.</p>

			Certificate of completion. Those who don't pass receive an email notice to review COS modules and retake final quiz. No limit on attempts to pass quiz.	
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				
Activities to Meet Outcomes	Measures/Steps to implement activities	Timeline (projected initiation & completion dates)	Progress/Status and Evidence	Description of Changes/Adjustments
Monitor complete data documentation for each child outcome area 3a, 3b, and 3c and resolve data quality issues that impact the COS process and provide training to implementation sites on using COS data to improve social-emotional outcomes in support of the SiMR	MCH Evaluation Team will analyze COS checklist data from quarterly report after the first data collection cycle ends March 2018. Anticipated start date of data analysis is May 2018.	Jan 2018- duration of SSIP	<p>Status: Completed</p> <p><u>Progress</u> COS Data Checklist: Effective January 2018 a COS data checklist was developed and added to the quarterly state report completed by local EICs in SSIP implementation districts. EICs will review a sample of entry and exit ratings from 10 individual child records quarterly in BIBS to determine if:</p> <ul style="list-style-type: none"> • COS ratings are supported by information in COS evidence boxes, progress notes and evaluation information; and • Family input is reflected in the COS process. <p>Status: Ongoing COS data checklist added to quarterly</p>	

			reporting requirement for SSIP implementation districts in preparation for scaling up to statewide implementation of the COS data checklist.	
Improvement strategy 2A: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and PIWI				
Activities to Meet Outcomes	Measures/Steps to implement activities	Timeline (projected initiation & completion dates)	Progress/Status and Evidence	Description of Changes/Adjustments
Provide training to practitioners (EIS providers and BCW staff) on the evidence-based <i>Pyramid Model: Family Coaching and PIWI</i> , designed to improve social-emotional development in infants and toddlers through parent interactions, thus supporting the SiMR.	Attendance records and pre-and post-survey data of participants' perceptions of knowledge gained and satisfaction with the training collected by GSU.	April 2017-March - 2018; ongoing for duration of SSIP	<p>Status: Training of second cohort in SSIP implementation districts completed</p> <p><u>Progress:</u> Pyramid Training Trainings consisting of three modules were delivered to a second cohort composed of Service Coordinators and Special Instructors in the 4 SSIP implementation districts (Gwinnett, Coastal, Columbus, and Dalton) and one additional district (Dublin). Second cohort of training in SSIP implementation districts will be completed when Gwinnett holds Tier III training in March 2018. Dalton, Coastal and Columbus districts completed the series during December 2017 and January 2018. Training was provided by the Master Cadre in SSIP implementation districts and GSU staff</p>	<p>At the recommendation of Pyramid Implementation Team a third module Tier III: Understanding and Addressing Challenging Behaviors was added to Cohort 2</p> <p>Scale Up Plans: Stakeholder recommendations from the SSIP Implementation Team being added to next year's plans for the 4 SSIP implementation districts include:</p> <ul style="list-style-type: none"> • Further coaching and technical assistance provided by GSU staff on use of Functional Behavior Assessments and Individualized Positive Behavior Supports at Tier III. • Plans for Master Cadre to provide a minimum of two

			<p>who were trained during the first training cohort last year by Dr. Erin Barton and Dr. Tweety Yates.</p> <p>Ongoing training planned for development of additional master cadre and new providers in SSIP implementation districts.</p>	<p>PIWI trainings for new staff per calendar year, as well as, two Tier III trainings for new staff per calendar year.</p> <ul style="list-style-type: none"> Newly hired staff will be required to complete the online, 90-minute Family Coaching-Pyramid Model Webinar and associated activities within the first two weeks of their hire date. Additional master cadre trainers to be recruited from those previously trained in SSIP implementation districts.
<p>Using the Master Cadre model, support competency, confidence of practitioners (providers and staff) on delivering the <i>Pyramid Model: Family Coaching and PIWI training</i> with fidelity. Support providers through ongoing training onsite visits, learning collaborative, technical assistance, supervision, and access to resources resulting in a competent workforce to support implementation and scale-up statewide</p>	<p>An Online Self-Assessment Survey conducted to determine if providers are implementing practices as intended after Pyramid training in SSIP implementation districts.</p>	<p>August 2017- February 2018; ongoing for duration of SSIP</p>	<p>Status: Ongoing</p> <p><u>Progress</u> Pyramid Practices Pyramid Provider Self-Assessment An online survey was developed August – December 2017 and conducted January - February 2018. Participants in one or more Pyramid trainings at SSIP district implementation sites were surveyed.</p> <p>A subgroup of respondents will be selected for further observation by the master cadre in each SSIP implementation district (see Provider Observations, page 7). First measurement</p>	<p>Changes to the evaluation plan timeline for data collection of Pyramid Provider Self-Assessment Survey and provider observations were necessary due to limited time and personnel to complete the task.</p>

			<p>cycle will consist of 4 observations per SSIP district (total = 16 -20).</p> <ul style="list-style-type: none"> • First Pyramid Provider Self-Assessment survey measurement cycle completed February 2018; a total of three measurement cycles to be completed by February 2019. • Master Cadre begin first subgroup observations April – June 2018; a total of three measurement cycles to be completed by February 2019. 	
Improved Family understanding of and confidence in strategies to support their child’s social-emotional development		March 2018-February 2019	<p>Status: Ongoing</p> <p><u>Progress</u></p> <p>Family Survey A Family Survey was developed that will be used to:</p> <ul style="list-style-type: none"> • assess family perception of Pyramid practices • Family competence and confidence in strategies and support received. <p>Families will be surveyed who received support from providers trained during the second cohort of Pyramid trainings at SSIP implementation sites.</p>	Changes to the evaluation plan timeline were necessary to reflect that the first data collection from the Family Survey is projected for completion by July 2018 and ongoing at least annually. Changes were necessary due to limited time and personnel to complete the task.

			A field test will be conducted with focus group of families in March 2018 with implementation expected April 2018; three measurement cycles to be completed by February 2019.	
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2. Stakeholder Involvement in SSIP Implementation and Evaluation

COS Policy Development (Strategy 1 A)

Stakeholders on the BCW Service Delivery Committee assisted in developing and editing the COS policy via monthly conference calls with BCW state staff. EIC Stakeholder written and verbal input was solicited and received on COS Policy and all BCW Policies during face to face training in October 2017 and via email in January 2018.

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.

Additionally, the Pyramid Implementation Team described below provided input regarding the data collection process using the COS data checklist tool for a record review as part of the EIC quarterly report.

Pyramid Implementation (Strategy 2 A)

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

Because of feedback and recommendations from the Pyramid Implementation Team, a third Pyramid training module, Tier III: Understanding and Addressing Challenging Behaviors, was added for training SSIP district providers (Service Coordinators and Special Instructors). It was the consensus of the Pyramid Implementation Team that an additional training module was needed to equip providers with knowledge, skills and tools to support parents and caregivers of children with behaviors that require intensive interventions at Tier III of the Pyramid model. GSU staff developed the module and provided face to face training to the master cadre for each SSIP district. The master

cadre and GSU staff then redelivered the module to other providers in SSIP implementation districts.

The Pyramid Implementation Team provided input into the evaluation process during the development of the Pyramid Provider Self-Assessment Survey/Observation Checklist and the Family Survey. Their recommendations were used to identify and refine survey questions and in decisions regarding the data collection process.

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 2017, August 2017, October 2017 and February 2018. An in-depth SSIP evaluation report with stakeholder engagement activity is planned for the April 2018 State ICC meeting. State ICC stakeholder input from the April 2018 will be incorporated into the evaluation plan for next year as in previous years.

C. Data on Implementation and Outcomes

The MCH Evaluation 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 Maternal Child Health (MCH) Evaluation 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 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 BIBS data system 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)

The table below shows the progress of evaluation of intended outcomes with implementation status and results.

Table 3: Progress of evaluation of Intended Outcomes

Improvement strategy 1A: <i>Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families</i>						
Type of Outcome	Evaluation Questions	Performance indicator	Measurement / Data Collection Method	Timeline	Status	Results
Short term- Practitioner have access to policies and procedures that support implementation of the COS process with fidelity.	<p>Has COS policy been written, approved and communicated to the field for use?</p> <p>Does the policy specify training requirements for practitioners who will be rating child outcomes?</p>	COS policy that specifies ratings procedures and training requirements written, approved, and communicated to district EICs and practitioners posted on the BCW website.	<p>Policies, procedures and official communication are posted on website</p> <p>Link to ECTA Child Outcome Summary Process modules and face-to-face recorded training is posted on the Professional Development website hosted by VSU.</p>	April 2017-Oct. 2017	<p>Completed <u>Evidence</u> COS Policy Implemented, distributed to local EICs and posted to the state BIBS database. Policy statewide training held in October, 2017. Link to ECTA Child Outcome Summary Process modules available on VSU website. Video for the face to face training posted on BCW website in August 2017</p>	COS policy implemented that will improve practice by specifying training requirements for practitioners and COS team composition including parent/caregiver participation in rating child outcomes

<p>Short term- Improved communication channels between local BCW programs, practitioners and state lead agency.</p>	<p>Do Local BCW 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?</p>	<p>Number and percent positive answers on survey of BCW staff and new hires/contractors at implementation sites</p>	<p>Improved communication channels between local BCW programs, practitioners and state lead agency.</p>	<p>Feb. 2018</p>		<p>92% of practitioners know where to access the policies and procedures that support implementation of the COS process with fidelity. 95% of practitioners understand COS Policy and procedures including composition of multidisciplinary teams for COS ratings. 82% of practitioners agreed that communication channels were available with the lead agency.</p>
<p>Short term- Improve the skill sets and knowledge of providers and staff in the COS process</p>	<p>Was the online COS module training effective in improving competency and confidence of the COS process among Providers?</p>	<p>Number and Percent of providers who respond positively that competency and confidence of the COS process was improved after taking the online COS module</p>	<p>Post training survey (developed in collaboration with VSU) as providers complete the COS module online training</p>	<p>Phase III Year 2: Feb. 2018 Phase III Year 3: Continue for SSIP duration</p>	<p>Completed Met performance indicator: 88% - 90% of the providers reported adequate knowledge of COS Process as measured on post-training questionnaire.</p>	<p>88% of the providers reported that the training improved their competency in the COS Process 90% of the providers improved their confidence in implementing the COS Process as a result of the training</p>
<p>Intermediate - 90% of Local EICs have access to COS reports in the data system and</p>	<p>Are EICs at implementation sites accessing COS reports in the data system in</p>	<p>90% EICs in implementation sites who monitor their</p>	<p>[Plan Do Study Act (PDSA)] EICs can access COS reports through the</p>	<p>July 2017- Ongoing</p>	<p>Completed Exceeded performance indicator:</p>	<p>100% of local EICs have access to COS reports 100% of EICs at implementation sites</p>

<p>90% of EICs are monitoring the reports for improvements</p>	<p>accordance with state policy?</p> <p>Are EICS identifying data quality issues?</p>	<p>COS data quarterly</p>	<p>BIBS data system</p>		<p>100% of All local EICs have access to COS reports</p> <p>100% of EICs at implementation sites are monitoring their data quarterly using required COS data checklist.</p> <p><u>In Process:</u> Addition of a COS data checklist to the quarterly report for EICs in SSIP districts to report any data quality issues identified</p>	<p>are monitoring their data</p> <p>NA</p>
<p>Intermediate - Practitioners at implementation sites document the COS process with fidelity.</p>	<p>Percent of improvement from entry to exit before COS training and after COS training supported by documentation in child record</p> <p>Percent of improvement from entry to exit before COS family coaching training and after COS and family coaching training</p>	<p>Percent COS ratings that are supported by documented information in the record at entry and at exit.</p>	<p>EICs at implementation sites perform COS ratings data verification to determine if child information supports entry and exit COS ratings.</p> <p>State MCH Evaluation Team will extract a data sample quarterly for (one) 1 year, then annually thereafter for</p>	<p>April 2018 -July 2018; continue for the duration of SSIP</p>	<p><u>In Process:</u> Timeline extended to report on intermediate</p> <p><u>Evidence:</u> Addition of a COS data checklist to the quarterly report for EICs in SSIP districts to determine if information in child records supports COS ratings</p>	<p>NA</p>

			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?	Number and Percent 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 MCH Evaluation Team extracts a data sample quarterly for (one) 1 year, then annually thereafter for duration of SSIP	April 2018-July 2018; continue for the duration of SSIP	<u>In Process:</u> Timeline extended to report on intermediate outcome. <u>Evidence:</u> Addition of a COS data checklist to the quarterly report for EICs in SSIP districts to determine if family input is reflected in the COS process.	NA
Improvement strategy 1B: <i>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</i>						

Type of Outcome	Evaluation Questions	Performance indicator	Measurement / Data Collection Method	Timeline	Status	Results
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	(PDSA) State MCH Evaluation team and BCW team review Indicator 3 data in BIBS for each implementation site quarterly for one (1) year, then semi-annually thereafter for duration of SSIP	Begin May 2018- complete first measurement cycle of 4 quarters for 1 year; repeat semi-annually for duration of SSIP.	<u>In Process:</u> Timeline extended to report on intermediate outcome <u>Evidence:</u> Addition of a COS data checklist to the quarterly report for EICs in SSIP districts to determine if information in child records supports COS ratings, family input is reflected in the COS process and to report any data quality issues identified	NA
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 BCW at or nearer age expectations for positive social-emotional development?	State target met	State MCH Evaluation team and BCW team reviews BIBS data for improvements in Outcomes 3A Summary Statement 1	During Annual Performance Review (APR) data inspection periods for each APR reporting period July 1, 2016 to	Completed Reviewed APR Data for Indicator 3A summary statement 1 for the FY2016 (July 1, 2016 to June 30, 2017)	Overall, 86% of infants and toddlers at implementation sites were nearer or met age expectations for positive social-emotional skills including social-relationships.

				June 30, 2017		
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Improvement strategy 2A: *Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and PIWI*

Type of Outcome	Evaluation Questions	Performance indicator	Measurement / Data Collection Method	Timeline	Status	Results
Short term- Training is conducted for new and ongoing practitioners at implementation sites.	Is <i>Pyramid Model: Family Coaching PIWI</i> and TIER III training conducted for new and current practitioners 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 GSU.	Begin June 2017- Complete measurement cycle June 2018; continue for the duration of SSIP	<u>In Process:</u> Started June 2017; ongoing tracking for duration of SSIP. <u>Evidence:</u> Registration Sign in sheets available for practitioners that attend pyramid trainings Certification process by the state office for practitioners who have completed the trainings.	90% of new and ongoing practitioners at implementation sites have completed state required Pyramid training. (See Table 4A)
Short term- BCW staff (state and local level), Providers and Master Cadres at	Has knowledge, confidence and understanding of the Pyramid	25% or more staff, providers and Master Cadres have increased knowledge and	(PDSA) State BCW team and MCH Evaluation team provide post-test to	Begin September 2017- complete	Completed Met and exceeded performance goal:	(See Tables 4B and C) PIWI training: 93% of the providers demonstrated increased content knowledge.

<p>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: PIWI</p>	<p>Model: PIWI, Family Coaching and TIER III increased among BCW staff (state and local-level), Providers and Master Cadre's</p> <p>Has the BCW employee, Provider and Master Cadre built competence and confidence in parents to support their child's emotional development?</p>	<p>confidence demonstrated by improved understanding on a proficiency post-test administered after all trainings.</p> <p>25% or more parents have increased knowledge and confidence demonstrated by improved understanding</p>	<p>parents, practitioners (providers and staff) who participated in training. State MCH Evaluation Team collect and compile data</p> <p>The PSP will provide survey to parents at each visit; data analysis will be provided by MCH Epi team.</p>	<p>September 2018</p>	<p>92% of the providers demonstrated increased content knowledge following participation in the Pyramid Model training.</p> <p><u>In Process:</u> A Family survey has been developed. Planning to field test in March 2018 with implementation goal of April 2018</p>	<p>Average content knowledge scores across districts increased by 30.7% from pre- to post-assessment.</p> <p>Pyramid-Family Coaching webinar: 87% of the providers demonstrated increased content knowledge. Average content knowledge scores across districts increased by 30.4% from pre- to post-assessment.</p> <p>Tier III training results: 96% of the providers reported increases in their knowledge and confidence when serving families of children with persistent, challenging behaviors. Self-reported knowledge scores increased by an average of 19.8%.</p> <p>Results across all three trainings: Overall, 92% of providers increased knowledge and confidence as a result of participation in the Pyramid Model training series. Additionally, Content knowledge Score increased by an average of 27.0%.</p>
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						NA
<p>Intermediate – BCW workforce (providers and staff) at implementation sites will implement <i>Pyramid Model: Family Coaching and PIWI</i> as intended</p>	<p>Do practitioners at implementation sites implement the <i>Pyramid Model: Family Coaching and PIWI</i> practices as intended?</p>	<p>25% BCW workforce (providers and staff) at implementation sites who correctly demonstrate Pyramid practices with fidelity</p>	<p>Provider-Self Assessment for implementation of Pyramid model as intended</p> <p>Observation of trained practitioners by Pyramid Master Cadre using the observation checklist</p>	<p>January 2018-Feb.2018 first cycle; complete three measurement cycles by Feb. 2019.</p> <p>Begin April 2018- Complete measurement cycle June 2018; continue quarterly for the duration of SSIP</p>	<p>Completed</p> <p><u>Evidence:</u> An Online Self-Assessment Survey for first cycle was disseminated to providers who participated in Pyramid model trainings.</p> <p><u>In Process:</u> A subgroup of respondents will be selected for further observation by the master cadre in each implementation district (see Provider Observations, page 7). First measurement cycle will consist of 4 observations per SSIP district (total =16 -20).</p>	<p>Overall, 97% of the providers who received Pyramid trainings at implementation sites self-reported using specific evidence-based practices to support parents and caregivers in improving their child’s social-emotional skills.</p> <p>Qualitative data from training evaluations indicated that participants viewed the trainings as effective, helpful and relevant to their practice</p> <p>NA</p>
<p>Intermediate - Families will have improved understanding of and confidence in strategies to support their child’s social-</p>	<p>Do families have an increased understanding and confidence in their capability to support their child’s social-</p>	<p>25 % of families positively report understanding and confidence on an assessment tool</p>	<p>(PDSA) Pre-and posts Assessment tool administered to families by PSP prior to additional provider training by Master Cadres</p>	<p>Begin September 2017 - Complete measurement cycle June 2018; continue for the</p>	<p><u>In progress:</u> A Family survey has been developed. Planning to field test in March 2018 with implementation</p>	<p>NA</p>

emotional development.	emotional development?		at implementation sites and again at 6-month intervals for duration of SSIP	duration of SSIP	goal of April 2018	
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 exited BCW at or nearer age expectations for positive social-emotional development?	Target not met	State MCH Evaluation team and BCW team reviews BIBs data for improvements in Outcomes 3A Summary Statement 1	During Annual Performance Review (APR) data inspection periods for each APR reporting period July 1, 2016 to June 30, 2017	Completed Reviewed APR Data for Indicator 3A summary statement 1 for the FY2016 (July 1, 2016 to June 30, 2017)	Overall, 86% of infants and toddlers at implementation sites were nearer or met age expectations for positive social-emotional skills including social-relationships.

2. Demonstration of Progress and Modifications to the SSIP

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

Georgia’s key data summarized in Tables 2 and 3 provides evidence of progress toward achieving intended improvements to infrastructure and the SiMR. The following data sources were used:

- COS Online Module Training and Survey Data
- COS Reports
- Pyramid Training Pre and Post-test Data
- Pyramid Provider Self-Assessment Survey Data
- Annual Performance Report (APR) Data

b. Evidence of Change to Baseline Data for Key Measures

COS Training (Strategy 1 A)

Georgia did not collect baseline data for COS training this year because the online ECTA COS modules that were used for training of providers do not have a built in pre-test. The modules include open ended questions for learners/trainees to ponder as they go through different sessions of the modules.

Pyramid Training (Strategy 2 A)

Pre-test surveys have been utilized to collect baseline data of Pyramid modules knowledge of practitioners during Cohort 2 of Pyramid trainings. There was an increase in content knowledge score of Pyramid modules among practitioners after the training as compared to the baseline data as discussed further under Pyramid Training results in section E.

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

COS Training (Strategy 1 A)

Data review of providers' subjective knowledge assessment for Year 1 and stakeholder feedback guided the modifications made to COS training assessment. Modifications consisted of the use of the online COS modules and quiz questions developed by the ECTA Center to more directly measure knowledge gains. Direct assessment of provider knowledge after completion of the module questions provided a more objective measure of effectiveness of COS trainings.

Pyramid Training (Strategy 2 A)

In year 1, only post-test assessment of Pyramid model trainings was conducted hence Georgia was not able to report on content knowledge change. Data review by the Pyramid Implementation team led to research and review of Pyramid model practice resources and seeking technical assistance from Federal TA partners to improve our data collection this year. The Pyramid Implementation team revised the evaluation tools to include pre and post content knowledge assessment and skill acquisition of practitioners. Additionally, Georgia conducted a follow-up Pyramid Provider Self-Assessment 6 months after the Pyramid training to evaluate how providers are transferring acquired knowledge into 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 and provider annual survey results. 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 SSIP implementation sites without evidence of family input as well as incomplete COS data and then following up as

needed. Progress towards improvement strategies will continue to be shared with stakeholder groups during regular meetings.

Pyramid Training (Strategy 2 A)

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. Differential findings will also be reviewed if there are sufficient numbers of trainees to examine by demographic variable. Further coaching and technical assistance will be provided to all five health districts around the use of Functional Behavior Assessments and Individualized Positive Behavior Supports at Tier III. Master Cadres from all targeted districts will also provide a minimum of two PIWI trainings for new staff per calendar year, as well as, two Tier III trainings for new staff per calendar year. Additionally, all newly hired staff shall be required to complete the online, 90-minute Family Coaching-Pyramid Model Webinar within the first two weeks of their hire date, also submitted the associated activity packet to the district Early Intervention Coordinator.

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 and quarterly COS data checklist 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 Model Training (Strategy 2 A)

The state, GSU and master cadres will work together to identify individual providers or groups of providers who need further assistance implementing Pyramid Model practices based on data collected for assessing adequate knowledge of the model following training of providers. Data review of self-assessment and observation assessment will also guide provider coaching and assistance need.

For both the COS Process and Pyramid 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.

D. Data Quality Issues

Georgia has addressed most of the data limitations that affected reporting of progress in implementing the SSIP and achieving the SiMR in year 1.

COS Training (Strategy 1 A)

Georgia BCW used the COS module quiz questions to more directly measure knowledge content gains. Direct assessment of provider knowledge, a more objective measure was utilized this year and this eliminated the subjective assessment of provider knowledge which may be less accurate.

COS Data System Improvements (Strategy 1 B)

COS data reports are now available in the state database as a standard report. The state and local EICs at implementation sites are using these reports to monitor data in real time as planned. Training for EICs in SSIP implementation districts was conducted by state BCW staff to support their use of COS data reports in monitoring progress toward the SiMR.

Other plans for improving data quality, from Phase II, include plans for EICs at implementation sites to perform COS ratings data verification. A data checklist has been added to the quarterly report completed by EICs in SSIP districts to determine if information in child records supports COS ratings and to determine if family input is reflected in the COS process.

Pyramid Training (Strategy 2 A)

Georgia collected pre and post training data this year to determine knowledge content score before and after the Pyramid trainings. Additionally, Georgia conducted a follow-up Pyramid Provider Self-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

A summary of assessment of progress toward achieving intended improvements in infrastructure changes that support SSIP initiatives is included in table 2. Infrastructure improvements included:

- COS Training (Strategy 1 A)
- COS Data System Improvements (Strategy 1 B)
- Pyramid Training Cohort 2 (Strategy 2 A)

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

Pyramid Model Training (Strategy 2 A)

Georgia is using a Pyramid Provider Self-Assessment checklist and Pyramid Provider Observation checklist. The observation checklist will be used by the Master Cadre to observe a subgroup of trained providers.

How Fidelity Data Will Be Collected

Pyramid Model Training (Strategy 2 A)

Georgia will conduct the first fidelity measurement using a Pyramid Provider Self-Assessment Survey and Observation tool developed with input from the Pyramid Implementation team, national experts associated with CSEFEL, the state BCW and Evaluation team and federal TA partners. Pyramid Provider Self-Assessment survey data collection will be conducted using 4 measurement cycles. First cycle was completed in February 2018, the remaining three measurement cycles to be completed by February 2019. Based on the results of the first fidelity measurement, a subgroup of respondents will be randomly selected for further observation by the master cadre in each implementation district. First measurement cycle will consist of 4 observations per SSIP district (total =16 -20). 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.

Survey Monkey will be used to collect data using the Pyramid Provider Self-Assessment and Observation checklist.

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

COS Training (Strategy 1 A)

The COS training aimed at improving practitioner knowledge, understanding and correct implementation of COS ratings procedures. Overall, all new and existing BCW providers from the SSIP districts have completed the online COS training module with a pass rate of 80% or more in the COS module quiz hence meeting the requirement for the certification.

COS Survey Results

The survey results for providers who completed the online modules showed improvement in knowledge, competency and confidence in the COS process as intended (See Table 3 for details).

Second Cohort of Pyramid Model Training (Strategy 2 A)

Pyramid Model Training aimed at building district capacity and equipping Master Cadre teams from each of the five districts with the knowledge, skills, and tools necessary to support all providers and families within their district.

Table 4A: Pyramid Trainings delivered and Providers trained by Training module

Training Module	Trainings Delivered	Total Providers Trained
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Parents Interacting with Infants (PIWI)	13	153*
Family Coaching-Pyramid Model	Pre-Recorded Webinar	123*
Tier III: Understanding and Addressing Challenging Behaviors	7	107*

*A provider may have attended one or more training modules.

Pyramid Training Survey Results

Participant Satisfaction

Participants throughout all districts reported a high level of satisfaction (mean = 3.73/4.00) after the Pyramid trainings.

Participant Content Knowledge

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

There was an increase in Participant content knowledge related to Pyramid Model strategies across all SSIP districts as shown in the table below.

Table 4B: Participant Content Knowledge by SSIP District

SSIP District	PIWI		Family Coaching		TIER III	
	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test
Coastal	56%	94.3%	52.2%	85.4%	67.3%	90.8%
Columbus	78.5%	99.5%	64.2%	90.7%	73.7%	90%
Dalton	56%	88%	56.7%	84.2%	63.3%	84.3%
Gwinnett	56%	87.5%	49.1%	78.7%	75.7%	93.5%

Similarly, content knowledge improvement across skill areas for Family- Coaching Pyramid strategy were registered as a result of the training as shown in table 4C below.

Table 4C: Family Coaching-Pyramid Webinar Content Knowledge Improvement across Skill Areas

Family-Coaching Pyramid Skill Area	Pre-Test	Post-Test
Pyramid model as a framework describing levels of support for children and families	71%	91%
Capacities needed for social-emotional competence in infants and toddlers	69%	91%
Tier 2 supports	44%	73%

Coaching as a partnership between a practitioner and the people in a child’s life	74%	94%
Transactional Model	26%	69%
Levels of the Pyramid Model	67%	82%
Discernment of a non-evidence-based coaching strategy	41%	85%
Discernment of the 4 functions of behavior	23%	86%
Positive Behavior Support approach	30%	71%
Order of the Individualized Positive Behavior Support process	76%	88%

The Pyramid Model training series consisting of the three modules has been impactful in building the content knowledge and self-reported confidence in the vast majority of providers who participated in the training in relation to Pyramid Model concepts and strategies.

As a result of PIWI training, overall average content knowledge scores across districts increased by 30.7%. Additionally, **the targeted key goal aiming to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 93.4% of the providers across all districts demonstrating increased content knowledge** following participation in PIWI training.

As a result of the Family Coaching-Pyramid Model webinar, overall average content knowledge scores across districts increased by 30.4%. Additionally, **the targeted key goal aiming to increase provider knowledge and confidence amongst 25% or more providers was well exceeded, with 86.8% of the providers across all five districts demonstrating increased content knowledge** following participation in the Pyramid-Family Coaching webinar.

As a result of Tier III training, overall self-reported knowledge scores increased by an average of 19.8%. Additionally, **the targeted key goal aiming to increase provider knowledge and confidence amongst 25% or more providers was well exceeded, with 95.9% of the providers across districts reporting increased knowledge and confidence serving families of children with persistent, challenging behaviors following participation in Tier III training.**

Across all three trainings, overall content knowledge related to the Pyramid Model increased an average of 28.5% as a result from participation in the training series. Additionally, 92% of providers assessed increased either their content knowledge or self-reported knowledge as a result of participation in the Pyramid Model training series.

Assessment of Pyramid Practices (Strategy 2 A)

The Pyramid Provider Self-Assessment 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 was disseminated to 173 providers with 89 (51%) of the providers responding to the survey. Of the 89 providers, 19 (21%) were from Dalton, 12 (13%) Columbus, 33(37%) Coastal and

21(24%) Gwinnett which are the 4 SSIP districts. 4 (4%) of the 89 providers were from Dublin which is a non-SSIP district.

Results

Ninety one percent (91%) of the providers reported to have completed the PIWI training, 79% Family Coaching and 64% reported to have completed the TIER III training. A provider may have attended one or more training modules.

97% of the providers reported that they supported the caregiver as the primary interactor with their child throughout the visit. 98% of the providers used specific interaction strategies to promote parent competence and confidence during their practice. 97% of the providers facilitated use of activities and materials to support engagement of the caregiver-child dyad. 99% of the providers reported that their observations and discussions with the caregivers build on and enhance the caregivers' knowledge of their child's development. All of the providers reported that they suggested activities that supported the parent's interactions with their child. 99% of the providers reported that they suggested activities that supported the child's acquisition and practice of skills appropriate to child's developmental level. 98% of the providers reported that they suggested modifications in materials, positioning and interaction approaches to facilitate the child's interaction with objects and people when appropriate. 92% of the providers reported that they used a collaborative approach with the caregiver to plan and implement the next visit.

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, qualitative data from training evaluations indicated that participants viewed the trainings as effective, helpful and relevant to their practice.

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 5: Comparison of statewide percentage for APR FFY 2015 vs. FFY 2016 and by SSIP District

	2015 Percent	2016 Percent	Percent change 2015-2016
Statewide	88.6%	87.3%	-1.3%

SSIP Districts:			
Gwinnett	87.4%	85.2%	-2.2%
Coastal	93.1%	96.2%	3.1%
Dalton	96.6%	89.7%	-6.9%
Columbus	93.1%	72.7%	-20.4%

From the table above, there was an overall statewide percentage decrease of 1.3% and a decrease of 20.4%, 6.9% and 2.2% for Columbus, Dalton and Gwinnett Health Districts respectively. Coastal Health District experienced an increase of 3.1%.

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 2015 to 2016 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 3734 in FFY 2015 compared to 3678 in FFY 2016. Thus, the slight percentage decrease of 1.3% for this indicator yielded a significant effect possibly due to sample size difference in the 2 fiscal years.

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 increase from the previous year indicated a meaningful difference. Gwinnett and Dalton's results indicated a decrease that is not significant; Columbus's decrease from last year indicated a meaningful difference.

Using the Local-to-State Meaningful Difference calculator, Columbus had a meaningful decrease difference from the state. Coastal had an increase that is significant while Dalton and Gwinnett's decrease was not significant.

Georgia's COS data profile provided by the ECTA Center compared to the national COS data profile revealed 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. After reviewing FFY2015 national and state COS data, this trend continues. 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.

Georgia has focused implementation efforts this past year on improving infrastructure including COS module online 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 the decreases for Columbus, Dalton and Gwinnett Health Districts 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.

F. Plans for Next Year

Plans for next year are described in Tables 2 and 3. They include continuation of the following:

- COS Training using the online ECTA COS module
- COS Provider Survey
- COS quarterly data checklist and monitoring for data quality and completeness
- Pyramid Training for additional Master Cadre and new providers in implementation districts
- Pyramid Provider Self-Assessment Survey and observation of a sub group of providers for assessing practice change and fidelity of practice
- Implementation of a family survey to assess family perceptions of practices

Anticipated Barriers

Anticipated barriers that may be encountered include staff turnover in 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 as well as lack of funding for Master Cadres to provide technical assistance to newly trained providers. To address barriers and delays, SSIP strategies and activities will be included in the new hire orientation for Regional Coordinators at the state level and state staff will be available for technical assistance to implementation districts. State BCW leadership will seek support from DPH leadership in developing solutions to implementation barriers.

Technical Assistance Needs

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 evaluation of Pyramid trainings for additional Master Cadre and new providers 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.