

## State Action Plan Table

### State Action Plan Table (Georgia) - Child Health - Entry 1

#### Priority Need

Promote developmental screenings among children

#### NPM

Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

#### Objectives

- 6.1. By 2020, increase the number of partner agencies who are trained on developmental screening tools in the 18 public health districts from 0 to 20
- 6.2. By 2020, increase the number of early childhood providers in the 18 public health districts, from 0 to 20, who disseminate educational resources about developmental milestones and developmental screening to families.

#### Strategies

- 6.1.a. Convene a work group to recommend new, innovative, and effective screening methods (ie. phone, web-based, telephonic)
- 6.1.b. Identify two new partners per district who are able to administer developmental screens
- 6.1.c. Use a Train the Trainer model to train newly identified partners in each district on developmental screening tools
- 6.2.a. Partner with the Georgia American Academy of Pediatricians to disseminate educational resources to pediatric providers
- 6.2.b. Train public health district staff on developmental milestones and counseling skills to encourage parents to receive a formal developmental screen
- 6.2.c. Collaborate with early childhood stakeholders to disseminate Learn The Signs. Act Early, information to parents, to increase awareness of developmental milestones
- 6.2.d. Implement an evidence-informed child health information and referral system, to promote population developmental screening and referral for at-risk children
- 6.2.e. Collaborate with the Department of Family and Children Services, Women's Infants and Toddler, and Part C to disseminate information and provide training on monitoring developmental milestones.

ESMs	Status
ESM 6.1 - 6.1.1. Percentage of public health districts using at least two developmental screening methods regularly	Active
ESM 6.2 - 6.1.2. Number of partners reporting utilization of developmental screening tools	Inactive
ESM 6.3 - 6.2.1. Number of formal training opportunities on developmental screening conducted in each public health district health districts each year	Active

NOMs
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
NOM 19 - Percent of children in excellent or very good health

Priority Need

Promote physical activity among children

NPM

Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Objectives

- 7.1. By 2020, improve Aerobic Capacity (AC) HFZ measure for students in grades 4-12 by 1% each year for 4 years.
- 7.2. By 2020, increase the number of Quality Rated Early Care and Learning Centers that are Shape awarded by 100%
- 7.3. By 2020, increase Georgia's student population assessed via Fitnessgram assessment
- 7.4. By 2020, improve the Body Mass Index (BMI) HFZ measure for students in grades 1-12 by 1% each year for 4 years.
- 7.5 By 2019, ensure 63% of males and 49% of females are inside the HFZ measure for AC
- 7.6 By 2019, 64% of Georgia's Students will fall inside the HFZ for BMI

## Strategies

7.1.a. Implement and build sustainability for the Power Up for 30 (PU30) program that trains elementary school educators how to incorporate an extra 30 minutes of physical activity into the day (in addition to quality physical education class)

7.1.b. Pilot a Middle School PU30 program in at least 5 middle schools

7.1.c. Pilot a Pre-service teacher certificate program that trains educators to incorporate physical activity into the school day

7.1.d. Train at least 300 after school providers with PU30 program to incorporate physical activity into after school programs

7.1.e. Award at least 50 schools through the Georgia Shape Grantee program to increase physical activity and healthy nutrition efforts at the school level with mini grants and expert technical assistance

7.2.a. Collaborate with Department of Early Care and Learning (DECAL) to award at least 75 additional early learning centers that adhere to the 14 Quality Rated Nutrition and Physical Activity assessment items, whereby receiving the Quality Rated Georgia Shape recognition award

7.2.b. Collaborate with DECAL to train at least 50 early learning centers with the Growing Fit Kit curriculum, whereby guiding centers to create physical activity and healthy nutrition policy at the local level

7.3.a. Collaborate with Department of Education to increase the number of students that receive the Fitnessgram assessment through physical educator teacher training, afterschool provider training, and in-service teacher training(s)

7.4.a. All strategies listed above are in place to support this measure

## ESMs

## Status

ESM 8.1 - 7.1.1. Average HFZ measure (aerobic capacity) among students in grades 4-12

Active

## NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

## Child Health - Plan for the Application Year

### Plan for the Application Year

*Priority Need: Promote developmental screenings among children*

#### NPM 6: Developmental screening for children

Developmental screening was identified as a priority need for Georgia in 2015. This priority need will be addressed through promoting developmental screenings, and increasing opportunities for developmental screening (state action plan 6.1-6.2).

Children 1<sup>st</sup> (C1<sup>st</sup>), the single point of entry for at risk children, connects children and their families with public health programs and services, and other prevention based programs and services. Children 1<sup>st</sup> aims to identify all children birth to five who are at risk for poor health and development. C1<sup>st</sup> is available in every county in Georgia and its system includes partnerships with Department of Community Health (DCH), Department of Education (DOE), Department of Early Care and Learning (DECAL), Division of Family and Children Services (DFCS), primary care and specialty physicians, and DPH home visiting programs. The five core functions of Children 1st are as follows: (1) Identification of all births in Georgia; (2) Screening of all births and referrals of children up to age five; (3) Assessment of children and families at risk for poor health and developmental outcomes; (4) Referral/linkage of children and families with risk conditions to early intervention programs and appropriate community resources; and (5) Monitoring of individual children who are not eligible for early intervention programs. Developmental screening is a primary tool utilized by C1<sup>st</sup> to identify children who, without early intervention, are at risk for poor developmental outcomes.

In the coming year, C1<sup>st</sup> will be exploring strategies to reach larger audiences of professionals with educational videos about developmental screening and the services offered through the Department of Public Health. These videos could also be marketed to professionals within Georgia's birthing hospitals and those conducting child birthing classes and other stakeholders reaching parents and children.

In addition to spreading the message of developmental screening and the public health services, Children 1<sup>st</sup> is developing a plan to assess the feasibility of offering the Ages and Stages Questionnaires through a web based platform.

Newborn hearing screening is screening for hearing loss. All babies should be screened for hearing loss before 1 month of age. The screening is typically done before the baby leaves the birthing facility.

*Priority Need: Promote physical activity among children*

#### NPM 8: Physical Activity for children and adolescents

Georgia Shape is a network of partners, agencies and athletic teams; including the Atlanta Falcons and the Atlanta Braves, the Georgia Department of Public Health, and the Georgia Department of Education, all committed to improving the health of Georgia's young people by offering assistance and opportunity to achieve a greater level of overall fitness.

Georgia Shape begins with a basic, benchmark measurement of fitness among our students called fitnessgram. The fitnessgram tool used for Shape's annual standardized fitness assessment evaluates five different parts of health-related fitness, including aerobic capacity, muscular strength, muscular endurance, flexibility and body composition using objective criteria. It also generates reports providing valuable individual, school, and state-level data to empower parents, schools, and the community to best access the current health needs for children in Georgia. The report is delivered confidentially to families and aggregate results are reported to create a true "snapshot" and highlight areas for improvement.

In the coming year, Georgia Shape will continue to work with partners (currently have 120) to decrease childhood BMI measures while increasing childhood aerobic capacity measures and physical activity levels.

#### Other Programs

##### *Early Hearing Detection and Intervention (EHDI)*

For the application year, the EHDI program plans to train a larger group of early hearing specialists on the updated Early Hearing Orientation Specialist (EHOS) protocol in October of 2017. The program also plans to renew contracts with Georgia PINES (Parent Infant Network for Educational Services) and the Auditory Verbal Center, Inc. and will continue to

engage parents and stakeholders in on-going evaluation and improvement of the EHDI program. The standard operating procedure manual for the EHDI program will be revised and distributed. The program will also evaluate, improve, and expand the tele-audiology capabilities in the state to serve more of Georgia's rural counties. The EHDI program will encourage new and innovative quality improvement projects within the districts to continue to reduce the rate of loss to follow up and improve timeliness of diagnosis and referral to early intervention. Findings from these projects will help to shape the ever-improving process used by the program to serve the children of Georgia.

#### *100 Babies Project*

Georgia's 100 Babies Project is a shared project between Georgia Department of Public Health (DPH), Georgia Pathway to Language and Literacy and Georgia Department of Education (DOE). The goal of the 100 Babies Project is that by 2020 all children in Georgia who are deaf and hard of hearing (D/HH) have a Birth to Literacy Plan. The Birth to Literacy Plan will include everything that must happen to be reading on grade level by third grade regardless language (spoken or American Sign Language).

In the application year, 100 Babies Project will continue to enroll new families into the 100 Babies Project, and to monitor early intervention enrollment and language assessments, there are plans to expand on the projects mentioned above. After reviewing qualitative and quantitative data from the pilot Early Hearing Operations Specialist (EHOS) group, the rest of the specialists in the state will be trained in the new visit format, and the results will be evaluated to determine what impact has been made in the time to early intervention enrollment and parent satisfaction. Also, the reporting portal that is currently being used by Audiologists will be expanded to Early Interventionists to document enrollment data and language assessments.

#### *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)*

MIECHV is a key strategy in improving outcomes for children. In the coming year, MIECHV will continue to support child health screening and intervention programs as well as strengthen and expand the existing home visiting programs.

#### *Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)*

In September 2014, the Georgia Department of Public Health (DPH) was awarded Project LAUNCH, Linking Actions for Unmet Needs in Children's Health. This five-year federal initiative from the Substance Abuse and Mental Health Administration, aligns with DPH's goals by helping to ensure the social, emotional, and behavioral health among children birth to age eight and to promote safe, supportive and nurturing families. Project LAUNCH Georgia is currently being piloted in Muscogee County and will allow for collaborative efforts among child serving agencies at the state and local level to increase screening, assessment and referrals to increase early identification of mental, behavioral and/or developmental concerns in young children.

In the application year, Project Launch plans to:

- Explore the use of telemedicine to address local needs and create points of access for children and families.
- Integrate mental, behavioral, and developmental screening into primary care practices for children ages 0-8.
- Increase the capacity of providers in Muscogee County who serve young children in providing integrated and comprehensive behavioral health services to all children using culturally relevant and evidenced based prevention methods.
- Build capacity and skill set in early childhood mental, behavioral and developmental health providers in Muscogee County.

#### *Help Me Grow (HMG)*

In the coming year, HMG-GA staff will work closely with the support and technical assistance from the National Center to conclude the workgroup's preliminary efforts in the areas of the four main components; centralized telephone access, community and family outreach, child health care provider outreach, and data collection and evaluation. As a result of ongoing collaboration and readiness assessment responses among the various workgroups, National will devise the initial/working/final drafts of the strategic plan for the installation and implementation of *Help Me Grow*. The plan is expected to include site-specific recommendations documenting a realistic, sequenced pathway, with proposed timeline, to full HMG replication. A process evaluation is expected to be conducted by HMG National, along with post-survey. DPH will continue to replicate the QI process across the next third of the districts, until the final third of the districts is completed. Finally, Help Me Grow National will provide a sustainability plan, in addition to technical assistance and support throughout the contract end date, set to be March 2018.

### *Immunizations*

DPH's Georgia Immunization Program (GIP) seeks to increase immunization rates for all Georgians and decrease the incidence of vaccine-preventable diseases.

Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease.

GIP will continue to educate medical providers through partnerships and collaborations about the importance of protecting their patient population from vaccine preventable diseases, utilizing the recommended Advisory Committee for Immunization Practices (ACIP) immunization schedule. This activity has a specific target population of immunizing physicians with a pediatric patient population.

GIP will also continue to educate medical providers and laboratories about the importance of disease reporting, with a specific target population of prenatal care providers in an effort to increase the number of hepatitis B virus (HBV)-positive pregnant women identified in birth cohort 2017 by 3%, over the total from birth cohort 2016.

## Child Health - Annual Report

### Reporting Year Oct 2015-Sept 2016

*Priority Need: Promote developmental screenings among children*

#### NPM 6: Developmental screening for children

There are several agencies that support the development, health and well-being of children in the state of Georgia; not limited to: the Department of Public Health (DPH), Department of Community Health (DCH), Department of Education (DOE), Department of Early Care and Learning (DECAL), and the Division of Family and Children Services (DFCS). Each agency supports developmental screening as a key indicator for healthy well children. DPH administers a population-based screening and referral system known as the front-door for early intervention for children.

Children 1<sup>st</sup> (C1<sup>st</sup>), the single point of entry for at risk children, connects children and their families with public health programs and services, and other prevention based programs and services. Children 1<sup>st</sup> aims to identify all children birth to five who are at risk for poor health and development. C1<sup>st</sup> is available in every county in Georgia and its system includes partnerships with DCH, DOE, DECAL, DFCS, primary care and specialty physicians, and DPH home visiting programs. The five core functions of Children 1st are as follows: (1) Identification of all births in Georgia; (2) Screening of all births and referrals of children up to age five; (3) Assessment of children and families at risk for poor health and developmental outcomes; (4) Referral/linkage of children and families with risk conditions to early intervention programs and appropriate community resources; and (5) Monitoring of individual children who are not eligible for early intervention programs. Developmental screening is a primary tool utilized by Children 1<sup>st</sup> to identify children who, without early intervention, are at risk for poor developmental outcomes.

The MCH section recognizes the importance of parental developmental monitoring and developmental screening. The Title V state action plan includes strategies to promote parental developmental monitoring and developmental screening. During the reporting year, C1<sup>st</sup> promoted developmental screening by distributing over 1,500 pieces of literature at Back-to-School events and community health fairs between July and August 2016. The Autism and Developmental Disabilities program, within the MCH section distributed the Learn the Signs. Act Early materials to the Babies Can't Wait (BCW) program and to the Women, Infants and Children (WIC) program in six public health districts. BCW Service Coordinators, who work closely with families of children with developmental delay, are encouraged to use those materials to promote consistent use of developmental monitoring tools for parents of children enrolling in BCW. WIC will use the materials to encourage developmental monitoring and referral to early intervention programs if needed.

Between July 2015 and June 2016, The Autism and Developmental Disabilities team, within the MCH section, trained over 40 DFCS caseworkers and 105 parents on developmental monitoring. The Early Detection of Developmental Delays & Disabilities training covered strategies for identifying developmental delay, resources to address suspected developmental delay and tools to help monitor development. Providers received developmental milestone materials, including Learn the Signs. Act Early milestone booklet and brochure/tracker.

In July of 2016, four DPH staff representing Babies Can't Wait (BCW), C1<sup>st</sup>, and Children's Medical Services (CMS) programs attended an Ages and Stages Questionnaire – 3 (ASQ:3) and ASQ, Social and Emotional – 2 (ASQ:SE2) training organized by Project Launch. In addition, to state staff, district representatives from six public health districts including Macon, Valdosta, Cobb/Douglass, Rome, Albany and Columbus attended the training which utilized the train the trainer model. Additional partners who represented Columbus Regional Pediatrics, Childcare Resources and Referral of Southwest Georgia, Early Head Start, and Head Start attended the training as well. This training helped springboard more than thirteen (13) trainings on developmental screenings between July 2016 and September 2016. Over 90 participants representing various district and county health department staff around the state attended these trainings.

The MCH section partners with the Georgia Chapter of the American Academy of Pediatrics (GA AAP) to promote developmental screening in private practice and increase referrals to early intervention programs within public health. During the reporting year, GA AAP coordinated a Bright Futures Quality Improvement cohort of 11 pediatric practices that worked on strategies to adhere to the periodicity schedule for 9 and 24 months' visits. The periodicity schedule is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. This schedule recommends general developmental screening at 9 months of age and autism specific screening at 24 months of age. As a result of the cohort, developmental screening was done 98% of the time and autism specific screening at 24 months was done at an average of 96% of the time during the last five cycles of the quality improvement programs. Children who screened with concerns received follow-up assessments and intervention services 100% of the time.

*Priority Need: Promote physical activity among children*



NPM 8: Physical Activity for children and adolescents

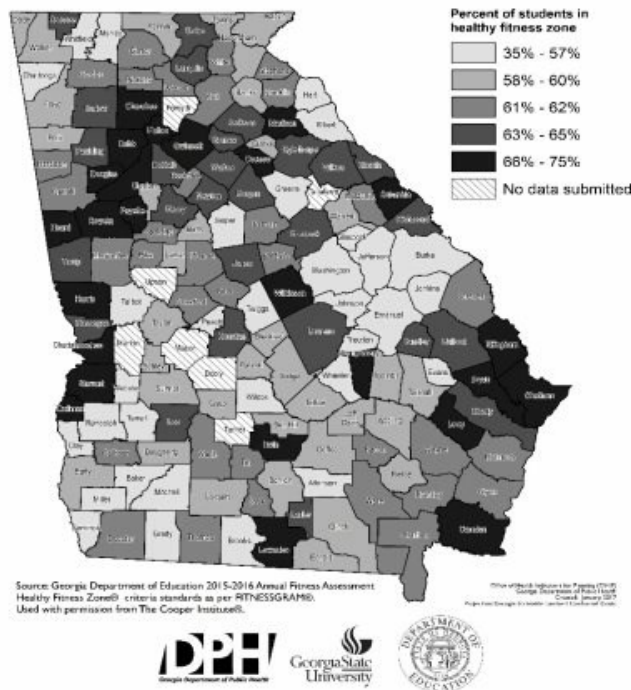
Georgia Shape is the Governor’s statewide, multi-agency and multi-dimensional initiative that brings together governmental, philanthropic, academic and business communities to address childhood (0-18) obesity in Georgia. The overall goal of the initiative is to improve the health of young people in Georgia by offering assistance, and the opportunity to achieve a greater level of overall fitness while decreasing childhood obesity measures.

Beginning in 2012, Georgia Shape started collecting data from over one million public school students via the Fitnessgram\* fitness assessment. The results were alarming, over 41% of students were outside the Healthy Fitness Zone (HFZ) for Body Mass index (or at an unhealthy weight). Recent data suggest we are improving at the state (or population) level. Data from the 2015-2016 school year show that currently 39.7% of males and 39.8% of females were outside the HFZ for BMI (Figure1).

The improvements in BMI are possibly due to the integrative relationship DPH built with the Georgia Department of Education (DOE), HealthMPowers (a technical assistance non-profit organization), and the Cooper Institute.

Figure 1: Geographical distribution of students in healthy fitness zones by county from 2015-2016

**Students in Healthy Fitness Zone by Georgia County,  
2015-2016 Georgia Department of Education,  
Annual Fitness Assessment**



Power Up for 30 (PU30) is a statewide program that trains educators to effectively integrate 30 minutes of daily physical activity for every student throughout the school day in addition to strengthening physical education. This program provides training, technical assistance, resources, and ideas for additional physical activity before, during, and after school in a way that adapts to each school’s needs. Pilot data suggest that this program significantly improved Aerobic Capacity and BMI measures across one school year.

In 2015-2016 Georgia Shape continued our elementary school training and trained approximately 50 more schools, making our total elementary schools engaged to 881 schools. In addition, Georgia Shape has expanded the program to middle schools and began working with 7 pilot PU30 middle schools.

Georgia Shape’s program staff also continued the PU30 out of school time training and trained 208 afterschool providers through our ongoing partnership with HealthMPowers and the Department of Family and Child Services.

Program staff worked closely with the University of West Georgia to create a pre-service PU30 teacher training certificate

program. This program allows pre-service early childhood educators and pre-service physical educators to learn how to increase physical activity levels in their future classrooms, as well as how to teach peer teachers how to implement. This provides Georgia with motivated young teachers increasing physical activity levels in their classrooms and schools, while also providing the students with additional experience on their resumes. This certificate program shows up on their actual college transcripts as well.

The Georgia Shape Grantee program is a technical assistance based program that provides schools (elementary, middle and high) with expert technical assistance and advisement in planning and implementing wellness policy and programming to their school in a way that fits their wants and needs. In 2015-2016 we awarded 26 schools with mini-grants and TA. We also evaluated past grantees and found that almost 90% of the schools were able to sustain efforts after funding ended.

In 2015-2016 Georgia Shape partnered with Children's Healthcare of Atlanta to train approximately 1,000 school cafeteria staff how to effectively re-design cafeterias and communicate with students how to make healthier choices. This work is based off of the Smarter Lunchroom Initiative out of Cornell University. To date we have trained over 3,300 school lunchroom staff.

Georgia Shape staff continued efforts to recognize groups that are excelling in child health and wellness efforts. In 2015-2016 we awarded 217 K-12 schools for excelling in physical activity best practices through our Governor's Shape Award.

DPH's Georgia Shape Early Care Environment (ECE) recognition grew by about 35 centers, now totaling 111 ECE's statewide that excel in physical activity and nutrition best practices. This is through our partnership with the Quality Rated program (and assessment) at the Georgia Department of Early Care and Learning.

Farm to School efforts also grew in the 2015-2016 school year. The program's Golden Radish Recognition was awarded to 30 school districts for excelling in Farm to School efforts. This program is a partnership through the Departments of Agriculture, Education and the Governor's office, as well as Georgia Organics (a technical assistance provider).

## Other Programs

### *Brain Trust for Babies*

The DPH has convened a public-private partnership called the Brain Trust for Babies—a multi-disciplinary statewide collaborative with a special emphasis on early brain development and language acquisition in children ages 0-3. Members of the partnership include the Georgia Department of Public Health, the Georgia Department of Education, the Marcus Autism Center, Children's Healthcare of Atlanta, Emory University, the Georgia Hospital Association, the Georgia Department of Early Care and Learning, and the Atlanta Speech School, the Georgia Department of Community Health, the American Academy of Pediatrics Georgia Chapter, the Georgia Early Education Alliance for Ready Students, the Georgia Department of Family and Children Services, La Amistad, Voices for Georgia's Children, the Georgia Family Connection Partnership, and Morehouse School of Medicine. One program supported by the Brain Trust is Talk With Me Baby. Talk With Me Baby is a public action campaign aimed at coaching parents and caregivers on the primacy of language and language nutrition—or the rich language interactions between caregivers and infants—in the earliest stages of a child's development. A lack of early language exposure has lifelong consequences. Coaching caregivers to provide language nutrition to their children at an early age could drastically improve a child's lifelong trajectory. DPH intends to identify at least three high-impact workforces that support new and expectant families with the goal of reaching and training at least 1,000 professionals by 2020.

Other goals of the Brain Trust: Ensure that all children who are deaf or hard of hearing are on a path to 3 grade reading by ensuring screening of hearing loss by 1 month, diagnosis by 3 months, and appropriate intervention by 6 months. Achieve breakthrough outcomes for all children by building the self-regulation skills, executive functions and social-emotional health of the adults who care for them. Ensure that children in Georgia are screened for Autism and Developmental Delays by 36 months and connected to appropriate intervention.

### *Early Hearing Detection and Intervention (EHDI)-Newborn Screening*

The Georgia Newborn Screening (NBS) Program is a six-part preventive health care system designed to identify and provide early treatment for 31 selected inherited disorders that otherwise would cause significant morbidity or death. The six components of the system are:

- Education: of parents and health care providers
- Screening: universal testing of all newborns
- Follow-up: rapid retrieval and referral of the screen-positive newborn
- Medical Diagnosis: confirmation of a normal or abnormal screening test result by a private physician or tertiary

treatment center

- Management: rapid implementation and long-term planning of therapy
- Evaluation: validation of testing procedures, efficiency of follow-up and intervention, and benefit to the patient, family, and society. Includes consideration of adding other tests to the system as indicated by appropriate research and scientific evidence.

The Georgia Newborn Screening Program ensures that every newborn in Georgia is screened for 31 heritable disorders for prompt identification and treatment.

The program is responsible for the following:

1. Administration of the newborn screening system, including the oversight of follow-up programs.
2. Monitoring and evaluating newborn screening practices.
3. Managing electronic data surveillance and tracking system, including maintenance of long term results.
4. Facilitating communication between practitioners, birth hospitals, the laboratory personnel, and the follow-up teams.
5. Providing ongoing education for practitioners.
6. Reporting results to state and federal officials and to the public.

Newborn hearing screening, known as the Early Hearing Detection and Intervention Program (EHDI), is a multi-partner screening and intervention system for hearing loss. Along with the Newborn Metabolic Screening Program and Children 1st, the EHDI Program maintains and supports a comprehensive, coordinated, statewide screening and referral system. EHDI includes screening for hearing loss in the birthing hospital; referral of those who do not pass the hospital screening for rescreening; for newborns who do not pass the rescreening referral for diagnostic audiological evaluation; and, linkage to appropriate intervention for those babies diagnosed with hearing loss. Technical assistance and training about implementing and maintaining a quality newborn hearing screening program is provided to hospitals, primary care physicians, audiologists, early interventionists, and public health staff.

The most crucial period for language development is the first year of life. Without newborn screening, hearing loss is typically not identified until two years of age. Screening for all newborns prior to discharge from the hospital or birthing center is essential for the earliest possible identification of hearing loss and, consequently, for language, communication, educational and reading potential to be maximized.

During the reporting year, the EHDI program completed a systematic evaluation on early intervention services for Deaf and hard of hearing (DHH) children in Georgia; evaluation outcomes will assist in developing quality improvement strategies related to referral to and enrollment in early intervention. The program began collecting data during a quality improvement project focused on text messaging for non-responsive families in three health districts. Findings suggest families are more responsive and likely to follow up after receiving a text message. The findings from the project were presented at the National EHDI Conference and the EHDI program plans to incorporate texting into the standard follow-up protocol for all families. Additionally, the EHDI Program Coordinator presented with parent leaders at the 2016 national EHDI conference in San Diego, California on improving strategies for reaching unresponsive families. During this period, a pilot study of “drop-by” visits was initiated, and on-going data collection was completed to evaluate the effectiveness of unannounced home visits for families. The EHDI program continues to work on a long term follow up study and evaluation (100 Babies Project), which looks at long-term language outcomes of D/HH children in Georgia.

### *100 Babies Project*

The 100 Babies project is a collaborative effort between the Department of Public Health, the Department of Education, and Georgia Pathway to Language and Literacy. This long-term evaluation project works to ensure that all babies born after January 1, 2014 who are identified with permanent hearing loss, bilateral or unilateral, have a birth-to-literacy plan. After a child enrolls in the evaluation, the Department of Public Health gathers audiological information, access to and enrollment in early intervention, on-going language assessments and family survey information. This data helps to inform partner organizations and stakeholders of strengths and challenges within the state in order to get all of Georgia’s children reading well by third grade.

An evaluation conducted with data gathered for babies born after January 1, 2014 identified factors that influence language development of D/HH children identified through newborn screening, including maternal and social factors, age of intervention, intensity of intervention and home language. Results from the evaluation are being used to develop and implement strategies so that newborns and infants identified as D/HH do not fall behind their hearing peers.

DPH collects the following from birth through third grade:

- Audiological information (hearing aids, cochlear implant, etc.)
- Access and enrollment of intervention services

- Language assessments
- Family survey (collected annually)

#### *Vision Screening*

The Child Health Screening Unit in cooperation with the Board of Education provide and monitor vision screening training for children three years of age and older. All vision screening staff within local health departments require certification prior to screening children and recertification occurring every two years. The recertification process includes a didactic online training with required successful completion of a post-test as well as and completion of vision screening procedures validation form by a current screener. All children are required to have vision screening completed, documented on Georgia state form 3300 and presented to school prior to entering the first grade. During the reporting year, the Child Health Screening Unit began providing support for certifying health department screeners.

#### *Help Me Grow*

*Help Me Grow* is a unique, comprehensive, and integrated statewide system designed to address the need for early identification of children at risk for developmental and/or behavioral problems, and then linkage to developmental and behavioral services and supports for children and their families. Engaging over 25 states and 50 different regions across the nation, *Help Me Grow* has achieved national attention for its integration of four essential components within its model: a centralized access point, child health provider and family/community outreach, data collection and data analysis. The MCH section has signed up to adapt the *Help Me Grow* framework into Georgia's existing early identification and referral system, Children 1<sup>st</sup>.

Late 2015, the state of Georgia expressed interest and initiated engagement with the *Help Me Grow* National Partnership (Connecticut Children's Medical Center) to support the eventual implementation of the *Help Me Grow* model. Georgia became one of 25 *Help Me Grow* Affiliate states. With strong support from DPH Executive Leadership, a group of stakeholders – representing different early childhood sectors – engaged in a comprehensive site visit with the *Help Me Grow* National Partnership. This site visit helped identify the current state of Georgia's early care network system, existing opportunities for successful program implementation, and stakeholder readiness for collective impact. This site visit informed recommendations for state implementation of the *Help Me Grow* model in Georgia (via *HMG Site Visit Report*).

#### *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)*

Georgia continues its commitment to implement comprehensive, community-based maternal and early childhood system to include evidence-based home visiting (EBHV) programs, in twelve counties receiving MIECHV Program Formula funds. Since 2010, Georgia has formalized a comprehensive, high quality, community-based maternal and early childhood system, called Great Start Georgia (GSG), with EBHV as the major service strategy for improving child and family well-being. The framework seeks to assure the well-being of families with young children by identifying all expectant parents, children birth to five, and their families, offering a comprehensive screening to determine strengths and needs, and linking families to community services and supports, including evidence-based home visiting.

Extensive research has shown the effectiveness of evidence-based home visiting (EBHV) in improving outcomes for maternal/child health, home and child safety, school readiness, family safety, family economic self-sufficiency, referrals and linkages to community resources. A major service strategy within Georgia's Department of Public Health (DPH) is the Maternal, Infant and Early Childhood Home Visiting Grant Program (MIECHV) initiative. The MIECHV Program gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

At risk is defined as premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; child maltreatment; military families; or living below federal poverty limit.

Evidenced-Based Home Visiting (EBHV) offers support and comprehensive services to at-risk families through home visits and group socialization experiences. At-risk pregnant women, children age birth to five and their families are linked to resources and opportunities to improve well-being. The EBHV programs available in Georgia are as follows: Early Head Start - Home Based Option (EHS-HBO), Healthy Families Georgia (HFG), Nurse-Family Partnership (NFP) and Parents as Teachers (PAT).

During the reporting year:

- 70% of New Mothers Initiated Breastfeeding
- 71% of New Mothers completed a Postpartum visit
- 94% of Home Visits included Safety Information
- 99.6% of Children had no Verified reports of maltreatment
- 83% of Mothers were screened for depression
- 94% of Home Visits included Brain Building Activities
- 91% of Mothers were screened for intimate partner violence

*Project Launch Georgia* (Linking Actions for Unmet Needs in Children's Health)

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services awarded the Georgia Department of Public Health and Georgia Department of Behavioral Health and Developmental Disabilities funding in fiscal year 2014 to support the implementation of Project LAUNCH in Georgia. The purpose of Project LAUNCH Georgia is to ensure the social, emotional, and behavioral health of children, birth to age eight, and to promote safe, supportive, and nurturing families residing in Muscogee County. Project LAUNCH Georgia is a 5-year collaborative effort focused around five core goals as developed by stakeholders through a strategic planning process. The goals are to:

1. [Increase screening, assessment and referral for families with children 0-8 identified as having developmental, mental and/or behavioral health concerns to services, supports and community resources.](#)
2. [Provide training to the early childhood workforce and parents on social and emotional development for children ages 0-8.](#)
3. [Build common infrastructure to address social emotional needs for children 0-8 on the local and state levels through increased collaboration and coordination of services.](#)
4. [Integrate mental, behavioral, and developmental screening into primary care practices for children ages 0-8.](#)
5. Increase the capacity of providers in Muscogee County who serve young children in providing integrated and comprehensive behavioral health services to all children using culturally relevant and evidenced based prevention methods.

During the reporting year, Project Launch:

- Worked with Children's 1<sup>st</sup> (Georgia's central intake program for child health) to create an up-to-date provider's list by calling and visiting providers in the county.
- Recruited new Young Child Wellness Council (YCWC) members to increase community outreach and buy in to the screening and assessment process such as: new parents, Open Door Community Home, Troy State University, Reaching Milestones, Victim Witness Program, The Housing Authority, Fort Valley University, Bethany Foster Services, Ameri-Group, Well Care, Disability Service Center, Rita Young – Parent Engagement Specialist, The Family Center. Columbus Technical College, Columbus State University-Continuing Education, Growing Room, Goodwill Industries of the Southern Rivers.
- Provided ASQ-SE training to Project LAUNCH local staff, as well as, local physician's offices, Fort Valley State University, Child Care Resource and Referral Staff, Early Head Start, Head Start, and Department of Public Health staff. With this training these community agencies are able to train the teachers at childcare centers and local Head Start Centers, expanding the capacity for screening in this area. Physicians have one specific person that completes screenings and referrals in their offices. Interpreters are hired to assist with the screenings for Spanish-speaking families.
- In phase 1 of the marketing roll out, MCH developed a provider toolkit that housed all the Project LAUNCH materials in one easy access box while providing consultation on how and when to use the Project LAUNCH services. These Project LAUNCH Georgia marketing tool kits have been distributed to many physicians and community agencies serving families with children age 0-8.
- Collaborated with the Georgia Chapter American Academy of Pediatrics to assist with the implementation of integrating behavioral care into primary settings. Mental Health providers were contacted by phone, and face-to-face for collaboration of behavioral health services to coordinate services that fit the Project LAUNCH population.
- Presented at the Department of Behavioral Health and Developmental Disabilities (DBHDD) Office of Behavioral Health Prevention Conference as a mental health promotion session.
- Attended Health Living Columbus Event –The mission of this organization is to empower citizens to improve their quality of life through healthy living activities. We promoted the Parent Resource Fair and program. Connections were also made with Hike with Me Baby and Stroller Moms; which are two prominent parenting groups in the Muscogee County area.
- Presented at the DBHDD sponsored Systems of Care Conference
- Presented at the Public Health Summit, sharing our collaboration with the Department of Public Health, DBHDD, and the local Muscogee County Community Service Board – New Horizons.
- Funded a new Project launch home visitor position. The Home Visitor will be utilized to provide evidence-based home visiting to families in Muscogee County, specifically to parents who are identified as being at-risk due to



substance abuse or mental illness. The Home Visitor will provide emotional support, parenting education and guidance, and linkage to community resources.

- Collaborated with the Community Service Board to increase community collaboration in Muscogee County. This includes a Memorandum of Agreement with Muscogee County School District which is currently in progress.
- Completed a two-day training with Georgetown University on Early Childhood Mental Health Consultation. During this training, fifty-nine (59) participants attended from the local community, and the training evaluations were positive and indicated a need to provide this training again in the future.
- Hosted Parent Cafés, and added Parents to Project Launch's Local Young Child Wellness Council.
- Hosted a Parent Resource Fair, which provided community resource vendors, and an evidence-based parent training webinar for all participants. The vendors included Childcare Network, New Horizons Behavioral Health, Child Care Resource and Referral, University of Georgia-Great Start Georgia Healthy Families, Autism Hope Center, Well Care, Reaching Milestones, Columbus State University-ACTIVATE, Columbus State University -Continuing Education, Babies Can't Wait, Talk with Me Baby, Columbus Technical College, Women, Infant, Children, and the GA Department of Maternal Health.

### *Immunizations*

The Georgia Immunization Program (GIP) oversees Georgia's Vaccines for Children Program (VFC), and federally funded program that ensures access to all ACIP vaccines for VFC-eligible children 0-18 years of age. Through this program, vaccines are federally purchased and distributed to enrolled Georgia provider locations for administration to their eligible patients. Vaccines are provided at no cost to enrolled VFC providers. This increases access and significantly reduces cost as a barrier to ensuring adequate immunization coverage and vaccine preventable disease protection for this vulnerable population.

Activity 1: Promotion of childhood immunization through stakeholders and key partnerships.

The Immunization program through collaboration with the GA Chapter of the American Academy of Pediatrics (GAAAP) promotes Healthcare Provider Immunization education. During this reporting period, AAP a total of 1,717 attendees through immunization AAP conference presentations (5), immunization educational webinars on immunization topics (3) for their membership, and completed 144 peer-to-peer physician immunization trainings with a total of 1,717 attendees through their Educating Physicians in the Community (EPIC) program. The GAAAP Immunization Coordinator attends quarterly PH Immunization Coordinators meetings.

Activity 2: Increase the number of identified and tracked infants exposed to HBV at birth to ensure completion of the HepB vaccine series and post-vaccination serologic testing through a targeted educational campaign.

The Georgia Perinatal Hepatitis B Prevention Program (PHBPP) case managed 314 hepatitis B virus (HBV)-exposed infants during years 2015-2016. In birth cohort 2015, 226 infants completed the hepatitis B vaccine series, postvaccination serologic testing (PVST) and developed adequate antibody protecting them against HBV; four infants completed the Hepatitis B (HepB) vaccine series, PVST, but did not develop adequate antibody against HBV and required additional HepB doses. No infants born in birth cohort 2015 were found to be infected with HBV.

### *Child Occupant Safety Program*

The mission of the Georgia Department of Public Health (DPH) is to protect the lives of all Georgians. Motor vehicle related injuries continue to be a leading cause of death for children under 14 years of age. The current method of child passenger safety (CPS) intervention through education, equipment distribution, enforcement, and policy change works to increase child safety seat use and is an evidence-based approach listed in the Centers for Disease Control and Prevention's Guide to Community Preventive Services.

The COSP has several initiatives focused on child passenger safety (CPS) education: Car seat Mini-Grant, Fire/EMS Outreach (including the Teddy Bear Sticker (TBS) Program), Hospital/Healthcare Training, Children with Special Healthcare Needs, and Law Enforcement Training, as well as CPST certification, recertification, and instructor development.

The Child Occupant Safety Project, utilizing local partners, conducts monthly education classes to train caregivers on proper use and installation of child safety seats. After participating in the classroom education, caregivers are provided an appropriate child safety seat (either a convertible or a booster). The caregivers then demonstrate proper installation technique before leaving the event. This education and distribution program is known as the Mini-Grant program. In 2016, 144 counties either directly participated in or were covered by the Mini-Grant program. The Mini-Grant provided 2,584 monthly classes, trained 7,529 caregivers, and distributed 4,608 seats during FFY16.

In addition to the conventional seats distributed, COSP worked with families of children with special healthcare needs to evaluate transportation needs and issues. Evaluations were provided to 63 children and 49 seats were distributed with 13

cases carried over to FFY17 for completion. To better assist with requests and to help manage expectations, COSP staff developed a flow chart for use by Children's Medical Services and other field referrers.

Teddy Bear Stickers are placed on all car seats distributed to document the number of lives saved from injury/and or death due to program funded child safety seats. If a grant provided seat is involved in a crash, the caregiver may receive a replacement seat from the original issuing agency. That agency submits a report, along with the crash report, to IP staff. In 2016, IPP staff received 29 Teddy Bear Sticker forms and replaced 27 seats.

Other trainings and presentations offered by IPP staff in FFY16 include:

- "You have the Power in Your Pen" – 14 classes, training 208 law enforcement officers
- Child Passenger Safety Technician course – 10 classes, training 171 people
- CPST recertification class for current CPSTs – 5 classes with 87 attendees
- "Transporting Children with Special Health Care Needs Training" – 2 classes with 40 attendees
- Keeping Kids Safe – 7 hospital group trainings with 235 nurses trained

Building on our minority outreach efforts, the mini-grant training presentation and all training materials were translated with narration in Spanish provided. Training was provided to Telamon staff and staff at Lutheran Services of Georgia in Savannah. Spanish-language training was provided to caregivers through Telamon in Tattnall County, through the Latin American Association in partnership with the Georgia Traffic Injury Prevention Institute and Safe Kids Gwinnett County, and three (3) individual classes for caregivers in Coffee County.

## **Current Year Oct 2016-Sept**

*Priority Need: Promote developmental screenings among children*

### NPM 6: Developmental screening for children

Children 1<sup>st</sup> continues to encourage the broadening of screening methods throughout local public health districts. Through three quarters, nearly 45% (8) of Children 1<sup>st</sup> coordinators have employed multiple developmental screening methods. In total, 84% of all developmental screens were administered in-person, 10% were telephonic, 3% were administered via mailing and 3% were administered via e-mail.

Children 1<sup>st</sup> has disseminated more than 5,000 pieces of literature or educational resources about developmental milestones and screenings since January 2017. Children 1<sup>st</sup> Coordinators distributed information to other DPH programs such as WIC, hospitals, head start programs and during presentations to local state agencies. In total, more than 20 organizations throughout the state received developmental screening resources from Children 1<sup>st</sup>.

Between October and December 2016, Children 1<sup>st</sup> Coordinators organized and facilitated thirteen (20) train-the trainer workshops covering developmental screening and how to make a referral to public health; approximately 90 participants attended these trainings. Most of the trainings were organized for local county and district health department staff, the Department of Family and Children Services (DFCS) staff, Head Start programs and physician's offices.

Between January 2017 and April 2017, Children 1<sup>st</sup> held four (4) formal trainings on developmental screenings. Each training was held in Albany, GA and a total of 25 participants attended.

*Priority Need: Promote physical activity among children*

### NPM 8: Physical Activity for children and adolescents

In the current year, Georgia Shape continues to work toward increasing participation in all the programs mentioned above, as well as creating "booster" session trainings as refreshers for participants that have completed trainings in the past, but are in need of additional training. We are also working to increase physical activity measures for female adolescent populations through private funding in afterschool settings.

## Other Programs

### *Early Hearing Detection and Intervention Program*

The EHDI Program adopted the use of text messaging as a part of the existing follow-up process across the state and

developed a standard protocol for all districts. Additionally, the EHDI program purchased a desktop texting program to improve efficiency and ease of texting families so that all districts are able to implement a texting strategy during the follow-up process, regardless of their phone plan. This platform was live in December 2016 and the program continues to see an 80% follow up rate for families texted. The quality improvement project that focused on “drop-by” visits also showed a 84% success rate for completed follow-up screens and documentation in two districts, and the information was presented at the 2017 National EHDI Conference in Atlanta, Georgia. The electronic database that the EHDI program uses was also updated with a provider “portal” to improve the timeliness and ease of diagnostic reporting from providers. Additionally, the program is pilot testing an automatic referral from the database to Georgia PINES, one of the non-Part C Early Intervention providers in the state. This referral will be emailed immediately after a provider reports an initial diagnosis of permanent hearing loss into the system and will reduce the time from diagnosis to intervention referral. The EHDI program is working towards piloting a tele-Audiology clinic in collaboration with Children’s Healthcare of Atlanta, and the LEND program with a target start date in May or June of 2017. The on-site clinic will be in Waycross. The EHDI Program will also begin to pilot learning communities in Georgia to improve provider knowledge of EHDI, and the effectiveness of follow-up care in the medical home. The EHDI program is also funding Georgia Hands & Voices, a parent organization, to provide advocacy support and training to families through a program called ASTra. Additionally, the program intends to fund the Deaf Mentor program within the Department of Education to provide American Sign Language education to more families in the state. The EHDI program continues work on a long term follow up study and evaluation, which is looking at outcomes of D/HH children in Georgia. The project will follow kids through third grade to evaluate reading and language ability, and the current outcomes of the evaluation will be presented at the National EHDI conference by the EHDI Program Coordinator in February 2017. This year, the EHDI program pulled together a workgroup with the aim of using quality improvement measures to improve the Early Hearing Orientation Specialist (EHOS) visit. Programmatic updates that emerged as a result of the quality improvement process were piloted in April with a small cohort of early hearing specialists.

### *100 Babies Project*

In the current year, the EHDI program has worked to remove barriers to timely identification, reduce referral time into intervention, and promote the importance of intervention for all D/HH children. An article related to the 100 Babies project was published in the newsletter to Georgia Family Physicians, distributed to 2,800 members. The 100 Babies manager has also participated in a workgroup whose goal is to improve the Early Hearing Orientation (EHO) visit—the initial visit a family receives after their child has been identified with a permanent hearing loss. The workgroup (comprised of parents, members of Georgia Hands & Voices, Georgia PINES, and Georgia Pathway) have made changes to the EHO visit to simplify information given to families, focus more on language development and its link to literacy, as well as the urgency of early intervention. A small group of specialists who conduct EHO visits were trained and are currently piloting the new visit format. Additionally, to reduce the time from diagnosis to intervention, two projects have been tested using the program’s online database. The first is a reporting portal for audiologists to use in order to improve the number of results reported in less than 7 days. The second is an electronic referral sent to Georgia PINES after a permanent hearing loss is documented in the database. The efforts will help to identify families in need of services sooner, and begin the referral process immediately to reduce the time between identification and the start of services.

### *Help Me Grow*

Building off identified recommendations, staff worked with the DPH Commissioner, DPH Executive Leadership, and Health Directors from each of the 18 public health districts in the state to finalize the overall approach leading to implementation of this model. After incorporating necessary changes based on final feedback, the MCH section engaged the services of a consultant with experience in process mapping and quality assessment/improvement.

Within this first phase of implementation of the *Help Me Grow* model, it was decided that efforts to implement a systems approach needed to begin with individuals directly engaged with intake, referrals, and related activities on a regular basis. Additionally, to provide ongoing engagement in meeting program goals, the MCH section hired a dedicated and full-time program manager to lead implementation efforts. With a good infrastructure in place, the MCH section has begun a series of voluntary process analysis/mapping sessions with employees from local District Sites who interface directly with local residents on early childhood services, referrals, intake, and related activities. Although the initial goal focused on engaging at least 3 of the 18 district sites in Phase 1, DPH was excited to identify the commitment and excitement of 6 (DeKalb, LaGrange, Columbus, Macon, Gwinnett, and Cobb-Douglas) sites thereby representing a third of all public health districts in the state. To date, all six districts have been involved in the three (3) of four (4) Process Analysis sessions. The fourth session is scheduled for June 20<sup>th</sup>, with plans to conclude with quality improvement (QI) recommendations to provide back to the districts and guide the next steps in strategic planning. Concurrently, Child Health staff has been meeting with various MCH programs to both educate and identify strategies for program collaboration, data alignment, and overall efficiency in providing local residents with a comprehensive menu of services.

Over the next coming months, the MCH section will be working closely with the *Help Me Grow National Partnership* on providing tailored technical assistance that builds on additional insights received from process analysis sessions. Technical



assistance to the state of Georgia will inform Phase II of the process which focuses on Planning, Installation, and Implementation. Throughout the months of July and August, DPH staff will continue working across Districts supporting “easy wins” identified in the process analysis session, continue engagement with *Help Me Grow National* to support the development of strategic workgroups as part of the model approach (begins Phase II activities), continue participation in site visits across the districts and with other Help Me Grow affiliate states, and engage broader DPH, external statewide agencies and parent/community partners.

#### *Maternal, Infant, and Early Child Home Visiting (MIECHV)*

In recent months, the U.S. Departments of Education (ED) and Health and Human Services (HHS) set a vision for stronger partnerships, collaboration, and coordination between awardees of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and the Individuals with Disabilities Education Act, Part C Program (IDEA Part C Program). These two entities in Georgia will now be in one Department making effective collaboration and coordination across MIECHV and the IDEA Part C Program. The hope is to create a high-quality system of services and supports for infants and toddlers with disabilities and their families.

Home visiting *also intends to* assure, on a voluntary basis, effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to at-risk children and families through home visiting programs.

During last year’s activities, Governor Deal requested the transfer of the home visiting program from Georgia’s Department of Human Services to DPH. The emerging challenge related to enrolling and retaining immigrant families is being initially addressed via distribution across Georgia’s home visiting networks listserv of a newsletter containing information about resources for immigrant families obtained from federal agency and community organizations.

#### *Project Launch Georgia (Linking Actions for Unmet Needs in Children’s Health)*

During the current year, Project Launch:

- Increased collaborations with local physicians and mental health providers by inviting them to the Local Young Child Wellness Meeting and other community events.
- Attended health fairs and meetings to promote the Project LAUNCH initiative utilizing our new marketing materials.
- Continued to partner with Children’s Healthcare of Atlanta (CHOA) to offer training webinars on social emotional development and trauma focused training and Strengthening Families through Knowledge of Child Development on Train-the-Trainer and parent trainings.
- Through partnerships with New Horizons Community Service Board and Project AWARE; Project LAUNCH collaborated with the school system to screen all children in Pre-K and any child referred through age 8.
- Conducted a Children’s Healthcare of Atlanta Training: Trauma Focused – Cognitive Based Therapy, Train the Trainer and coaching for the identified providers.
- Continued outreach to local physicians to increase their knowledge of developmental screenings.
- Provided training to the Healthy Families Georgia home visitor that includes the Project LAUNCH training modules and include the home visitor in future YCWC meetings.
- Enhanced Home Visiting Training will focus on intensive trauma informed reflective skills training.
- Begin consulting with daycare providers to meet unmet needs. We will partner with Childcare Resource and Referral to integrate into additional daycare centers.

#### *Immunizations*

Currently, childhood immunizations are promoted through collaboration with GAAAP, which promotes Healthcare Provider Immunization education. The AAP Immunization Coordinator attends quarterly PH Immunization Coordinators meeting. In order to recognize National Infant Immunization Week a media toolkit was revised using best practices and feedback, collected from providers, the Immunization Program contract with marketing firm, Golin. The revised toolkit will be distributed to Public Information Officers in Georgia’s 18 public health districts.

GIP works to educate medical providers and laboratories about the importance of disease reporting, with a specific target population of prenatal care providers in an effort to increase the number of HBV-positive pregnant women identified in birth cohort 2016.

#### *Child Occupancy Safety Project*

Injury Prevention continues to distribute child safety seats to children, including specialized child safety restraint systems for children with special health care needs. The number of lives saved continues to be documented through Teddy Bear

Stickers (TBS) placed on the child safety seats that are distributed.

Child passenger safety trainings to internal and external stakeholders continue. Staff is working to develop online, modular trainings and has been utilizing non-traditional methods to conduct outreach with agencies, utilizing platforms like Zoom, Skype, and FreeConferenceCall.com. Special Needs training has been upgraded. Two staff members has been approved as instructor's for the Riley's Automotive Program "Safe Travel for All Children: Transporting Children with Special Health Care Needs", increasing the training from 8-hours to 16-hours. This training is approved by Safe Kids Worldwide and appears as a special designation on the student's Child Passenger Safety Technician profile. The staff members are the only approved instructors for this program in the state.

COSP has also expanded the training capacity for EMS providers. The Program Manager is now an instructor for Riley's "Improving Occupant Protection for Non-Critical Pediatric Patients in Ambulances: A Training Curriculum for EMS Personnel". This training empowers EMS providers to select the appropriate transport mode and equipment for pediatric patients.

Training for law enforcement officers expanded into a train-the-trainer program to assist with increasing capacity statewide. Additionally, an updated curriculum for mandate classes was produced, approved by the Georgia Public Safety Training Center, and distributed statewide to the training academies.

For FFY16, COSP was not able to provide car seats to the Mini-Grant agencies for the full grant period. Funds for car seats were exhausted by August 2016. Because of the shortage, minority outreach distribution was impacted. Local agencies could not request seats for both English and Spanish language classes and most opted to support English language classes. It is once again anticipated that funding for car seats will not stretch through to the end of the grant period.