

**Georgia Department of Public Health**

**Babies Can't Wait Program**

**STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)**

**PHASE III Year 4**

**April 2020**

# Georgia Babies Can't Wait

## SSIP Phase III Year 4 Report

### A. Summary of Phase III Year 4

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

During Phase III Year 4 (April 1, 2019 - March 30, 2020) 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.

Activities were focused on improving 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. The selection of the SiMR was based on an in-depth data and infrastructure analysis conducted by the SSIP Stakeholder's group in collaboration with the state BCW team and the state Maternal and Child Health (MCH) Epidemiology team. The SiMR is well aligned with other initiatives that have been ongoing in the state for the past five 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.

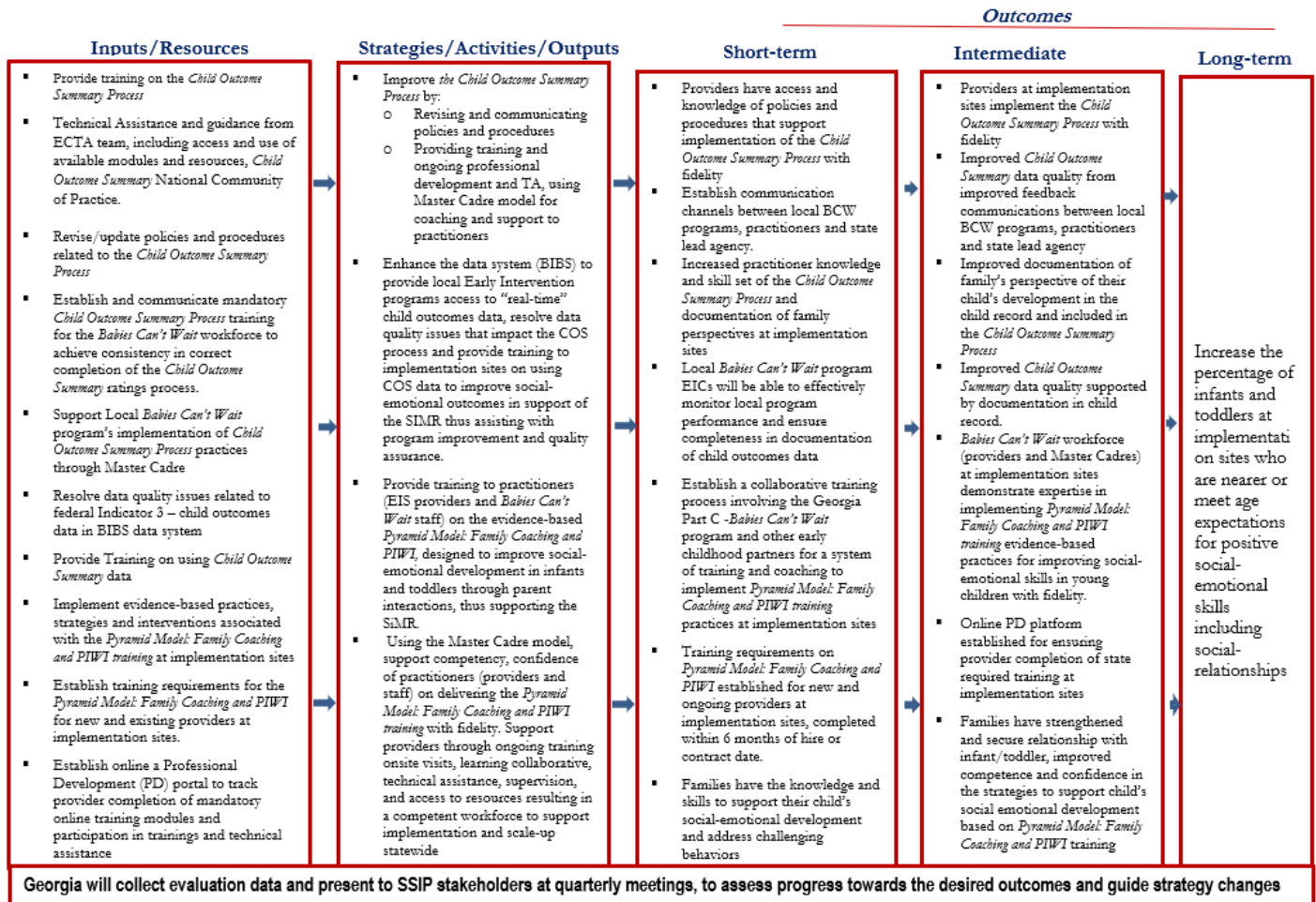
Components	If	Then	Then	Then (from OSEP's ToA)
<b>Governance</b>	If BCW develops and implements written policies practices and procedures on the implementation of evidence-based practices related to development of positive social-emotional skills including social relationships	Local Early Intervention 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.
<b>Data</b>	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		
<b>Accountability</b>	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		
<b>PD/TA</b>	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		

<b>Quality Standards</b>	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	All infants, toddlers, children, and youth with disabilities will receive individualized services in natural settings and demonstrate improved educational results and functional outcomes.
<b>Fiscal</b>	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	expectations for positive social-emotional skills including social relationships	

## 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

Table 1 below lists Improvement Strategies and Intended Outcomes developed during Phase II.

Table 1: Improvement Strategies and Intended Outcomes

<b>Improvement strategy 1A:</b> 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%.
<b>Improvement strategy 1B:</b> <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>	
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%.
<b>Improvement strategy 2:</b> <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.
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%.

Over the past year, improvement strategies identified in SSIP Phase II have continued in collaboration with Early Intervention Coordinators (EICs) who manage four (4) SSIP pilot implementation sites in Georgia: Dalton, Columbus, Coastal, and Gwinnett. The four

implementation sites were selected by the Stakeholder's group during Georgia's SSIP Phase I based on the following criteria:

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

The Dublin district was also included in training and implementation activities over the course of Phase III Years 1-3 based on available training and support resources. The Dublin district is not an SSIP implementation site.

Additionally, Georgia in collaboration with Early Intervention Coordinators (EICs) has continued to expand its improvement strategies to 9 additional districts: Cohort 1 expansion districts (Gainesville, Rome, Clayton, LaGrange, Macon and Waycross) and Cohort 2 expansion districts (Cobb, Fulton and DeKalb).

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

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

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

- Statewide continuation of COS training for new providers using the online ECTA COS module (Strategy 1A)
- Statewide implementation of a COS Provider Survey at the end of the online ECTA COS module to assess knowledge of COS policy and communication channels with the lead agency (Strategy 1A)
- Statewide implementation of a COS quarterly data checklist and monitoring for data quality and completeness (Strategy 1B)
- Pyramid Training for additional Master Cadre and new providers in implementation districts (Strategy 2)
- Use of a Pyramid Provider Self-Assessment Survey and observation of a sub-group of providers for assessing practice change and fidelity of practice in implementation districts (Strategy 2)
- Implementation of a Pyramid Family Survey to assess family perception of support and practices in implementation districts (Strategy 2)
- Statewide implementation of the Pyramid model through expansion of the Pyramid training series with three (3) additional Cohort 2 BCW districts: Cobb/Douglas, Fulton and DeKalb (Strategy 2)

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 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 must complete the online COS training module within 60 days of hire or contract date. A score of 80% on the final quiz is required for a Certificate of Completion.

#### **COS Provider Survey (Strategy 1 A)**

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

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

#### **COS Quarterly Data Checklist (Strategy 1 B)**

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

Effective July 1, 2018, a COS quarterly data checklist was added to the required district reports completed by all EICs to determine if infrastructure improvements in the COS process are reflected in improved data quality. EICs select a quarterly sample from the data system of COS entry and exit ratings from 10 records to check for:

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

See Section C. Data on Implementation and Outcomes for analysis of infrastructure improvements.

### **Implementation of Evidence Based Practices: Pyramid Model**

#### **Pyramid Training (Strategy 2)**

Expansion of the Pyramid training series occurred this year with three (3) Cohort 2 BCW districts: Cobb/Douglas, Fulton and Dekalb. SSIP districts include Columbus, Dalton, Gwinnett, Coastal



plus Dublin while Cohort 1 expansion districts include Gainesville, Rome, Clayton, LaGrange, Macon and Waycross. The expansion of the Pyramid training series to three additional districts is a step in scaling up for statewide implementation of the Pyramid model. Pyramid training has been implemented in 14 of the 18 districts.

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

The Pyramid training series consists of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model and Tier III: Understanding and Addressing Challenging Behaviors detailed in SSIP Phase III Year 2. All three modules within this training series aim to build within-district capacity, equipping BCW providers with the knowledge, skills, and tools necessary to support families within a family coaching framework.

Faculty and staff of the Georgia State University - Center for Leadership in Disability (GSU-CLD) assisted in the continued adaptation and dissemination of the three training modules. The modules integrate the philosophy and best practices in implementation of Positive Behavior Support (PBS) approaches and the Pyramid Model.

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

The third module, Tier III: Understanding and Addressing Challenging Behaviors was presented to new Master Cadre trainers in the three Cohort 2 Pyramid expansion districts in February 2020 in a two-day, face-to-face train-the-trainer format by GSU-CLD faculty and staff.

GSU-CLD staff conducted evaluation and analysis of all Pyramid training modules. Results of the analysis are discussed in Section C. Data on Implementation and Outcomes.

### **Pyramid Provider Self-Assessment (Strategy 2)**

A Pyramid Provider Self-Assessment was developed with stakeholder input from the Pyramid Implementation Team during Phase III Year 2 to determine if practices are being implemented as intended. The Survey uses a 4-point rating scale consisting of 8 questions that assess provider practices. Choices for rating practices are: Never, Rarely, Most of the time and Always. Two measurement cycles were completed this year (Phase III Year 4) using the Pyramid Provider Self - Assessment tool. (See Section C for detail)

### **Provider Observations (Strategy 2)**

A Pyramid Provider Observation tool was developed with stakeholder input from the Pyramid Implementation Team during Phase III Year 2 to determine if practices are being implemented as intended. The Survey uses a 4-point rating scale consisting of 8 questions that assess provider practices. Choices for rating practices are: Never, Rarely, Most of the time and Always.

A subgroup of providers was observed quarterly based on the analysis of pre and post training test scores. As a result of completion of observations for most of the trained providers in SSIP pilot districts, adjustments were made this year to require master cadres to complete only 2 observations instead of 4 that were completed in Phase III Year 3.

Two providers per quarter are observed on a rotating basis so that trained providers have an opportunity to be observed over an 18 month - two-year period in each district. Observation results were used to determine the need for refresher training or additional coaching support.

### **Pyramid Family Survey (Strategy 2)**

A Pyramid Family Survey was developed with stakeholder input from the Pyramid Implementation Team during SSIP Phase III Year 2 to measure how families perceive their experiences with the practices providers are using, and if families understand and are confident in their ability to support their child's social-emotional development. One measurement cycle was implemented for this improvement strategy to ensure family responses were captured at the end of providers implementing best practices learned through Pyramid training.

Technical assistance in development of these tools (the Pyramid Provider Self-Assessment, Provider Observation tool and Pyramid Family Survey) was provided by Dr. Tweety Yates of the University of Illinois and from Dr. Erin Barton, of Vanderbilt University. Additional guidance and support were received GSU-CLD faculty and staff as well as Georgia's TA partners from ECTA, DaSy, SRI, NCSI and IDEA Data Center (IDC).

See Section C. Data on Implementation and Outcomes for analysis of implementation of evidence-based practices.

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

Table 2 contains a brief overview of evaluation activities, measures, and progress toward outcomes that were the focus of SSIP implementation activities this year. Adjustments or changes are included.

The **long-term outcome** for all improvement strategies and activities is to:

***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

<p><b>Improvement Strategy 1a:</b> Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families.</p>
<p><b>Outcomes that were the focus of activities this year:</b></p> <ol style="list-style-type: none"> <li>1. Improved communication channels between local BCW programs, practitioners and state lead agency. (Short term)</li> <li>2. Improved skill sets and knowledge of providers and staff of the COS process. (Short term)</li> <li>3. All (100%) of Local EICs have access to COS reports in the data system and 100% of EICs are monitoring the reports for program improvements. (Intermediate)</li> <li>4. Practitioners at implementation sites implement the COS process with fidelity. (Intermediate)</li> <li>5. Each family’s perspective of their child’s development is included in the COS process. (Intermediate)</li> </ol>
<p><b>Improvement Strategy 1b:</b> 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.</p>
<p><b>Outcome that was the focus of activities this year:</b> Improved COS data quality from 88% to 95% completeness of data documentation. (Short term)</p>
<p><b>Activities to Meet Outcomes: Continuation of ECTA COS training module and addition of provider survey at end of module (Strategy 1a, Outcomes 1, 2 and 4)</b> A provider survey has been added to the end of online COS module prior to the quiz required for provider certification. The survey assesses provider knowledge, competency and confidence gained in COS process as well as provider knowledge of COS policy and available communication channels with the state lead agency. New Service Coordinators and Special Instructors must complete within 60 days of hire or contract date; Score of 80% on final quiz required for Certificate of completion. Those who don’t pass receive an email notice to review COS modules and retake final quiz. No limit on attempts to pass quiz. <b>Evidence/Measures:</b> Survey data and certificates of COS module completion issued by VSU <b>Timeline (projected initiation &amp; completion dates):</b> January 2018- ongoing for the duration of SSIP <b>Status/Progress:</b> Completed as planned; ongoing next year <b>Changes/Adjustments:</b> None</p>
<p><b>Activities to Meet Outcomes: Statewide implementation of a COS Data Checklist and monitoring for data quality and completeness (Strategy 1a, Outcomes 3,4 and 5; Strategy 1b, Outcome)</b> A COS data checklist piloted in SSIP implementation districts has been added to the state required quarterly report for EICs in all districts to ensure that EICs are monitoring COS data to determine if information in child records supports COS ratings, to determine family participation in the COS process and to identify data quality issues. EIC’s review 10 child records in the data system: 5 COS initial entry ratings and 5 COS entry and exit ratings for children in the program at least 6 months. Records are sampled from different service coordinators for a total of 10 records per quarter. Data are entered into the checklist and submitted to the state office for analysis. <b>Evidence/Measures:</b> Data from COS Checklist <b>Timeline (projected initiation &amp; completion dates):</b> July 1,2018- ongoing for duration of SSIP <b>Status/Progress:</b> Completed as planned; ongoing next year <b>Changes/Adjustments:</b> None</p>

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

**Outcomes that were the focus of activities this year:**

1. Training is conducted for new and ongoing practitioners at implementation sites. (Short term)
2. BCW staff (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. (Short term)
3. BCW workforce (providers and staff) at implementation sites will implement Pyramid Model: Family Coaching and PIWI as intended. (Intermediate)
4. Families will have improved understanding of and confidence in strategies to support their child's social-emotional development. (Intermediate)

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

The Pyramid training series consisting of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model and Tier III: Understanding and Addressing Challenging Behaviors is required training for service coordinators and special instructors at SSIP implementation sites. Certificates of completion are issued for providers who score 80% or better on the posttest. The Pyramid training series must be completed within 6 months of contract or hire date.

**Evidence/Measures:** Training registration and certificates of completion

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

**Status/Progress:** Overall, forty-four (44%) of new and existing practitioners at implementation sites (SSIP pilot districts and expansion districts) completed state required Pyramid training. Training data and results are summarized in Section 3.

**Changes/Adjustments:** None

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

The Pyramid Provider Self-Assessment Survey was developed and detailed in Phase III Year 2. The tool is described on page 8. The Survey was used for providers to self-assess and reflect on their use of evidence-based practices learned through Pyramid trainings. The Survey provides the lead agency with data to assess practice change and fidelity.

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

**Timeline (projected initiation & completion dates):** July 2019-January 2020; ongoing for duration of SSIP.

**Status/Progress:** Ongoing; two measurement cycles completed. Survey data and results are summarized in Section C.

**Changes/Adjustments:** None

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

The Pyramid Provider Observation Checklist was used for observations of Pyramid trained providers conducted quarterly by trained EICs and/or Master Cadres in district implementation sites to further assess practice change and fidelity of practice. The Pyramid Provider Observation Checklist is an adaptation of the Pyramid Provider Self-Assessment Survey. It was developed and described in Phase III Year 2. The methodology is described on page 8.

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

**Timeline (projected initiation & completion dates):** April 2019- March 2020; ongoing for duration of SSIP

**Status/Progress:** Ongoing; 3 quarterly measurement cycles completed. Data and results are summarized in Section C.

**Changes/Adjustments:** None

**Activities to Meet Outcomes: Implementation of a Pyramid Family Survey at SSIP implementation sites. (Strategy 2, Outcome 4)**

The first Pyramid Family Survey data collection occurred September through October 2019 to assess family perception of support and practices as well as family understanding and confidence in supporting their child's social-emotional development. Development of the Family Survey tool is summarized on page 9.

The survey was distributed by Pyramid trained providers to families who received services from September to October 2019. Providers were given a script to use when presenting the survey to families. Families could choose to complete the survey on paper or online via a link to Survey Monkey.

**Evidence/Measures:** Survey data from the Pyramid Family Survey

**Timeline (projected initiation & completion dates):** Began September 2019- October 1, 2019

**Status/Progress:** Future Family Survey data collections will occur once annually for duration of the Pyramid implementation. Survey data and results are summarized in Section C.

**Changes/Adjustments:** None

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

Implementation of the Pyramid model was achieved through expansion of trainings and coaching support from GSU-CLD to the 5 SSIP pilot districts and 9 expansion districts. A roll-out plan was developed and implemented collaboratively between the lead agency, GSU-CLD and EIC stakeholders in the expansion districts.

The Pyramid training series is required training for EICs, service coordinators and special instructors in the implementation sites.

Two of the modules in the series, PIWI and Family Coaching were delivered in online webinar format.

The third module, Tier III: Understanding and Addressing Challenging Behaviors was delivered in two face-to-face trainings.

Additionally, Tier III training redeliveries were conducted this year for 6 districts: Clayton, Coastal, Dalton, Gwinnett, Gainesville and Waycross.

**Evidence/Measures:** Training registration and certificates of completion

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

**Status/Progress:** Ongoing; Training data and results are summarized in Section C.

**Changes/Adjustments:** Tier III Training Redelivery is an addition to the SSIP implementation that occurred this year.

## **2. Stakeholder Involvement in SSIP Implementation and Evaluation**

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

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

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

Because of feedback and recommendations from the Pyramid Implementation Team, the third Pyramid training module, Tier III: Understanding and Addressing Challenging Behaviors, will remain a face-to-face training for Master Cadre trainers as the Pyramid model is expanded statewide. It was the consensus of the Pyramid Implementation Team that due to the level of difficulty of the content, this module needs to be delivered in person. The Pyramid Implementation Team provided input into development of intensive coaching support for Master Cadre trainers who complete the Tier III module as they in turn support other providers and families. GSU-CLD staff developed and implemented additional Tier III training and intensive follow-up coaching support for trained Master Cadre in SSIP implementation districts and the Cohort 1 and Cohort 2 expansion districts.

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

Feedback and recommendations on the Pyramid Family Survey was obtained from a focus group of 4 of family stakeholders. The focus group was conducted at the Columbus district implementation site in April 2018. Consequently, the wording of two items on the survey was modified and one open ended question was added at the end to obtain family feedback on any desired topic. Stakeholders on the State Interagency Coordinating Council (SICC) received written and verbal SSIP reports from BCW state staff that contained qualitative and quantitative data. SICC stakeholders provided verbal feedback at their quarterly meetings in April 2019, August 2019, October 2019 and January 2020.

## C. Data on Implementation and Outcomes

The Part C Data Manager 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) State 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 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 Model: PWI, Family Coaching and Tier III modules in the 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 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
<b>Short term-</b> Improved communication channels between local BCW programs, practitioners and state lead agency.	Do Local BCW staff including new hires in all districts 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?	Number and percent positive answers on survey of BCW staff and new hires/contractors at implementation sites	Statewide implementation of a COS Provider Survey at the end of the online ECTA COS module to assess knowledge of COS policy and communication channels with the lead agency	January 2019 - December 2019	Completed as planned; ongoing next year	94% of practitioners know where to access the policies and procedures that support implementation of the COS process with fidelity.  98% of the practitioners understand COS Policy and procedures including composition of multidisciplinary teams for COS ratings.  91% of practitioners agreed that communication channels were available with the lead agency.
<b>Short term-</b> Improve the skill sets and knowledge of providers and staff of the COS process	Was the online COS training module effective in improving competency and confidence of the COS process among Providers?	Number and Percent of providers who respond positively that competency and confidence of the COS process was improved after taking the online COS module	Post training survey (developed in collaboration with VSU) as providers complete the online COS training module	January 2019- December 2019  Continue for SSIP duration	Completed as planned; ongoing next year	98% of the providers reported that the training improved their competency in the COS Process.  97% of the providers improved their confidence in implementing the COS Process as a result of the training.
<b>Intermediate -</b> 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	EICs can access COS reports through the BIBS data system	January 2019- December 2019  Continue for SSIP duration	Completed as planned; ongoing next year	100% of local EICs have access to COS reports  100% of EICs at implementation sites are monitoring their data.  100% of EICs are utilizing the COS data checklist to identify and address data quality issues



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	Evaluation Questions	Performance indicator	Measurement/ Data Collection Method	Timeline	Status	Results
<p><b>Intermediate</b> - 90% of Local EICs have access to COS reports in the data system and 90% of EICs are monitoring the reports for improvements</p>	<p>Are EICS at implementation sites accessing COS reports in the data system in accordance with state policy? Are EICS identifying data quality issues?</p>	<p>90% EICS in implementation sites who monitor their COS data quarterly</p>	<p>EICs can access COS reports through the BIBS data system</p>	<p>January 2019- December 2019  Continue for SSIP duration</p>	<p>Completed as planned; ongoing next year</p>	<p>100% of local EICs have access to COS reports  100% of EICs at implementation sites are monitoring their data. 100% of EICs are utilizing the COS data checklist to identify and address data quality issues <b>Exceeded</b> performance indicator for this outcome.</p>
<p><b>Intermediate</b> - Practitioners at implementation sites document the COS process with fidelity.</p>	<p>Are COS ratings supported by evidence documented in child records?</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 using the quarterly COS data checklist to determine if evaluation/assessment and/or progress information supports entry and exit COS ratings.</p>	<p>January 2019- December 2019  continue for the duration of SSIP</p>	<p>Completed as planned; ongoing next year</p>	<p>A total of 160 child records were reviewed by the EICs at the implementation sites.  100% of COS ratings were supported by documented information in the record at entry and at exit.</p>
<p><b>Intermediate</b> - Each family's perspective of their child's development is included in the COS process.</p>	<p>Is family input reflected in the COS process for each child?</p>	<p>Number and Percent of child records that have documented evidence of family input in the COS process</p>	<p>EICs at implementation sites perform COS data verification using the quarterly COS data checklist to determine if information in child's record reflects family input in the COS process.</p>	<p>January 2019- December 2019  continue for the duration of SSIP</p>	<p>Completed as planned; ongoing next year</p>	<p>99% of the child records reflected family input in the COS process.</p>

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	Evaluation Questions	Performance indicator	Measurement/ Data Collection Method	Timeline	Status	Results
<b>Short term-</b> 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	State Part C Data Manager 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	January 2019- December 2019  continue for the duration of SSIP	Completed as planned; ongoing next year	Overall, there was 99.5% completeness in data documentation of COS ratings for Indicator 3; <b>Exceeded</b> performance indicator for this outcome.
<b>Improvement strategy 2:</b> <i>Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: PIWI, Family Coaching and Tier III</i>						
Type of Outcome	Evaluation Questions	Performance indicator	Measurement/ Data Collection Method	Timeline	Status	Results
<b>Short term-</b> 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 Professional Development vendor GSU-CLD.	February 13 <sup>th</sup> , 2019- February 1 <sup>st</sup> , 2020  continue for the duration of SSIP	Completed for this year; ongoing next year.	Overall, 44% of new and ongoing practitioners at implementation sites have completed state required Pyramid training this year ( <b>See Table 5</b> ).
<b>Short term-</b> BCW 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,	Has knowledge, confidence and understanding of the Pyramid Model: PIWI, Family Coaching and TIER III increased among BCW Providers and Master Cadre's	25% or more providers and Master Cadres at implementation sites have increased knowledge and confidence demonstrated by improved understanding on a proficiency post-test administered after all trainings.	Pre-and post-tests administered to trainees during each Pyramid training module. GSU-CLD collects and compiles pre-and post-test data.	February 13 <sup>th</sup> , 2019- February 1 <sup>st</sup> , 2020  continue for the duration of SSIP	Completed for this year; ongoing next year.	<b>Results across all three trainings</b> Overall, 84.3% 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 23.2%.  <b>Exceeded</b> performance indicator for this outcome.  <b>Results by training module:</b>

Family Coaching and TIER III						<p><b>PIWI training:</b> 86.2% of the providers across districts demonstrated increased content knowledge. Overall average content knowledge scores across districts increased by 22.6% from pre- to post-assessment.</p> <p><b>Pyramid-Family Coaching webinar:</b> 83.0% of the providers across districts demonstrated increased content knowledge. Overall average content knowledge scores across districts increased by 29.8% from pre- to post-assessment.</p> <p><b>Tier III training results:</b> 83.7% of the providers demonstrated increased knowledge and confidence for serving families of children with persistent, challenging behaviors. Overall average content knowledge scores across districts increased by 17.1% from pre- to post-assessment.</p>
	Has the BCW Provider and Master Cadre built competence and confidence in parents to support their child's emotional development?	25% or more parents have increased knowledge and confidence demonstrated by improved understanding	Pyramid Family Survey distributed to families by Pyramid trained providers from September - October 2019 at each visit; data analysis provided by Part C Data manager.	September 2019- October 2019 continue for the duration of SSIP	Completed for this year; ongoing next year.	98.8 % of families surveyed reported that the provider shared developmental information and activities in a way that helped the families better understand and support their child's emotional development. <b>Exceeded</b> performance indicator for this outcome.
<b>Improvement strategy 2:</b> Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: PIWI, Family Coaching and Tier III						

Type of Outcome	Evaluation Questions	Performance indicator	Measurement/ Data Collection Method	Timeline	Status	Results
<p><b>Intermediate</b> – 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>Pyramid Provider-Self Assessment Survey for implementation of Pyramid practices as intended; survey administered to providers who completed one or more Pyramid series trainings at implementation sites.</p>	<p>2 measurement cycles completed July 2019 and Jan 2020</p>	<p>Completed for this year; ongoing next year.</p> <p>To increase response rates the state BCW team is considering setting benchmarks for response rates for local programs next year.</p>	<p>53 providers at implementation sites responded during first cycle in July 2019 (see details, pg30)</p> <p>52 providers at implementation sites responded during second cycle Jan. 2020(see details, pg30)</p> <p>Overall, 98.0% of respondents at implementation sites self-reported using specific evidence-based practices to support parents and caregivers in improving their child’s social-emotional skills, the criteria for implementing the model as intended.</p> <p><b>Exceeded</b> performance indicator for this outcome</p>
			<p>Observations of trained practitioners at implementation sites by Pyramid Master Cadre using the Pyramid Provider Observation checklist.</p>	<p>Quarterly observations conducted April 2019- Dec 2019;</p> <p>continue quarterly for the duration of SSIP</p>	<p>Completed for this year; ongoing next year.</p>	<p>A total of 18 providers were observed by master cadres at implementation sites (see details, pg31)</p> <p>Overall, 80.3% of the observed providers used specific evidence-based practices to support parents and caregivers in improving their child’s social-emotional skills, the criteria for implementing the model as intended.</p>
<p><b>Improvement strategy 2:</b> <i>Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: PIWI, Family Coaching and Tier III</i></p>						
Type of Outcome	Evaluation Questions	Performance indicator	Measurement/ Data Collection Method	Timeline	Status	Results

<p><b>Intermediate</b> - Families will have improved understanding of and confidence in strategies to support their child's social-emotional development.</p>	<p>Do families have an increased understanding and confidence in their capability to support their child's social-emotional development?</p>	<p>25 % of families positively report understanding and confidence on an assessment tool</p>	<p>Pyramid Family Survey distributed to families by Pyramid trained providers from September - October, 2019 at each visit; data analysis provided by Part C Data manager.</p>	<p>Family Survey Began September 2019- completed October 2019</p>	<p>Completed for this year; ongoing next year.</p>	<p>A total of 170 responses were received from the families that participated in the family survey.</p> <p>98.2% of the families reported that they had improved understanding of and confidence in the strategies to support their child's social emotional development.</p> <p>Additionally, 98.8% of the families reported that the provider's observations, comments and suggestions supported their competence as parents.</p> <p><b>Exceeded</b> performance indicator for this outcome.</p>
<p><b>Long term</b>- 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 exited BCW at or nearer age expectations for positive social-emotional development?</p>	<p>State target met at implementation sites</p>	<p>State Part C Data Manager and BCW team reviewed APR Data for Indicator 3A summary statement 1 for FFY2018 (July 1, 2018 to June 30, 2019)</p>	<p>Annual Performance Report (APR) data inspection periods for each APR reporting period; this year's results are based on data from FFY 2018 (July 1, 2018 to June 30, 2019)</p>	<p>Completed for this year; ongoing next year.</p>	<p>Overall, 82.5% of infants and toddlers at implementation sites were nearer or met age expectations for positive social-emotional skills including social-relationships.</p> <p>State target not met.</p>

**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
- Pyramid Provider Observation Survey Data
- Pyramid Family Survey Data
- Annual Performance Report (APR) Data

*b. Evidence of Change to Baseline Data for Key Measures*

COS Training (Strategy 1 A)

Pre-test assessment was done before the providers participated in the COS online module training to collect baseline data for COS training this year. There was an increase in content knowledge scores on the COS module among practitioners after the training as compared to the baseline data. See COS training results in section E.

Pyramid Training (Strategy 2)

Pre-test surveys have been utilized to collect baseline data on practitioner knowledge of Pyramid evidence-based practices during Cohort 2 of Pyramid trainings. There was an increase in content knowledge score of Pyramid evidence-based practices among practitioners after the training as compared to the baseline data. See 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 during Phase III Year 1 and stakeholder feedback guided modifications made to COS training. Modifications this year consisted of the use of Pre-and Post-Content Knowledge Assessments added to the online ECTA COS module to directly measure knowledge gains. Pre-and post-assessment of provider knowledge gains provided a more objective measure of effectiveness of COS trainings.

Pyramid Training (Strategy 2)

In Phase III Year 1, only post-test assessment of Pyramid model trainings was conducted. Consequently, Georgia was not able to report on content knowledge change at that time. Data review by the Pyramid Implementation team led to research and review of Pyramid model evaluation and assessment resources. The state team sought technical assistance from Federal TA partners to improve our data collection. As a result, the Pyramid Implementation team revised the evaluation tools to include pre-and post-content knowledge assessment and skill acquisition of practitioners during Phase III Years 2 and 3. Additionally, this year (Phase III Year 4) Georgia

conducted Pyramid Provider Self-Assessments and Pyramid Provider observations to evaluate how providers are transferring acquired knowledge into their practice at the implementation sites.

Furthermore, a Pyramid Family Survey was conducted to assess family perception of support and practices.

*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.

Additionally, the state BCW team will monitor COS reports from BIBS (the state BCW data system) and quarterly COS data checklist reports among SSIP implementation sites to ensure:

- evidence in child records supports COS ratings
- there is evidence of family participation in the COS process and
- COS data in BIBS is complete.

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

Pyramid Training (Strategy 2)

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

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

*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 APR reports in BIBS, from COS module assessments and quarterly COS checklist data informs decisions about training content for providers. Using these data, the state is in position to

know if there are districts or providers that do not demonstrate mastery of aspects of the COS process following training. Implementation support and follow up occurs when intended outcomes are not being achieved. Modifications to COS policy and procedures may also occur if data indicates that changes are needed.

The state and local EICs at implementation sites use the quarterly COS data checklist to identify providers who need assistance in implementing COS process as intended.

#### Pyramid Model Training (Strategy 2)

The state, GSU-CLD and master cadres work together to identify individual providers or groups of providers who need further assistance implementing Pyramid Model practices based on pre-and post-training evaluation results. Data review of Pyramid Provider Self-assessments and Pyramid Provider observation results further guide provider coaching and technical assistance.

For both the COS Process and Pyramid model trainings, Georgia BCW has made modifications to the training content and process based on data findings. If there are sufficient numbers, analyses could suggest strategies for differentiating training content/processes according to providers' needs. For instance, providers at a particular site might need more emphasis on one aspect of the training.

Additionally, the skills or practices that receive low knowledge scores for a substantial number of trainees will be used as targets for changes in training content or delivery. For example, more illustrations of the practice might be used in the training, or additional opportunities to practice or try out the strategy in analog situations during the initial training might be added.

Furthermore, data review will be used to identify potential changes needed in the quality or frequency of follow-up support and observation needed at implementation sites.

### **D. Data Quality Issues**

#### Previous data quality issues addressed:

Georgia has addressed the data limitations that affected reporting of progress in implementing the SSIP and achieving the SiMR in previous years as follows:

- 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, thus eliminating subjective assessment of provider knowledge which may be less accurate.

- COS Data System Improvements (Strategy 1 B)

A standard COS data report was added to the state database accessible at the local program level during Phase II. The state and local EICs at implementation sites are now using these reports in real time to monitor progress towards the SiMR as evidenced by EIC completion of COS quarterly data checklists statewide. Quarterly monitoring with the checklist is used by EICs to determine if information in a sample of child records supports COS ratings and if family input is reflected in the COS process.



- Pyramid Training (Strategy 2)

Georgia collected pre-and post-training data this year and in the previous year to determine content knowledge scores before and after Pyramid trainings. Additionally, Georgia conducted follow-up Pyramid Provider Self-Assessments after Pyramid trainings to evaluate how providers are transferring acquired knowledge into their practice at implementation sites. Pyramid Provider observation checklists have also been utilized by master cadres to assess provider practices at the implementation sites.

- Pyramid Family Survey Data

In the previous year, the number of family surveys distributed by providers was not obtained during data collection. The state team had to request this additional information from implementation sites after the survey was completed in order to calculate the response rate. This year, Georgia implemented procedures that included distribution logs for implementation sites to record the number of Family Surveys distributed by providers during data collection.

## **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 Trainings (Strategy 1 A)
- Pyramid Trainings (Strategy 2) for SSIP implementation districts and six additional districts

To ensure that evidence-based practices are carried out with fidelity, Georgia is using a Pyramid Provider Self-Assessment checklist and Pyramid Provider Observation checklist. The observation checklist was used by the Master Cadre to observe a subgroup of trained providers each quarter throughout the year. Different providers were observed each quarter.

### *How Fidelity Data Are Collected*

#### Pyramid Model Training (Strategy 2)

Georgia is conducting the fidelity measurement using a Pyramid Provider Self-Assessment Survey and Observation tool. The tool was developed during Phase III Year 2 with input from the Pyramid Implementation team, national training experts Dr. Tweety Yates and Dr. Erin Barton who are associated with CSEFEL, the state BCW and Part C Data Manager as well as federal technical assistance partners associated with DaSy, ECTA and IDC.

Pyramid Provider Self-Assessment survey data collection was conducted at SSIP implementation sites during 2 measurement cycles for this reporting period. A subgroup of providers was observed quarterly using the Pyramid Provider Observation checklist. Providers were selected for observation based on the analysis of pre-and post-training test scores by EICs and master cadres at SSIP implementation sites. Survey Monkey was used to collect data using the Pyramid Provider Self-Assessment and Pyramid Provider Observation checklist.

## *Outcomes Regarding Progress toward Short-term and Long-term Objectives*

### **COS Training (Strategy 1 A)**

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

#### Participant Content Knowledge

Participant content knowledge related to COS was assessed prior to taking the online COS module and following completion using the Pre-Post Content Knowledge Assessments.

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

**Table 4: Participant Content Knowledge by SSIP District**

SSIP District	Number	COS Scores	
		Pre-Test	Post-Test
Coastal	27	61%	85%
Columbus	5	60%	74%
Dalton	29	65%	93%
Gwinnett	69	60%	91%

#### COS Survey Results

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

### **Pyramid Model Training (Strategy 2)**

Pyramid Model Training is aimed at building district capacity and equipping Master Cadre teams across districts (SSIP pilot districts and expansion districts) with the knowledge, skills, and tools necessary to support all providers and families within their district. Providers trained were new or existing service coordinators and special instructors who completed training between February 13<sup>th</sup>, 2019 and February 1<sup>st</sup>, 2020.

**Table 5. Providers Trained across Districts by Pyramid Training Module (Phase III, Year 4)**

	<b>Module One: Family Coaching- Pyramid Model</b>	<b>Module Two: Parents Interacting with Infants Training (PIWI)</b>	<b>Module 3: Tier III Train- the-Trainer Series</b>
<b>Cohort 2 Expansion Districts</b>	<b>Webinar</b>	<b>Webinar</b>	<b>In-Person</b>
Cobb-Douglas (Zone 3-1)	55	35	1
DeKalb (Zone 3-5)	67	34	3
Fulton (Zone 3-2)	47	23	5
<b>Cohort 1 Expansion Districts</b>	<b>Webinar</b>	<b>Webinar</b>	<b>In-Person</b>
Jonesboro- Clayton County (Zone 3-3)	N/A	14	22
LaGrange (Zone 4)	12	2	N/A
Southeast- Waycross (Zone 9-2)	5	2	28
Northwest- Rome (Zone 1-1)	N/A	12	N/A
North- Gainesville (Zone 2)	1	18	34
North Central- Macon (Zone 5-2)	7	12	18
<b>SSIP Pilot Districts</b>	<b>Webinar</b>	<b>Webinar</b>	<b>In-Person</b>
East Metro- Gwinnett (Zone 3-4)	3	4	N/A
Coastal- Savannah (Zone 9-1)	N/A	1	N/A
North Georgia- Dalton (Zone 1-1)	4	10	N/A
West Central- Columbus (Zone 7)	N/A	3	N/A
South Central- Dublin (Zone 5-1)	N/A	N/A	N/A
<b>TOTAL:</b>	<b>201</b>	<b>170</b>	<b>111</b>

\*N/A: Training completion for the SSIP Pilot districts  
Training in progress for Expansion districts

## **Pyramid Model Training Results**

### Participant Satisfaction

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

### Participant Content Knowledge

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

There was an increase in Participant content knowledge related to Pyramid Model strategies across all SSIP districts as well as expansion districts.

## **Parents Interacting with Infants (PIWI) - Pyramid Content knowledge**

### *SSIP Districts and Cohort 1 Expansion districts*

Overall average knowledge score for newly contracted providers in SSIP districts and Cohort 1 Expansion districts prior to PIWI training was 64.8% and following the training was 83.7%.

As a result of the PIWI training, the overall average knowledge score for newly contracted providers in the SSIP districts and Cohort 1 Expansion districts has increased by 18.9%.

Additionally, the targeted goal aiming to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 83.7% of new providers across SSIP districts demonstrating increased content knowledge following participation in PIWI training.

### *Cohort 2 Expansion Districts*

The overall average content knowledge score to-date across cohort 2 expansion districts prior to PIWI training was 62.4%. The overall average content knowledge score across these districts following PIWI training was 88.7%.

As a result of PIWI training, overall average content knowledge scores across cohort 2 expansion districts increased by 26.3%.

Additionally, the targeted goal aiming to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 88.7% of providers across cohort 2 expansion districts demonstrating increased content knowledge following participation in PIWI training.

## **Family Coaching and Pyramid Model with Young Children - Pyramid Content Knowledge**

### *SSIP Districts and Cohort 1 Expansion districts*

Overall average knowledge score for newly contracted providers in the SSIP districts and Cohort 1 Expansion districts prior to Family Coaching-Pyramid Model training was 51.5%. Overall average knowledge score for newly contracted providers in the SSIP districts and Cohort 1 Expansion districts following Family Coaching-Pyramid Model training was 82.2%.

As a result of the Family Coaching-Pyramid Model training, the overall average knowledge score for newly contracted providers in the SSIP districts and Cohort 1 Expansion districts has increased by 30.7%.

Additionally, the targeted goal to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 82.2% of the new providers across SSIP districts and Cohort 1 Expansion districts demonstrating increased content knowledge following participation in Family Coaching-Pyramid Model training.

### *Cohort 2 Expansion Districts*

The overall average content knowledge score across cohort 2 expansion districts prior to the Family Coaching-Pyramid Model webinar was 54.9 %. The overall average content knowledge score across districts following the webinar was 83.7%.

As a result of the Family Coaching-Pyramid Model webinar, overall average content knowledge scores across cohort 2 expansion districts increased by 28.8%.

Additionally, the targeted key goal to increase provider knowledge among 25% or more providers was well exceeded, with 83.7% of providers across cohort 2 expansion districts demonstrating increased content knowledge following participation in the Pyramid-Family Coaching webinar.

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

### **Tier III Self-Reported Knowledge**

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

### *Cohort 1 Expansion Districts - Master Cadre*

The overall average self-reported knowledge score for master cadres across Cohort 1 districts (Macon and Gainesville) prior to Tier III training was 68.9%, reflecting low to moderate levels of confidence in relation to Tier III concepts and procedures. The overall average self-reported knowledge score across districts following Tier III training was 86.6%, reflecting high levels of confidence in relation to Tier III concepts and procedures.

As a result of Tier III training, overall self-reported knowledge scores increased by an average of 17.7%.

### *Training Redeliveries*

Tier III training redeliveries were conducted across 6 districts (Clayton, Gwinnett, Coastal, Dalton, Gainesville and Waycross).

The overall average self-reported knowledge score across districts prior to Tier III training redeliveries was 54.1%. The overall average self-reported knowledge score across the districts following Tier III training was 70.6%.

As a result of Tier III training redeliveries, overall self-reported knowledge scores in 2019 increased by an average of 16.5%.

## **Tier III Content Knowledge**

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

### *Cohort 1 Expansion Districts - Master Cadres*

The overall average content knowledge score across the districts prior to Tier III training was 75.5%. The overall average content knowledge score across the districts following Tier III training was 84.9%.

As a result of Tier III training, overall content knowledge scores in 2019 increased by an average of 9.4%

Additionally, the targeted key goal to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 84.9% of providers demonstrating increased knowledge and confidence serving families of children with persistent, challenging behaviors following participation in Tier III training.

### *Training Redeliveries*

Tier III training redeliveries were conducted across 6 districts (Clayton, Gwinnett, Coastal, Dalton, Gainesville and Waycross).

The overall average content knowledge score across the districts prior to Tier III training redelivery was 57.8%. The overall average content knowledge score across the districts following Tier III training was 82.5%.

As a result of Tier III training redeliveries, overall content knowledge scores in 2019 increased by an average of 24.7%.

Additionally, the targeted key goal to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 82.5% of providers across districts demonstrating increased knowledge and confidence serving families of children with persistent, challenging behaviors following participation in Tier III training.

## Assessment of Pyramid Practices (Strategy 2 A)

### The Pyramid Provider Self-Assessment Survey

The 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

#### First cycle (July 2019)

The Provider Self-Assessment survey link was sent via email to 121 providers with 53 (44.0%) of the providers responding to the survey. Of the 53 providers, 14 (26.4%) were from Dalton, 8 (15.1%) Columbus, 14(26.4%) Coastal and 17(32.1%) Gwinnett which are the 4 SSIP implementation districts.

#### Second cycle (Jan 2020)

The Provider Self-Assessment survey link was sent via email to 114 providers with 52 (46.0%) of the providers responding to the survey. Of the 52 providers, 17 (32.7%) were from Dalton, 4 (7.7%) Columbus, 15(28.9%) Coastal and 15(28.9%) Gwinnett which are the 4 SSIP implementation districts and 1(1.9%) Dublin which is a non-SSIP district.

### Results

Overall, 84.8% of the providers reported to have completed the PIWI training, 70.5% Family Coaching and 75.3% reported to have completed the TIER III training. A provider may have attended one or more training modules.

Practices assessed, and results of the Pyramid Provider Self-Assessment Survey are as follows:

- 97.0% of the providers reported that they supported the caregiver as the primary interactor with their child throughout the visit.
- 98.0% of the providers used specific interaction strategies to promote parent competence and confidence during their practice.
- 98.0% of the providers facilitated use of activities and materials to support engagement of the caregiver-child dyad.
- 100.0% of the providers reported that their observations and discussions with the caregivers built on and enhanced the caregivers' knowledge of their child's development.
- 100.0% of the providers reported that they suggested activities that supported the parent's interactions with their child.
- 99.0% of the providers reported that they suggested activities that supported the child's acquisition and practice of skills appropriate to child's developmental level.
- 99.0% 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.
- 93.0% of the providers reported that they used a collaborative approach with the caregiver to plan and implement the next visit.

## The Pyramid Provider Observations

A subgroup of providers was observed quarterly by a Master Cadre trainer based on the analysis of pre-and post- test training scores.

### Participants

A total of 18 providers were observed by master cadres from April 2019 to December 2019. Of the 18 providers, 6 (33.3%) were from Dalton, 6(33.3%) Coastal and 6(33.3%) Gwinnett. Columbus, the fourth SSIP district did not do any observations for this reporting period.

### Results

Of the 18 providers observed, 88.9% had completed the PIWI training, 88.9% Family Coaching and 72.2% had completed the TIER III training. A provider may have attended one or more training modules.

Practices assessed, and results of the Pyramid Provider Observations are as follows:

- 77.7% of the providers supported the caregiver as the primary interactor with their child throughout the visit.
- 83.0% of the providers used specific interaction strategies to promote parent competence and confidence during their practice.
- 66.6% of the providers facilitated use of activities and materials to support engagement of the caregiver-child dyad.
- 83.0% of the providers had observations and discussions with the caregivers focused on building and enhancing the caregivers' knowledge of their child's development.
- 94.0% of the providers suggested activities that supported the parent's interactions with their child.
- 94.0% of the providers suggested activities that supported the child's acquisition and practice of skills appropriate to child's developmental level.
- 83.0% of the providers suggested modifications in materials, positioning and interaction approaches to facilitate the child's interaction with objects and people when appropriate.
- 61.0% of the providers used a collaborative approach with the caregiver to plan and implement the next visit.

## Pyramid Family Survey

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

### Participants

The survey was distributed to 239 families with 170(71.0%) of the families responding to the survey. Of the 170 families that responded, 28(16.5%) were from Coastal, 22(12.9%) Gwinnett, 68(40.0%) from Columbus and 52(30.6%) from Dalton.



## Results

Practices assessed, and results of the Pyramid Family Survey are as follows:

- 98.9% of the families reported that the provider asked them about questions, ideas and concerns about their children.
- 99.4% of the families reported that the providers responded to their concerns.
- 98.8% of the families reported that the provider's observations, comments and suggestions supported their competence as parents.
- 98.2% of the families reported that the provider's observations, comments and suggestions supported their confidence as parents.
- 93.3% of the families reported that the provider visit was focused on parent-child interactions.
- 98.8% of the families reported that the provider shared developmental information and activities in a way that helped the families better understand and support their child's development.
- 98.2% of the families reported that the provider suggested parent-child activities and materials that are relevant and meaningful to the family everyday settings and routines.
- 94.6% of the families reported that they were involved in the planning for the next visit (For example, the provider discussed with the family ideas for the next visit as well as materials in the home that could be used).

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

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

### *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 6: Comparison of statewide percentage for APR FFY 2017 vs. FFY 2018 and by SSIP District**

	2017 Percent	2018 Percent	Percent change 2017-2018
Statewide	85.3%	84.5	-0.8%
SSIP Districts:			
Gwinnett	80.8%	75.9%	-4.9%
Coastal	95.5%	95.9%	0.4%
Dalton	92.5%	93.2%	0.7%
Columbus	54.8%	65.1%	10.3%

FFY18 State target for Outcome 3 Summary Statement 1: 92%

\* Meaningful difference at the .10 level based on ECO Measurable Differences calculator.

From the table above, there was an overall statewide percentage decrease of 0.8% and a decrease of 4.9% for Gwinnett Health District. Coastal, Dalton and Columbus Health Districts experienced an increase of 0.4%, 0.7% and 10.3% respectively.

Further analysis of the COS data was conducted using the ECO Measurable Differences calculator. The meaningful difference calculator uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10).

Using this analysis, we compared the state’s current year (FFY2018) child outcomes summary statement values to the previous year (FFY2017) and compared the implementation sites child outcomes summary statement values to the state for the current year.

The Analysis revealed that the 0.8% decrease in Georgia’s SiMR measured by indicator 3A, Summary Statement 1 from FFY 2017 to 2018 is not significant.

The four SSIP implementation districts’ individual data was entered into the ECO Measurable Differences calculator to compare the current to previous year performance and yielded the following results: Of the four implementation districts, Coastal, Dalton and Columbus increase from the previous year were not significant. Gwinnett’s decrease from the previous year indicated a meaningful difference.

Comparison of all four SSIP implementation sites’ (Coastal, Columbus, Dalton and Gwinnett) individual summary statement data to the state FFY2018 data indicated meaningful differences as shown in table 6B.

**Table 6B: Comparison of state performance for FFY2018 to FFY2017 and Implementation site performance to state**

State Current to Previous Year	Summary Statement 1	Confidence Interval	Meaningful Difference
Previous Year (FFY2017)	85.4%	± 0.94%	NA
Current Year (FFY2018)	84.5%	± 0.96%	No
<b>SSIP Implementation Sites to State</b>			
Gwinnett	75.9%	± 3.52%	Yes
Coastal	95.9%	± 1.95%	Yes
Dalton	93.2%	± 2.74%	Yes
Columbus	65.1%	± 8.49%	Yes

The most recent national COS data available from the ECTA Center reveals that from FFY 2012 to FFY 2017 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). This trend suggests that past practices in Georgia may not have applied the COS process as intended in measuring child progress toward child outcomes.

Additionally, staff turnover at the state and local districts including turnover in local EIC leadership and practitioners could have impacted the SiMR data.

Georgia has focused efforts this past year on improving consistency in the COS process statewide by requiring provider completion of ECTA’s online COS module and by implementing a new quarterly COS data checklist required of all district EICs statewide. Using the COS data checklist, all EICs are reviewing a quarterly sample of child records to determine if evidence in the notes, evaluation reports and on the COS Form support child ratings and if ratings were developed by a team including family input.

The SiMR data supports Georgia’s continued strategies and activities focused on improving the COS process.

Georgia plans to improve the quarterly COS data checklist and closely monitor these data from all districts as well as COS reports in BIBs for federal indicator 3. Additional technical assistance and training for EICs in monitoring COS data via the quarterly COS checklist was conducted in April 2019.

Georgia is working on modifications to COS training requirements for all providers in addition to implementing a face-to face follow-up training.

## **F. Plans for Next Year**

Plans for next year are detailed in Table 3 and include the following activities:

- COS Training using the online ECTA COS module
- COS Provider Survey included with the COS module
- COS quarterly data checklist and monitoring for data quality and completeness
- Pyramid Training for additional Master Cadre and new or existing providers in implementation and expansion districts
- Pyramid Provider Self-Assessment Survey and observation of a subgroup of providers for assessing practice change and fidelity of practice
- Pyramid Family Survey to assess family perceptions of practices as well as family understanding and confidence in supporting their child's social-emotional development

### **Anticipated Barriers**

Anticipated barriers that may be encountered include staff turnover at the state, 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. To address barriers and delays, SSIP strategies and activities will be included in the new hire orientation for Training Coordinator at the state level and state staff will be available for technical assistance to districts. 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) and National Center for Systemic Improvement (NCSI). Technical assistance and support from these national partners will be utilized in the evaluation of future implementation activities including the evaluation of Pyramid trainings for additional Master Cadre and new providers, data collection methods for assessing practice fidelity as well as family/caregiver understanding and confidence in supporting their child's social-emotional development.

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