

Georgia Department of Public Health

Babies Can't Wait Program

**STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)**

**PHASE III Year 5**

**April 2021**

# Georgia Babies Can't Wait SSIP Phase III Year 5 Report

## A. Summary of Phase III Year 5

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

During Phase III Year 5 (April 1, 2020 - March 30, 2021) 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

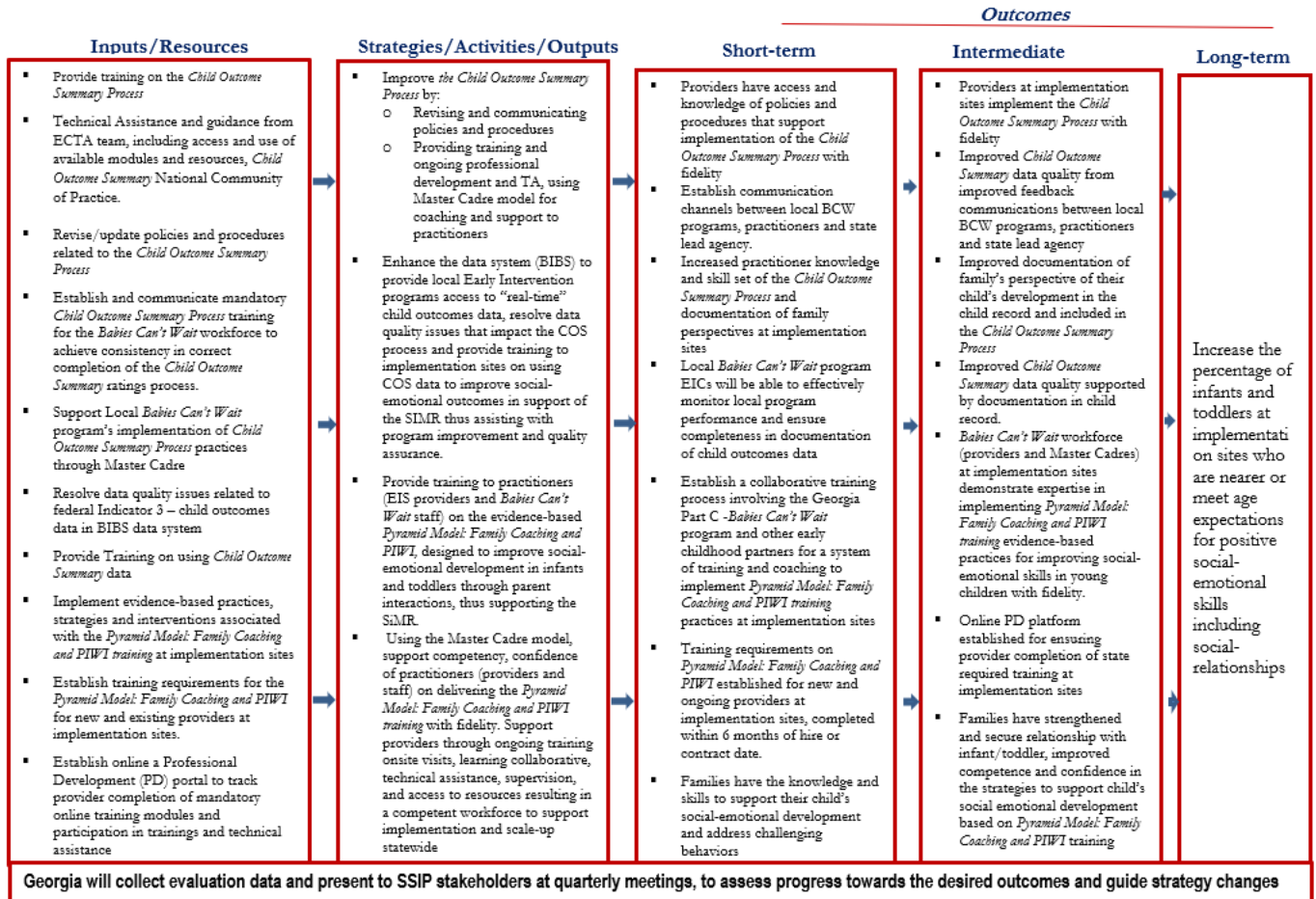
Theory of Action: If children improve their social-emotional skills they will be ready to participate successfully in school and community through everyday activities.

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 -Babies Information and Billing 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		
<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		

## 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

<p><b>Improvement strategy 1A:</b> <i>Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families</i></p> <p><b>Short term outcomes</b></p> <ul style="list-style-type: none"> <li>Practitioners have access to policies and procedures that support implementation of the COS process with fidelity.</li> <li>Improved communication channels between local BCW programs, practitioners and state lead agency.</li> <li>Improved skill sets and knowledge of providers and staff in the COS process</li> </ul> <p><b>Intermediate outcomes:</b></p> <ul style="list-style-type: none"> <li>90% of Local Early Intervention Coordinators (EICs) have access to COS reports in the data system and 90% of EICs are monitoring the reports for improvements</li> <li>Practitioners at implementation sites implement the COS process with fidelity.</li> <li>Each family’s perspective of their child’s development is included in the COS process.</li> </ul> <p><b>Long term outcome:</b></p> <ul style="list-style-type: none"> <li>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 90.5%.</li> </ul>
<p><b>Improvement strategy 1B:</b> <i>Enhance the data system to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance</i></p> <p><b>Short term outcome</b></p> <ul style="list-style-type: none"> <li>Improved COS data quality from 88% to 95% completeness of data documentation.</li> </ul> <p><b>Long term outcome</b></p> <ul style="list-style-type: none"> <li>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 90.5%.</li> </ul>
<p><b>Improvement strategy 2:</b> <i>Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and PIWT</i></p> <p><b>Short term outcomes</b></p> <ul style="list-style-type: none"> <li>Training is conducted for new and ongoing practitioners at implementation sites.</li> <li>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.</li> </ul> <p><b>Intermediate outcomes</b></p> <ul style="list-style-type: none"> <li>BCW workforce (providers and staff) at implementation sites will implement <i>Pyramid Model: Family Coaching and PIWT</i> as intended</li> <li>Families will have improved understanding of and confidence in strategies to support their child’s social-emotional development</li> </ul> <p><b>Long term outcome</b></p> <ul style="list-style-type: none"> <li>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 90.5%.</li> </ul>

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

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

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

Additionally, Georgia in collaboration with EICs has continued to expand its improvement strategies and provide technical assistance to 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 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)

## **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 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 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 state has also started Pyramid model trainings Cohort 3

expansion districts (Augusta, Valdosta, Albany and Athens) and their data will be reported during the next fiscal year.

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 training was delivered as a 2-day face to face training in late February 2020 for Cohort 2 expansion districts. Due to efforts to reduce the spread of COVID-19 and adhere to social distancing guidelines, redelivery trainings were conducted virtually by Master Cadres via a secure WebEx platform. (See Section C for Results)

### **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 5) 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. Due to COVID-19 pandemic, adjustments were done this year for master cadres at the implementation districts to complete their provider observations via a secure WebEx platform.



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.

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

<p><b>Improvement Strategy 1a:</b> Clarify and define the 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. Local EICs have access to COS reports in the data system and 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 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 reports for EICs in all districts to ensure they are monitoring COS data to determine if information in child records supports COS ratings, to determine family participation in the COS process and to identify data quality issues. EIC’s review 10 child records in the data system: 5 COS initial entry ratings and 5 COS entry and exit ratings for children in the program at least 6 months. Records are sampled from different service coordinators for a total of 10 records per quarter. Data are entered into the checklist and submitted to the state office for analysis. <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, Outcome 1).**  
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:** New and existing practitioners at implementation sites (SSIP pilot districts and Cohorts 1&2 expansion districts) completed state required Pyramid training. Training 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, Outcome 2)**  
Implementation of the Pyramid model was achieved through expansion of trainings and coaching support from GSU-CLD to the SSIP pilot districts and Cohorts 1&2 expansion districts. A roll-out plan was developed and implemented collaboratively between the lead agency, GSU-CLD and EIC stakeholders in the expansion districts.  
PIWI and Family Coaching training series were delivered in an online webinar format for all the implementation districts.  
The third module, Tier III: Understanding and Addressing Challenging Behaviors was delivered in two face-to-face trainings for the Cohort 2 expansion districts late February 2020. Additionally, redelivery trainings were conducted by master cadres virtually using a HIPAA compliant WebEx platform.  
**Evidence/Measures:** Pre and post-test survey scores  
**Timeline (projected initiation & completion dates):** July 1, 2018; ongoing training and coaching support for duration of SSIP.  
**Status/Progress:** Ongoing; Training data and results are summarized in Section C.  
**Changes/Adjustments:** Tier III Training was delivered virtually this year due to COVID-19.

**Activities to Meet Outcomes: Pyramid Provider Self-Assessment Survey at SSIP implementation sites. (Strategy 2, Outcome 3)**  
The Pyramid Provider Self-Assessment Survey was developed and detailed in Phase III Year 2. The Survey was used for providers to self-assess and reflect on their use of evidence-based practices learned through Pyramid trainings. The Survey provides the lead agency with data to assess practice change and fidelity.  
**Evidence/Measures:** Survey data from Pyramid Provider Self-Assessment tool.  
**Timeline (projected initiation & completion dates):** July 2020-February 2021; ongoing for duration of SSIP.  
**Status/Progress:** two measurement cycles completed. Survey data and results are summarized in Section C.  
**Changes/Adjustments:** None

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

**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.

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

**Timeline (projected initiation & completion dates):** April 2020- March 2021; 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 Pyramid Family Survey data collection occurred September through November 2020 to assess family perception of support and practices as well as family understanding and confidence in supporting their child's social-emotional development.

The survey was distributed by Pyramid trained providers to families who received services from September to November 1, 2020. 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 2020- November 1, 2020

**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

## **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 Cohort 1, Cohort 2 and Cohort 3 expansion districts. Feedback was obtained during the year via monthly conference calls between the state BCW team and the Pyramid Implementation Team.

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

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

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

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

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

### **FFY2019 Target and Description of Stakeholder Input**

The Part C State Lead Agency solicited broad stakeholder input on identifying the FFY2019 target for the State Systemic Improvement Plan. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

Using stakeholder feedback and looking at the trend analysis results for implementation sites, Georgia's FFY2019 target for the State Systemic Improvement Plan was set to be **90.5%**.

## 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 COS 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 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:

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**

<p><b><i>Improvement strategy 1A: Clarify and define the COS process to make it more meaningful and useful to the program and families.</i></b></p>
<p><b>Short-term outcome 1:</b> Improved communication channels between local BCW programs, practitioners and state lead agency.</p>
<p><b>Measurement:</b> A provider survey was utilized to assess provider knowledge of COS policy and communication channels with the lead agency.</p>
<p><b>Results</b>            96.0% of practitioners know where to access the policies and procedures that support implementation of the COS process with fidelity.            98.2% of the practitioners understand COS Policy and procedures including composition of multidisciplinary teams for COS ratings.            95.4% of practitioners agreed that communication channels were available with the lead agency.</p>
<p><b>Short-term outcome 2:</b> Improve the skill sets and knowledge of providers and staff of the COS process.</p>
<p><b>Measurement:</b> A provider survey was used to assess provider knowledge, competency and confidence gained in the COS process after the ECTA online COS modules.</p>
<p><b>Results</b>            98.1% of the providers reported that the training improved their competency in the COS Process.            97.3% of the providers improved their confidence in implementing the COS Process as a result of the training.</p>
<p><b>Intermediate outcome 1:</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><b>Measurement:</b> Local EICs have access to COS Reports in the system to continuously monitor their data</p>
<p><b>Results</b>            All (100%) of EICs have access and are utilizing the COS reports to monitor their data</p>
<p><b>Exceeded</b> performance indicator for this outcome.</p>
<p><b>Intermediate outcome 2:</b> Practitioners at implementation sites document the COS process with fidelity.</p>
<p><b>Measurement:</b> 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><b>Results</b>            A total of 373 child records were reviewed by the EICs at the implementation sites.            98% of COS ratings were supported by documented information in the record at entry and at exit.</p>
<p><b>Intermediate Outcome 3:</b> Each family’s perspective of their child’s development is included in the COS process.</p>
<p><b>Measurement:</b> 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><b>Results</b>            97% of the child records reflected family input in the COS process.</p>

<b><i>Improvement strategy 1B: Enhance the data system to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance</i></b>
<b>Short-term outcome:</b> Improved COS data quality from 88% to 95% completeness of data documentation.
<b>Measurement:</b> State team review of indicator 3 data for each implementation site quarterly for one (1) year, then semi-annually thereafter for duration of SSIP
<b>Results</b> Overall, there was 98% completeness in data documentation of COS ratings for indicator 3  <b>Exceeded</b> performance indicator for this outcome.
<b><i>Improvement strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: PIWI, Family Coaching and Tier III</i></b>
<b>Short-term outcome 1:</b> Training is conducted for new and ongoing practitioners at implementation sites.
<b>Measurement:</b> Training registration and certification process managed by the state Professional Development vendor GSU-CLD.
<b>Results</b> 4% of providers completed ALL modules, 24% completed PIWI and Family Coaching modules and 35% completed only Tier III module. (See Table 4).
<b>Short-term outcome 2:</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, Family Coaching and TIER III.
<b>Measurement:</b> Pre-and post-tests administered to trainees during each Pyramid training module.
<b>Results by Pyramid training module</b>  <b>PIWI training:</b> 93.4% of the providers across districts demonstrated increased content knowledge. Overall average content knowledge scores across districts increased by 27.8% from pre- to post-assessment. <b>Pyramid-Family Coaching webinar:</b> 94.4% of the providers across districts demonstrated increased content knowledge. Overall average content knowledge scores across districts increased by 58.9% from pre- to post-assessment. <b>Tier III training:</b> 88.5% 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 36.7% in Master Cadre trainings and 19.1% in redeliveries.  Across all the three trainings, overall content knowledge related to the Pyramid Model increased by an average of 33.3% as a result of participation in the training series.



<p><b>Improvement strategy 2: <i>Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: PIWI, Family Coaching and Tier III</i></b></p>
<p><b>Intermediate outcome:</b> BCW workforce (providers and staff) at implementation sites will implement Pyramid Model: Family Coaching and PIWI as intended.</p>
<p><b>Measurement 1:</b> 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><b>Results</b>  41 providers at implementation sites responded during first cycle in July 2020 (see details, pg25)  58 providers at implementation sites responded during second cycle Feb. 2021 (see details, pg25)  Overall, 98.9% 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><b>Measurement 2:</b> Observations of trained practitioners at implementation sites by Pyramid Master Cadre using the Pyramid Provider Observation checklist.</p>
<p><b>Results</b>  A total of 19 providers were observed by master cadres at implementation sites (see details, pg26)  Overall, 82.3% 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>Intermediate outcome:</b> Families will have improved understanding of and confidence in strategies to support their child’s social-emotional development.</p>
<p><b>Measurement:</b> Pyramid Family Survey distributed to families by Pyramid trained providers</p>
<p><b>Results</b>  A total of 506 responses were received from the families that participated in the family survey.  99.8% of the families reported that they had improved understanding and had confidence in the strategies to support their child’s social emotional development.  Additionally, 99.6% 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 outcome:</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 90.5%.</p>
<p><b>Measurement:</b> Review of APR Data for Indicator 3A summary statement 1 for FFY2019 (January 1, 2020 to March 31, 2020)</p>
<p><b>Results</b>  <i>Statewide:</i> 83.2% of infants and toddlers were nearer or met age expectations for positive social-emotional skills including social-relationships.  <i>SSIP Implementation districts:</i> 85.6% of infants and toddlers were nearer or met age expectations for positive social-emotional skills including social-relationships.</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, 3 and 4. Additionally, this year (Phase III Year 5) 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 the state data system and quarterly COS data checklist reports completed by the EICs to ensure:

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

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

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 of APR reports, COS module assessments and quarterly COS checklist data informs decisions about training content for providers. Using these data, the state is in position to know if there are districts or providers that do not demonstrate mastery of aspects of the COS process following training. Implementation support and follow up occurs when intended outcomes are not being achieved. Modifications to COS policy and procedures may also occur if data indicates that changes are needed.

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

**Pyramid Model Training (Strategy 2)**

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

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

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

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

**D. Data Quality Issues**

There were no data quality concerns identified by the state for this reporting period.

**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 and cohorts 1&2 expansion 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.

Overall average participant content knowledge related to COS across all implementation districts prior to the online COS module training was 63.5% and following the training was 92.8%.

##### **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 2<sup>nd</sup> and November 30<sup>th</sup>, 2020.

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

	<b>Module 1: Family Coaching- Pyramid Model</b>	<b>Module 2: Parents Interacting with Infants Training (PIWI)</b>	<b>Module 3: Tier III Train-the- Trainer Series</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>	<b>Virtual</b>
Cobb-Douglas (Zone 3-1)	3	15	2 [MC]	48 [Redelivery]
DeKalb (Zone 3-5)	7	11	3 [MC]	31 [Redelivery]
Fulton (Zone 3-2)	3	7	5 [MC]	17 [Redelivery]
<b>Cohort 1 Expansion Districts</b>	<b>Webinar</b>	<b>Webinar</b>	<b>In-Person</b>	<b>Virtual</b>
Jonesboro- Clayton County (Zone 3-3)	4	6	N/A	N/A
LaGrange (Zone 4)	3	3	N/A	N/A
Southeast- Waycross (Zone 9-2)	18	14	N/A	20 [Redelivery]
Northwest- Rome (Zone 1-1)	0	0	N/A	N/A
North- Gainesville (Zone 2)	1	1	N/A	4 [Redelivery]
North Central- Macon (Zone 5-2)	5	5	N/A	N/A
<b>SSIP Districts</b>	<b>Webinar</b>	<b>Webinar</b>	<b>In-Person</b>	<b>Virtual</b>
East Metro- Gwinnett (Zone 3-4)	5	9	N/A	7 [Redelivery]
Coastal- Savannah (Zone 9-1)	0	0	N/A	N/A
North Georgia- Dalton (Zone 1-1)	6	6	N/A	N/A
West Central- Columbus (Zone 7)	2	2	N/A	15 [Redelivery]
South Central- Dublin (Zone 5-1)	8	8	N/A	N/A
<b>Total</b>	<b>65</b>	<b>87</b>	<b>10</b>	<b>142</b>

## **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)**

A total of 87 providers completed the PIWI webinar across SSIP and cohorts 1&2 expansion districts between February 2<sup>nd</sup> and November 30<sup>th</sup>, 2020.

### **Pyramid Content knowledge**

#### *SSIP and Cohort 1 expansion districts*

Overall average knowledge score for newly contracted providers in SSIP and Cohort 1 Expansion districts prior to PIWI training was 77.2% and following the training was 95.6%.

As a result of the PIWI training, the overall average knowledge score for newly contracted providers in the SSIP and Cohort 1 Expansion districts has increased by 23.8%.

Additionally, the targeted goal aiming to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 95.6% of new providers across SSIP and cohort 1 expansion districts demonstrating increased content knowledge following participation in PIWI training.

#### *Cohort 2 Expansion Districts*

The overall average content knowledge score across cohort 2 expansion districts prior to PIWI training was 71.7%. The overall average content knowledge score across these districts following PIWI training was 92.7%.

As a result of PIWI training, overall average content knowledge scores across cohort 2 expansion districts increased by 29.3%.

Additionally, the targeted goal aiming to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 92.7% of providers across cohort 2 expansion districts demonstrating increased content knowledge following participation in PIWI training.

## **Family Coaching and Pyramid Model with Young Children**

A total of 65 providers completed the Family Coaching-Pyramid Model webinar across SSIP and cohorts 1&2 expansion districts between February 2<sup>nd</sup> and November 30<sup>th</sup>, 2020.

### **Pyramid Content Knowledge**

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

Overall average knowledge score for newly contracted providers in the SSIP and Cohort 1 Expansion districts prior to Family Coaching-Pyramid Model training was 62.3% and following Family Coaching-Pyramid Model training was 97.1%.

As a result of the Family Coaching-Pyramid Model training, the overall average knowledge score for newly contracted providers in the SSIP and Cohort 1 Expansion districts has increased by 55.9%.

Additionally, the targeted goal to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 97.1% of the new providers across SSIP 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 58.4%. The overall average content knowledge score across districts following the webinar was 93.5%.

As a result of the Family Coaching-Pyramid Model webinar, overall average content knowledge scores across cohort 2 expansion districts increased by 60.1%.

Additionally, the targeted key goal to increase provider knowledge among 25% or more providers was well exceeded, with 93.5% 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**

A total of 152 Master Cadres and Redelivery Providers completed the Tier III training across the targeted health districts between February 3<sup>rd</sup>, 2020 and January 20<sup>th</sup>, 2021.

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

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

#### *Cohort 2 Expansion Districts - Master Cadre*

The overall average self-reported knowledge score for master cadres across Cohort 2 districts prior to Tier III training was 64.9%, 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 88.7%, 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 36.7%.

#### *Training Redeliveries*

Tier III training redeliveries were conducted across 7 districts (Cobb-Douglas, DeKalb, Fulton, Waycross, Gainesville, Gwinnett, and Columbus).

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

The overall average self-reported knowledge score across SSIP and Cohort 1 expansion districts prior to Tier III training redeliveries was 64.9%. The overall average self-reported knowledge score across the districts following Tier III training was 79.4%.

As a result of Tier III training redeliveries, overall self-reported knowledge scores increased by an average of 22.3%.



### *Cohort 2 Expansion Districts*

The overall average self-reported knowledge score for cohort 2 expansion districts prior to Tier III training redeliveries was 68.5%. The overall average self-reported knowledge score across the districts following Tier III training was 80.9%.

As a result of Tier III training redeliveries, overall self-reported knowledge scores increased by an average of 18.1%.

## **Tier III Content Knowledge**

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

### *Cohort 2 Expansion Districts - Master Cadres*

The overall average content knowledge score across the districts prior to Tier III training was 77.8%. The overall average content knowledge score across the districts following Tier III training was 91.8%.

As a result of Tier III training, overall content knowledge scores increased by an average of 18.0%

Additionally, the targeted key goal to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 91.8% 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 7 districts (Cobb-Douglas, DeKalb, Fulton, Waycross, Gainesville, Gwinnett, and Columbus).

### *SSIP and Cohort 1 Expansion Districts*

The overall average content knowledge score across SSIP and Cohort 1 expansion districts prior to Tier III training redeliveries was 71.1%. The overall average content knowledge score across the districts following Tier III training was 89.5%.

As a result of Tier III training redeliveries, overall content knowledge scores increased by an average of 25.9%.

### *Cohort 2 Expansion Districts*

The overall average content knowledge score across cohort 2 expansion districts prior to Tier III training redelivery was 63.6%. The overall average content knowledge score across the districts following Tier III training was 88.1%.

As a result of Tier III training redeliveries, overall content knowledge scores increased by an average of 38.5%.

Additionally, the targeted key goal to increase provider knowledge and confidence among 25% or more providers was well exceeded, with 88.5% of providers across all 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 2020)

The Provider Self-Assessment survey link was sent via email to 135 providers with 41(30.4%) of the providers responding to the survey.

Second cycle (February 2021)

The Provider Self-Assessment survey link was sent via email to 197 providers with 58 (29.4%) of the providers responding to the survey.

Results

Overall, 91.2% of the providers reported to have completed the PIWI training, 83% Family Coaching and 73.7% 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:

- 97.5% of the providers reported that they supported the caregiver as the primary interactor with their child throughout the visit.
- 100% of the providers used specific interaction strategies to promote parent competence and confidence during their practice.
- 97.1% 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.
- 100.0% of the providers reported that they suggested activities that supported the child's acquisition and practice of skills appropriate to child's developmental level.
- 98.8% 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.
- 97.9% 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 19 providers were observed by master cadres from April 2020 to February 2021. Of the 19 providers, 5 (26.3%) were from Dublin, 4(21.1%) Coastal, 2(10.5%) Gwinnett, 2(10.5%) Clayton, 2(10.5%) Macon, 2(10.5%) Gainesville and 2(10.5%) from Waycross implementation districts.

### Results

Of the 19 providers observed, 100% had completed the PIWI training, 89.5% Family Coaching and 57.9% 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:

- 84.2% of the providers supported the caregiver as the primary interactor with their child throughout the visit.
- 84.2% of the providers used specific interaction strategies to promote parent competence and confidence during their practice.
- 79.0% of the providers facilitated use of activities and materials to support engagement of the caregiver-child dyad.
- 89.5% of the providers had observations and discussions with the caregivers focused on building and enhancing the caregivers' knowledge of their child's development.
- 84.2% of the providers suggested activities that supported the parent's interactions with their child.
- 89.5% of the providers suggested activities that supported the child's acquisition and practice of skills appropriate to child's developmental level.
- 73.7% of the providers suggested modifications in materials, positioning and interaction approaches to facilitate the child's interaction with objects and people when appropriate.
- 73.7% 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 539 families with 506(93.9%) of the families responding to the survey. Of the 506 families that responded, 122(24.1%) were from Coastal; 98 (19.4%) Waycross; 88(17.4%) Gwinnett; 86(17.0%) Columbus; 63(12.4%) Dalton; 32(6.3%) Macon; 13(2.6%) Dublin; 3(0.6%) Gainesville and 1(0.2%) from Clayton implementation districts.

## Results

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

- 99.0% of the families reported that the provider asked them about questions, ideas and concerns about their children.
- All (100.0%) of the families reported that the providers responded to their concerns.
- 99.6% of the families reported that the provider's observations, comments and suggestions supported their competence as parents.
- 99.8% of the families reported that the provider's observations, comments and suggestions supported their confidence as parents.
- 95.4% of the families reported that the provider visit was focused on parent-child interactions.
- 99.6% of the families reported that the provider shared developmental information and activities in a way that helped the families better understand and support their child's development.
- 99.2% 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.
- 95.6% 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 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.

#### *Statewide Results*

FFY 2018 Target: **92.0%**      FFY 2019 Target: **90.5%**

FFY 2018 Data: **84.5%**      FFY 2019 Data: **83.2%**

The results show that the state did not meet the target set for this reporting period and there was an overall statewide decrease of 1.3% compared to FFY2018.

### *SSIP Implementation districts Results*

The results from the SSIP implementation districts show that **85.6%** of our infants and toddlers substantially increased their rate of growth in positive social emotional skills by the time they turned 3 years of age or exited the program.

### *Explanation for the decrease*

The most recent national COS data available from the ECTA Center reveals that from FFY 2012 to FFY 2018 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 for federal indicator 3. This year, the state also conducted a data management and monitoring training that highlighted the expectations for the EICs and their staff and how to utilize the COS reports and data checklists to monitor COS data.

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

Plans for next year are detailed in Table 2 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 and implementation districts as well as delays in implementation related to personnel shortages locally. An additional barrier may be lack of funding for providers to attend training. To address barriers and delays, SSIP strategies and activities will be included in the new hire orientation for Training Coordinator at the state level and state staff will be available for technical assistance to districts. Additionally, State BCW staff will seek opportunities to offer stipends for providers that complete the training.

### **Technical Assistance Needs**

Technical assistance and support will continue to be utilized from partners with 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.