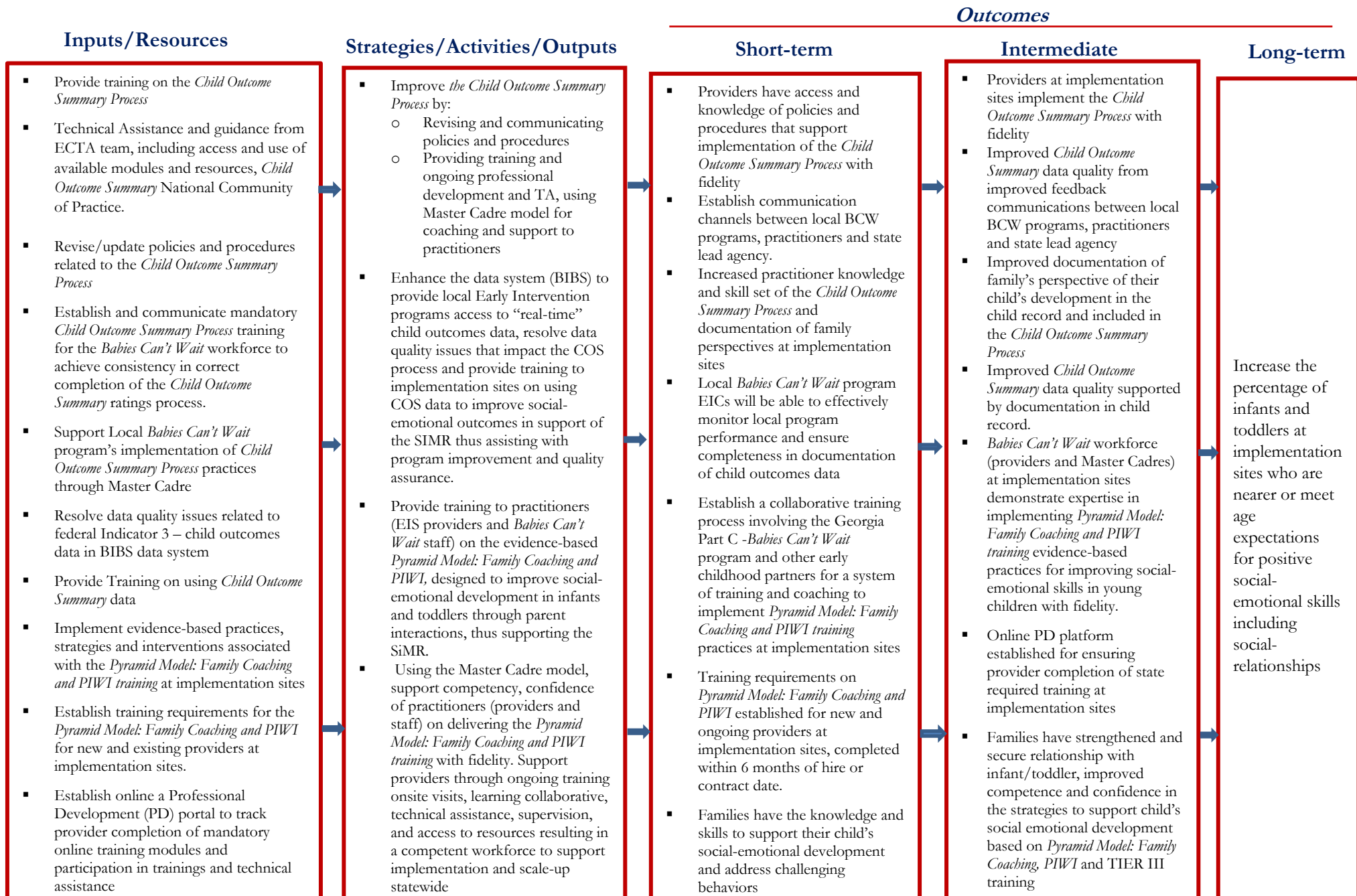


### State Systemic Improvement Plan (SSIP) Theory of Action

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 Theory of Action)
<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 disseminates the Georgia Early Learning and Development Standards (GELDS) that address social-emotional development as well as other aspects of child development, to the local programs and providers, then	Local Early Intervention programs can ensure the use of child development milestones and standards 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		

# Georgia Part C SSIP Phase II Logic Model



Georgia will collect evaluation data and present to SSIP stakeholders at quarterly meetings, to assess progress towards the desired outcomes and guide strategy

SSIP Evaluation Plan

Improvement Strategy 1A: Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families					
Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	Practitioners have access to policies and procedures that support implementation of the COS process with fidelity.	Has COS policy been written, approved and communicated to the field for use? Does the policy specify training requirements for practitioners who will be rating child outcomes?	COS policy that specifies ratings procedures and training requirements written, approved, and communicated to district EICs and practitioners posted on the <i>Babies Can't Wait</i> website.	Policies, procedures and official communication are posted on website  Link to ECTA <i>Child Outcome Summary Process</i> modules and face-to-face recorded training is posted on the Professional Development website hosted by VSU.	June 2016-December 2016. Updates, revisions are ongoing
Short term	Improved communication channels between local <i>Babies Can't Wait</i> programs, practitioners and state lead agency.	Do Local <i>Babies Can't Wait</i> staff at implementation sites, including new hires know: where to access the revised COS ratings policy? understand COS policy and procedures including composition of multidisciplinary teams for COS ratings? available communication channels with the lead agency?	# and % positive answers on survey of <i>Babies Can't Wait</i> staff and new hires/contractors at implementation sites	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	March 2018 -ongoing
Short term unlock	Improve the skill sets and knowledge of providers and staff in the COS process	Was the online COS training module effective in improving competency and confidence of the COS process among Providers?	The % change in knowledge and confidence of the providers for the COS Process as a result of taking the online COS module	Pre and Post survey (developed in collaboration with VSU) completed as providers take the online COS training module	March 2018- ongoing

<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>					
<b>Type of Outcome</b>	<b>Outcome Description</b>	<b>Evaluation Questions</b>	<b>How Will We Know the Intended Outcome Was Achieved? (performance indicator)</b>	<b>Measurement/Data Collection Method</b>	<b>Timeline (projected initiation and completion dates)</b>
<b>Intermediate</b>	Practitioners at implementation sites implement the COS process with fidelity.	% of improvement from entry to exit before COS training and after COS training supported by documentation in child record	% COS ratings that are supported by documented information in the record at entry and at exit.	EICs at implementation sites perform COS ratings data verification using the quarterly COS data checklist to determine if evaluation/assessment and/or progress information supports entry and exit COS ratings.	September 2017- ongoing
<b>Intermediate</b>	Each family's perspective of their child's development is included in the COS process.	Is family input reflected in the COS process for each child?	#% of child records that have documented evidence of family input in the COS process	EICs at implementation sites perform COS data verification using the quarterly COS data checklist to determine if information in child's record reflects family input in the COS process.	September 2017- ongoing
<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>					
<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 <i>Babies Can't Wait</i> team review Indicator 3 data in BIBS for each implementation site quarterly for one (1) year, then semi-	September 2017-ongoing

				annually thereafter for duration of SSIP	
<b>Intermediate</b>	90% of Local EICs have access to COS reports in the data system and 90% of EICs are monitoring the program for improvements	Are EICS at implementation sites accessing COS reports in the data system in accordance with state policy? Are EICS identifying data quality issues?	90% EICS in implementation sites which monitor their COS data quarterly	EICs can access COS reports through the BIBS data system	July 2016-ongoing

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

<b>Type of Outcome</b>	<b>Outcome Description</b>	<b>Evaluation Questions</b>	<b>How Will We Know the Intended Outcome Was Achieved? (performance indicator)</b>	<b>Measurement/Data Collection Method</b>	<b>Timeline (projected initiation and completion dates)</b>
<b>Short term</b>	Establish a collaborative process involving <i>Babies Can't Wait</i> and other early childhood partners for a system of training and coaching to implement <i>Pyramid Model: PIWI, Family Coaching, and TIER III</i> practices at implementation sites.	Did <i>Babies Can't Wait</i> collaborate with their early childhood partners to train current practitioners/staff at implementation sites?	90% <i>Babies Can't Wait</i> staff/practitioners at implementation sites, and 80% of other early childhood partners (DECAL, Project Launch, Head Start, and Part B) participate in Pyramid Training during the 1 <sup>st</sup> year of implementation.	Training registration data collected on practitioner and Early childhood agencies represented	July 2016-June 2017
<b>Short term</b>	Training requirements are established 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 six months of hire date or contract date.	Training registration and certification process managed by the state and state Professional Development vendor GSU-CLD	June 2017-ongoing

<p><b>Short term</b></p>	<p>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</p> <p><i>* TIER III trainings conducted virtually for FFY2020 due to COVID-19</i></p>	<p>Has knowledge, confidence, and understanding of the Pyramid Model: PIWI, Family Coaching, and TIER III increased among BCW Providers and Master Cadre’s</p> <p>Has the BCW Provider and Master Cadre built competence and confidence in parents to support their child’s emotional development?</p>	<p>25% or more of BCW staff (state and local-level) Providers and Master Cadres demonstrate improved understanding on a proficiency post-test administered after all trainings compared to the pre-test administered before the training.</p> <p>25% or more parents have increased knowledge and confidence demonstrated by improved understanding</p>	<p>Pre-and post-assessment administered to trainees during each Pyramid training module. GSU-CLD collects and compiles pre-and post-test data.</p> <p>Pyramid Family Survey distributed to families by Pyramid trained providers</p>	<p>September 2017-ongoing</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>					
<p><b>Type of Outcome</b></p>	<p><b>Outcome Description</b></p>	<p><b>Evaluation Questions</b></p>	<p><b>How Will We Know the Intended Outcome Was Achieved? (performance indicator)</b></p>	<p><b>Measurement/Data Collection Method</b></p>	<p><b>Timeline (projected initiation and completion dates)</b></p>
<p><b>Intermediate</b></p>	<p>BCW workforce (providers and staff) at implementation sites will implement <i>Pyramid Model</i>: PIWI, Family Coaching, and TIER III as intended.</p>	<p>Do practitioners at implementation sites implement the <i>Pyramid Model</i>: PIWI, Family Coaching, and TIER III 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. (one measurement cycle annually)</p> <p>Observations of trained practitioners at implementation sites by Pyramid Master Cadre using the Pyramid Provider Observation checklist. (completed quarterly)</p>	<p>July 2018-ongoing</p> <p>July 2018- ongoing;</p>

				* Observations done virtually for FFY2020 due to COVID-19	
<b>Intermediate</b>	Families will have improved understanding of and confidence in strategies to support their child's social-emotional development.	Do families have an increased understanding and confidence in their capability to support their child's social-emotional development?	25 % of families positively report understanding and confidence in an assessment tool	Pyramid Family Survey distributed to families by Pyramid trained providers	September 2018-ongoing
<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%.	Have more infants and toddlers exited <i>Babies Can't Wait</i> at or nearer age expectations for positive social-emotional development?	State target met	State MCH Epidemiology and <i>Babies Can't Wait</i> team reviews BIBs data for improvements in Outcomes 3A	During APR data inspection periods for each APR reporting period