Future Directions for Ohio's Part C/ Early Intervention Program: Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet

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I. Executive Summary

The Ohio Early Childhood Cabinet prioritized a review of the Help Me Grow system during the previous biennial budget period (FY 2008-09). At that time, emphasis was given to the administration of the system and redesigning the at-risk portion of the program. In the current fiscal year (FY2010), the Cabinet directed a review of the current Part C policies, practices, outcomes and funding to determine the program's future direction. This review is also intended to ensure compliance with federal regulations, leveraging resources, and providing appropriate services to families and their children.

This paper highlights the research behind Part C/Early Intervention (EI) for infants and toddlers with developmental delays or disabilities and their families. It presents the guiding principles of the Ohio Part C/EI Workgroup, along with statements that describe what they hope their work would accomplish for young children and families in Ohio. Finally, the paper describes eight recommendations to guide the future direction of the Ohio Part C program. In brief, the recommendations are:

A. All Part C/EI Services will be strength- and relationship-based: Providers of services will listen to families and plan interventions based on conversations about what is already being done, what is working and family priorities; a range of levels of support based on individual need will be available to families.

B. The Part C lead agency will assure that every family and their child who is eligible for Part C/EI services shall have access to federally mandated, evidence-based EI services through a core team of professionals

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C. Maximize existing federal, state and local funding, and leverage additional funding to assure access to federally-mandated early intervention services and implement these recommendations.

D. The Ohio Part C lead agency will create a comprehensive, ongoing workforce development strategy for Part C/EI in partnership with other early childhood efforts in the state.

E. Given the importance of supporting families in raising their children with disabilities, Ohio's Part C/EI system must assure family support services and the availability of family-to-family support statewide through the Family Information Network (FIN) of Ohio.

F. Provide consistent materials and messages statewide (child development, making referrals, enhancing social-emotional development, etc.).

G. Ohio will create a state-level, centralized, dynamic resource (CDR) of early childhood services and supports that are available to families of young children as well as to EI service providers via live staff and the internet.

H. The Ohio Part C program will develop a statewide system to ensure family accessibility to core team services, regardless of the political subdivision where families reside.

The Ohio Part C/Early Intervention Workgroup combined their expertise to generate a series of recommendations that will take Ohio's commitment to

very young children to a better future. It is important to note that the Workgroup made a decision to prioritize work on the service recommendations, and not on the financing. The group quickly determined the magnitude of their task, and realized, given the time constraints, that it might not be possible to give the same due diligence to the financing issues that they had to the service recommendations.

However, the Workgroup expressed two important points related to funding. First, Ohio must create a system of EI services. Families throughout the state must be guaranteed equal and consistent access to early intervention services regardless of where they live. Second, financing of this system should not be constrained by the way services have been organized and funded in the past. The workgroup understand that financing is a threshold issue, and strongly recommends that this be a priority for improvement in the Ohio Part C/EI system.

II. Why Early Intervention Matters

A young child's journey to health, development, and future success in learning, work, family and community is launched in the earliest months and years of life. This was acknowledged in federal policy when the U.S. Congress passed the amendments to the Education of the Handicapped Act as Public Law 99-457, Part H, in 1989. The Program for Infants and Toddlers with Disabilities is now Part C of the Individuals with Disabilities Education Act. Public Law 99-457. The Part H federal policy was based on the science of early development, and it continues today as the framework for how states plan and provide services to infants and toddlers with special needs and their families.

The intent of Part C is apparent in the language of the federal law:
"Congress finds that there is an urgent and substantial need to:

1) enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life;
2) reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;
3) maximize the potential for individuals with disabilities to live independently in society;
4) enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and
5) enhance the capacity of State and local agencies and service providers to identify, evaluate and meet the needs of all children, particularly minority, low income, inner city and rural children, and infants and toddlers in foster care."[1]

The federal Part C legislation provides a policy framework for state early intervention systems. In addition, services for infants and toddlers are guided by the science of child development. Research findings provide solid evidence about the critical importance of early experiences as well as those factors that can help or hinder this developmental journey.[2] Research demonstrates that the interaction of biology (genes) with experience is a key determinant of developmental outcome, with the "active ingredient" in this interaction the give-and-take nature of the child's relationship with parents and other important adults. Some of these factors are "born with" the child, i.e., biological or genetic, and will for the most part last the child's lifetime. Many other conditions that a child is "born into" can be very positively affected through early experiences and environments. For example, parents provide day-to-day interactions and experiences which can bolster a young child's growth, keep their development

on track, and build on the child's own areas of competence. Factors such as strong emotional bonds between parents and children, the nature of day-to-day interactions, and high-quality early learning opportunities lay the foundation for future success. Other situations such as parents struggling with extreme poverty, mental illness, or addiction, unreliable, poor quality child care or young children completely isolated from positive interactions with other children or adults create vulnerabilities in the infant or toddler that will be difficult or impossible to overcome later in life.

Research in child development also confirms the importance of parent involvement and the importance of family support in enhancing child development, reducing overall stress for the family, and helping them feel more a part of their community. Programs like Early Head Start which require parent involvement in leadership positions as well as in the early education aspects of the program, report evidence of the impact of parent engagement to child health and development, as well as benefits for the parents themselves.[3] Family support is important to the success of interventions. Without family involvement, early intervention will not be as successful, nor will gains in development be sustained over time once the intervention ends.[4] A variety of supports available to parents of infants and toddlers with disabilities can improve the lives of families in Part C/Early Intervention.

Infants and toddlers with developmental delays or disabilities – those served in the Part C/Early Intervention Program – are born with vulnerabilities, but their developmental path can also be influenced by their early experiences. Infants and toddlers with special needs benefit from the same types of experience as typically-developing children, in addition to the specialized services known as "early intervention".

Children with disabilities are children first. Young children with delays or disabilities will benefit, as do typically-developing children, from strong, secure connections with their parents and other adults who love them; healthy, predictable and safe environments to grow in; and early experiences that allow for opportunities for exploration within their environment, where their natural curiosity, rhythms, talents and emotions are recognized and used as an ongoing springboard for ongoing development.[5] And their families benefit from connecting with other families who have "been there" to share advice, information and emotional support.

III. Ohio's Call to Action for Infants and Toddlers with Delays and Disabilities and Their Families

The Ohio Department of Health (ODH) is the lead agency for Part C in Ohio. ODH carries out the Part C mandate through the Help Me Grow system. Help Me Grow is required under Part C of the federal Individuals with Disability Education Act to be compliant with federal regulations and achieve certain benchmarks in reporting outcomes. These outcomes are measured along 14 different indicators and evidence of achieving these standards is submitted to the US Department of Education as part

[1] U.S. Congress, Individuals with Disabilities Education Act Part C Infants and Toddlers with Disabilities, Sec. 631, Findings and Policy. 108th Cong. Available at http://www.copyright.gov/legislation/pl108-446.pdf

[2] The Science of Early Childhood Development. (2007) National Scientific Council on the Developing Child. Available at http://www.developingchild.net

[3] U.S. Department of Health and Human Services, Administration for Children and Families. 2002. Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start.

[4] Weiss, H., Caspe, M., & Lopez, M.E. Family involvement in early childhood education. Harvard Family Research Project, No. 1, Spring, 2006. Available at http://www.hfrp.org/publications-resources/browse-our-publications/family-involvement-in-early-childhood-education

[5] Lally, J.R. The science and psychology of infant-toddler care: how an understanding of early learning has transformed child care. Zero To Three Journal, November 2009, pp. 47-53

of the State Performance Plan and Annual Performance Report for the program. In order to receive federal funds under Part C, the Ohio Department of Health is required to submit an application for funds each year to the federal government.

Based on previous reports and work that had been completed by the Help Me Grow Advisory Council, the Part C/Early Intervention Workgroup was charged with determining the core services for early intervention and the appropriate rates of reimbursements for those services. The Workgroup's overall purpose, as stated by the Early Childhood Cabinet, was to review the current Part C policies, practices, outcomes and funding to determine the program's future direction. This review was also intended to ensure compliance with federal regulations, leveraging resources, and providing appropriate services to families and their children.

The Cabinet desired a workgroup with broad representation that focused on the key stakeholders in the early intervention system: parents of young children either participating or who had experience with the Part C/Early Intervention (EI) system, state agencies who were involved in the delivery, financing, or planning of services; representatives of local County Boards of Developmental Disabilities; providers of EI services; representatives of Family and Children First Councils, and representatives of Help Me Grow Project Directors. Each of these stakeholders submitted recommendations for membership, and once selected, the members committed to a minimum of five monthly meetings.

The Cabinet also provided guidance on areas that the Workgroup might consider in its deliberations. These areas included:

- Core Services
  - Federal Guidelines
  - State-wideness issues
  - Service Model (e.g., trans-disciplinary teaming)
- Funding
  - Cost considerations, local contributions
  - Reimbursement structure
- Other Considerations
  - Target caseloads
  - Specialized services

IV. Guiding Principles for Ohio Part C/Early Intervention

The Part C/EI Workgroup met seven times, beginning in October, 2009 and ending in April, 2010. The goal was to make recommendations prior to the state Part C application being submitted to the U.S. Department of Education, Office of Special Education Programs, in May, 2010. A facilitator under contract to the Ohio Department of Health was used to guide the process of the group's work, and to help identify national experts and resources that might be helpful to the group.

Over the course of the seven meetings, many issues, suggestions, concerns and ideas were raised by the group. Members went back to their constituents and solicited additional input, and shared that with the group as well. Because the decision-making process narrowed the issues that the workgroup ultimately evolved as their recommendations, not all of these rich discussions and concerns are reflected in the final recommendations.

All group members acknowledged the formal charge from the Early Childhood Cabinet. In early discussions, it became clear that the group also held some values and beliefs that they felt provided direction to their work. These statements, generated and agreed to by the group, became guiding principles for the Part C/EI Workgroup:

In their work, the Ohio Part C/EI Workgroup hopes to:

1. **build a bridge between families and the EI system, early on;**
2. **maintain a family focus and early, positive experiences for children and families;**
3. **create a consistent, statewide system that is supported by well-trained professionals and creative teamwork; and**
4. **make recommendations for a system we can all be proud of while being "uncomfortably content" enough to strive for improvement.**

V. Future Directions for the Ohio Part C/Early Intervention Program: Recommendations and Next Steps

Over the course of seven months, the Workgroup worked diligently to reach consensus on a set of key recommendations that fairly represented the diverse perspectives, experiences and expertise of the participants. Their work was complemented by previous work of the Help Me Grow Advisory Council, the Ohio Department of Health in its role as Part C lead agency, the Ohio Developmental Disabilities Council, Ohio Family and Children First Family Engagement Committee, as well as the Family Support Specialists, Service Coordinators, County Family and Children First Coordinators, and Help Me Grow Project Directors.

A strong voice throughout the planning process was that of families of children who have received early intervention services. Their unique perspective of having "been there", experiencing the system on the receiving end of services, contributed greatly to the evidence-base for decision-making. Some of the family representatives had received services in other states, and that also enriched the discussions.

RECOMMENDATIONS

Ohio envisions an EI system that creates positive early developmental experiences for all eligible children, and assists families with enhancing the development of their children. To carry out this vision, the Ohio Part C/EI Workgroup forwards eight recommendations. The first recommendation provides the overarching frame for statewide early intervention services, and the others address issues that emerged as priority for the workgroup. The workgroup felt strongly that these recommendations be considered as a whole in order to create a system of services. All of them must be achieved for Ohio to meet its commitment to infants and toddlers with developmental delays or disabilities and their families.

The workgroup recommends the following:

Recommendation A. All Part C/EI Services will be strength-and relationship-based: Providers of services will listen to families and plan interventions based on conversations about what is already being done, what is working and family priorities; a range of levels of support based on individual need will be available to families.

A paradigm shift is required to improve Part C/EI in Ohio. A growing body of research demonstrates the benefits of routines-based, strength-based, and relationship-focused EI practices.[6] Part C/EI services have shifted from direct hands-on "treatment" for the child's disability to EI practices that support families through collaboration and consultation with early interventionists. Through this approach, parents become more confident and competent in using everyday routines to embed and reinforce their child's emerging skills and enhance their own child's development.

Strength-based approaches allow a child's unique learning characteristics and interests to drive interventions. Relationship-based work allows interventionists and families to work together in identifying opportunities to practice new skills, and allows families to lead discussions about their priorities for services and supports within the family's everyday life. The "treatment" approach involved only the interventionist and the child through the lens of the child's disability. The relationship-based approach engages the parents and the child. When the family's everyday routines are the context for services, and the parents as well as the child are engaged in the intervention, and the interventionist support parent confidence and competence, early intervention will yield better outcomes.

A.1. Measures of Success/Benchmarks:

a. Family Survey results indicate high level of increased confidence, competence and empowerment (pre-and post).

b. IFSP outcomes consistently reflect family conversations, strengths, priorities, resources, and concerns.

c. IFSP and Early Track data demonstrate all families have access to a threshold level of EI service (i.e. a core team as described in Recommendation B) with many ranges of supports.

[6] Keilty, B. Early intervention home-visiting principles in practice: a reflective approach. Young Exceptional Children, 11(2), March 2008, pp. 29 – 40.

d. Data demonstrate that children and families are receiving all the Part C services to some degree

e. Ohio data align with national data re: appropriate/beneficial services for various delays, disabilities, or conditions.

A. 2. Resources Needed:

a. A work group (e.g. Help Me Grow Advisory Council committee including family members) that makes recommendations on assessment process including researching approaches and tools

b. Consistent strategies and messages throughout the Part C/EI system, and related systems (child care, Early Head Start, Help Me Grow HomeVisiting Program, etc.) from evaluation for eligibility and the assessment process.

c. Consistent training for and monitoring of strength-based processes and approaches

A. 3. Next Steps:

a. Develop or identify a training curriculum for all providers of service that will enhance providers understanding of family centered relationships and strength based approaches to Early Intervention service delivery. This training curriculum will include strategies for listening to families and planning interventions based on conversations about what is already being done, what is working and family priorities; parents serve as faculty along with other trainers.

b. Develop and enhance undergraduate and graduate coursework and curriculum that enhance understanding of relationship- and strength-based services in all areas of early intervention practice (early education, physical therapy, nursing, audiology, child development, family relations, psychology, etc.).

c. Work with the Ohio Professional Development Network and quality initiatives in child care, Help Me Grow Home Visiting, Head Start and Early Head Start, EI, etc.

d. Assure that family assessment is the responsibility of the full assessment team not just the service coordinator. Assessment within the context of family life must be highly individualized to provide varying levels of supports based on child and family needs. It should focus on what the family is currently doing to enhance the child's development, what is working (strengths), best times of day, and family priorities.

e. Identify and implement training on comprehensive evaluation and assessment process including family assessment that is strength- and relationship-based.

f. Identify existing evidence-based tool, or design pre- and post-survey of parent perceived competence and confidence.

Recommendation B. The Part C lead agency will assure that every family and their child who is eligible for Part C/EI services shall have access to federally mandated, evidence-based EI services through a core team of professionals.

The Part C/EI Workgroup considered establishing a threshold of service that would be available (not required) for every eligible child and their family, and ensuring access to these services. The workgroup is recommending that "core teams" be established in sufficient numbers throughout

the state so that every eligible child and family has access to a core team. The team may be employed by a single agency, or individual members may come together collaboratively, from a variety of agencies, to carry out the evaluation for eligibility, assessment for intervention planning, and service provision. Team members must function as a team regardless of who employs them.

Core teams will be available and accessible throughout Ohio to assure the provision of federally required services to all referred, eligible children. However, specific interventions and team members would still be individually determined for each eligible child and family. In other words, families would not be required to use services of every team member, but a core team must be available for every eligible child and family should they choose to access it. While the core team represents the threshold of Part C/EI services in Ohio, the unique and changing needs of each eligible child and family will determine the team members throughout the early intervention process.

A key component of the core team is a dedicated service coordinator – a person who carries out only the functions of service coordination on behalf of an eligible child and family. Service coordination will be provided for each eligible child by a qualified individual that does not serve another role for that family, i.e., a dedicated service coordination approach. In other words, a dedicated service coordinator cannot also be providing occupational therapy, physical therapy, etc., to a child on their service coordination caseload. Implementing a dedicated service coordination approach acknowledges the importance of this role and all that a service coordinator does on behalf of a child and family, e.g., coordinating evaluations and assessments, helping the family identify appropriate interventions, providing information to the family about financial resources and procedural safeguards, coordinating the IFSP with the child's medical home, and coordinating transitions.

The purpose of the core team is to ensure a team approach, to enhance comprehensiveness of assessments and interventions, and to assure that eligible children receive all the services that they are entitled to and will benefit from. The core team comes into play at the point of a child's referral to early intervention; the team would be available to determine eligibility. Ideally, all children referred to early intervention would be evaluated for eligibility by a core team, but the nature of the referral and the reason for referral guides selection of the individuals (at least two) who can address the specific reasons for referral. For example, some infants and toddlers will be determined eligible for Part C/EI services based on a medical diagnosis such as Down Syndrome. These children may not exhibit delays initially, but the family may request, and benefit from, information, family support, etc.

At a minimum, each core team will include a service coordinator, family support, and the following additional professionals:

- Early Intervention Specialist (Special Instruction)
- Occupational Therapist
- Physical Therapist
- Speech/Language Pathologist

The "at a minimum" language indicates a benchmark, or starting point, for the composition of the core team. The intent is for the full range of EI services to be accessible, with the core team responsible for connecting with other services and providers. The core team meets together to

decide who will assess the child and the family using strength- and relationship-based assessment approaches. They meet together to periodically re-determine eligibility. Along with the parents/family, they meet together to discuss the Individualized Family Service Plan (IFSP) goals and services.

The core team may need to identify "as needed" members to provide additional information and/or resources to meet the IFSP outcomes of an individual child and family. The "as needed" team members can include, but are not limited to:

- Audiologist
- Mental Health Therapist
- Nurse
- Nutritionist
- Pediatrician
- Psychologist
- Orientation and Mobility Specialist
- Vision Specialist, etc.

The Part C/EI system will be guided by agreed-upon practices for providing early intervention services in natural environments using the US Department of Education Office of Special Education Programs Technical Assistance Community of Practice in Part C Settings. These practices are described in a document titled, "Agreed Upon Practices for Providing Early Intervention Services in Natural Environments".[7] Services will be delivered using methodologies built on the science of how young children naturally learn, and built on trusting relationships between family/caregivers and professionals.

There was rich discussion about establishing threshold EI services through a core team approach. For example, there must be collaboration and coordination with each child's medical home to assure that EI services are medically appropriate, and also to assure that all available funding (through health insurance, for example) is utilized. The Ohio Chapter of the American Academy of Pediatrics and the Academy of Family Practice Physicians were suggested as partners in this effort. Both providers and families will need clarification about what the core team might look like, how it would function, and how it could be paid for. Services and their delivery must accommodate family needs, such as for working families, or families who only want or need certain EI services. Families have the ultimate choice to decide what services are delivered through the IFSP. Families are concerned about getting the services that their child needs as well as identifying the provider of services. They are also concerned about identifying funding for those needed services. Whenever possible, existing training and team approaches should be engaged and leveraged. For example, the Ohio Developmental Disabilities Council is funding a 30-county project (through the Ohio Association of Services for Children, a County Board of DD Association) to develop/train trans-disciplinary EI teams using coaching strategies in natural environments.

Financing the core team services was also discussed. For services to be financed via Medicaid, there must be clear clinical evidence/research on the efficacy of various services; Medicaid does not fund specific models or programs, and it was not immediately clear how a trans-disciplinary approach would fit with Medicaid policy.

[7]**Workgroup on Principles and Practices in Natural Environments (Final Draft 2-08) Agreed upon practices for providing services in natural environments. OSEP TA Community of Practice- Part C Settings. Available at http://www.nectac.org/topics/families/families.asp**

The Workgroup also discussed the content of EI services. EI service providers including service coordinators must be able to access training and guidance on incorporating parent education (using research-based approaches such as Parents as Teachers) into their work with families. Every contact with families, including home visits and other interventions in natural environments should be intentional and purposeful, with the IFSP guiding the visit, and with parents and EI service providers fully informed about the purpose of the visit, what is expected to be done, and what will be done after the visit.

B.1. Measures of Success/Benchmarks:

a. An organized, consistent statewide system of EI services is available and accessible to each eligible child and family.
b. A core team is available to every child eligible for Part C/EI services.
c. Families report increased competence and confidence in meeting their child's needs.
d. Families report that they received individualized services based on their concerns, priorities and resources.
e. IFSP's reflect evidence-based EI practices.
f. Early Track data reflect statewide provision of the full range of EI services.
g. The quality of early interventions in natural environments improves, as measured by an increasing number/percentage of IFSP goals achieved.
h. Families experience a smooth and timely transition from Part C to Part B special education and other services or programs as evidenced by.
i. 100% compliance with Individual Education Plans in place by the third birthday for children transitioning from Part C.
j. IFSP transition outcomes that are individualized, meet federal requirements, and reflect strength and relationship based practices.

B.2. Resources Needed:

a. Recruitment and retention of EI workforce for the core teams.
b. Additional funding (as determined by current capacity and future need), including Medicaid, for EI services.
c. Ongoing data collection including family surveys to collect information on the effectiveness of services and the core team approach.
d. Training/technical assistance for teams, Help Me Grow (HMG) staff, parents, community, including on topics areas of high-quality family assessment processes and development of IFSP outcomes.

B.3. Next Steps:

a. Convene a committee comprised of parents, Part C/EI service providers, national consultants, decision-makers and state staff knowledgeable of the early intervention service system to develop policies, rules and other administrative mechanisms and guidance documents that specify the required components of an evidenced-based early intervention service system and define the desired delivery methodology.
b. Collect statewide data to determine Ohio's current capacity and readiness to implement the system.

c. Develop plans for additional funding using a committee of stakeholders, national consultants and decision makers knowledgeable of the hierarchy of funding sources.

d. Develop early intervention training in accordance with federal regulations specific to Ohio's service delivery system.

e. Implement statewide training and technical assistance on evidence-based EI practices for all HMG staff and Part C service providers.

f. Obtain funding from all federal sources listed in the hierarchy of funding to ensure availability of services for all families.

g. Implement strategies to improve public awareness about child development, the need for early intervention, how to make a referral or obtain services, etc.

h. Enhance service coordination training to insure that individuals will meet the requirements in the Code of Federal Regulations for the Part C EI program.[8]

Recommendation C. Maximize existing federal, state and local funding, and leverage additional funding to assure access to federally-mandated early intervention services and implement these recommendations.

Funding is an absolute necessity, and integral to implementation of a comprehensive Part C system. The workgroup understands that financing is a threshold issue in the Early Intervention system, and strongly recommends that this be a priority for improvement in the Ohio Part C/EI system. Although it may be possible to improve elements of the system (like moving to a strengths- and relationship-based approach), without additional funding and an intelligent, coordinated financing system, families will not receive the comprehensive EI services to which they are entitled, and as envisioned by the workgroup. Financing strategies should be "behind the scenes" for families, e.g., families should fill out a single form (not multiple forms with duplicated information), a single streamlined process for financing their EI services, and an easy-to-access system of payment if there is no other funds available to the family.

Although the Workgroup focused primarily on service delivery issues, they sought information about current and potential funding streams for Part C services. Two meetings of the Workgroup were devoted to hearing from the state Medicaid director, the Part C System of Payment administrator from the Ohio Department of Health, and about local contributions from the County Boards of Developmental Disabilities. A national expert on Part C financing presented to the group via conference call and provided perspectives from other state financing strategies. The workgroup also generated a list of the financing issues they thought were important for consideration. The complete list of issues that were generated is included in Appendix D.

After three meetings developing service recommendations and hearing from state and national experts on financing for Part C/EI services, the workgroup decided that they would need to be very clear about the service recommendations and components prior to any determination of funding required, appropriate fund sources, etc. In other words, the service delivery system and core services would drive the financing system.

The Workgroup urges the Early Childhood Cabinet to continue this work, and move forward with

8 2001 U.S. Code of Federal Regulations Title 34, Section 303.22. Available at http://www.access.gpo.gov/nara/cfr/waisidx_01/34cfr303_01.html

mapping specific financing strategies and investments to match the service recommendations proposed in this paper.

C. 1. Next steps:

a. Within the next 3-6 months, the Ohio Department of Health (Part C lead agency) should convene a group to examine current and potential funding, and leverage all sources including the $104 million in local funds contributed for early intervention services (direct services and administrative costs) through the County Boards of Developmental Disabilities. Ideally, the group would finalize funding recommendations by November, 2010, in order to prepare for the next biennial budget. The workgroup could examine issues such as how to leverage county funds for services, use of Medicaid and private insurance for trans-disciplinary team approaches, family support services, examine the results of the lead agency cost study currently underway, recruitment and retention of qualified workforce, etc.

b. Continue work already underway through Ohio Medicaid as strategies are being developed to finance early childhood services.

c. Consider resources available through the Ohio Department of Education such as the State Support Teams throughout Ohio, and other services funded through Part B special education funds. Certain Part B funds may be used for services to eligible children from birth-age 3.

d. Explore options for families who have private insurance coverage.

e. Define whose role it is within the EI system to work with families on payment and reimbursement issues.

f. Examine other state models and processes for leveraging and maximizing all available funding sources, pay/chase, assuring payor of last resort, etc. For example, the state of Colorado recently passed state legislation[9] which amends statutory language for Developmental Disabilities, Medicaid and the Colorado Children's Health Plan, and Private Health Insurance to establish a coordinated system of payment.

Recommendation D. The Ohio Part C lead agency will create a comprehensive, ongoing workforce development strategy for Part C/EI in partnership with other early childhood efforts in the state.

Professional/workforce development efforts should be accomplished in partnership with higher education, the University Centers for Excellence in Developmental Disabilities (UCEDD) (Cincinnati Childrens Hospital Division of Developmental and Behavioral Pediatrics and The Ohio State University Nisonger Center), other professional development initiatives (e.g., Special Quest, physician training, STARS), the Center for Early Childhood Development, and the Ohio Professional Development Network. Parents of children in EI should be involved in all aspects of professional development, including as faculty and trainers.

Workforce development should address the need for "diffusion of change" – strategies to build public/parental/professional awareness and promote systemic and sustainable changes in the EI system. As Ohio moves forward with implementing new intervention approaches, the strength- and relationship-based practice, trans-disciplinary team models, etc., there will need to be analysis of the current workforce capacity. Existing workforce must be used effectively

[9] Colorado Senate Bill 07-004, Coordinated System of Payment passed 2007 available at http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&linkid=66

and efficiently, and strategies put into place for recruiting, retaining, and funding for additional EI providers to enable provision of a core team for each eligible child and their family.

Workforce development must acknowledge and reflect underlying issues of the early childhood profession: low wages, high stress, frequent turn-over, lack of respect for early childhood and disability professions, etc.

D.1. Measures of Success/Benchmarks:

a. Ohio Part C/EI workforce is prepared and qualified to deliver effective, evidence-based EI services including family-to-family supports.
b. Consistent training is delivered on EI-specific and general child development/family issues across systems and programs serving young children.
c. All available training initiatives and existing resources (such as the infant/toddler core knowledge document, Early Intervention Specialist certification, etc.) are leveraged to maximize opportunities for recruiting, developing, and retaining an EI workforce.
d. Ongoing professional development opportunities are available to address varying levels of knowledge and skill, from basic to advanced, from technical to clinical, from direct service to supervisory and coaching/mentoring roles.
e. Training opportunities address all areas of child development, including social-emotional development (prevention, promotion and treatment of mental health, relationship-based approaches, strategies for addressing challenging behaviors, etc.)
f. Families report that their eligible child's IFSP reflects working partnerships across systems, e.g., that child care, Early Head Start, EI, etc., are working together to implement the IFSP.

D.2. Resources Needed:

a. Development of advanced levels of core knowledge document (Levels 2-3).
b. Technology applications to make training more available and accessible throughout Ohio.
c. Expansion of partnerships for cross-training .developed via the Ohio Special Quest leadership team.
d. Additional trainers/faculty.
e. Outreach to health care, public health and medical communities.
f. Outreach to higher education faculty to assure that faculty at undergraduate and graduate levels are prepared to teach and supervise evidence-based EI approaches.
g. Increased outreach and access to training for parents of children with special needs.
h. Funding resources.

D.3. Next Steps:

a. Determine current status of Ohio Part C/EI workforce and work closely with needs assessments underway through the Early Childhood Advisory Council.
b. Analyze impact or potential impact of new service approaches such as the core team and trans-disciplinary practices, on the EI workforce.
c. Continue work with the Ohio Professional Development Network to coordinate training.
d. Utilize and embed in university course work requirements the Special Quest training materials for inclusive early childhood practices.

e. Research or request examples from the National Early Childhood Technical Assistance Center of early intervention training curricula developed in other states for early intervention practitioners, e.g., Kansas Project TaCTICS, Division for Early Childhood Recommended Practices, etc.

f. Review and redesign Early Intervention Specialist certification or license with focus on requirements of evidence based early intervention practices.

g. Consider creation of a certificate or validation for early intervention providers.

Recommendation E. Given the importance of supporting families in raising their children with disabilities, Ohio's Part C/EI system must assure family support services and the availability of family-to-family support statewide through the Family Information Network (FIN) of Ohio.

Family to family support must be accessible to every family in Part C/EI. Family to family support must be facilitated by a person who has had personal experience as the parent, grandparent, or foster parent of a child who has received or is receiving Part C services. It would be cost efficient, and staffing efficient to build on the existing Family Information Network (FIN), where the expertise in family support currently exists.

The EI system should enhance support to families so that they can help their child's development. Relationships with and between families and providers is key regardless of types of services or service delivery mechanism used. Building family-to-family relationships should therefore be a strong component of professional development and the basis for all service delivery approaches.

Families vary in their need and desire for support, and in the types of community resources they use. For example, some families may want respite care while others want equipment, a helper, or tips to allow them to go camping, or do something as a family in the outdoors. The unique routines, interests, culture, language, etc., of each family will guide their need and use of family supports, but the support must be available throughout the state, and have stable funding and staffing to be of benefit to families.

It is especially crucial for parents new to the world of early intervention, whose infant has just been born with a medical condition, or just identified with a disability, to be connected to other parents for emotional support but also to "translate" the professional jargon, forms, processes, and timelines for the new family. The system of family support must be have funding which is sufficient and stable, so that throughout the state, there is a reliable system through which families find each other, and the services they need.

E.1. Measures of Success/Benchmarks:

a. Increased opportunities for parents to interact with and develop relationships other parents

b. Family to family support exists for every family

c. Awareness of community resources, ability to connect with those resources

d. Creation of network of natural supports within the community

e. Increased parent satisfaction

f. Increased parent involvement
g. Greater levels of parent confidence and competence
h. Increased family comfort level facing and going through transition
i. Greater occurrence and ease of implementing IFSPs within natural environments

Some outcomes might be measured via surveys administered by Family Support Specialists addressing, such as how often community resources report increased participation by families with children in Part C/EI, families' use of natural environment/inclusion opportunities (e.g., participation in library story time, trips to the pumpkin patch, camping, hiking), how the family's use of resources in the community compare since the birth of the child with special needs, etc.

E.2. Resources Needed:

a. Knowledge of various approaches used by counties for Family Support Specialist
b. Development of plan with structure enough to provide degree of consistency and flexible enough to make meaningful for the needs of each individual county
c. Time to develop/implement plan
d. Training
e. Funding to support staff salaries

E.3. Next Steps:

a. Increase family-to-family networks
b. Expand the number and role of Family Support Specialists (FSS) consistent statewide to create a natural network of support for families that extends beyond transition. This is of great importance to compliment the trans-disciplinary model and address the needs parents will have for greater opportunities to interact and decrease isolation that can result from moving from center-based to home-based services. Make it possible for families to have a FSS if they desire it; it should not be a requirement for every family
c. Empower families to be the best advocate for their child
d. Develop plan for expansion of Family Support Specialists, including defining the role so it can be flexible, yet consistent throughout the state
e. Develop Survey to obtain accurate current information from each county defining FSS role
f. Determine what is working at this time and preserve it
g. Train staff
h. Pre Test/Post Test to measure effectiveness
i. Improve provider relationships
j. Help families access existing resources

Recommendation F. Provide consistent materials and messages statewide (child development, making referrals, enhancing social-emotional development, etc.).

F.1. Next Steps:

a. Keep the well-known and valued "Help Me Grow" name and identity for use in public awareness and encouraging referrals

b. Involve county-level representatives in identifying key messages and communications strategies.

c. Consider combining this work with Help Me Grow home visiting program public awareness strategies.

d. Develop and disseminate culturally sensitive, culturally appropriate materials and messages for families and providers

e. Develop a 1-800 number for making referrals and getting information about eligibility, or make sure the existing central resource line at 1-800-755-GROW includes this information and is widely publicized as the source for this information.

Recommendation G. Ohio will create a state-level, centralized, dynamic resource (CDR) of early childhood services and supports that are available to families of young children as well as to EI service providers via live staff and the internet.

Good information is available to families now, but there is too much variation in the information and in how families find out about early intervention services in Ohio. A centralized resource specific to early intervention would be especially helpful for parents new to the system, new to the state, moving from state to state, and those wishing to connect to other families to be able to access information that is consistent, accurate, along with a staff person who could help the callers problem-solve. The CDR would fill the "donut" information gap that exists for families. In addition, there would be staff assigned to the CDR who could provide a "live" problem-solving function for parent and professional callers. An enormous amount of information can be provided via on-line and mechanized directories, but there are times when talking directly to a knowledgeable person is the right solution.

The CDR is staffed at the state level with a person who works closely with county staff to share resources. Parents, service providers, other family members, etc., could call either the state CDR or the local Help Me Grow contact for information or a referral. The CDR would be housed with the lead agency so that all state and local information is aligned and consistent.

The CDR is not envisioned as a dispute line to resolve complaints. Staff would be responsible for working with parents and providers via phone to assist and problem-solve. Families should not have to "get lucky" to find the services, supports, etc., that they need and are entitled to. As with the system of family support, information and referral mechanisms should have adequate and stable funding and dedicated staffing, be reliably in place throughout Ohio, and be well-publicized in places that families of infants and toddlers frequent (including internet sites, social networking sites, community venues, etc.).

Having a CDR would result in more consistent answers, consistent information; basic information available to all callers. The CDR could serve as an "Information Hub" concept, to connect other information resources that already exist, or to create connections where none exist.

G.1. Measures of Success/Benchmarks:

a. Information to families is available at the state and local levels, more complete, readily available, and more integrated between the state and local levels
b. Volume of calls to the CDR is measured over time
c. Parent and provider survey of usefulness (from caller base)
d. Parents report via family outcome surveys that they are aware of this state resource
e. Creation and maintenance of CDR and data base of questions and answers
f. A person is hired who is excited, energetic, and has resources to ask questions and build resources list (possibly a parent/professional)
g. Many resources and links available via HMG website (to create options and choices for families)
h. Family survey questions developed and disseminated
i. Users of this site report positive experiences
j. Parents report increased confidence and competence through utilization of this staff and resource

G.2. Resources Needed:

a. Adequate, stable funding and willingness to assume responsibility by the lead agency and at the state level for this function
b. Allowance for this staff to have the autonomy to assume a problem solving, resource collecting and linkage and statewide training role
c. A consistent means of notifying families about how to contact this state resource.

G.3. Next Steps:

a. Hire and train dedicated, permanent staff at the state level who know and understand and can problem solve with callers about state and local Part C/EI services and policies/rules/regulations.
b. These staff will also know how to link families and providers to additional local and state resources that families and providers of young children with disabilities need to access. These staff will be available to answer questions from both parents and providers. These staff will assume a role of supporting increased competence, empowerment, and self-sufficiency.
c. Clarify what "early intervention" is and how EI services are delivered.
d. Begin publicizing the availability of this person/CDR.
e. Use this staff to begin answering the HMG state line and/or having questions received via this state line referred to him/her.
f. Collect state and local resource info (e.g. survey of services, agencies, organizations) and use this info to start building web site (could be HMG current site with beefed up Part C/EI section); support methods of outside personnel submitting information to this staff
g. Develop family and provider survey questions (maybe add this to the Family Questionnaire) – include questions related to utilization, measurement of helpfulness, and quality of empowerment.

Recommendation H. The Ohio Part C program will develop a statewide system to ensure family accessibility to core team services, regardless of the political subdivision where families reside.

A single flexible service delivery approach must be implemented statewide. The purpose of this system is to provide equity across the state, and to meet the individual needs of children and families wherever they live in Ohio. The system will improve access to federally mandated, evidence-based services, and equalize service availability and quality throughout the state. In addition, counties will be encouraged to share and pool resources, thereby maximizing financial resources as well as workforce resources. The intent of this recommendation is to improve access to Part C/EI services for every eligible child and family in Ohio. The workgroup discussed various approaches to improving access, including regionalization.

H.1. Measures of Success:

a. Families and EI service providers can consistently access core team services throughout Ohio.
b. IFSP's reflect provision of core team services using additional resources where needed.

H.2. Resources Needed:

a. Information (from state data, county Family and Children First Councils, families and other sources) to assess current needs/gaps, capacity/availability of core teams and team members
b. Maintenance of Family and Children First roles to promote coordination, multi-system involvement, and reduction in unnecessary duplication of services
c. Upon completion of the Financing Workgroup task, Workgroup (convened by the Center for Early Childhood Development) to recommend options including service delivery mechanism, selection of entities, and statewide implementation strategies
d. Political will to adopt policies and rules.
e. Funding decisions and discussions
f. Ongoing data collection system to report family and child outcomes.
g. Funding for ongoing training and technical assistance in the context of the new Center for Early Childhood Development
h. Possible changes in funding.

H.3. Next Steps:

a. The Center for Early Childhood Development will convene a workgroup to more closely examine various resources (fiscal, workforce, administrative structures, collaborative mechanisms, etc.) to see whether changes in the EI system such as pooling resources, centralizing some functions, or reorganizing some components of the EI system might improve access to core teams, services and supports.
b. Identify local entities to provide points of entry and core team services throughout Ohio.
c. Entities are able to bill and receive funds, and "pay and chase" reimbursements from a variety of sources including Medicaid;
d. Entities are able to work with the larger Part C/EI workforce development system to provide training and technical assistance, trainers, etc.

e. Entities promote continuity of services from birth-age 5 in concert with the Center for Early Childhood Development.

f. Gather needs assessment information.

g. Consider options, including regionalization of the core team services.

VI. Conclusion

Part C of the Individuals with Disabilities Education Act provides both "a carrot and a stick" to provide early intervention services, and to support families in enhancing the development of infants and toddlers with developmental delays or disabilities. The Ohio Early Childhood Cabinet recognizes that Ohio's overall approach to Part C services and supports needs to be more clearly articulated in order to eliminate glaring disparities and be consistent throughout the state in what is available to eligible children and their families.

In its deliberations, the Part C/EI Workgroup spent time crafting their recommendations, and identifying strategies that could improve the overall quality of services. The importance of quality has been made clear in Ohio's ongoing work to improve professional development, early care and education quality rating, and in the development of early learning standards. Part C must follow suit by pursuing consistency, and high-quality interventions throughout the state.

Some states have adopted new models of teamwork and intervention to improve service delivery and child outcomes. Work has been done in Ohio over the last two years to review research and other evidence on integrated, family centered services in natural environments. Some counties have begun to provide services using trans-disciplinary teams with a primary service provider. The results of these projects should be closely examined to identify strategies that might sustain and expand quality.

More work is needed to enhance professional development, supervision, reflective practice, consultation and coaching are emerging as evidence-based professional development practices and might be promising strategies for Ohio. More focused effort must be devoted to enhance family support, including family-to-family support and the availability of family support specialists. Parents of infants and toddlers with disabilities often feel thrust into a world they never expected or imagined, and that transition requires the expertise and support of "someone who has been there". Transitions into and out of early intervention are important issues that this workgroup did not tackle. Efforts must be made to include local school personnel, school principals, preschool teachers, family mentors who work in the schools, and special education staff as key partners in local service and planning teams, trainings, public awareness, and outreach efforts. The school system could be a welcoming system for all students and families, especially those who have been receiving Part C services.

Financing issues could not be fully addressed until service provision issues are addressed. The Workgroup concluded that Ohio must create a statewide system of EI services. Families throughout the state must be guaranteed equal and consistent access to early intervention services regardless of where they live. In addition, sufficient and stable investments for Part C/EI services in Ohio must be a priority for policymakers. Only then will the early intervention services required under federal law be consistently and reliably available to eligible children throughout Ohio, the data indicate that individual children are making progress, and family stories reflect the success of Ohio Part C/Early Intervention.

Appendix A: List of Workgroup Members

PARENTS
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STATE AGENCIES
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HELP ME GROW PROJECT DIRECTORS
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HELP ME GROW ADVISORY COUNCIL
Kim Johnson
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UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES
David Schor, Cincinnati Children's Hosp
Mark Tasse, OSU Nisonger Center

OTHER
John Kinsel, Samaritan Behavioral Health
Tracy Robinson, Ohio Commission on Fatherhood

Appendix B: Definitions of Terms

Coaching: An adult learning strategy where the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.[10]

Early intervention services: Services for infants and toddlers with developmental delays or disabilities, to address their developmental needs. Early intervention services include:

a. family training, counseling and home visits;
b. special instruction;
c. speech-language pathology and audiology services and sign language and cued language services;
d. occupational therapy;
e. physical therapy;
f. psychological services;
g. service coordination services;
h. medical services only for diagnostic or evaluation purposes;
i. early identification, screening and assessment services;
j. health services necessary to enable the infant or toddler to benefit from the other early intervention services;
k. social work services;
l. vision services;
m. assistive technology devices and assistive technology services; and transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another early intervention service.

Early intervention services, to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate, and are provided in conformity with an individualized family service plan.[11]

Early Intervention Specialist: (per Ohio Department of Developmental Disabilities rule) a professional, certified by the department in accordance with rule 5123:2-5-05 of the Administrative Code, trained to develop and implement strategies and interventions, which may include, but are not limited to, the special instruction identified in IDEA, Part C as follows: (a) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; (b) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's IFSP; (c) Providing families with information, skills and support related to enhancing the skill development of the child; and (d) Working with the child to enhance the child's development.

Evidence-based practice: a decision-making process that integrates the best available research evidence with family and professional wisdom and values; a balance of scientific proof and professional and family experience and values.[12]

Family Support: "Family support" consists of a variety of support including cash assistance, professionally provided services, in-kind support from other individuals or entities, goods or products, or any combination of services that are provided to families who have minor or adult members with disabilities living in the family's home.[13]

[10] Rush, D., & Shelden, M. (2005). Evidence-based definition of coaching practices. CASEinPoint, 1(6), 1-6. Available at http://www.fippcase.org/caseinpoint/caseinpoint_vol1_no6.pdf

[11] Individuals with Disabilities Education Act, Part C. Section 632, Definitions: Early Intervention Services.. Available at http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2CI%2CC%2C632%2C

[12] Buysse, V. & Wesley, P., eds. (2006). Evidence based practice in the early childhood field. Washington, DC: ZERO TO THREE Press.

[13] Beach Center on Disability, Consensus statement on Family Support. Available at http://www.beachcenter.org/resource_library/beach_resource_detail_page.aspx?Type=&intResourceID=2266

Family-to-family support: Information, training, conversation, and/or activities in which parents with experience raising a child with disability or developmental delay transfer that knowledge, experience, or help to another family raising a child with disability or developmental delay.[14]

Family support specialist: A family support specialist is an individual working in the Part C/EI system who provides 1) peer-to-peer support to other parents and family members who are raising infants and toddlers with disabilities; and 2) parent representation in local, county and state planning, collaboration, training and accountability efforts. Because of their life experience as a parent of a child with a disability, the family support specialist is uniquely qualified to inspire hope, provide emotional support, and assist other families in identifying and using formal and informal supports (e.g., parent support groups, local community organizations and activities, child care, Early Head Start, etc.), development of strength-based family and child goals and individualized family service plans (IFSP's), problem-solving, and navigating early intervention, education, and other systems on behalf of their child with disabilities or delays.

Natural environment: Settings which are natural, or normal for the child's age peers who have no disabilities.[15] Includes the home, and community setting in which children without disabilities participate such as child care, community parks and recreation centers, libraries, restaurants, etc. [16]

Service coordinator: a person who assists and enables a child eligible for Part C services and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program. Each family and eligible child has one service coordinator who is responsible for coordinating all services across agency lines; and serving as the single point of contact in helping parents to obtain the services and assistance they need. Service coordination is an active, ongoing process that involves assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan, coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided; facilitating the timely delivery of available services; and continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Service coordination activities include--

a. Coordinating the performance of evaluations and assessments;
b. Facilitating and participating in the development, review, and evaluation of individualized family service plans;
c. Assisting families in identifying available service providers;
d. Coordinating and monitoring the delivery of available services;
e. Informing families of the availability of advocacy services;
f. Coordinating with medical and health providers; and
g. Facilitating the development of a transition plan to preschool services, if appropriate.[17]

[14]http://www.ohiohelpmegrow.org/ASSETS/82875A9E15B04D248059B0BF14C914A0/Part%20C%20Family%20to%20Family%20Support%209-25-09.doc

[15]Code of Federal Regulations, 34 CFR Ch. 111, 7-1-08 Edition. Part 303 Early Intervention Program for Infants and Toddlers with Disabilities, Subpart A. Available at http://frwebgate5.access.gpo.gov/cgi-bin/TEXTgate.cgi?WAISdocID=766468495900+1+1+0&WAISaction=retrieve

[16]U.S. Congress, Individuals with Disabilities Education Act Part C Infants and Toddlers with Disabilities, Sec. 631, Findings and Policy. 108th Cong. Available at http://www.copyright.gov/legislation/pl108-446.pdf

[17] Code of Federal Regulations, 34 CFR Ch. 111, 7-1-08 Edition. Part 303 Early Intervention Program for Infants and Toddlers with Disabilities, Subpart A. Available at http://frwebgate5.access.gpo.gov/cgi-bin/TEXTgate.cgi?WAISdocID=766468495900+1+1+0&WAISaction=retrieve

Trans-disciplinary team approach: the sharing of roles across disciplinary boundaries so that communication, interaction, and cooperation are maximized among team members. The team is characterized by commitment of its team members to teach, learn and work together to implement coordinated services. This approach integrates a child's developmental needs across the major developmental domains and involves a greater degree of collaboration than other service delivery models.[18, 19] A primary service provider may be used, where instead of each child and family receiving direct services from each team member, services are funneled through one primary provider. Every family is supported by the larger team although they may see one provider most frequently.

[18]King, G., et.al. The application of a trans-disciplinary model for early intervention services. Infants & Young Children, 22(3), pp. 211-233, 2009.
[19]Bruder, M.B. (1994). Working with members of other disciplines: Collaboration for success. In M. Wolery & J.S. Wilbers (Eds.), Including children with special needs in early childhood programs (pp. 45-70). Washington, DC: National Association for the Education of Young Children.

Appendix C:
Ohio Part C/EI Workgroup Summary of Emerging Issues with Prioritization

	Most Urgent (Pink Dots)	Improvements Going Forward (Green Dots)	Parent Priorities (Yellow Dots)	Total Votes
Communication and Messaging				
Consistent materials and messages statewide re: child development, making referrals, enhancing social-emotional development, etc.)		13		13
Keep the well-known and valued "Help Me Grow" name, identity for use in public awareness and encouraging referrals.		5		5
Culturally sensitive, culturally appropriate materials and messages		3		3
1-800 number for making referrals and getting information about eligibility.				0
System				
An EI system that creates positive early developmental experiences for all eligible children and enables families to enhance the development of their children	8	11		19
Change in approach from "what is available" to "helping child/family meet functional outcomes".	1	4	6	11
Identify/define what EI Services will be available throughout the state, which ones might be regionally accessed, etc.	5	4		9
A birth-5 system		2	4	6
Develop an Ohio philosophy and foundation for Part C/EI in Ohio				0
Consistency between practice, policy and values/assumptions about what works best for children and families.				0
ERRAPP: Everyday Routines, Relationships, Activities, People and Places				0
A "good ideas" incubator - ideas and practices that have been shown to be effective are shared and implemented.				0
Eliminate inequity in what is available across counties for eligible families.				0
Child Find, Intake & Referral				
Flexibility of eligibility - informed clinical opinion or medical diagnosis or > 1.5 SD's with informed clinical opinion.		4		4
Clarify shared Child Find roles and responsibilities between Part C/EI and Part B special ed.		1		1

	Most Urgent (Pink Dots)	Improvements Going Forward (Green Dots)	Parent Priorities (Yellow Dots)	Total Votes
Evaluation & Assessment				
Create mechanisms to link eval/assess information to medical home (w/ family consent).		3		3
Central points of entry with eval/assess staff making "unbiased recommendations".		3		3
Require eval/assess tools that are sensitive for social-emotional development.		1		1
Engage mental health in the E/A team work.		1		1
Raise the minimum qualifications for eval/ assessment personnel.		1		1
Non-English-speaking eval/assessment personnel		1		1
Regional access to evaluation, assessment, services.		1		1
Allow for developmental surveillance and follow-along of children with eligible medical diagnoses.				0
Clarify composition of the evaluation/ assessment "team" (number, type, neutrality of participants).				0
Allow for evaluations in home and other community settings, routines, etc. ("authentic assessments").				0
IFSP and Service Coordination				
Clarity of service coordination role and responsibility to coordinate services; separate this from the provision of services.		6	1	7
Provide administrative, reflective supervision and professional development to service coordinators via mentoring, web-based training, etc.		1		1
Support, through policy and training, the ability of the service coordinator to challenge the team beyond "typical" services and service delivery.		1		1
Clearly defined roles and responsibilities of developmental specialists [?] and service coordinators.		1		1
Strong relationships between service coordinators and evaluation/assessment teams.				0
Transition practices that include into EI, within EI and from EI throughout the year.				0
Clarify role and responsibility of assessment team in IFSP planning				0

	Most Urgent (Pink Dots)	Improvements Going Forward (Green Dots)	Parent Priorities (Yellow Dots)	Total Votes
Service Delivery				
Identify/define what "EI Services" will look like, the nature of the services.	5	4		9
Equalize service availability and quality across the state. [level of intensity?]	1	12	1	14
Service planning that is based on what is available over the functional outcomes desired by the parents and the rest of the team.				0
Professional Development				
Consistent training for primary referral sources (WIC programs, hospitals, birthing centers, physicians and their staff, etc.)		5		5
Promote and support the EI profession so that more can be recruited to enter this field.		1	2	3
Ohio has qualified provider capacity in each of the Part C defined services.		2		2
Provide training to professionals and family support staff in interpreting and conveying evaluation results to families.			1	1
Ohio's EI providers are skilled in the unique needs of infants and toddlers, including those with special developmental needs, and in building strong relationships with families				0
Personnel preparation and professional development utilizes a variety of approaches to provide ongoing, accessible training including but not limited to 2- and 4-year colleges and universities, on-line and web-based learning, coaching, mentoring, etc.				0
Improve understanding (via training, technical assistance, coaching, etc.) of all professionals regarding the purpose, process and implementation of the IFSP				0
A promotional track for service coordinators.				0
Professionals and other staff who work in EI are dedicated to this work and to families				0
Families				
Strong families who are empowered, independent and self-sufficient.	1	11		12
Offer family-to-family support from the point of evaluation/assessment through transition.	2	3	5	10
Clarify what is really meaningful (in enhancing child development) and available in the EI system so that families can make informed decisions that affect their child's future.		5	1	6
Improve families' understanding of the purpose, process and implementation of the IFSP; balance family participation with pressure on the family to "know the answers".				0

	Most Urgent (Pink Dots)	Improvements Going Forward (Green Dots)	Parent Priorities (Yellow Dots)	Total Votes
Strategies for engaging and involving fathers in EI services	1	1		2
Expand parent's role in eval/assess process.		1		1
Family meeting as part of evaluation process.				0
Multiple ways to support families (peer sessions, shared resources, family support staff, etc.).		1		1
Maintain strong parent representation in planning for the EI system.				0
Data & Forms				
Standard outcome measures - use data to evaluate and monitor the EI system		5		5
Consistent, standard tools, forms, checklists, information, etc. Reduce, simplify the paperwork/application process and use the documentation across all systems that serve families; combined enrollment form.			2	2
Assure (through monitoring, data collection, family survey, etc.) that services on the IFSP are actually being provided to the child and family.		1		1
Common, standard assessment tools and report forms.				0
Create a specific IFSP for at-risk families.				0
Make policies, forms and Early Track match.		1		1
Early Childhood Summary Form				
Financing				
Leveraging all available financial federal, state, local, public and private resources.		13	1	14
Full use of available Medicaid financing options.		3		3
Avoid local funding driving quality and availability of services		3		3
Funding should support a developmental, relationship-based model of services.	1	1		2
Process and financing for ongoing assessments.				0

Appendix D: Financing Issues Generated by the Ohio Part C/ Early Intervention Workgroup

The Ohio Part C/EI Workgroup spent time learning about the multiple funding streams and financing mechanisms used to pay for Part C/EI services. In addition to hearing from state and national experts, Workgroup members reviewed recommendations from a 2006 Ohio Medicaid early intervention cost study (indicated with "*") and brainstormed additional issues for future consideration. These issues are summarized in categories below.

Financing for Family/Child Services

Accessible, seamless, invisible financing
An ongoing, comprehensive education program for families and service coordinators on the new financing system (applications, etc.)
Look at family cost participation again and how the EI system of payments fits in the "funding pyramid" (which funds to use first, payor of last resort, etc.)
Simplify access to the EI system of payment
Avoid local funding driving quality and availability of services
Develop a [third party] centralized process for seeking reimbursements
Develop a structure for coordinating funding sources, ie., a "pay and chase" central reimbursement model
Develop a financing system that is family friendly and easy to navigate.

Services and Payments

Define services, find qualified providers and identify funding sources
Describe what "EI" looks like first, e.g., what IFSP outcomes look like and then how the services will be paid for.
Questions must be answered prior to financing systems: What are the services? Who are the providers?

Use of Medicaid Financing

Leverage all available financial federal, state, local, public and private resources, including the full use of available Medicaid financing options.
Investigate the use of Medicaid for assistive technology devices and services*
Currently looking at a trans-disciplinary model with primary service provider (PSP). For example, child has issues in speech/ communication and mobility. The PSP is a speech therapist who is coached by a PT. Services provided in home.

1. Can we bill Medicaid for Speech Therapist to address communication?
2. Can we bill Medicaid for assistance the Speech Therapist provides re: mobility?
3. Can we bill Medicaid for the team meeting in which Speech Therapist and PT meet to discuss the child?

Bring EPSDT into the Part C system through clearly defined parameters of its use.
Examine how Part C is/is not consistent with Medicaid requirements.
Investigate an EI Medicaid waiver that is capped and age limited.
Ensure Medicaid system is linked/compatible with Part C policy in Ohio so we can maximize billing for specialized service.
Implement a state Medicaid plan amendment to include payment for Part C EI services for certified providers.
Investigate the feasibility of service delivery models (i.e., the Primary Service Provider (PSP) model) and potential Medicaid reimbursement – do they mesh?
Use Medicaid [accompanied by 3-way diagram]: Evidence-based EI services/PSP model---Who/How services are provided---Determine rate of reimbursement
Leverage roughly $81 million in Developmental Disability EI funds for Medicaid match (possibly use COGS to cover services regionally?)
Secure new Medicaid funds, using County Board of Developmental Disability EI local funds as match.

Studies
Examine service coordination options and caseloads*
Conduct a prevalence study to determine potential enrollment, by county, based upon key influencing variable re: developmental delay*
Study data on children who exited and are not eligible for Part B*
Conduct a comprehensive fiscal study*
Study/Collect data on what core services are not covered by other sources of funds.
Look at requirements of other departments and program financial and service obligations, including Early Head Start.
Combined enrollment and issues of HIPAA (Health Insurance Portability and Accountability Act of 1996) and FERPA (Family Educational Rights and Privacy Act)
Determine cost of training and assuring qualified providers/personnel
Study the use of TANF funds to support Help Me Grow, especially service coordination, special instruction/developmental therapy, parent education and anticipatory guidance*

Partnerships
Funding supports a developmental, relationship-based model of services.
Enforce financing strategies at the state level.
Create partnerships with groups and individuals who have studies and know what we need to know; invite them on–board.
Change practice of access and funding of IFSP services
Share knowledge bases, avoiding the reinvention of the wheel

Use of Private Insurance
Pass legislation for insurance coverage of Part C services at a capitated rate.
Look at insurance legislation.
Bring insurance companies and Ohio Dept. of Insurance on line with this discussion.

Miscellaneous
Finance system should not affect timely delivery of service based on ability to pay.
Create a financing committee of the Help Me Grow Advisory separate from funding.
Create a process and financing for ongoing assessments.
Explore state funding specific to Part C services and system (training, administration, data collection, etc.)
Regionalize services – look at regionalization for financing, "chase and pay", services, evaluation team, etc.