

# **Ohio Early Intervention State Systemic Improvement Plan (SSIP)**

FFY 2023 (July 1, 2023– June 30, 2024)



## Section A: Data Analysis

### *What is the State-identified Measurable Result (SiMR)?*

Substantially increase the rate of growth in the percent of infants and toddlers with IFSPs who demonstrate improved social-emotional skills

### *Has the SiMR changed since the last SSIP submission?*

No

### *Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)*

No

### *Is the State's theory of action new or revised since the previous submission? (yes/no)*

No

### *Please provide a link to the current theory of action.*

<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Ohio-SSIP-Theory-of-Action-FFY20-through-FFY25.pdf>

### *Please provide the data for the specific FFY listed below (expressed as actual number and percentages).*

FFY23: 52.85%

#### Targets and Data

FFY	2019	2020	2021	2022	2023	2024	2025
Target	63.10%	52.00%	52.00%	53.00%	53.00%	54.00%	55.00%
Data	51.06%	52.18%	54.34%	54.61%	52.85%		

### *Provide the data source for the FFY 2022 data.*

Ohio extracted the FFY23 SIMR data, along with all COS data, from the state EI data system. COS data for all children who were exited in FFY23, served in EI at least six months, and had entry and exit COS scores were included the analysis. As the SIMR reflects data for the entire population of children included in the COS analyses, this percentage corresponds to Indicator 3A, Summary Statement 1 in Ohio's Annual Performance Report. Further details about data collection and analysis are included subsequently.

### *Please describe how data are collected and analyzed for the SiMR.*

Beginning in January 2015, the Child Outcomes Summary process was integrated into the child and family assessment and overall IFSP process. At that time, Ohio began to collect the following Child Outcomes Summary statements (adopted from Maryland), using its data system, for each of the three outcome areas:



- Relative to same age peers, child’s functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in this outcome area
- Relative to same age peers, child is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome).
- Relative to same age peers, child is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of this outcome
- Relative to same age peers, child shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of this outcome
- Relative to same age peers, child shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome
- Relative to same age peers, child has the skills that we would expect of his age in regard to this outcome; however, there are concerns
- Relative to same age peers, child has all of the skills that we would expect of a child his age in the area of this outcome

The COS is required as part of the initial assessment process, as well as annually, so entry COS are completed as part of the IFSP process and documented on Ohio’s IFSP form, as well as in the state data system. Local programs use the COS decision tree, along with all the information discussed in the child and family assessments, to help IFSP team members choose which statement above best describes the child’s development compared to same-age peers. Each statement corresponds to a score of 1 through 7, respectively.

Exit COS are also required for all children who have been served in Early Intervention in Ohio and are exiting for a reason other than being deceased or loss of contact with the family. Although it is not a part of the IFSP process, the IFSP team, including the family, complete the Exit COS. An optional Exit COS form that mirrors the COS section of the IFSP form is available on the Ohio EI website and Exit COS statements are required to be entered in EIDS on the Exit page unless the child record is being exited due to one of the reasons mentioned above.

As described in the previous section, COS data for the FFY23 SIMR data, along with all COS data, were extracted from the state EI data system including all children who were exited in FFY23, served in EI at least six months, and had entry and exit COS scores. Since Ohio’s SIMR data encompass the entire population included in the COS, the SIMR percentage was calculated in the same manner as all COS percentages: all children whose entry COS score was greater than 1 and whose exit COS score was higher than the entry score, divided by all children whose entry or exit COS score was below 6.

***Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)***

No

***Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)***

No



*Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)*

No

## **Section B: Phase III Implementation, Analysis and Evaluation**

*Please provide a link to the State's current evaluation plan.*

<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Ohio-SSIP-Evaluation-Plan-FFY20-through-FFY25.pdf>

*Is the State's evaluation plan new or revised since the previous submission?*

No

*Provide a summary of each infrastructure improvement strategy implemented in the reporting period.*

This reporting year, much of Ohio's EI work continued to focus on broader undertakings that impact the state's entire EI system. During this time, the state EI team prioritized and put substantial time and effort into preparing for and beginning the program's transition to the newly created Ohio Department of Children and Youth (DCY); updating its program rules (due for the state's required five-year review) implemented July 4, 2024; reviewing and updating the program's processes and protocols to ensure consistency with OSEP's general supervision expectations; and implementing strategies and initiatives to address capacity and funding challenges.

While the broader priorities were the lead agency's primary focus, Ohio continued to work through the state's short-term and intermediate SSIP outcomes this reporting year. The state continued to provide resources, trainings, and data related to social-emotional strengths, needs, and development, and continued to collect data to inform decisions about what activities are needed to achieve intermediate and long-term outcomes. Activities related to the short-term and intermediate outcomes, associated evidence-based practices, and data collected and analyzed as part of the state's evaluation plan are described in more detail in the subsequent sections.

*Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.*

Ohio developed the following outcomes as part of the state's evaluation plan:



### *Short-term Outcomes*

- Local programs and families have increased access to resources, trainings, and data related to assessing social-emotional strengths and needs through the assessment process, including the COS
- Local programs and families have increased access to resources, trainings, and data about their role in the team development of IFSP outcomes supporting social-emotional development
- Local programs and families have increased access to resources, trainings, and data related to supporting social-emotional development through evidence-based service delivery

### *Intermediate Outcomes*

- Assessment teams better identify children's social-emotional strengths and needs through the assessment process, including the COS
- Families have an increased understanding of their child's social-emotional strengths and needs
- IFSP teams develop higher quality outcomes to support social-emotional development
- Families actively participate in developing IFSP outcomes that support social-emotional development
- Practitioners have improved ability to deliver evidence-based EI services that support social-emotional development
- Families have an increased ability to support their children's social-emotional development

The short-term outcomes focus on identifying needs and making needed trainings, resources, and TA available. The intermediate outcomes are centered around practitioners and families better identifying and understanding social-emotional needs and better supporting social-emotional development. These outcomes involve many aspects of the systems framework. Issues and needs have been and will continue to be identified via the data, accountability/monitoring, quality standards, and technical assistance areas. The implementation of new resources and trainings involves the professional development area, which also involves the finance area in some cases in order to make these trainings and resources available. Increasing access to resources, trainings, and data will result in practitioners and families having increased knowledge and improved ability to support social-emotional development.

This reporting year, the state continued to make progress toward achieving short-term and intermediate outcomes. Notably, the interagency agreement (IAA) with the state agency responsible for mental health to expand local access to Early Childhood Mental Health (ECMH) Consultants remained in place; the state continued to contract with the Brazelton Institute, which is based in the Division of Developmental Medicine at Boston Children's Hospital and an affiliate of the Harvard Medical School, to offer additional trainings, virtual workshops, and a mentoring series; and the Principles of Special Instruction (POSI) modules implemented the previous year were available for Developmental Specialists in Ohio. Additionally, the state's Central Intake vendor continued to provide the online Ages and Stages Questionnaire (ASQ) online developmental screenings and expanded the use of these screenings through the use of the Sparkler: Play for Parenting application. Further information about each of these is provided in the subsequent paragraphs.

As part of the expanded IAA, ECMH consultants are available in every local program in Ohio. These consultants are involved in the evaluation and assessment process and in providing a social-emotional lens at EI team meetings; sharing resources, strategies, and social-emotional professional development;



offering child/family consultation; connecting families to mental health services; and assisting with identifying appropriate referrals. Local agencies providing ECMH consultants also continued completing quarterly reports to share data regarding participation in EI activities, as well as their successes, challenges, and next steps this reporting year. In these reports, agencies shared positive experiences, including the impact of child/family consultations in working with families to address a variety of concerns and needs related to child tantrums; child separation anxiety; abuse; developmentally appropriate expectations and boundaries; family grief/loss support; trauma; PTSD; and general behavioral concerns and emotional regulation.

Expanding on the trainings already offered, the Brazelton Institute provided two three-day trainings to Ohio EI local program staff on the Newborn Behavioral Observations (NBO) system™ (an infant-focused, family centered, relationship-based tool, designed to foster positive parent-infant interactions and contribute to the development of a positive parent-infant relationship from the very beginning), with specific content about the use of the NBO in the context of families living with substance abuse disorder. Additionally, Brazelton held an NBO community of practice for those already certified, seeking advanced content. The series consisted of six 90-minute monthly virtual sessions, each focused on a particular aspect of implementing the NBO in EI practice. Finally, Brazelton hosted three virtual workshops titled “Supporting Everyone’s Mental Health,” which focused on the ongoing impact of the COVID-19 pandemic, particularly on the higher rates of burnout, stress, trauma, and other common mental health issues. Through this interactive series, Brazelton offered strategies to support the mental health and resiliency of children, families, and family-facing providers, and to nurture self-care.

Similar to the Principles of Service Coordination (POSC) modules Ohio created and released several years ago for EI service coordinators, the state finalized development of and made available four POSI modules for Developmental Specialists in the state last reporting year, which continued to be offered this reporting year. One of the modules specifically addresses social-emotional development, assessment of social-emotional skills, and the impact of social-emotional delays on other areas of development. Forty-eight Developmental Specialists in Ohio completed this module through December 2024. The other three modules include information about the Developmental Specialist’s role on the team, cognition and cognitive delays, and evidence-based practices (EBPs), including the use of EBPs in assisting families with addressing challenging behaviors. These modules were completed by 70, 55, and 46 Developmental Specialists, respectively, through December 2024. Participants provided positive feedback regarding their interest, understanding of the content, getting ideas on improving their job skills, the content matching what was promised, the knowledge and skills gained being applicable to their position, and their confidence in their ability to apply the content to their professional role.

As indicated previously, Ohio’s central intake vendor, Bright Beginnings, continued to offer and built the infrastructure to expand the use of the online ASQ screening service via the Sparkler: Play for Parenting application (Sparkler). Sparkler is a mobile application that not only provides access to the online ASQ and ASQ-SE screenings, but also includes thousands of offline, evidence-based activities to help further development; allows caregivers to follow their child’s progress and track growth; and provides a way for caregivers to chat with care providers, doctors, and family members regarding their child’s development. Through Sparkler, the ASQ service is now available for children through age five and is available in Spanish, French, and Arabic in addition to English.

Finally, the lead agency again gathered data directly from families related to social-emotional skills and development via the state’s annual family questionnaire. These data are discussed in additional detail in



the section regarding data collection to monitor fidelity of implementation and to assess practice change. The state will use these data along with information obtained via the ECMH quarterly reporting that is part of the ECMH IAA to determine additional activities needed to achieve outcomes and make improvement in the state's SIMR.

Activities related to the short-term outcomes are necessary in order to ultimately achieve the SIMR, and in the sustainability of systems improvement efforts as they lay the foundation for achieving the intermediate and long-term outcomes. To facilitate increased knowledge and improve practices, which is being attained via activities to achieve the intermediate and long-term outcomes, the state necessarily first gathered data and made available applicable information, resources, and trainings to address needs identified in each improvement strategy area. The availability and use of information, resources, and trainings results in practitioners and families better identifying and understanding social-emotional needs and better supporting social-emotional development, which will ultimately lead to achievement of the SIMR.

***Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)***

No

***Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.***

Over the next reporting year, Ohio will continue to offer the POSI modules and trainings and resources related to assessing social-emotional strengths and needs and supporting social-emotional development; collect and analyze data included in the state's evaluation plan to determine whether progress is being made toward achieving outcomes; and examine and discuss data obtained through other means such as the ECMH IAA. Additionally, ECMH consultants will continue to be part of local EI teams; Brazelton will provide additional NBO trainings; and, as DCY becomes more established, moves forward with initiatives, and works to increase collaboration across early childhood areas, the state will continue to consider how EI and other early childhood programs can address infant and toddler social-emotional needs in concert.

***List the selected evidence-based practices implemented in the reporting period:***

The resources provided, trainings offered, data collected and analyzed, and activities implemented center around EBPs. The state's short-term and intermediate outcomes focus on obtaining thorough information about and ensuring families understand their children's social-emotional skills, strengths, and needs through the assessment process; families and practitioners collaborating to develop IFSP outcomes that address social-emotional needs; and the ability of practitioners and families to support children's social-emotional development. Specifically, the following DEC Recommended Practices (DEC RPs) related to the SIMR, along with activities needed to achieve outcomes, will continue to be implemented over the next several years:

- RP A4
- RP A7
- RP F4
- RP F5
- RP TC1





***Provide a summary of each evidence-based practice.***

A description of each of the EBPs Ohio follows:

- **RP A4** - Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests. (Improvement Strategy 1)
- **RP A7** – Practitioners obtain information about the child’s skills in daily activities, routines, and environments such as home, center, and community (Improvement Strategy 1)
- **RP F4** - Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family’s priorities and concerns and the child’s strengths and needs (Improvement Strategy 2)
- **RP F5** - Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities. (Improvement Strategy 3)
- **RP TC1** - Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family. (Improvement Strategy 3)

***Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.***

The selected EBPs align with the Theory of Action associated with the state’s new SIMR and outcomes identified as needed to implement each improvement strategy area: RPs A4 and A7 address conducting quality assessments; RP F4 addresses creating quality, individualized IFSP outcomes; and RPs F5 and TC1 address service delivery and increasing family capacity. Because these EBPs are being integrated into activities needed to achieve the identified outcomes and the achievement of these outcomes will ultimately lead to improvement in the SIMR, the selected EBPs thus also impact this improvement.

***Describe the data collected to monitor fidelity of implementation and to assess practice change.***

Because the selected EBPs align with the Theory of Action and outcomes and are being integrated into the activities needed to achieve each outcome, the data collected as part of the state’s evaluation plan are being used monitor the fidelity of implementation to assess practice change. As part of the evaluation plan, the lead agency is collecting ongoing data regarding parent understanding of their child’s social-emotional strengths and needs; quality of IFSP outcomes that address supporting social-emotional development; parent involvement in developing outcomes that support social-emotional development; provider ability to deliver evidence-based EI services to support social-emotional development; and parent ability to support their children’s social-emotional development. The state previously planned to collect data regarding how well social-emotional strengths and needs are being identified through the assessment process, including the COS, but that has been indefinitely put on hold as the state has focused on other priorities in its EI system. Each intermediate outcome in the state’s evaluation plan, the measurement and data collection methods, and the FFY21, FFY22, and FFY23 data are included in Appendix A. A summary of the data collected this reporting year follows:





- Of 3,920 respondent families, 3,519 (89.77%) reported they agree or strongly agree that EI has helped them better understand their child’s social-emotional strengths and needs (on a five-point scale)<sup>1</sup>
- Of 2,735 respondent families, 2,516 (91.99%) reported they agree or strongly agree that during their time in EI, they actively participated in developing IFSP outcomes that support their child’s social-emotional development (on a five-point scale)
- Of 3,911 respondent families, 3,567 (91.20%) reported they agree or strongly agree that EI has helped them better support their child’s social-emotional development (on a five-point scale)

Please note data regarding how well social-emotional strengths and needs are being identified through the assessment process, the number of social-emotional IFSP outcomes that met all of the ECTA six-step criteria, and provider ability to deliver evidence-based EI services to address social-emotional development were not collected this reporting year. As described earlier in this section, much of Ohio’s EI work this reporting year focused on activities and initiatives that impact the state’s EI system more broadly. This work included transitioning to DCY, finalizing and preparing to implement new program rules, adding to and updating the state’s general supervision processes and protocols, and addressing funding and capacity challenges.

Baseline data related to the number of social-emotional IFSP outcomes that met all of the ECTA six-step criteria and provider ability to deliver evidence-based EI services to address social-emotional development were collected last reporting year. Data related to these outcomes will be collected again, minimally, in the last reporting year of this SSIP cycle in order to assess the progress the state has made in all of these areas. As indicated previously, the lead agency has indefinitely put on hold plans to collect data regarding how well social-emotional strengths and needs are being identified through the assessment process.

***Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.***

The state collected additional baseline data related to social-emotional development through the state’s family questionnaire. These additional data are described below and along with the data that are part of the evaluation plan, summarized in Appendix B.

Through the family questionnaire, in addition to data collected for the evaluation plan, the state received input from families about their:

- Confidence in their child’s social-emotional development; and
- Involvement in helping their team learn more about their child’s social-emotional development.

***Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.***

The lead agency will continue to disseminate resources, offer trainings, provide TA, examine data, and implement activities to make improvements in each of the EBP areas listed and summarized previously. The state will work with Brazelton in the implementation of the NBO trainings. Further, the state will continue to identify activities needed to achieve outcomes, and ultimately, the SIMR, in each of these EBP areas over the next reporting year and beyond. The lead agency expects to continue to make progress toward achieving intermediate outcomes and the SIMR this reporting year.

<sup>1</sup> Parent report data were collected via Ohio’s 2023 annual Family Questionnaire.



*Does the State intend to continue implementing the SSIP without modifications?  
(yes/no)*

Yes

*If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.*

Ohio intends to continue its SSIP work with the same SIMR, improvement strategies, and outcomes. The state put data collection for some of the intermediate outcomes on hold this reporting year as its EI work was primarily focused on broader initiatives, as described earlier in this section, but plans to resume all data collection in the coming years. Over the next reporting year, the lead agency will continue to be focused heavily on implementation of its updated policies and rules, and ensuring its general supervision policies and protocols meet OSEP's expectations, but anticipates continuing to implement the current SSIP without modification. The high level of support parents cited receiving from Ohio EI with regard to social-emotional development (see the data described earlier in this section and included in Appendix B) gives the state confidence that the existing SSIP is working. The data points collected in the family survey do not suggest the need for modification of the plan at this time.



## Section C: Stakeholder Engagement

### *Description of Stakeholder Input*

The lead agency values feedback from a wide variety of stakeholders, including families, when implementing activities to improve outcomes for children with disabilities and their families. The state solicits feedback broadly from its EI field through its bi-weekly newsletter, in a more targeted manner from its ICC and broader stakeholder group at quarterly meetings, and directly from families via the state's annual Family Questionnaire. More specific details about stakeholder involvement in key improvement efforts follow in the next section.

### *Describe the specific strategies implemented to engage stakeholders in key improvement efforts.*

At the beginning of this SSIP cycle, the lead agency collaborated with the state's Early Intervention Advisory Council (EIAC) and stakeholder group to select the state's new SIMR and complete a new infrastructure analysis. The state also engaged stakeholders in the process to select new APR targets, including the target for the state's new SIMR. Finally, the state shared the new Theory of Action and new evaluation plan with Ohio's EI field.

In FFY21, the state obtained input from the EIAC and stakeholder group when developing items related to social-emotional development for the program's annual family questionnaire and inaugural provider survey. The lead agency used these surveys to collect baseline data for the state's evaluation plan and to receive additional input directly from families and providers in the state's EI system. The specific data collected are described in earlier sections of this report and summarized in Appendices B and C of Ohio's FFY21 SSIP. The state shared summary data from these surveys with local programs. The state also collaborated with stakeholders in select local programs to implement the ECMH pilot this reporting year, including involving ECMH consultants more meaningfully in the evaluation and assessment process.

Last reporting year and this reporting year, the state again collected data directly from families regarding their understanding of, and confidence in and ability to support their child's social-emotional development. The lead agency also again shared data from the questionnaire with local programs. The specific data collected are described in earlier sections of this report and summarized in Appendix B. In addition to stakeholder input related to social-emotional outcomes and development, Ohio's EI stakeholders provided integral feedback throughout the year regarding the state's new rules that went into effect July 4, 2024 via activities at quarterly IAA meetings, emails, and multiple work groups.

### *Were there any concerns expressed by stakeholders during engagement activities?*

No

## Additional Implementation Activities

### *List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.*

N/A



***Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.***

Ensuring all trainings and resources are updated to reflect new rules, augmenting and expanding its monitoring and general supervision process and protocols, and addressing capacity and funding challenges will remain top priorities for Ohio's EI system over the next reporting year. While focusing on all of these, the lead agency will continue to have discussions about the data and determine activities needed to achieve identified outcomes, including timelines for implementation.

The data collection measures and outcomes are included in the state's evaluation plan and a link for this plan is provided in Section B of this document. The state collected baseline data related to families' understanding of their children's social-emotional strengths and needs; quality of outcomes addressing social-emotional development; family participation in developing outcomes addressing social-emotional development; practitioners' ability to deliver evidence-based EI services; and families' ability to support their children's social-emotional development in the FFY21 reporting year. This reporting year, the lead agency collected data on families' understanding of their children's social-emotional strengths and needs; family participation in developing outcomes addressing social-emotional development; and families' ability to support their children's social-emotional development. Ohio will consider the needed frequency of data collection and analyses for all outcomes included in the evaluation plan going forward. Minimally, the state will provide data in each of these outcome areas in the final year of this plan.

***Describe any newly identified barriers and include steps to address these barriers. Provide additional information about this indicator (optional).***

N/A