

Ohio's Part C
State Systemic Improvement Plan
Phase I

April 1, 2015



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Ohio's Part C State Systemic Improvement Plan, Phase I

Overview

The Ohio Department of Health (ODH) is the lead agency for Ohio's Part C program, Help Me Grow Early Intervention (HMG EI). The HMG EI program is designed to help children and their families identify and coordinate needed EI services. In SFY 2014, HMG EI served over 20,000 infants and toddlers with active Individualized Family Service Plans (IFSPs) in Ohio.

Over the past five years, arising from stakeholder workgroups and the development of work plans, there has been a shift in the delivery and collaboration between state agencies on the provision of EI in Ohio. Under the current system, ODH and the Ohio Department of Developmental Disabilities (DODD) share a coordinated plan for ensuring comprehensive, coordinated, and statewide delivery of EI services. ODH as the lead agency for Part C maintains ultimate responsibility for the program and directly oversees compliance monitoring, rule-making, fiscal and grant management, service coordination and data analysis. DODD is primarily responsible for professional development, evaluation and assessment, IFSP development and other related activities. There is a collaborative partnership between the two agencies in major decisions affecting early intervention in Ohio.

High-level strategic discussions about Part C in Ohio have been in progress since 2010. For the last five years strategic discussions have been ongoing, with extensive stakeholder engagement (see Appendix B). A pivotal document was created based on years of planning in 2014, "Position Statement on Early Intervention in Ohio" ([Appendix C](#)). Throughout the development of the State Systemic Improvement Plan (SSIP), ideas and strategies have remained consistent with this position statement. There have been a number of stakeholders engaged throughout the SSIP process since late 2013. The first introduction to the Help Me Grow Early Intervention Advisory Council (HMGEIAC), the State's Interagency Coordinating Council, occurred in November 2013. In addition to ensuring improvement efforts remain consistent with Ohio's EI position statement, SSIP-specific stakeholder feedback has been incorporated into the infrastructure and data analyses, as well as plans for implementing improvement strategies moving forward. Appendix B provides details about what has specifically been discussed with stakeholders in regards to the SSIP since November 2013.

The Ohio HMGEIAC has been convening to review EI system data for at least 10 years. These stakeholder discussions have included a review of and conversation about the interpretation of data. As the SSIP process began, these conversations about data continued, and stakeholders continued to express concerns about child and family outcome data. There has been an implied belief that the value lies only in meeting the federal mandate, not in the collection of valuable data which can be used to inform the state system about the strengths and gaps in the EI system (including subgroups), or for local teams, including the parents, in making decisions about the strengths and outcome needs for individual children.

The lack of perceived value revolves primarily around a) limited confidence in the accuracy of the data (e.g., why so many children have significant disabilities, but still “enter” HMG with child outcome indicator statement (COS) scores in the “typical” range; b) how or if COS data is substantiated by the evaluation and assessment instruments administered; c) a concern that government (Federal and State) by setting “targets” for child outcomes, is marginalizing the children with significant disabilities who will neither enter or leave the program with “scores of 6 or 7” (at level with same age peers).

Long before the SSIP was conceived, Ohio recognized the necessity of examining all aspects of the EI system. Two major documents were produced in 2010 and 2011¹, with extensive and diverse stakeholder input, which provided sweeping recommendations for system change. After the 2010 gubernatorial election and the decision not to move all early childhood programs (including EI/HMG) to the state Department of Education, DODD and ODH staff began discussing and planning how to implement those recommendations and used The National Early Childhood Technical Assistance Center’s “Implementing and Sustaining an Effective Service Delivery Approach” materials as a way to understand the complexity of a huge system and the steps needed to begin comprehensive change.

During this same period, an “operating protocol” (Appendix H) was developed for the transition of the Part C activities that would move to DODD for substantial responsibility, thus allowing the DODD and ODH to focus on specific areas that reflected strengths within their respective agencies and staff. This operating protocol was discussed with HMGEIAC and other EI stakeholders extensively prior to finalization.

At about the same time that the transition planning was in development, HMG rules were coming due to be refiled. Again, EI stakeholder feedback led to the recognition that the evaluation and assessment process and the form(s) where this information was recorded, as well as the IFSP process and form, needed to be reviewed and possibly redesigned. Stakeholder workgroup members were sought for both of these activities and after many months, and multiple revisions, these workgroups determined how to create one form for a fully integrated process (eligibility through determination of service need).

Inclusion of the COS into the assessment process and IFSP development presented a challenge in creating the form and the subsequent guidance. Traditionally, local service coordinators have had the responsibility of determining from the evaluation and assessment report, how to assign COS descriptors/scores within the Early Track data system. While the process varies by county, EI stakeholders had shared that the evaluators/assessors are often not involved in this decision making. When the new draft evaluation/assessment form, which included narratives about the child outcome statements was piloted, it became clear that evaluators/assessors were not familiar with the COS process. This information was new to parents as well, as the child outcome determinations were entered into the data system, but not on any form the parent received. Using the information available

¹ [Future Directions for Ohio’s Part C/Early Intervention Program, 2010](#)

through the ECTA Center website and community of practice activities around the child and family outcomes, and from research of other states' resources, the form was revised again. This process was the first step in emphasizing the child outcomes as a part of EI experience from start to finish, and in doing so, a way to addressing deficiencies identified by stakeholders.

At the same time that the new HMG rules and required forms were implemented (January 2015), ODH implemented changes to the Early Track data system. Now IFSP outcomes are recorded in the data system in addition to the IFSP form. The data system continues to capture the eligibility category; the amount of delay (if applicable); the diagnosis (if applicable); the planned services with frequency, intensity, location, etc.; as well as the COS scores using the newly-implemented summary statements.

This effort led to the discussions of the SSIP and the choice of a State-Identified Measurable Result (SIMR). Many state efforts, including the focused work of the Race to the Top Early Learning Challenge Grant (ELCG), the Early Childhood Advisory Council (ECAC), and the "EI team" training grants through the Ohio Developmental Disability Council (ODDC), are ultimately about achieving better outcomes for young children and their families, and having the data to demonstrate over the long term whether progress is being made.

Ohio has chosen to focus on substantially increasing rate of growth in the outcome area of acquiring and using knowledge and skills as its SIMR. A child outcome was chosen because the data show lower performance and there are concerns about the validity of the child outcomes data. Through the SSIP work, child outcomes data, including Ohio's chosen SIMR, will improve, resulting in more positive public perception.

Component #1: Data Analysis

1(a) Broad Data Analysis

Ohio utilizes a variety of data on a regular basis, including number and source of referrals, child counts, number of and reason for exit, length of stay, and services on IFSPs, all of which are generated using queries from the data system and verified as needed. A brief summary of these data is included below and Appendix A provides a more extensive overview of Ohio's data over the past two fiscal years (inclusive of data from July 1, 2012 to June 30, 2014). The subsequent sections also provide child and family outcomes data disaggregated by gender, race/ethnicity, and eligibility reason and an analysis of child outcomes data at entry into Early Intervention. All of these data provide an overview of the current state of EI in Ohio.

Referrals in SFY14

- There were 24,589 unique referrals, which is 8% higher than the 22,859 the previous fiscal year.
- The family or caregiver accounted for the highest percentage of referrals (37%).

Children Served in SFY14

- A total of 22,857 children were served.
- An average of 10,158 children, at a point in time, were served, 54% of whom became eligible due to having a delay in at least one domain that is two or more standard deviations below the mean.

Exiting/Length of Stay in SFY14

- A total of 9,568 children exited EI.
- On average, those children were 17.0 months old when they became eligible and stayed in EI an average of one year (12.4 months).

Services on Initial IFSPs in SFY14

- Ninety-three percent of initial IFSPs listed at least one EI service other than Service Coordination.
- Special Instruction was listed on 59% of initial IFSPs, Speech-Language Pathology Services was listed on 30%, Family Training, Counseling, and Home Visits on 19%, Physical Therapy on 18%, and Occupational Therapy on 14%.

These data and the additional data included in Appendix E are examined in aggregate at the state level; they are also examined at the local program level in order for the local and state program to identify strengths and areas of need for assistance. Appendix F provides one example with information about services listed on initial IFSPs for each local program. As this document shows, there are some local programs with a very low percentage of initial IFSPs that list any EI service, and few to no initial IFSPs that list the most frequent services in the state (Special Instruction, Speech-Language Pathology, Family

Training, Counseling and Home Visits; Physical Therapy, Occupational Therapy). There are other local programs where only certain services appear.

All of these data, along with a thorough infrastructure analysis, including the substantial evidence acquired through an examination of our evaluation and assessment process, was completed in order to enhance the IFSP for more effective use. As a result of these processes, it has been determined that the root causes contributing to low performance on our SIMR, are:

1. Child acquisition and use of knowledge and skills is not captured in the child assessment.
2. The IFSP team frequently does not know how to develop high quality IFSP outcomes around acquisition and use of knowledge and skills, and access the EI service which best addresses the IFSP outcome.

1(b) Disaggregated Child and Family Outcomes Data Analysis

For the child outcomes measures, Ohio Service Coordinators collected information using an adapted version of the Early Childhood Outcome Center's (ECO) Child Outcome Summary Form (COSF), followed by entry into the Early Track Data System. ODH has used the recommended OSEP Categories Calculator provided by the ECO Center to determine progress categories for the COSF and adapted the ECO Center's definition for "comparable to same-aged peers," to mean a child who has been scored six (6) or seven (7) on the seven (7)-point scale included on the COSF. The process for collecting child outcomes data was significantly modified in January of 2015, which will be discussed further in the infrastructure analysis section of this document.

ODH used a modified version of the ECO's Family Outcome Questionnaire to collect the required family outcomes measures (see Appendix G). Three items from the ECO Family Questionnaire were adapted for Ohio and used on our family survey in order to gather data for this indicator: Help Me Grow has helped me know my rights (Outcome 1); Help Me Grow has helped me communicate my child's needs (Outcome 2); and Help Me Grow has helped me help my child learn and grow (Outcome 3).

Some of the tables that follow include outcomes disaggregated by eligibility reason. Prior to rule changes implemented in January 2015 there were several different eligibility categories. First, there was an approved list of diagnoses that are likely to lead to a delay in one or more domains, referred to as "Diagnosis on the List." Children can also be determined eligible by any other diagnosis likely to result in a developmental disability or delay, as long as the proper professional documentation is obtained. This is referred to as "Diagnosis on the Form." Another manner in which eligibility can be established is via a delay of at least 1.5 standard deviations below the mean in at least one domain that is identified by an approved evaluation tool. Delays of 1.50 to 1.99 standard deviations below the mean are referred to as "Mild Delays" and delays of two or more standard deviations below the mean are called "Substantial Delays." Informed clinical opinion may be used to determine eligibility and, in the past, an eligibility option included "Out of State IFSP" which allowed for automatic eligibility in Ohio if the child was found eligible in any other state.

Child Outcomes

The following tables, text, and graphics provide information about children who exited EI during FFY13, had child outcomes scores at entry and exit, and were in the HMG EI program in Ohio for at least six months. Eighty-two of Ohio’s eighty-eight local programs had applicable data for these analyses. Child Outcomes are labeled as such:

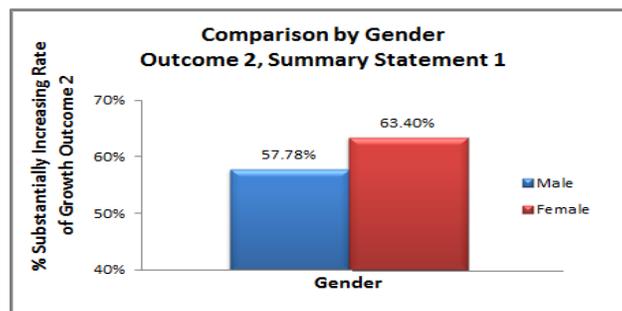
- Percent of infants and toddlers with IFSPs who demonstrate improved:
 - **Outcome 1:** Positive social-emotional skills (including social relationships);
 - **Outcome 2:** Acquisition and use of knowledge and skills (including early language/communication); and
 - **Outcome 3:** Use of appropriate behaviors to meet their needs.
- The following summary statements are reported for each of the above outcome areas:
 - **Summary Statement 1 (SS1):** Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned three years of age or exited the program.
 - **Summary Statement 2 (SS2):** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned three years of age or exited the program.

The percent of children who substantially increased their rate of growth in the acquisition and use of knowledge and skills, Ohio’s SIMR child outcome of focus, is highlighted throughout the tables and illustrated in the graphics.

SFY14 Child Outcomes Comparisons by Gender

Gender	Total Children	Outcome 1		Outcome 2		Outcome 3	
		SS1	SS2	SS1	SS2	SS1	SS2
Female	1,813	61.59%	67.40%	63.32%	62.88%	66.72%	63.76%
Male	3,076	56.17%	59.72%	57.61%	54.49%	61.65%	59.30%
Total	4,889	58.06%	62.57%	59.58%	57.60%	63.48%	60.95%

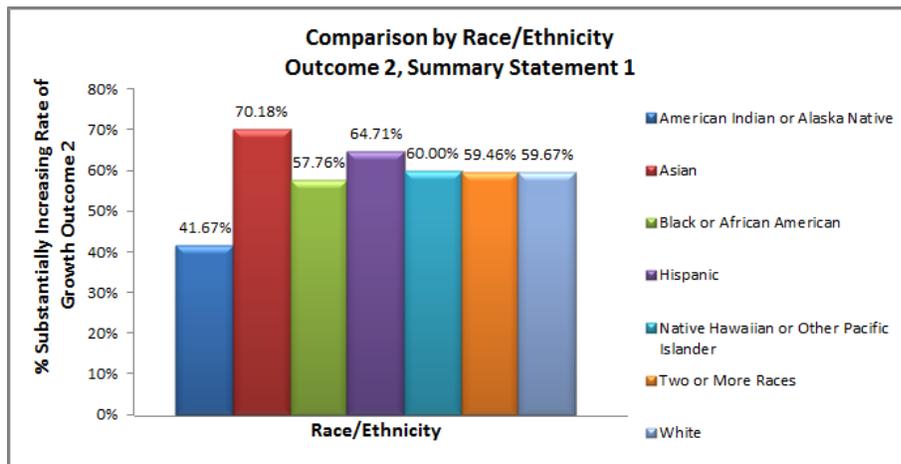
- A lower percentage of males substantially increased their rate of growth and a lower percentage exited at age expectations for all three outcomes areas.



SFY14 Child Outcomes Comparisons by Race/Ethnicity

OSEP Race	Total Children	Outcome 1		Outcome 2		Outcome 3	
		SS1	SS2	SS1	SS2	SS1	SS2
American Indian or Alaska Native	15	41.67%	46.67%	41.67%	40.00%	50.00%	46.67%
Asian	78	67.35%	56.41%	70.18%	56.41%	54.55%	53.85%
Black or African American	721	53.35%	54.79%	57.43%	49.38%	60.87%	55.76%
Hispanic	201	66.67%	57.71%	64.78%	52.74%	69.13%	60.70%
Native Hawaiian or Other Pacific Islander	7	80.00%	57.14%	60.00%	42.86%	83.33%	42.86%
Two or More Races	212	56.49%	60.38%	60.13%	55.19%	61.94%	58.96%
White	3,655	58.49%	64.71%	59.53%	59.75%	64.01%	62.35%
Total	4,889	58.06%	62.57%	59.58%	57.60%	63.48%	60.95%

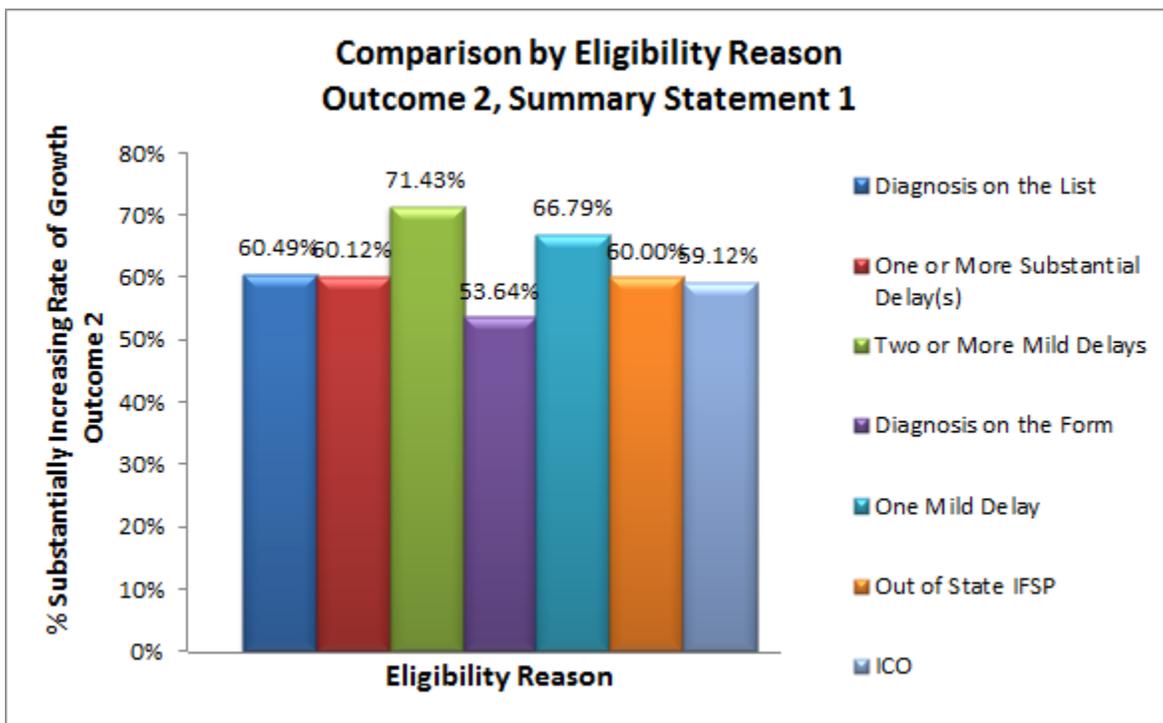
- A larger percentage of children identified as Asian substantially increased their rate of growth in the outcome areas of positive social-emotional skills and acquisition and use of knowledge and skills. A lower percentage substantially increased their rate of growth in the outcome area of use of appropriate behaviors to meet their needs.
- Children identified as Black or African American had percentages lower than the total group of children in all six child outcomes indicators.
- Among children identified as Hispanic, a higher percentage than the overall group substantially increased their rate of growth in all three outcome areas, but a lower percentage exited at age expectations.
- Children identified as White tended to exit at age expectations at a slightly higher rate than the total group of children for all three outcome areas.
- There were too few children among the race categories of American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander to draw any conclusions about these racial groups in regards to child outcomes.



Child Outcomes Comparisons by Eligibility Reason²

Eligibility Reason	Total Children	Outcome 1		Outcome 2		Outcome 3	
		SS1	SS2	SS1	SS2	SS1	SS2
Diagnosis on the List	714	56.50%	62.18%	60.49%	58.26%	64.64%	55.46%
One or More Substantial Delay(s)	2241	58.33%	57.07%	60.12%	52.03%	63.87%	58.55%
Two or More Mild Delays	93	69.49%	66.67%	71.43%	67.74%	76.12%	74.19%
Diagnosis on the Form	929	53.31%	62.43%	53.64%	56.84%	59.60%	58.23%
One Mild Delay	500	68.81%	80.40%	66.79%	74.60%	69.85%	76.80%
Out of State IFSP	7	60.00%	57.14%	60.00%	57.14%	75.00%	71.43%
ICO	244	60.36%	74.18%	59.12%	70.49%	61.48%	72.13%
Grand Total	4,728	58.24%	62.44%	59.70%	57.57%	63.79%	60.98%

- Children who became eligible via at least one substantial delay had a lower percentage than the total group who exited at age expectations in all three outcome areas.
- Among children who had a diagnosis on the form, a smaller percentage than the entire group substantially increased their rate of growth in all three outcome areas.
- Children who became eligible via an Out of State IFSP or multiple mild delays were considered to be too small in number to draw any conclusions about these groups.



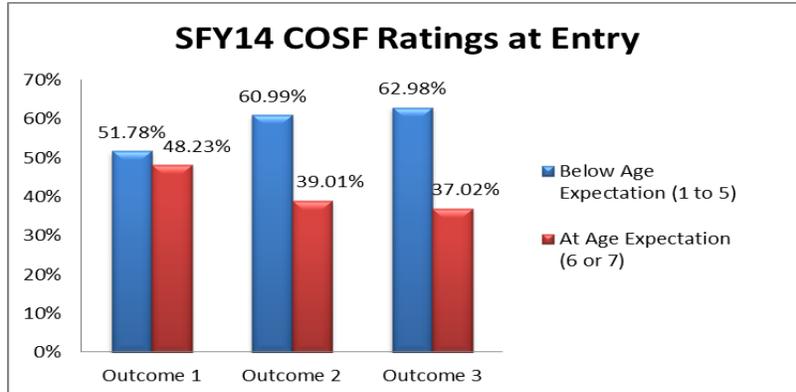
² There are 161 fewer children in this table than were included in the SFY14 Child Outcomes analysis due to complications with data matching.

These disaggregated child outcomes analyses indicate that children identified as male or African American, as well as those who become eligible for EI in Ohio via a delay of at least two standard deviations below the mean in at least one domain or a diagnosis on the form, tend to have inferior outcomes compared to others. These differences were not substantial enough for Ohio to choose to focus on for the SIMR, but as strategies are implemented in different aspects of the EI system to improve child outcomes and especially in the chosen SIMR, particular attention will be paid to these identified groups with plans for their improvement.

The SFY14 COSF scores were examined to provide information about how many children were entering at age expectation (those with scores of 6 or 7 on an entry COSF), or below age expectation (those with scores of 1 through 5 on an entry COSF), in addition to looking at how many children are experiencing substantial growth and who exit at age expectations as is done for the child outcomes indicators in the APR. The tables below provide entry COSF scores in each outcome area for children included in the SFY14 child outcomes analysis:

Scores at Entry for Children Exiting During SFY14

COSF Rating at Entry	Outcome 1		Outcome 2		Outcome 3	
	Number	Percent	Number	Percent	Number	Percent
Below Age Expectation (1 to 5)	2,531	51.78%	2,982	60.99%	3,079	62.98%
At Age Expectation (6 or 7)	2,358	48.23%	1,907	39.01%	1,810	37.02%



All identified data were considered when selecting a SIMR. Since there will be changes in how child outcome information is obtained (moving from the Child Outcomes Summary form to the three Child Outcomes Summary statements, as well as placing emphasis on involving the entire team, including parent(s)), data may change. The current data indicates that a little over half of the children in the SFY14 child outcomes analysis entered the program below age expectations in Outcome 1, while closer to two thirds of children entered below expectations in Outcomes 2 and 3. Additionally, as the above disaggregated analyses show (SS2 in the Child Outcomes Comparison tables), the fewest children exited at age expectations in Outcome 2. With a large number of children entering below age expectations in

this area, and a small number reaching age expectations by exit, there are fewer children in this outcome area who are substantially increasing their rate of growth than the other two outcome areas. This was a significant factor when choosing to focus on Outcome 2 over the others.

Family Outcomes

The following tables, text, and graphics provide information about families who responded to the 2014 Family Questionnaire. Any family that had a child with an active IFSP on May 1, 2014 was included in the survey distribution, and just fewer than 30% of families responded. Eighty-seven of Ohio’s eighty-eight local programs had applicable data for these analyses.

2014 Family Outcomes Comparisons by Gender

Gender	Outcome 1		Outcome 2		Outcome 3	
	Total	Percent Positive	Total	Percent Positive	Total	Percent Positive
Female	1,007	92.25%	1,006	94.53%	1,010	95.15%
Male	1,706	92.67%	1,714	94.28%	1,712	94.04%
Total	2,713	92.52%	2,720	94.38%	2,722	94.45%

- Results for all three family outcomes were similar for families with male children and female children.

2014 Family Outcomes Comparisons by Race/Ethnicity

OSEP Race	Outcome 1		Outcome 2		Outcome 3	
	Total	Percent Positive	Total	Percent Positive	Total	Percent Positive
American Indian or Alaska Native	8	87.50%	8	87.50%	8	100.00%
Asian	50	86.00%	50	90.00%	50	90.00%
Black	195	95.90%	197	94.92%	196	95.41%
Hispanic	74	93.24%	73	94.52%	74	95.95%
Native Hawaiian or Other Pacific Islander	7	100.00%	7	100.00%	7	100.00%
Two or More Races	104	92.31%	104	95.19%	103	93.20%
White	2,275	92.35%	2,281	94.39%	2,284	94.44%
Total	2,713	92.52%	2,720	94.38%	2,722	94.45%

- Although a relatively small portion of the respondents, families with children identified as Black had a slightly higher percentage of positive responses for all three Family Outcomes than the overall group.
- There were too few children among the race categories of American Indian or Alaska Native, Asian, Hispanic, and Native Hawaiian or Other Pacific Islander to draw any conclusions about these racial groups in regards to family outcomes.

2014 Family Outcomes Comparison by Eligibility Reason

Eligibility Reason	Outcome 1		Outcome 2		Outcome 3	
	Total	Percent Positive	Total	Percent Positive	Total	Percent Positive
Diagnosis on the List	419	91.65%	419	93.32%	421	94.06%
One or More Substantial Delay(s)	1,497	92.72%	1,502	94.61%	1,503	94.61%
Two or More Mild Delays	63	92.06%	63	96.83%	63	98.41%
Diagnosis on the Form	229	92.58%	230	95.22%	230	96.52%
One Mild Delay	262	94.27%	262	94.66%	261	93.49%
Out of State IFSP	5	100.00%	5	100.00%	5	100.00%
ICO	152	90.79%	152	94.74%	152	94.74%
Unknown	86	90.70%	87	89.66%	87	87.36%
Total	2,713	92.52%	2,720	94.38%	2,722	94.45%

- Families whose children became eligible via a diagnosis on the list had a slightly lower percentage of positive responses for all three outcome areas than the entire respondent group.
- There were too few respondent families whose children became eligible via multiple mild delays, an Out of State IFSP, or Informed Clinical Opinion to draw any conclusions about these groups.

Given the very high percentage of positive responses around family outcomes, Ohio concluded that a greater impact could be made by focusing on a child outcome as the SIMR. Though it was determined that choosing a child outcome as the focus for the SIMR is best in order to achieve the needed improvements in Ohio’s EI system, moving forward, it will be imperative to always consider family outcomes, as well. Enhancement in the family outcomes areas has been incorporated into the improvement strategies, and will be one of many factors that contribute to growth in the child outcomes areas, and especially in the outcome area chosen for the SIMR.

1(c) Data Quality Note

Because Ohio’s data system is a live system, all data, including the data described above, reflect what was in the data system at the time of extraction. Additionally, as we have hundreds of users entering data at the local level, the data are only as accurate as their collective data entry. Data must be entered within 30 days of the occurrence, and the quality of data is checked through record verification, but this is a potential limitation of the data quality. A more thorough and specific analysis of the data quality of the child and family outcomes is included in the infrastructure analysis section of this document.

1(d) Consideration of Compliance and Other Data

Improving compliance of the local programs has been a key focus in Ohio for several years.

Improvement has been observed in the compliance indicators of 45-Day Timelines, Timely Receipt of

Services, and the three Transition indicators. Very few findings have been issued in each of these areas over the last several years, and for the last two fiscal years, all findings that were issued have, as required, been corrected within one year. Though these improvements are encouraging, emphasis on compliance has not supported improvement other areas, such as child and family outcomes. Ultimately, the focus must be on providing high quality, family directed services and supports that are both compliant and result in positive outcomes for young children with disabilities and their families. For this reason, it is of utmost importance to begin more thoroughly examining related requirements to determine what the data truly demonstrate about the child and family.

1(e) Additional Data

The opportunity to place further emphasis on child and family outcomes, through the use of more in-depth data analysis as well as an assortment of other methods, is both exciting and encouraging. Ohio will continue to consider all of these data as improvement strategies are implemented so we can continue to determine how each aspect is related to child and family outcomes, what changes arise in other areas of the program as a result of our improvements, and what additional data analyses may be needed. As improvement strategies are implemented over the next couple of years, we will examine the quality of the IFSP outcomes that have recently been added to the Early Track data system, as well as the services being identified as needed to meet these outcomes, in order to determine where there are gaps in services and/or a lack of service providers. All of these additional data will help to address the root causes as we move into Phase II and improve the SIMR.

1(f) Stakeholder Involvement with the Data

Data from Ohio's Annual Performance Report (APR) is shared with the state's HMGEIAC/EI stakeholder group (see Appendix A for complete list of members and representation) on a regular basis and the data generally elicits many questions and suggestions. The targets for the FFY2013 APR were discussed extensively with stakeholders at the August and November meetings, with reasons given about why particular targets were suggested. All feedback from the group was taken into consideration and supported the state agency data quality concerns. Through these discussions, ODH also gained additional insight as to which indicators the stakeholders believed to be important, which was considered when selecting the SIMR. An opportunity to provide specific feedback regarding the different components of Ohio's Early Intervention infrastructure was given to stakeholders at the November 2014 HMG Advisory Council and EI stakeholder meeting and no formal feedback was received regarding the data section. However, stakeholders for many years have made it clear that the reliability, meaningfulness, and applicability of the data, particularly the child and family outcome data, is of concern. It is therefore critical to continue to evaluate how data are collected and for what purpose, and find ways to improve the program so that infants, toddlers and their families are truly empowered and strengthened.

Component #2: Analysis of State Infrastructure for Improvement and Capacity

2(a) How Infrastructure Capacity was Analyzed

Ohio's SSIP writing team completed the infrastructure analysis using internal leadership documents, stakeholder input, and recommendations from the field of Early Childhood. Areas discussed include: State Systems, Data Systems, Fiscal, Governance, Monitoring and Accountability, Quality Standards, Professional Development, and Technical Assistance. The team's project leader delegated subsections of state infrastructure section to team members based on their expertise; then, the team organized and deliberated their ideas using a SWOT (Strength, Weaknesses, Opportunities, and Threats) analysis. The narrative on the pages that follow highlights areas that directly impact the SIMR, as well as structural elements that the team agreed to be important to consider when proposing program changes. The key documents are listed and stakeholder involvement is described at the end of this document.

2(b) Description of State Systems

Data

Ohio utilizes a web-based information system (Early Track) to collect data for the HMG EI Program. ODH has a Research and Data team dedicated to completing analyses for the Help Me Grow Early Intervention program and maintaining the data system. The Research and Data team not only fulfills numerous requests for program data from internal sources, but also for other state agencies, local implementing agencies, and members of the academic community. An e-mail account is also utilized for any of the local users to submit problems they are having with the data system or changes that need to be made in child records; this streamlines the process for fixing any bugs in the data system or simply responding to any kind of question or issue the users have regarding their data.

All compliance and performance data are extracted from Early Track. The Data and Monitoring team examines physical records for compliance analyses to ensure data entered into the system are complete and accurate. ODH also queries data on at least a monthly basis and reports on a variety of Early Intervention data on at least a quarterly basis. Additionally, many reports are available for use by the local programs so they can monitor their data on a regular basis. Early Track is a live data system, so it is imperative to be aware that data queried reflect the data and the system at that point in time, and could look slightly different at a later date (due to late data entry, edits to child records, etc.).

Fiscal

In 2010, ODH convened a broad stakeholder group to identify the strengths and needs of the EI system. There were eight recommendations identified in "Future Directions for Ohio's Part C/ Early Intervention Program: Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet." One recommendation was to maximize existing federal, state and local funding, and leverage additional funding to assure access to federally-mandated early intervention services and implement the

report recommendations. In response to these recommendations, in 2013, the leadership at ODH and DODD met for six months of strategic planning. A consistent thread of this planning was to seek and use stakeholder feedback to develop a systematic financing system. As part of this plan, DODD was authorized to convene participants to determine viability of alternate financing for Part C/EI services. DODD, ODH and Ohio Department of Medicaid (ODM) staff have been working for the last 18 months to create a viable proposal for Medicaid funding for Part C EI services as specified in IDEA. Diverse stakeholder feedback will be sought prior to any state changes.

Realizing that an EI financing system required a more complete review, ODH applied for and was accepted to participate, with DODD and ODM, in the Infant and Toddler Coordinator Association's (ITCA) intensive technical assistance first fiscal cohort. This work has focused on the increasing diversification in Ohio's financing structure. The state has also sought guidance from OSEP to update our state's system of payment rule.

Early Track enables the state to track the funding source for each planned early intervention service. For SFY 2014, Ohio's funders for EI services included the following: County Board of Developmental Disabilities (CBDD) (66.9% of all services); Title XX through CBDDs (16.2%); Medicaid (6.5%); family private insurance (5.7%); federal Part C funds (1.9%); local community funder (1.2%); and other (0.17%).

Annual funding for EI in Ohio in SFY 14 was:

- Estimated \$100 million CBDD local levy funds (approximately \$80 million for direct service providers including therapists and developmental specialists and \$20 million for indirect services including supervision);
- \$13 million IDEA Part C funds distributed to local EI programs to fund Service Coordination, evaluation and assessment;
- \$12+ million state General Revenue Funds (GRF) (used to cover the administration of 88 county HMG central intake and coordination sites, as well as service coordination, and child initial evaluation and assessments);
- \$2 million IDEA Part C and GRF to employ state staff to provide the oversight, general supervision, professional development, monitoring, due process investigations, and requirements of the federal IDEA Part C law and regulations;
- Estimated \$400,000 IDEA Part C and GRF to contract directly with EI providers.

Governance of Ohio's Early Intervention System

ODH and DODD operate under a joint plan that specifies:

1. ODH will continue its role as lead agency for early intervention in Ohio and as authorized in Ohio Revised Code (ORC) 3701.61 maintaining the single line of authority for implementation of Part C of IDEA; and,

2. ODH and DODD share responsibility and collaborate in the planning and implementation of all early intervention program components.

As the lead agency for EI, ODH promulgates rules and administers grants to local entities for service coordination, child evaluation/assessment, and family assessment. ODH also ensures compliance of local entities with all applicable federal regulations.

ODH distributes the majority of Part C funds allocated to Ohio to the 88 counties administering the program via grants. Each year the county Family and Children First Councils (FCFC) designate an agency as their administrative agent to apply for the grant funds. FCFCs are responsible for overseeing the local implementation of the Early Intervention program and ensuring compliance with all ODH rules and federal regulations.

The ODH employs state EI staff (the Part C Coordinator, EI Program Manager, Program Consultants and Researchers) who provide technical assistance, training, and fiscal and program monitoring of the sub-grantees and all staff employed by the grant to ensure compliance with the federal requirements and in accordance with the Request for Proposals issued by ODH. ODH EI staff, in conjunction with the ODH Grants Service and Audit Unit, ensures compliance with state rule as defined in the Ohio Administrative Code 3701-8 and all applicable federal regulations (e.g. Uniform Administrative Time Requirements, Cost Principles and Audit Requirements). Additionally, ODH's Office of the Medical Director and the legal counsel for early intervention are actively engaged in the administration and responsibilities of ODH as the lead agency.

DODD rules governing County Boards of Developmental Disability (CBDD) require that CBDDs follow the ODH EI rules in any matter related to Early Intervention service provision. State Technical Assistance Consultants at DODD provide supports to CBDD early intervention providers, as well as others locally, and work closely with ODH and state FCFC staff.

Ohio Family and Children First (OFCF), governed statutorily by Ohio Revised Code 121.37, is a partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging families. OFCF's vision is for every child and family to thrive and succeed within healthy communities. The OFCF Cabinet Council is comprised of the following departments: Aging, Developmental Disabilities, Education, Health, Job and Family Services, Mental Health and Addiction Services, Rehabilitation and Correction, Youth Services, the Rehabilitation Services Commission, and the Office of Budget and Management. FCFC Councils are responsible for establishing the central coordination of HMG referrals along with overseeing the EI (Part C) services.

Monitoring and Accountability

Much of Ohio's monitoring efforts are centered on the required compliance indicators, for which a cyclical monitoring schedule is utilized. The 45 Day Timeline, Timely Receipt of Services, and Transition



indicators, (including Timely Transition Planning Conferences and Steps on IFSPs) indicators follow this schedule, but every county participates in the LEA (local educational agency) analysis every year. Approximately one third of the counties participate in each compliance analysis every year, and are always scheduled to be included in all three indicator analyses over a three-year period. For each compliance analysis, a selection of counties must submit records to verify that the requirements of the indicator have been met. Counties found to be less than 100% compliant are then issued a finding of noncompliance and required to submit monthly data until they can show that they have corrected the noncompliance, including the verification of a representative sample of physical records. Every finding is tracked on one Excel sheet and reviewed on at least a weekly basis by the Data and Monitoring team to ensure that correction of noncompliance remains a priority and that all timelines are met.

Performance indicators have historically been analyzed at least annually for the APR. Some indicators, especially the child and family outcomes, have recently been more of a focus. Other monitoring processes and strategies are utilized on an as-needed basis. If an issue or problem is identified by Technical Assistance staff members during visits, calls, or other means, or if a family makes a formal complaint regarding a local program, each of those situations is addressed on a case by case basis.

Professional Development

ODH is responsible for providing a comprehensive system of professional development (CSPD) to ensure that an adequate number of qualified personnel are available to provide EI services under Part C. This includes monitoring and evaluating pre-service and in-service personnel development, recruitment and retention, and evaluating the effectiveness of Ohio's CSPD. Ohio also budgets over \$500K annually from Part C and state funds to support Ohio's CSPD. Ohio accesses other initiatives that support a comprehensive system of professional development including grants from the Ohio Developmental Disabilities Council, Ohio Professional Development Network, Early Learning Race to the Top (RTT), and other interagency initiatives.

Ohio's EI program is part of a cross-system and cross-sector workgroup known as the Ohio Professional Development Network (OPDN). OPDN, with staff and administrative support through the Ohio Child Care Resource and Referral Association (OCCRRA), provides a forum for input and involvement of early childhood professionals and organizations, institutions of higher education, and public and private partners to examine early childhood professional development needs and practices. This collaborative partnership continues its efforts to strengthen and build a system that provides support for the continued growth, learning, and advancement of all early childhood professionals in Ohio. It also serves to ensure that training and professional development is aligned with Ohio's Early Learning and Development Standards.

For the past six years the ODDC has provided funding, coordination, and training to approximately 34 EI teams in Ohio. The grant supports county teams by providing intensive training on the federal Part C regulations, evidence based practices, and the "agreed upon mission and key principles for providing

early intervention services in natural environments;”³ and using technology to increase access to needed services in rural areas of the state. The grant also provides technical assistance and additional training opportunities to ensure ongoing fidelity to practices. DODD has also provided technical assistance and funding for training to approximately 20 teams in Ohio on implementing evidence-based practices.

Quality Standards

ODH and DODD have agreed upon five Principles of Quality Improvement in the context of the EI Service System: ⁴

1. Knowing why you need to improve
2. Having a way to get feedback to let you know if improvement is happening
3. Developing a change that you think will result in improvement
4. Testing change before any attempts to implement
5. Implementing a change

The quality standards of Ohio’s EI program are based on current literature and research. In addition to the “agreed upon mission and key principles for providing early intervention services in natural environments,” the three interdependent components articulated by Dr. Rush and Dr. Shelden – natural learning environment practices, coaching as an interaction style, and a primary coach approach to teaming – ensure that federal requirements are met and practices are family-centered.⁵

In addition, EI services in Ohio reflect the diversity of the population. Ohio Administrative Code 3701-8 for EI contractors ensures that services are provided in ways which are culturally sensitive and respectful to the families and nondiscriminatory in regard to race, culture and ethnicity. ODH is also in the process of developing a Cultural and Linguistic Competence (CLC) Strategic Plan in order to help ODH staff and sub-grantees develop and implement targeted services, ensure a respectful multicultural working environment, and maintain full compliance with federal mandates.

Technical Assistance

Technical assistance is provided by six program consultants employed by the ODH and DODD. In addition to the program consultants, two regional coordinators from the Ohio FCFC assist with providing technical assistance on issues relating to leadership and compliance.

As a result of the 2012 formal collaboration between ODH and DODD, duties were divided based on the expertise and resources each agency had available to support EI in Ohio. Each local program has an ODH and DODD consultant who provides TA on the following topics: IFSP development, service coordination, Payer of Last Resort funding, the statewide data entry system, central coordination, evaluation and assessment, functional IFSP outcomes, EI services, and evidenced-based EI service delivery. In addition

³ (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008)

⁴ (Ohio Governor's Office of Health Transformation, 2014, p. 23)

⁵ (Rush & Shelden, 2008, p. 1)

to providing technical assistance, the consultants train regularly on many of these areas and other related topics.

2(c) Systems Strengths and Areas for Improvement

2c.1 Strengths

Data

With the newest implementation of EI program rules in January 2015, a new method for collecting and recording child outcomes information on the IFSP and into Early Track was introduced. Child outcome statements are now completed by the team as part of the ongoing assessment process at every initial and annual IFSP at minimum as well as when the child exits so the progress of the child can more easily and thoroughly be tracked over time. Additionally, the COS form that was previously used is no longer required, and IFSP team members (parent and professional team) now choose one of seven statements that best describes the child's stage of development in each of the three outcome areas; these statements are those used by the state of Maryland, which were adapted from the ECO Center and from materials developed by Naomi Younggren. This change is intended to accomplish several things:

1. Shift the focus from the score itself, to meaningful statements about the child's development and progress;
2. Shift the focus of determination of child development in the outcome area from the Service Coordinator to the entire evaluation and assessment team;
3. Create multiple opportunities for the team, including the parents, to discuss the intent of the child outcomes and their longitudinal purpose within IDEA through preschool;
4. Ensure more meaningful statements that whole teams agree to, leading to more reliable and valid child outcome data, as urgently requested by stakeholders; and
5. Create more meaningful statements that allow interventionists the opportunity to directly address the outcome areas, including acquisition and use of knowledge and skills.

Because of these changes, the FFY14 data can be used as somewhat of a baseline for these indicators, as approximately half of the fiscal year will have data collected using the old COSF form, and half using the new Child Outcomes Statements. Going forward, Ohio's child outcomes data will be more valid and reliable, as local programs now have better guidance on how to choose the proper child outcome statements and will have ongoing trainings available for new staff or anyone who needs a review.

Data that have been analyzed thus far, including child and family outcomes data, and data that will continue to be analyzed can be used to help identify problems or issues in any area of EI. Enhancing measurement techniques for the child and family outcomes indicators helps ensure consistent and accurate data that can be compared over time. Having higher quality data will help in the identification of problems and their origin which is the first step toward implementing strategies for improvement.

Fiscal

Ohio's EI program benefits from the contribution of the CBDDs who continue to provide many of the EI services in Ohio, most typically Special Instruction, as well as Speech, Occupational and Physical Therapy. Most of the funding for the EI services provided by the CBDDs is generated through local levy funding. CBDDs report providing approximately \$100 million of EI services statewide per year.

Ohio DODD, ODH and ODM leadership have already begun the process of expanding financing options for EI, and this commitment extends to the state agency directors.

Governance

ODH requires collection of child outcome statements, and the newly adopted and mandated IFSP form requires child outcomes statements be developed within the IFSP document for each child. This applies to all providers, no matter where employed. As data are valued by the leaders in Early Intervention in Ohio, programmatic decisions, including contributions to policies and procedures, identification of priorities, and implementation of programs and practices are driven by available data, which includes the child outcomes data. Ohio county FCFCs have a mandate and mission to streamline and coordinate government services for families needing help for their children. Locating providers for IFSP service delivery is a strength of these CFCCs and benefits the community greatly.

The ODH/DODD "transition" Operating Protocol sets the parameters for each agency to utilize its strengths and stakeholders to participate in oversight activities, including rule and guidance development. DODD was critical in the development of the new IFSP and guidance documents. As a result of the governance planning process that ODH and DODD have worked on and agreed to, the agencies share a vision for EI in Ohio.

Monitoring and Accountability

Ohio has significantly shifted its monitoring approach over the past several years from being generally punitive to being supportive, while still enforcing the requirements of the federal law. The supportive mindset has helped to establish more constructive relationships with the leaders of the local programs, and has enhanced prioritization of the needs of the children and families.

Early Track collection of the eligibility, assessment, COS scores, IFSP outcomes and planned services allows monitoring staff to identify county trends and training and technical assistance needs. Because of the improvements that have been made in compliance with the federal regulations, Ohio will be able to increase attention to related requirements and make shifts to focus more on child and family outcomes.

Professional Development

Training is in development that will be required for all EI providers, no matter where they are located or how they are funded. This training will provide an overview of the Federal Part C/ODH rules, the

evidence of EI practices, including family directed service delivery in natural environments, and include an “EI Provider Certification” upon successful completion of the training.

The chosen SIMR improvement strategies will require that providers are truly acting as part of an IFSP team, and fully including the parent in decision making. The ODDC grant funded trainings have been a tremendous stepping stone in moving the state forward in team based EI services. ODH and DODD have completed forms and guidance documents for the new IFSP, including the inclusion of child outcome statements and descriptors. A COS-specific training is under development.

Quality Standards

Effective January 2015, Ohio Administrative Code (rule) 3701-8 has been revised to apply updated program standards for EI. Training on rule and program policies has been conducted through monthly calls, webinars and in-person meetings to reduce confusion about program policy and improve processes and procedures. This will help to address some of the challenges that local implementing agencies face with service provision.

In June 2014, ODH, DODD and stakeholders jointly created the “Position Statement on Early Intervention in Ohio” (Appendix C), articulating the mission, principles and vision for EI. This document references the federal Part C regulations and the [Seven Key Principles of the Workgroup on Principles and Practices in Natural Environments](#). ODH and DODD are looking at opportunities in the areas of state-led training, technical assistance, communication, guidance, and rule revision to embody all seven key principles. DODD and ODH utilize the HMG administrative rules and the IDEA 2011 federal regulations (CFR) as the quality standards to monitor compliance of the local programs. Local programs in Ohio are also implementing research-informed evidenced-based early intervention practices. These activities are critical for the entire system of EI providers to have a strong foundation in the expectations related to IFSP development and service delivery.

Technical Assistance

Consultants at ODH and DODD are already providing technical assistance to EI providers newly implementing the IFSP form and the COS requirements within it. As mentioned previously, the data system now collects additional data related to key SIMR requirements. They all have access to and are poised to review these data to identify trends and technical assistance needs.

2c.2 Areas for Improvement

Data

Stakeholders have expressed concerns about the quality of our child outcome data, particularly its validity. This has been addressed with the introduction of the new child outcomes statements, and will continue to be addressed with ongoing trainings around selecting the appropriate statements. Improvement in this area will be directly linked to professional development in that trainings will continue to be offered to ensure evaluators, assessors, and providers have the core competencies

needed to properly evaluate and assess the child and family, and determine their needs. ODH will need to create mechanisms for local providers to be able to more easily access their outcomes data locally. This information is important to local programs who are involved in supporting child outcomes through other initiatives.

ODH will also begin to utilize the qualitative data already collected through family questionnaire comments and consider manners in which additional qualitative data could be collected, such as by engaging directly with families. More contact with and attention to the specific wants and needs of families being served in Early Intervention is the first step in being able to better address their needs.

Fiscal

Generally, the fiscal infrastructure in Ohio is neither robust nor innovative. Ohio has not undertaken a complete and systematic review of data in order to inform or plan for its fiscal health in EI. As the state team learned by participating in the ITCA fiscal analysis, further examination of the state's child demographics, growth trends, and incidence and prevalence of disabilities would do much for informing this work. Another area of improvement includes the need for expertise to analyze the costs and benefits to accessing private and public insurance to pay for EI services, as well as the state infrastructure to support billing, guidance, and monitoring. By diversifying funding, more families and children will be able to access services.

Ohio's fiscal component is not well coordinated with governance, quality standards, or professional development and technical assistance. That being said, the leadership is working hard to change this, including meeting with high level agency leadership at partnering agencies, discussing the need for fiscal expertise to analyze and enable diversification, and participating in the governor's early childhood policy setting opportunities. Implementing a revised system for funding services will happen as Ohio continues the actions it has started and remains one of its highest priorities as it moves forward in its state systemic improvement plan.

Ultimately, the goal is for children to have every opportunity to acquire knowledge and skills within their communities and for the services necessary to achieve this to be available. Availability depends on financing and provider availability across the state.

Governance

The Ohio Governor's Office of Health Transformation "Project: Transitions – Help Me Grow Early Intervention Program" document will continue to guide decision-making about governance (Appendix H). This document lays out timelines and activities for improvements in the statewide system: robust monitoring and oversight systems of County Boards of DD service provision (ODH and DODD), maximized funding, comprehensive professional development strategy planning, and family supports.

Monitoring and Accountability

ODH is in the process of updating its monitoring manual to ensure consistency across monitoring processes, including those related to child outcomes. The standards established must align with the newest version of the state’s rules and forms. It is important that the local programs are aware of the state’s procedures and expectations, so the manual needs to be disseminated upon completion.

Professional Development

Much professional development has already occurred, most notably including the new IFSP document, which was developed and piloted extensively by stakeholders, and child outcome description guidance (guidance document and in person training) that was provided to the field about how to document child outcomes using the new summary statements. However, this process of embedding the COS descriptors in the IFSP is new to the field and will require the development of additional training and technical assistance to ensure understanding and fidelity. The many COS materials made available through the ECTA Center, as well as communications with other states developing their own processes and resources, will be invaluable in developing Ohio training, technical assistance and monitoring loops. Training and technical assistance materials will need to be available through a variety of venues (e.g., in person, via technology), ongoing and tailored for new and seasoned EI providers.

For children to make progress in a child outcome, including that of acquisition and use of knowledge and skills, professional development must also be available in a) how the family is introduced to the state early intervention system, including the national emphasis on child outcomes and the family role in participating in this process; b) the child and family assessment process itself; c) using child and family assessment information to identify child outcome description statements; d) using the COS to assist in the development of meaningful outcomes, and e) effective service provision to meet those outcomes.

Quality Standards

In order to optimize outcomes for children, Ohio will need to focus on an integrated quality improvement system, instead of solely “compliance.” The “high value targets,” as identified in section 2(b), outline recommended improvements: internal evaluation processes, improvements in statewide coordination for monitoring and training, evaluation outcomes that are inclusive of parent and provider perspectives, and alignment with evidence-based practices. By developing these areas, Ohio will be better positioned to assess program and family-level impacts.

Technical Assistance

The newly adopted COS process is new to local program providers and state staff alike. State consultants will need to become well versed in the purpose and process. This includes the many resources available through the ECTA Center and the state developed training materials. These resources will enable state consultants to evaluate and provide technical assistance about the nature and quality of child outcome descriptors, the linkage of these to child outcomes, and the determination and provision of specific services.

Ohio must develop a more systematic method for determining which local programs need TA and what types of TA will best address the identified issues, including limitations and weaknesses among the evaluation and assessment processes and IFSP development.

2(d) State-level Improvement Plans and Initiatives

Ohio's vision is that all children are valued, healthy, and happy. Ohio has an inclusive approach to serving all children including those with delays and disabilities and their families regardless of any special needs. Current initiatives that support "acquisition and use of knowledge and skills" of infants and young children include the following.

The Early Childhood Advisory Council

With leadership from the Governor's office, ECAC benefits from active participation of diverse membership of local early childhood advocates and leaders, as well as all the state human service agencies. The ECAC's 25 members are geographically and ethnically diverse and represent the perspectives of foundations, early childhood advocacy groups, providers, parent and family groups, state and local school boards, higher education, social service agencies, health care, unions, business and others. ECAC initiatives respond to children's diverse cultures and languages, making these initiatives accessible to all families, and responsive to their choices.

Race to the Top Early Learning Challenge Grant

The State of Ohio was awarded a Race to the Top Early Learning Challenge Grant (RTT ELCG) in 2011 which allowed the state to embark on a major initiative for new child standards and new child assessments. These activities have begun to strengthen the early childhood coordination, collaboration, and cooperation across child-serving state agencies. Early childhood professionals worked with national experts and writing teams made up of Ohio-based content experts and stakeholders to create Ohio's Birth to Kindergarten Entry Early Learning and Development Standards, which were adopted in October 2012. The standards promote the understanding of early learning and development, provide a comprehensive and coherent set of expectations for children's development and learning, and guide the design and implementation of curriculum, assessment, and instructional practices with young children.

Help Me Grow Home Visiting and MIECHV

Ohio's Home Visiting and Maternal Infant Early Childhood Home Visiting (MIECHV) programs provide expectant or new parents with the information, support and encouragement they need through voluntary, high-quality, evidence-based home visiting services. Home Visiting aims to educate at-risk parents with the resources to understand and capitalize on the optimal early years of a child's life. By supporting the positive interaction with children in stable and stimulating environments, the Home Visiting program seeks to create a sturdy foundation for future achievement.

Early Childhood Comprehensive Systems

Ohio is using the Early Childhood Comprehensive Systems (ECCS) Grant dollars to build infrastructure for assessing existing services, making resources accessible, creating a comprehensive and coordinated set

of education materials, and education to the public, including providers of services and decision-makers in the field of early childhood about toxic stress and trauma in early childhood. ODH, with the advice of the ECAC, will implement a range of strategies designed to mitigate toxic stress and trauma in infancy and early childhood that support the goals of HRSA's Maternal and Child Health Bureau.

2(e and f) Representatives Involved and Stakeholder Involvement

A full list of representatives is included in Appendix A.

Data from Ohio's APR are shared with the state's HMGEIAC/stakeholder group on a regular basis, and the agenda includes discussion and feedback about the data and information being presented. In response to the SSIP work, Ohio began sharing a wide variety of other Early Intervention data that are compiled on a quarterly basis at these meetings in February of 2014 including child counts, referrals, exits, services, lengths of stay, and compliance data. The targets for the FFY2013 APR were discussed extensively with stakeholders at the August and November meetings, with reasons given about why particular targets were suggested. All feedback from the group was used to finalize targets for the next several fiscal years. Through these discussions, Ohio gained additional insight as to which indicators the stakeholders believed to be important, which contributed to the selection of the SIMR.

Phase II of the SSIP will include the same representatives as in Phase I, with changes made for new members as needed.

Component #3: Ohio's State Identified Measurable Result (SIMR)

3(a) Aligning the SIMR with an SPP/APR Indicator

After thorough data and infrastructure analysis, conversations with and input from stakeholders, and multiple internal discussions at ODH, Ohio chose to focus on the following child outcome for its State Identified Measurable Result (SIMR): Substantially increase the rate of growth of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication), which is indicator 3B, Summary Statement 1. This choice was heavily influenced by stakeholder input received over the past several years, and reinforced by the data and infrastructure analyses completed. As this is one of the child outcomes indicators analyzed and reported on annually, our identified SIMR is aligned with the SPP/APR.

3(b) Aligning the SIMR with Analyses and Priorities

The comprehensive SFY14/FFY13 EI data, broad child and family outcomes data reported in Ohio's APR, and disaggregated child and family outcomes data were taken into consideration when selecting our SIMR and the coherent improvement strategies needed in order to effect change. As described below, the focus is on substantially increasing rate of growth in one of the child outcomes areas. The data were not vastly dissimilar for any of the three child outcomes for the analysis. Although the highest percentage of children substantially increased rate of growth in the area of use of appropriate behaviors

to meet needs, in our chosen outcome area, there were more children who entered the program below age expectations. Thus, there are more children for whom the program can impact by increasing their rate of growth in this area.

Limitations and inadequacies identified while performing the infrastructure analysis and Ohio’s vision for EI and the overall intent of IDEA were also considered, as well as how these might affect child outcomes. As described in Component #4, we intend to implement improvement strategies that address weaknesses in our infrastructure, which will lead to better child outcomes and specifically to increased acquisition and use of knowledge and skills for children in EI. Further, these strategies and the SIMR align with the priorities and vision for EI in Ohio.

3(c) Child-Level Outcome

Improvement efforts are needed in each area of Ohio’s system, as a breakdown or deficiency in any single component could compromise the desired results. However, Ohio’s ultimate objective is to see improvements in children’s abilities to acquire and use knowledge and skills, and all improvement efforts will be implemented with this intention.

3(d) Stakeholder Involvement in the Selection of the SIMR

When discussing child outcomes, it was clear from the beginning that the focus should be on substantially increasing the rate of growth of children in EI with meaningful, reliable data. Stakeholders (See Appendix A) acknowledge the importance of this indicator. They have underscored that since some children enrolled in EI may never reach age expectations, it will be more beneficial to focus on growth of children who enter the program below age expectations, rather than “exiting at age expectations.” As this outlook is consistent with the EI vision in Ohio, the decision was made to focus on one of the outcome areas regarding the percent of children who substantially increased their rate of growth by the time they turned three or exited the program.

3(e) Baseline Data and Targets

Because Ohio’s SIMR focuses on the population of children in Early Intervention rather than a subset, the baseline data and targets for Ohio’s SIMR correspond to those established for the APR. In FFY13, 59.58% of children had a substantially increased rate of growth in our chosen outcome area (indicator 3B, Summary Statement 1), which will serve as our baseline. As suggested by the HMGEIAC, targets established for each child outcome increase slowly over time, to ensure that they remain rigorous, yet achievable. Targets through FFY2018 for our chosen outcome are as follows:

FFY2014 through FFY2018 Targets for Percent of Infants and Toddlers with IFSPs Who Demonstrate Improved Acquisition and Use of Knowledge and Skills

FFY	2014	2015	2016	2017	2018
Target	60.00%	61.00%	62.00%	63.00%	64.00%

In IDEA, Congress identified an urgent and substantial need to enhance the development of infants and toddlers with disabilities, reduce the educational costs to our society by minimizing the need for special education and related services, maximize the potential for individuals with disabilities to live independently in society, enhance the capacity of families to support the development of their children, and enhance states' ability to coordinate funding to provide services for infants and toddlers with disabilities. The chosen outcome area directly supports one of these: to enhance the development of infants and toddlers with disabilities (via substantially increasing the rate of growth in the percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills) and likely indirectly affects the other four.

Component #4: Selection of Coherent Improvement Strategies

4(a) Selection

Using a SWOT analysis, the SSIP team discussed and analyzed the primary leverage points for change in Ohio's EI system. In this discussion, the data analyses were heavily considered. Another very important aspect was the extensive conversations with stakeholders about the evaluation and assessment process and IFSP development. These conversations eventually led to the implementation of a new process to ensure the evaluations and assessments are effective and lead to identification of needs and individualized outcomes. Through these analyses and conversations, the state was able to gather information and identify root causes for low performance in the child outcomes areas. While performing the infrastructure analysis, Ohio identified several areas in need of improvement. As most of these areas were contributing to the root causes, implementing strategies to improve each one will not only affect the associated infrastructure areas, but will address multiple service gaps and needs, and thus lead to improvement in the acquisition and use of knowledge and skills among children served in EI.

Each improvement strategy will address at least one of the root causes (not capturing acquisition and use of knowledge and skills in the child assessment and not developing high quality IFSP outcomes to address acquisition and use of knowledge and skills) and thus lead to an increased percent of children who acquire and use knowledge and skills. Ohio's chosen strategies are as follows:

- Improving data quality and increasing use of and access to data
- Ensuring consistent and cohesive monitoring and accountability
- Implementing fiscal diversification
- Enhancing professional development
- Increasing family engagement

4(b) Extent Strategies are Sound, Logical, and Aligned

The improvement strategies we have proposed around data quality, monitoring and accountability, fiscal, professional development, and family engagement are sound, logical, and aligned with federal and state recommendations. With additional professional development, local agencies will be better

able to incorporate increased family engagement into the IFSP creation process. This will lead to better, more individualized IFSP outcomes. A diversification of funding will help ensure that the appropriate EI services are available to meet these better crafted outcomes. Finally, by collecting the IFSP outcomes in the data system and using a new COS tool, Ohio will have better and more focused data available. These new data will enable State staff to monitor the effectiveness of the improvement strategies and make any necessary changes. Implementing these vision-based strategies should lead to substantially increasing the rate of growth in the percent of infants and toddlers who demonstrate improved acquisition and use of knowledge and skills.

4(c) Addressing the Root Causes and Building Capacity

Data Analysis and Quality: Further data analyses are needed in order to address our root causes, specifically through examination of IFSP outcomes, related requirements, and comments from the most recent Family Questionnaire. Data analyses using IFSP outcomes will determine whether the outcomes are functional and address the individual needs of the child and family related to acquiring and using knowledge and skills. Further assessing related requirements will allow us to determine whether local programs are engaging in best practices. Examination of family questionnaire comments will provide information about experiences and identify trends among families in EI.

Additionally, Ohio needs to provide local programs with increased access to their IFSP outcomes data as well as their child outcomes data. This will increase the capacity at the local level to track the progress of children and identify where children and families may still have needs in order to improve results. ODH will also monitor the child outcome data and how it relates to the other data collected in order to identify trends and determine gaps. These strategies will address both root causes, as we will be able to identify instances where child outcomes are not utilized in the assessment process and where IFSP outcomes are insufficient.

Improved Monitoring and Accountability: In order to ensure local programs are aware of the state's procedures and expectations and that all processes are being completed in a consistent manner, Ohio will continue its work providing consistent materials and messaging statewide. Though consistency will remain a priority in all activities and communications, monitoring and TA processes will be updated and enhanced with the intent to increase transparency and focus on supports rather than punitive actions. All monitoring processes and practices, including standards for verification of child records for compliance indicators, will be finalized, documented, and disseminated to the field. A more systematic manner to identify frequency and level of technical assistance needed to support local EI programs in particular circumstance will be implemented. Monitoring, training and technical assistance will be intertwined so that local providers have the tools they need to be successful in compliance and non-compliance areas of EI service provision. This combination of efforts will ensure that multiple aspects of the state system are working together to focus efforts on ensuring the counties have as much support as possible in evaluation and assessment processes and IFSP development in order to improve the acquisition and use of knowledge and skills among EI children.

Fiscal Diversification: Currently, the majority of services are provided and funded through County Boards of Developmental Disabilities. Ohio has already embarked on a fiscal diversification plan, with a focus on Medicaid funding. In addition to training or technical assistance to ensure IFSP teams understand the roles of all providers, fiscal diversification will potentially expand the provider availability, which will impact directly the development of EI outcomes and selection of services needed to meet those outcomes.

Enhanced Professional Development: Ohio will expand professional development opportunities and requirements in order to increase competence of providers so they are better able to participate in the COS statement descriptions in the assessment process; understand role of the parent, assessor and Service Coordinator in this process; and develop IFSP outcomes to address acquisition and use of knowledge and skills. Training and credentialing standards will be reviewed to include any components critical to this activity. This will address both root causes as better, more inclusive child assessments will lead to higher quality IFSP outcomes as the competence of the providers increases.

Increased Family Engagement: In updating and implementing the IFSP process, families will become more engaged in the IFSP process and the Early Intervention system. Specifically, families and professionals will share responsibility and work collaboratively to strengthen family functioning. Ohio will also explore ways to have more direct interaction with families in order to determine where efforts are most needed to better involve them in the EI system. When parents become more active participants in supporting their child's development, it is more likely that child outcomes will be included in the child assessment and better, more individualized IFSP outcomes will be developed, thus addressing both root causes. Children will, therefore, be more likely to make developmental progress, including in the acquisition and use of knowledge and skills.

4(d) Improving the SIMR

As Ohio implements these strategies, weaknesses in the current system will be addressed, which will allow needs to be accurately and completely identified by enhancing several of the key components of evidence-based practices including:

- a) Promoting family centered, team practices;
- b) Developing IFSP outcomes that are developed based on the rich information obtained through the assessment process;
- c) Developing IFSP outcomes that promote child development within the context of family and community routines and that are strength and interest based;
- d) Determining service type to meet outcomes that promote meaningful change in the child's development, or if not, reflective IFSP reviews that show that changes were made for success.

When children and families receive the services that are needed to address the individualized outcomes develop by the IFSP team, families will develop an improved ability to help their children develop and

learn, which will ultimately result in growth among children’s abilities to acquire and use knowledge and skills.

4(e) Stakeholder Involvement

The chosen improvement strategies are reflective of the recommendations stakeholders have provided over the past several years. The recommendations from the EI workgroup of the Childhood Cabinet included increasing access to services, maximizing funding, creating a comprehensive workforce development strategy, and providing consistent materials and messaging, all of which have been addressed in our improvement strategies. The HMGEIAC provided broad recommendations about continuous training for the IFSP, funding, and consistency across the state at the first meeting in which the SSIP was introduced to the group. Furthermore, at a later meeting, in addition to service availability and funding, HMGEIAC members said they thought IFSP outcomes and family engagement would affect child and family outcomes.

Additionally, the process for changing how child outcome statement descriptors are identified (and the score assigned), has been a national and state focus for some time. In Ohio, the lack of EI stakeholder confidence in the relevance and quality of child outcome data was a major factor in the changes to the IFSP form and process, including the assessment information contained within which includes the team identification of child outcome descriptors for each of the three child outcomes. Ohio anticipates that changing the assessment, including the identification of the child’s performance in the child outcome statements, and the annual IFSP evaluation process will not only enhance stakeholder confidence in the purpose of data collection, but also impact positively the percentage of children who show growth in acquisition and use of knowledge and skills.

Component #5: Theory of Action

Ohio’s goal is to improve each aspect of the EI system, from beginning to end, with the thought that each aspect will then positively impact the subsequent pieces of the EI system. Five broad strategy areas, and deliverables that introduce specific modifications to the way the system works currently, have been identified. Our theory proposes that system impacts – improved data quality and analysis capabilities, consistent monitoring and accountability protocols and practices, fiscal diversification and systematic financing, enhanced professional development opportunities , and increased family engagement – will yield positive effects at the local program level and then ultimately for children and families receiving Part C services.

5(a) Theory of Action

See next page.

Strands of Action	If Ohio's Part C program ...	Then local programs...	Then families...	Then ...
Data quality and analysis capabilities	Implements methods to improve data quality and completes data analyses using IFSP outcomes, child outcomes and family questionnaires...	...Have more confidence in and access to the child outcomes data, and be able to more easily identify any unmet needs of the child and family...	...Will receive quality services in a timely, efficient, and appropriate manner that will address the outcomes identified by the entire EI team...	...The percent of children who demonstrate improved acquisition and use of knowledge and skills among children receiving Part C services will increase.
Monitoring and Accountability	Updates monitoring protocols, creates a TA rubric for making systematic decisions, increases attention to related requirements, and disseminates this information...	...Receive consistent information and are aware of the expectations of the state as well as their responsibilities in implementing EI...	...Will receive quality services in a timely, efficient, and appropriate manner that will address the outcomes identified by the entire EI team...	...The percent of children who demonstrate improved acquisition and use of knowledge and skills among children receiving Part C services will increase.
Systematic financing for EI	Improves its reimbursement model and develops a fiscal diversification plan for EI...	...Have increased access to providers and services and improve program sustainability...	...Will access new trainings, develop core knowledge and competencies, and have increased support for best practices in supervision and working with families...	...The percent of children who demonstrate improved acquisition and use of knowledge and skills among children receiving Part C services will increase.
Enhanced professional development	Implements an enhanced comprehensive professional development plan and establishes clear expectations for EI providers...	...Will strengthen relationships with families by increasing their participation in planning for services and the quality of their interactions with professionals...	...Will have improved confidence and competence and an increased ability to help the child develop and learn...	...The percent of children who demonstrate improved acquisition and use of knowledge and skills among children receiving Part C services will increase.
Increased family engagement	Develops revised IFSP processes to ensure families are active participants in the process and utilizes Family Questionnaire comments...	...Will strengthen relationships with families by increasing their participation in planning for services and the quality of their interactions with professionals...	...Will have improved confidence and competence and an increased ability to help the child develop and learn...	...The percent of children who demonstrate improved acquisition and use of knowledge and skills among children receiving Part C services will increase.

5(b) Rationale

The theory of action serves as a visual representation and summary of key aspects of this plan. The strands of action indicate broad system areas that have been identified as in need of improvement in order to achieve the desired results. The next column represents the specific actions the state will take to address weaknesses in the system infrastructure that are contributing to the root causes. The third column indicates the results the implementation of improvement strategies will have at the local level and how the root causes will be addressed. The fourth column represents the resulting impact on families served in EI, and the final column illustrates the improvement for children as reflected by the SIMR.

5(c) Stakeholder Involvement

The Theory of Action incorporates the priorities of the HMGEIAC, EI workgroup, and stakeholders in general. Phase I strategies were shared with EI stakeholders on a call on March 25, 2015. Ohio's Part C leadership will keep stakeholders informed of updates and is planning to enlist the help of a facilitator to review the Phase I SSIP process in detail and begin work on Phase II with stakeholders at the August 2015 meeting.

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