

Ohio Part C State Systemic Improvement Plan

Phase III, Year 1

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Component #1 - Summary of Phase III, Year 1

1(a) Theory of Action

Ohio continues to focus its SSIP work in the following three improvement strategy areas, reorganized through the Phase II work:

- (I) Increase the quality of child and family assessments to develop meaningful initial and exit COS statements
- (II) Improve the quality of IFSP outcomes to address family priorities related to child’s acquisition and use of knowledge and skills
- (III) Increase access to and delivery of needed evidence-based services

Ohio’s Theory of Action illustrates how, in each of the three improvement strategy areas, further identification of issues and development of additional resources at the state level will result in increased knowledge and improved practice among local programs and providers. These improvements within the local programs will lead to engaged, more confident families. Together, these changes will ultimately result in achieving Ohio’s SIMR: **Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills.** Over the past year, Ohio’s Part C program worked through the state-level activities in the Theory of Action to achieve short-term outcomes; this work continues to ensure the intended results are ultimately achieved at the local program and family levels, as well. See the figure below for further details.

Strands of Action	If Ohio’s Part C program ...	Then local programs and providers...	Then families...	Then ...
Quality of Child and Family Assessments	Identifies strengths and weaknesses within the child and family assessment process, including the extent to which assessment information informs child outcome statements about the child’s acquisition and use of knowledge and skills and develops or updates professional development materials to address identified areas of difficulty...	...Will conduct thorough, functional child and family assessments that identify family priorities related to acquisition and use of knowledge and skills; Will accurately and thoroughly record Child Outcomes Summary information...	...Will be involved as part of the team during the child and family assessment and have a thorough understanding of their child’s strengths, needs, and overall functioning in regard to acquiring and using knowledge and skills...	
Quality of IFSP Outcomes	Analyzes the extent to which IFSP outcomes are functional, family-directed, based on child and family assessments, and address family-identified needs related to acquisition and use of knowledge and skills and develops resources and trainings to emphasize aspects of quality outcomes and address areas of weakness...	...Will develop activity and routine-based IFSP outcomes which address family priorities identified in the child and family assessment process that impact acquisition and use of knowledge and skills...	...Will be fully engaged in development of IFSP outcomes to address the priorities they identify regarding acquisition and use of knowledge and skills...	...The percent of children who demonstrate improved acquisition and use of knowledge and skills among children receiving Part C services will increase.
Access to and Delivery of Needed Services	Identifies gaps in needed services, maximizes resources available to fund these services, and develops resources and trainings for delivering quality, evidence-based interventions to address outcomes related to acquisition and use of knowledge and skills...	...Will have access to all needed services and ensure delivery of quality services that address the outcomes related to acquisition and use of knowledge and skills identified by the entire IFSP team, including the family...	...Will have improved confidence and competence and an increased ability to address acquisition and use of knowledge and skills to help the child develop and learn...	
	Short-Term	Intermediate	Long-Term	

1(b) Coherent Improvement Strategies and Principle Activities

Ohio completed numerous activities to achieve short-term outcomes in each of the three improvement strategy areas, with the intent to improve several of Ohio's infrastructure systems. See Section 5(a) for a summary of improvements achieved in each infrastructure area over the past year. Activities to achieve short-term outcomes were primarily designed to help the state further identify areas of need and to increase access to useful resources. Activities employed throughout the year included research and identification of system strengths and weaknesses; data analyses; identification of content missing from available materials; creation of additional resources and trainings; development of a new EI-specific website; and further identification of gaps in availability of needed EI services. In completing these activities, Ohio took the needed first steps to increase the quality of child and family assessments, improve IFSP outcomes, and increase access to and delivery of needed evidence-based services. These activities helped the state improve in its SIMR area, moving closer to its ultimate target. See section 2(a) for more detailed information regarding the activities completed over the past year, as well as the needed steps to complete each activity.

While simultaneously navigating a transition to a new Part C lead agency, Ohio completed the steps and activities needed to achieve intended SSIP outcomes over the past year, and has begun or continued additional initiatives and projects. A description of Ohio's major accomplishments over the year follows, most of which will continue to be referenced throughout this document. Though each of these is systemic in nature, they all impact at least one improvement strategy area, as referenced at the end of each description.

Ohio's Lead Agency Transition

The state's lead agency for Part C officially transitioned from the Ohio Department of Health (ODH) to the Ohio Department of Developmental Disabilities (DODD) in July of 2016. The transition has helped, overall, to create a more streamlined and consistent approach to the governance of EI in Ohio. In turn, the improvements in governance have facilitated development and growth in other infrastructure areas, not only within Ohio's SSIP-focused work, but within many other efforts in the EI system, as well. See Section 5(a) for additional details. ***(Improvement Strategies I, II, and III)***

New EI Website

As a result of the transition to DODD, Ohio contracted with Ohio Center for Autism and Low Incidence (OCALI) to create a new, EI-dedicated website¹, which was unveiled to the field in early March 2017. The site includes general information about EI, as well as pages with information and resources specific to families, providers, the EI Advisory Council (Ohio's Interagency Coordinating Council), and data and monitoring. It will serve as a central portal for accessing EI-related resources, addressing one of the primary needs identified by stakeholders through Ohio's Phase II SSIP work. The development of the EI website was essential to achieving Ohio's intended short-term outcomes, which focused on ensuring the field has access to needed resources in a central location. ***(Improvement Strategies I, II, and III)***

"What is Ohio Early Intervention?" Video

Ohio widely disseminated a video, titled, "What is Ohio Early Intervention?" in April 2016, which provides a comprehensive overview of Ohio's EI system from referral through exit. A link to this video is included in every edition of the Part C Coordinator's bi-weekly EI newsletter, which is distributed to EI Contract Managers and local Family and Children First Council (FCFC) Coordinators, along with

¹ Ohio Early Intervention website: <http://ohioearlyintervention.org/>

numerous interventionists and other local EI stakeholders. The video is also now on the main page of the new EI website, both in English and in Spanish, thus is easily accessible for anyone in the EI field in Ohio. ***(Improvement Strategies I, II, and III)***

SOP Rule

Ohio, with technical assistance from OSEP and input from a wide array of stakeholders, revised its System of Payments (SOP) rule and developed additional guidance to the field about the SOP. Ohio submitted a concept paper to OSEP in July 2016 addressing two main ideas: 1) All families would have their ability to pay determined at entry into EI; and 2) All families, regardless of ability to pay, would be guaranteed funding for up to and including 55 hours per year of EI services. A draft of the rule was completed and in clearance in December 2016, and will be filed with Ohio's rule writing agency in April 2017, with expected implementation in June 2017. Resources, including statewide trainings, forms, and processes for implementation regarding the rule, are in the final stages of development and will be available prior to implementation of the rule. ***(Improvement Strategy III)***

E&A Process Review

DODD TA consultants performed a comprehensive needs assessment of each local program's evaluation and assessment process (E&A Process Review) beginning in December 2013 and continuing through 2015. This review included local program self-evaluation, interviews with local program personnel, record reviews, and observations of the process. The consultants scored each program on the following constructs: Meets federal and state regulations; Family centered practices; Functional assessment; and Development of functional IFSP outcomes. Data were recorded over the past year and a comprehensive data set was compiled. Analyses of these data were then utilized to identify additional needs at both the local and statewide levels and inform the development of resources to support implementation of evidence-based practices (EBPs) and to establish a baseline for intermediate SSIP outcomes.

(Improvement Strategy I)

Modified Family Questionnaire

Ohio utilizes a family questionnaire to collect data for required Annual Performance Report (APR) indicators as well as other information regarding families' experiences in EI each year. After seeking considerable input from diverse stakeholders, DODD made modifications to the 2016 Family Questionnaire (Appendix A). Specifically, DODD incorporated additional questions to obtain baseline data regarding families' understanding of and ability to support their child's strengths, needs, and functioning related to acquisition and use of knowledge and skills, as well as open-ended questions to gain insight about what is working well for families in EI, what could work better for them, and what in the program made the biggest impact for the families. ***(Improvement Strategy I)***

Supporting Ohio's Service Coordinators

Because Ohio firmly believes that a strong Service Coordination system is the foundation for a strong EI system, DODD developed the Supporting Ohio's Service Coordinators (SOSC) process to assist with identifying Ohio's strengths and challenges related to providing Service Coordination, including the ten federally-mandated Service Coordinator responsibilities. The first phase of the process is focused on Service Coordinator responsibilities related to parent's rights, evaluation and assessment, and the COS process. Prior to the implementation of the first phase, Service Coordinators were required to a complete a competency assessment about the DaSY/ECTA COS modules and one regarding parent's rights. Through three total phases, Ohio will evaluate how well all of the mandated responsibilities are being implemented via competency assessments, self-reflections, record reviews, interviews, and

observation. Once the information is collected and analyzed, an individualized TA plan will be developed for each local program for each phase of the process.

Professional Development

IFSP: It's All about the Process Module

Ohio developed a new, comprehensive IFSP process module to replace two previously available facilitated webinars specific to the functional assessment process and developing functional IFSP outcomes. This module, titled, "IFSP: It's All about the Process," walks through the entire process of developing an IFSP, from referral to EI through development of the IFSP. It was designed to address gaps in IFSP team knowledge identified through the E&A Process Review and increase family engagement in the IFSP process. The module was available to the field beginning in September 2016. **(Improvement Strategies I, and II)**

Data and Monitoring "Road Show"

DODD's Data and Monitoring team conducted a series of six trainings throughout different regions of Ohio, dubbed the "Data and Monitoring Road Show" in response to stakeholders requesting more opportunities to learn about data and monitoring. With a target audience of EI Contract Managers and data personnel, these trainings focused on utilization of the state's data system, Early Track; increasing understanding of monitoring protocols and processes; and learning how to extract, analyze, and share data. DODD designed the training to address frequent questions and common compliance issues, including completion of the COS statements. Participants responded positively to these trainings and provided valuable feedback, which the state is using to determine next steps, including developing additional resources for the field. **(Improvement Strategies I, II, and III)**

FIPP CASE Modules

Ohio contracted with the Family, Infant and Preschool Program (FIPP) Center for the Advanced Study of Excellence (CASE) in Early Childhood and Family Support Practices to develop a series of six self-paced, web-based modules to increase understanding of the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments² (EI Mission and Key Principles). The EI "mission statement" reflects the broad over-arching purpose of family-centered EI services provided under Part C of IDEA and the principles are the foundations necessary to support the system of family-centered services and supports. See the "Seven Key Principles: Looks Like/Doesn't Look Like"³ document for key concepts related to each principle as well as examples of how these principles should and should not be utilized in practice.

The first two modules, an introduction to EI and an overview of the EI Mission and Key Principles, were developed and available to the field in early 2016. Ohio has begun requiring all new Service Coordinators, as well as anyone who has a contractual agreement with DODD to provide EI services or perform another function within the EI system (e.g., child find activities), to complete these modules. The next two modules, explaining natural learning environments and coaching in EI, were completed and accessible to the field in June 2016. Finally, in September of 2016, the development of the last two

² Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments: http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf

³ Seven Key Principles: Looks Like/Doesn't Look Like: http://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

modules of the series was completed and they were made available to the field: “Using a Primary Service Provider Approach to Teaming” and “Family-Centered Practices.”

The state again contracted with FIPP in late 2016 to create two additional modules: 1) A module for parents will walk families through what they can expect during the entire EI process, and provide an overview of their rights in EI; and 2) A Physician module will provide an overview of EI, as well as how and why to make referrals to EI. These modules are expected to be available by early summer 2017. DODD anticipates that these resources will reach a broader audience than previous professional development, providing vital knowledge that is specific to these audiences. **(Improvement Strategies I, II, and III)**

Family-Centered Practices

The state contracted with Debbie Ashley, MA, Certified RBI Trainer, to create additional resources to help the EI field understand and utilize family-centered practices. The two-part webinar series focused on moving from a foundational understanding of family-centered practices to digging deeper and implementing the practices. This series was completed in January and February 2017, and DODD plans to offer the training at least twice per year going forward. **(Improvement Strategies I, II, and III)**

Functional Assessments

Ohio contracted with Lee Ann Jung, PhD, to create an intensive 30-hour training course intended to support Ohio’s Part C assessors in learning how to conduct a functional assessment that: integrates all developmental domains; is conducted in the family context and in natural environments; is conducted using multiple methods; integrates COS information; and includes the use of data. This training, which will incorporate more specific information about how to address acquisition and use of knowledge and skills, will be completed by three separate cohorts, the first of which began the course in March 2017. Each cohort will complete interdisciplinary, job-embedded activities and receive TA from Dr. Jung, to ultimately move from simply understanding theory, to implementing practices, to properly conducting functional assessments. **(Improvement Strategy I)**

Supporting Ohio’s New Service Coordinator’s Community of Practice Pilot

Beginning December 2016, DODD began piloting a community of practice (COP) to support new Ohio Part C Service Coordinators by offering them the opportunity to access mentoring, ask questions, and receive informational support. Two advance credentialed Service Coordinators from local systems, the DODD EI Program Manager, and the DODD EI Training Coordinator facilitate the COP. Participants choose the topic of each meeting, which thus far have included explaining parents’ rights, clarifying the role of the SC on the team, and how to explain EI to families. Notes from each COP meeting are subsequently posted on Ohio’s EI website and accessible to the entire EI field. **(Improvement Strategies I, II, and III)**

Increasing Access to Services

EI Services Needs Assessments

One of Ohio’s challenges has been achieving statewide implementation of EBPs and service delivery in a state with a long history of local control. There are 88 local systems in Ohio, each with its own unique strengths and challenges. In order to address potential gaps in and promote access to services, each local program was asked to complete an EI Services Needs Assessment in March 2016 that included a list of specific providers within the local program available to deliver each Early Intervention service.

Programs also identified the steps taken in the local program to ensure all families have access to the needed EI services, barriers to accessing these services, and strategies to overcome these barriers. These data were then utilized to determine where there are gaps in availability of services and to determine how the gaps can be eliminated. **(Improvement Strategy III)**

SOCOG Pilot

The southern region of the state – a rural, Appalachian region – is an area that particularly experiences challenges with regard to availability of providers. The state launched a targeted pilot effort with Ohio's Southern Ohio Council of Government (SOCOG), an association of county boards of developmental disabilities, to establish regional core EI teams to serve the counties that make up the SOCOG. Seven of fifteen counties in the SOCOG chose to participate and identified which disciplines are available, which are difficult to access within their area, and information about how services could potentially be provided remotely using technology. Taking this information into consideration, the state contracted directly with providers to form two full core teams to deliver EI services to the participating local programs in this region. Providers utilize technology as a mechanism for service delivery when needed. As the pilot progresses, the state will consider how these strategies can be implemented in other areas with limited provider access to ensure equitable access to services statewide. **(Improvement Strategy III)**

Vision Services Contracts

DODD recognized that Service Coordination agencies encountered difficulties finding providers of EI vision services in all parts of the state. During late 2015 and the first half of 2016, DODD staff met with a group of stakeholders focused on meeting the needs of infants and toddlers with vision impairments. The group included providers, parents of children with vision impairments, and a representative from the Ohio School for the Blind (OSB). DODD worked with the group to craft a pilot for delivering EI vision services, in accordance with EBPs, statewide that began July 1, 2016. Through a competitive request for proposals process, DODD awarded contracts to three provider agencies to provide EI vision services in 20 counties. OSB, through a contract with DODD, provides vision services in the other 68 counties of the state. The contracts are deliverables-based and ensure that, in addition to paying for the EI vision service, DODD also pays for providers to take part in the evaluation and assessment process, IFSP meetings, and team meetings of interventionists. **(Improvement Strategy III)**

Hearing Services Contracts

During late 2015 and early 2016, DODD and ODH took a deeper look at the existing Regional Infant Hearing Program (RIHP) previously established by ODH to meet the needs of families with children who are deaf or hard of hearing. DODD solicited input from existing providers, Service Coordination agencies, families, and members of the EI Advisory Council and stakeholder group. As a result, DODD implemented several changes in September 2016. Rather than using grants, DODD transitioned to deliverables-based contracts awarded after a competitive request for proposals process. DODD also clarified expectations around exactly what service delivery would look like: DODD pays providers with expertise in communication options for children with hearing loss to provide the EI service of family training which focuses on supporting families in making decisions about communication options for their child. Similar to the contracts with EI vision services providers, DODD pays these hearing providers to take part in evaluation and assessment, IFSP meetings, and team meetings of interventionists, in addition to providing family training, to address priorities identified by the team. The new contracts, with clear deliverables, have helped ensure that the providers are better integrated with the team and

more fully involved as a part of the evaluation and assessment, IFSP, and service delivery processes.
(Improvement Strategy III)

1(c) Specific Evidence-Based Practices Implemented to Date

For several years, Ohio has been focusing on implementing the seven EI Key Principles and DEC Recommended Practices⁴ (DEC RPs). In 2014, ODH and DODD finalized and distributed a position paper (Appendix B) that outlined Ohio's vision for improving its EI system, as informed by the EI Mission and Key Principles, IDEA Part C regulations, and four years of intensive discussions with a broad array of the state's EI stakeholders. Ohio remains focused on this vision for its EI program and has used the SSIP to further advance improvements in its EI system, as a whole.

The DEC RPs are designed to bridge the gap between research and practice by highlighting practices that have been shown to result in better outcomes for young children with disabilities, their families, and the persons who serve them. While keeping the broader vision in mind, the state continues to refine the specific practices within its SSIP work that will have the most substantial effect on improving its SIMR area. Ohio has begun implementation of EBPs related to each improvement strategy, as outlined below, and will continue to do so until practices are being implemented to fidelity statewide.

Specific DEC RPs that have been, and continue to be, a focus in Ohio regarding functional assessments include ensuring practitioners:

- **RP F3** - Are responsive to the family's concerns, priorities, and changing life circumstances
- **RP A6** - Use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life
- **RP A7** - Obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community
- **RP A8** - Use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction

In order to continue to increase the quality of IFSP outcomes, the following practice has been emphasized:

- **RP F4** - Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

With respect to reducing gaps in the availability of EI services across the state to ensure equitable access to a core team of providers and all needed services, Ohio continues to focus on practices to ensure:

- **RP F7** - Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
- **RP TC1** - Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
- **RP TC2** - Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

⁴ DEC Recommended Practices: <http://www.dec-sped.org/dec-recommended-practices>

Practices related to service delivery that have begun to be implemented include:

- **RP E1** - Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.
- **RP TC5** - Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.
- **RP INS1** - Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.
- **RP F5** - Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- **RP F6** - Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

Additionally, over the past six years, "core teams," including a Service Coordinator; Physical Therapist; Occupational Therapist; Speech-Language Pathologist; and Developmental Specialist, from the majority of Ohio's 88 local programs completed six months of intensive professional development activities developed by Drs. M'Lisa Shelden and Dathan Rush^{5,6}, built around the principles and evidence of adult learning, fidelity, and building system capacity. This professional development focused on the provision of services in natural environments, team decision making, routines based assessments and interventions, building strong foundational skills in practices supported by research, and research to practice guidelines for strength- and interest-based interventions and adult learning practices (e.g., coaching). In 2016, eighteen local programs participated in these trainings, bringing the total to 78 trained local programs. Ohio has developed additional training for local programs that have not been formally trained or who otherwise need assistance with implementing practices to fidelity. Ohio's six EI Program Consultants also completed a program through FIPP CASE to become certified fidelity coaches in April and June of 2016.

Through its SSIP work as well as other initiatives in its EI system, Ohio continues to move forward with the implementation of these practices through technical assistance support and the development of resources.

1(d) Overview of Evaluation Activities, Measures, and Outcomes

As identified in Phase II, Ohio's short-term outcomes primarily involved ensuring that local programs, practitioners, and families have access to the needed trainings, data, and other resources related to all three improvement strategy areas in order to promote increased knowledge and ultimately to improve practice. As such, evaluation activities related to the short-term outcomes were generally straightforward.

⁵Rush DR, Shelden ML. The Early Childhood Coaching Handbook. Baltimore, MD: Paul H. Brookes Publishing Co; 2011.

⁶ Shelden ML, Rush DR. The Early Intervention Teaming Handbook: A Primary Service Provider Approach. Baltimore, MD: Paul H. Brookes Publishing Co; 2012

Increased Access to Resources

The state widely disseminated information about the DaSy/ECTA COS modules as well as all available trainings offered through Ohio EI. Newly available trainings related to Ohio's short-term outcomes include: the "IFSP: It's All about the Process" module, the "Family-Centered Practices" module, the family-centered practices webinar series, and the "Using a Primary Service Provider Approach to Teaming" module. Additionally, the "Parent" module will be available in early Summer 2017. Information about how to access each of these trainings was included in every edition of the Part C Coordinator's bi-weekly EI newsletter and Ohio's new EI-specific website has a page dedicated to parents and one for providers. The state's EI field can access all of the described trainings, as well as numerous other EI trainings, data, and resources through the EI website, with additional material being added regularly.

Identification of Gaps in Services

Along with providing increased access to the previously described resources, Ohio better identified gaps in services as well as the reasons for gaps, where applicable, through the EI needs assessments and the more targeted SOCOG pilot. First, each local program was asked to complete the EI Services Needs Assessment. Local programs in the southern region of the state identified the greatest need regarding accessing providers and services; thus, the SOCOG pilot was established. Utilizing data from the needs assessments, SOCOG pilot, the data system, and conversations with local program leadership, Ohio identified which services were and were not available to each local program, and specific reasons why services were not available.

Though Ohio's short-term outcomes were primarily foundational in nature, achieving them was an essential first step to ultimately effecting change in Ohio's chosen SIMR area. As more and more foundational pieces are successfully implemented, the state will begin to refine strategies to address acquisition and use of knowledge and skills in a more direct manner. See Section 2(a) for additional information about Ohio's progress in implementing activities to achieve short-term outcomes, as well as Section 3(a) for a summary of how short-term outcomes were achieved.

Baseline Measures for Intermediate Outcomes

In addition to successfully completing activities and steps needed to achieve the intended short-term outcomes, Ohio collected and analyzed baseline data to eventually be used as a measure of whether the intended intermediate outcomes are achieved, which together laid the foundation for achieving the state's intermediate and long-term outcomes. Baseline data for intermediate outcomes were collected utilizing data recorded through the E&A Process Review, EI Services Needs Assessment data, IFSP outcomes extracted from Early Track, and Ohio's 2016 Family Questionnaire.

More specifically, DODD consolidated and analyzed data from the E&A Process Review to determine thoroughness of child and family assessment, including the extent to which children's levels of functioning are properly identified by the child and family assessment process. Additionally, Ohio added questions to its 2016 Family Questionnaire to obtain baseline data regarding families' understanding of and ability to support their child's strengths, needs, and functioning related to acquisition and use of knowledge and skills. The state also examined the quality of a representative sample of outcomes added to IFSPs between January and June 2016, and noted which IFSP outcomes addressed family-identified priorities related to acquisition and use of knowledge and skills. DODD TA consultants recorded whether the outcomes met each of the ECTA six-step criteria included in the Developing High-Quality, Functional

IFSP Outcomes and IEP Goals Training Package⁷: 1) Outcomes are necessary to meet the family needs; 2) Outcomes reflect real life settings; 3) Outcomes are discipline free; 4) Outcomes are jargon free; 5) Outcomes emphasize the positive; and 6) Outcomes avoid the use of passive words. Data were consolidated to determine the extent to which each criterion was being met within local programs and across the state. Finally, a DODD researcher utilized the EI Services Needs Assessments to identify to which services each local program currently had access, as well as to identify gaps in service availability and the barriers in attaining needed services. See Section 3(a) for additional details about baseline measures used for each intermediate outcome and the results of baseline analyses.

Finally, Ohio began considering measures needed to determine a baseline for Outcome (III)(D): Practitioners better utilize evidence-based interventions that promote child engagement and independence and families have increased confidence in their ability to support the child's development related to acquisition and use of knowledge and skills. Activities related to this outcome are scheduled to begin in July of 2017 and the baseline results will be reported in Ohio's 2018 SSIP submission.

1(e) Highlights of Changes to Implementation and Improvement Strategies

As described above, Ohio continues to focus its SSIP work on the same improvement strategies that were realigned in Phase II, which include: (I) Increasing the quality of child and family assessments to develop meaningful initial and exit COS statements; (II) Improving the quality of IFSP outcomes to address family priorities related to child's acquisition and use of knowledge and skills; and (III) Increasing access to and delivery of needed evidence-based services. Ohio's evaluation and implementation plan remains largely intact, with only minor updates to streamline data collection and the implementation of activities; utilize available data; more clearly define data collection and analysis methods; and further align the state's SSIP work with other initiatives within Ohio's EI program.

Modifications to Implementation

The state made modifications to a couple of activities needed to achieve short-term outcomes. Early Track is currently still controlled by and maintained at ODH, with limited IT resources available to make changes and updates. Since the development of new COS reports was not able to be completed as planned, DODD instead began to provide local programs with quarterly COS data files to ensure they had access to their COS data on a consistent basis. Additionally, rather than sending surveys to or holding focus groups with families to determine how they think they could be better engaged, the state first looked at responses to open-ended questions on the 2016 Family Questionnaire to obtain the needed information. Finally, rather than doing further research or completing a survey, DODD used the rich information from the E&A Process Review to identify strengths and weaknesses in the extent of family engagement and parent responsiveness in the assessment process, as well as to determine additional local program needs involving the COS.

Modifications to Evaluation

Ohio also more distinctly defined evaluation measures; specifically, the state adjusted questions to help more clearly describe and align measures, identified data sources, set benchmarks for each measure, and compiled data to determine how many local programs met each benchmark. In regard to activities needed to meet outcomes, rather than duplicating the efforts, information from the E&A Process gather

⁷ Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package:
<http://ectacenter.org/knowledgepath/ifspoutcomes-iepgoals/ifspoutcomes-iepgoals.asp>

baseline data for one of Ohio's intermediate outcomes to determine the thoroughness of child and family assessments, as well as how well children's levels of functioning were identified through the assessment process.

Component #2 - Progress in Implementing the SSIP

2(a) Implementation Progress

Activities Completed to Achieve Short-Term Outcomes

Ohio’s intended short-term outcomes included ensuring that local programs and families have increased access to resources regarding the functional assessment process and the Child Outcomes Summary; parents have increased access to resources regarding their role in the IFSP process and practitioners to resources about the development of quality IFSP outcomes; gaps in service availability and access to core teams have been identified; and EI practitioners have increased access to resources regarding delivery of EBPs. Ohio’s intended short-term outcomes were expected to be achieved between September 2016 and June 2017. The state has successfully implemented the activities identified in Phase II as needed to meet these outcomes, and thus in achieving its intended outcomes, as described subsequently.

Improvement Strategy I: Increase the quality of child and family assessments to develop meaningful initial and exit COS statements

To increase access to resources, trainings, and data related to the assessment and COS processes for local programs and families, the state planned to identify strengths and weaknesses in the child and family assessment process; provide additional data and trainings regarding data; revise the COS training content; and clarify expectations about the minimum information needed to conduct a family assessment. The state utilized both previously collected and new information to complete each of these. The specific activities and the steps taken to accomplish them are described in the subsequent tables.

Activity (I)(A)(1) *The state identifies strengths and weaknesses within the child and family assessment process and the extent to which assessment information is used to develop child outcome statements about the child’s acquisition and use of knowledge and skills*

Steps Needed	Details	Status
<p>(a) Identify strengths and weaknesses in the extent of family engagement and parent responsiveness in the process</p>	<p>DODD determined that information obtained through the E&A Process Review sufficiently identified strengths and weaknesses and the extent of family engagement and parent responsiveness in the process. Key findings were:</p> <ul style="list-style-type: none"> • All local programs were utilizing the required eligibility tools for child assessment purposes. • There was a need for clear articulation about the components of a functional assessment, including how a functional assessment should be conducted and the role of the family in the assessment process. • Local programs were having challenges understanding the purpose, engaging families in the process, and ensuring parents understand the purpose of the family-directed assessment (FDA). • Local programs were having challenges determining how the information is used to establish a need for EI services and to identify individualized outcomes consistent with the priorities of the family. 	<p>Revised/ Complete</p>

Steps Needed	Details	Status
<p>(b) Conduct a survey to determine what additional information programs need regarding the COS</p>	<p>Rather than conducting a survey, DODD utilized information obtained through the E&A Process Review to determine what additional information local programs need regarding the COS. The state learned that at the time:</p> <ul style="list-style-type: none"> • Approximately one third of local programs were not entering COS scores into Early Track. • Teams had difficulty understanding the COS and explaining it to families. • Teams had difficulty engaging families in the process. • Team members typically felt uncomfortable comparing children with developmental delays to typically-developing peers. <p>As coordination of evaluations, assessments, and the COS will be some of the responsibilities examined through the first phase of the SOSC process, further strengths and needs may be identified in these areas.</p>	<p>Revised/ Complete</p>

Activity (I)(A)(2) *The state will provide additional data as well as guidance/trainings on how to access and use data and inform local programs about where to access needed data*

Steps Needed	Details	Status
<p>(a) Create a COS report that includes percentages for child outcomes</p>	<p>Specifications were developed for two Early Track COS reports, but data system support has not been available over the past year. In the meantime, to ensure local programs have access to COS data on a consistent basis, DODD researchers began requesting COS data extracts and preparing files to send to each local program quarterly. In February 2017, local programs were sent:</p> <ul style="list-style-type: none"> • FFY15 COS data along with their FFY15 APR and determinations reports • COS data including all children who were exited from EI the first half of FFY16 	<p>Revised/ Ongoing</p>
<p>(b) Conduct regional trainings regarding data, monitoring, and the data system, with a focus on COS data</p>	<p>The state’s EI Data and Monitoring team conducted regional, in-person “Road Show” trainings that included extensive information about the data system, monitoring protocols and practices, and how to use available data. The COS process was covered in each of these three areas.</p>	<p>Complete</p>
<p>(c) Create a document that includes suggested uses for each report as well as definitions of included data elements, including the COS report</p>	<p>An EI Report Uses document was created for use in the Data and Monitoring Road Show trainings and more widely disseminated to the field through the Part C Coordinator’s bi-weekly newsletter in January 2017. This resource includes available parameters, suggested uses, included fields, and any known limitations for each report. Though the COS reports are not yet available, the document includes this information for these reports that will eventually be accessible, as well.</p>	<p>Complete</p>

Activity (I)(A)(3) *The COS training content will be revised to include any missing content areas in order to ensure that child outcomes statements on IFSPs are meaningful and derived from assessment information, and then are entered accurately into state data system*

Steps Needed	Details	Status
(a) Review COS data to identify topical areas for training, TA, and monitoring to improve data quality	Data quality analyses were completed along with the FFY15 COS analysis for the APR. DODD examined exit reasons of children without exit scores, compared scores for ratings completed using different mechanisms, and examined scores and COS categories across local programs. The most prevalent data quality issue discovered was that local programs were sometimes not completing Exit COS ratings. This has been addressed with individual local programs and will be monitored as quarterly COS data files are prepared.	Complete
(b) Identify content missing from current training materials and revise as necessary	The state obtained information about the needs of the local programs regarding child outcomes through: <ul style="list-style-type: none"> • The examination of data from the E&A Process Review • Evaluations from participants of the COS training • A competency assessment about the DaSY modules as part of the SOSC process The SOSC process will help the state continue to identify additions, changes, or clarifications needed to the COS training.	Ongoing
(c) Discuss with Ohio Department of Education (ODE) aligning Early Childhood tool development and training on assessment, outcomes and interventions	The EI Program manager has participated in work groups with several other state agencies working on standards for state of Ohio approved trainings and infant and toddler standards. Discussions specifically related to aligning tools and training on assessment, outcomes, and interventions continue between DODD and ODE. The EI Assistant Deputy Director also attends monthly cross-agency leadership meetings where topics related to early childhood professional development are discussed.	Ongoing

Activity (I)(A)(4) *The state will clarify expectations (through professional development, monitoring, and technical assistance) about the minimum information that should be obtained and recorded while conducting a family assessment, with emphasis on child function within typical routines, and the family priorities for supports in addressing outcomes regarding acquisition and use of knowledge and skills*

Steps Needed	Details	Status
(a) Utilize information gathered regarding strengths and weaknesses in the process to develop improved tools and methods	Strengths and weaknesses were identified through the E&A Process Review and largely addressed through the development of, training on, and use of the updated IFSP form required beginning in January 2015. Additionally, a training on functional assessments continues to be offered. Since a functional assessment is an imperative first step to identify the family needs, develop functional outcomes, and ensure families receive needed services, work specific to functional assessments continues with the functional assessment course.	Complete

Steps Needed	Details	Status
(b) Hold focus groups with families to find out how they think they could be better engaged	Ohio utilized responses from new open-ended questions on its 2016 Family Questionnaire to obtain this information rather than holding focus groups in order to reach and obtain input from a broader audience. The most common suggestion from families related to engagement was to be provided additional opportunities to interact with other families in EI who can relate to having the experience of raising a child with a developmental disability.	Revised/ Complete
(c) Determine needs for increased family assessment data collection	To further refine and improve the assessment process, the state considered requiring the use of the Routines Based Interview (RBI) for completion of the family assessment. Instead, local programs will be required to continue offering families an FDA, and when completed, use a tool and interview. They will be required to develop a written protocol that specifies: <ul style="list-style-type: none"> • That the tool and interview are used • Who completes the FDA tool and when • How they will encourage families to participate • How those utilizing the tool are trained to ensure consistency and accuracy, which must be approved by their EI TA Consultant When Ohio's EI data system is transitioned to DODD and updates are able to be made, the state will consider collecting additional data related to the FDA.	Complete
(d) Identify other ways to discuss the child's progress, beyond child progress relative to same age peers	Discussing child progress more generally, rather than only how the child's development relates to that of same aged peers, is addressed through the state's "IFSP: It's All about the Process" and "Family-Centered Practices" modules, among others, but this topic is best addressed in the face-to-face Child Outcomes trainings. During these trainings, participants are encouraged to write down the descriptor statement that most closely matches the child's current level of development, along with specific, objective examples of information that supports choosing each descriptor statement.	Complete
(e) Consider use of a tool to inform counties about what should be entered on the IFSP regarding child outcomes	In Ohio, the COS decision tree is utilized along with COS summary statements from Maryland. Local programs are encouraged to enter the descriptor statement as well as specific examples as to why that statement was chosen on the physical IFSP. Information related to child outcomes as they relate to the IFSP process is included in the IFSP "It's All about the Process" module, face-to-face COS training, and family-centered modules.	Complete

Improvement Strategy II: Improve the Quality of IFSP outcomes to address family priorities related to child's acquisition and use of knowledge and skills

To provide parents with increased access to resources regarding their role in the development of IFSP outcomes, the state determined it would be helpful to research the role of the parent and to develop resources and trainings to increase family engagement in the process. In order to ensure practitioners have increased access to resources related to developing these high quality IFSP outcomes, the state planned to develop or adopt tools to analyze the quality of IFSP outcomes. The specific steps taken to accomplish these activities are described in the tables that follow.

Activity (II)(A)(1) *The state researches/investigates resources related to the role of the parent in the team development of quality, individualized IFSP outcomes*

Steps Needed	Details	Status
(a) Research EBPs utilized by other states to increase family engagement and involvement in the IFSP development process	DODD researched EBPs utilized by other states to increase family engagement in the IFSP development process, as well as how family-to-family support is structured in other states and how it impacts child and family outcomes. Ohio also considered how initiatives in the state could be used to move forward with work related to increasing family engagement and impacting child and family outcomes. The state will take advantage of the expertise of the Ohio Developmental Disabilities (DD) Council by collaborating with them to advance this work through the project described below.	Complete
(b) Investigate how family-to-family support is structured in other states and how it impacts child and family outcomes		Complete
(c) Gather information from families to find out how they think they could be better engaged	Data from Ohio's 2016 Family Questionnaire were utilized. Most frequently, families indicated they would like more interaction with other families in EI who can relate to the experience of raising a child with a developmental disability.	Complete
(d) Better utilize work done by DD council regarding "family outcomes" on IFSP	DODD collaborated with the Ohio DD Council as the council developed a grant project designed to increase family presence and family outcomes within the EI system. A grant initiative began in January 2017 and the project will continue over the next five years, throughout which DODD will continue to be involved. Within five years, the DD Council aims to ensure family-centered practices are fundamental components of EI in Ohio and families leave the EI system with increased confidence, competence, and self-efficacy.	Ongoing

(II)(A)(2) *The state develops resources and trainings to increase family engagement and involvement in the IFSP development process*

Steps Needed to Implement Activity	Details	Status
(a) Develop materials for Service Coordinators, providers and parent mentors or advocates to talk to families about family engagement and involvement in EI, including the assessment and IFSP development process.	Several resources and trainings that include information about engaging families in the IFSP process were developed and are now or will soon be available to the EI field: <ul style="list-style-type: none"> • "What is Ohio Early Intervention?" video • "IFSP: It's All about the Process" module • "Family-Centered Practices" trainings • Service Coordinator Community of Practice • Parent module (will be available early summer 2017) 	Ongoing

See Section 6(a) for progress updates regarding resources and tools to ensure the development of high quality, functional, family-directed IFSP outcomes, as steps related to this activity are scheduled to be completed by June 2017.

Improvement Strategy III: Increase access to and delivery of needed evidence-based services

In order to begin reducing gaps in service availability, the state first aimed to identify gaps in core teams among local programs, as well as identify additional EI financing options and opportunities for service provision. Additionally, the state committed to developing resources and trainings to ensure EI practitioners have increased access to information about the delivery of evidence-based interventions to address family priorities regarding acquisition and use of knowledge and skills. The steps needed to accomplish each activity are described subsequently.

Activity (III)(A)(1) The state and local providers identify gaps in availability of core teams

Steps Needed to Implement Activity	Details	Status
(a) Develop a database of known service providers	Early Track was used to compile a list of providers in each local program included on IFSPs that occurred in SFY16. The EI Services Needs Assessments were used to assemble a list of providers available to provide EI services in each local program.	Complete
(b) Analyze data regarding services currently being accessed and those that are needed to meet outcomes, but not readily available	In Early Track, users have the drop down option of “service not yet coordinated” on the IFSP page, to document services that are needed to meet identified outcomes, but not initially able to be coordinated. DODD examined all instances where “service not yet coordinated” was chosen on an IFSP that occurred in SFY16.	Complete
(c) Ensure quality of funding source data	The IFSP guidance document specifies that providers and their funding source should only be listed on the IFSP form when the provider has agreed to provide the services through the IFSP. Instructions for the EI Services Needs Assessments clarified this, as well. Quality funding source data will become even more important with the implementation of Ohio’s new SOP rule.	Ongoing
(d) Identify barriers to timely access to evidence-based EI for specific service types in specific regions of the state	The state identified barriers to accessing needed services in each local program through the use of data reported on the EI Services Needs Assessments as well as a survey completed by local programs participating in the SOCOG pilot prior to its initiation. Most commonly, local programs simply identified a lack of providers in their counties who were available to provide services as required in EI.	Complete

(III)(A)(2) The state will identify additional, feasible cost effective EI financing options and opportunities, including other statewide early childhood initiatives

Steps Needed to Implement Activity	Details	Status
(a) Seek outside expert consultation about financing options and opportunities (e.g., ITCA, DaSy and ECTA as well as other state Part C systems, and Emerald Consulting)	Ohio contracted with Emerald Consulting to further identify the state’s EI financing needs. Emerald Consulting shared a report with recommendations, which the state’s EI Fiscal Project Manager shared with the EI Advisory Council at a July 2016 meeting. The stakeholders suggested that implementation of these recommendations should occur through the development of the state’s SOP rule.	Complete
(b) Revise SOP Rule and EI provider guidance and forms to reflect decisions	Utilizing recommendations from Emerald Consulting and much stakeholder input, Ohio drafted a rule that was completed and in clearance as of December 2016, will be filed with Ohio’s rule writing agency in April 2017, and is expected to be implemented in June 2017.	Complete
(c) Develop interagency agreement (IAA) to reflect decisions	Ohio is continuing to work on a draft Methods IAA to share with the Ohio Department of Medicaid (ODM).	Ongoing
(d) Identify other statewide early childhood initiatives that could be a resource or partner in EI financing	Beginning in the fall of 2016, DODD and ODM initiated monthly leadership meetings to determine potential opportunities to use Medicaid funding in EI, including federal grants. These meetings are continuing.	Ongoing
(e) Identify funding sources being accessed at the local program level	A list of funding sources available to provide EI services in each local program was compiled from information provided on the EI Services Needs Assessments.	Complete
(f) Determine access to Medicaid, public insurance, family cost share, etc.	The revised SOP rule articulates the family cost participation requirements and the current requirements related to use of public and private insurance. The department continues to work with ODM to increase access to Medicaid as a funding source for EI as well as to explore insurance legislation.	Ongoing
(g) Consider which EI activities/practices are reimbursed	DODD has submitted recommendations and rationale for covered EI services to Medicaid, and will continue these conversations.	Ongoing

See Section 6(a) for progress updates regarding resources and trainings related to delivering quality, evidence-based interventions, as steps related to this activity are scheduled to be completed by June 2017.

Outputs Accomplished

Ohio accomplished numerous outputs as a result of the implementation of the previously-described activities in each improvement strategy area. See the table below for a list of outputs that resulted through achievement of each short-term outcome and Ohio’s Phase III, Year 1 Logic Model (Appendix C)

for additional information and a visual representation of the connections between Ohio’s inputs, improvement strategies, outputs, and outcomes.

Improvement Strategy	Outputs	Short-Term Outcomes
<p>(I) Increase the quality of child and family assessments to develop meaningful initial and exit COS Statements</p>	<ul style="list-style-type: none"> • Family assessment requirements • Functional Assessment course • Data and Monitoring “Road Show” • COS Report specifications and quarterly reporting • E&A Process Review data • Early Track Data Entry Guide • EI Report Uses guidance • Revised Family Questionnaire • Additional core teams 	<p>(I)(A) Local programs and families have increased access to resources, trainings, and data related to the assessment process and COS</p>
<p>(II) Improve the quality of IFSP outcomes to address family priorities related to child’s acquisition of knowledge and skills</p>	<ul style="list-style-type: none"> • “IFSP: It’s All About the Process” module • “Family-Centered Practices” module • Parent module (in development) • EI Services Report • Data reflecting quality of IFSP outcomes 	<p>(II)(A) Parents have increased access to resources about their role in the team development of quality, individualized IFSP outcomes addressing child acquisition and use of knowledge and skills</p> <p>(II)(B) EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes addressing family priorities around child acquisition and use of knowledge and skills</p>
<p>(III) Increase access to and delivery of needed evidence-based services</p>	<ul style="list-style-type: none"> • New SOP Rule • Database of known service providers • “Using a Primary Service Provider Approach to Teaming” module • Technology guidance for remote EBEL service delivery 	<p>(III)(A) Gaps in EI service availability and reasons for the gaps are better identified</p> <p>(III)(B) EI practitioners have increased access to resources, trainings, and data about delivery of quality, evidence-based interventions to address family priorities around child acquisition and use of knowledge and skills</p>

2(b) Stakeholder Involvement in SSIP Implementation

EI Advisory Council and Stakeholder Group

Through the first two SSIP phases, Ohio observed that although any manner in which feedback is received from stakeholders is useful, the richest, most valuable information is typically obtained by

conducting in-person activities and discussions where the voice of the stakeholders can truly be heard. Ohio holds quarterly, in-person concurrent meetings with its EI Advisory Council and a larger EI stakeholder group. At these meetings over the past year, Ohio described the state of SSIP-related work in more detail, conducted activities related to the implementation of SSIP improvement strategies, and solicited feedback, which was reviewed and incorporated throughout the year. DODD actively seeks stakeholder input prior to the implementation of any new activity in the EI program and incorporates feedback prior to executing the activity. To do so, DODD conducts pilots prior to implementation of new trainings; provides the opportunity for the field to review new forms, proposed guidance documents, and program promotion materials; and asks for feedback in the assessment of changes to data collection and proposed new initiatives. Ensuring sufficient time for these activities is part of any project planning in which DODD engages to ensure that program leadership both understands stakeholder concerns and input and has time to incorporate stakeholder feedback. As a significant amount of resources over the past year have been dedicated to work related to the lead agency transition, Ohio looks forward to more actively engaging stakeholders in the SSIP implementation in the coming year and plans to dedicate a portion of each Advisory Council and Stakeholder meeting to the SSIP. See below for a summary of stakeholder involvement in the SSIP through EI Advisory Council and Stakeholder meetings over the past year.

May 2016

The May 2016 EI Advisory Council and Stakeholder group meeting included a variety of updates and discussions, several of which were related to the SSIP. A summary of the work completed through Phase II and the work to be completed as part of Phase III, including the intended outcomes, was provided to the group (See Appendix D). The council also discussed the EI Services Needs Assessments and how these data would be used to identify gaps in services and barriers to accessing services. An update regarding the state's fiscal system was provided, including information about calls that were conducted with more than ten counties concerning their funding sources and DODD's two-day onsite with Emerald Consulting regarding its fiscal structure. Finally, attendees separated into two groups to provide feedback on SSIP-related items. One group discussed a monitoring standards checklist that was in development and the other provided feedback on the 2016 version of the Ohio's Family Questionnaire, which was being edited to incorporate additional useful feedback from families, including data needed to complete baseline measures for Ohio's SSIP evaluation and to complete SSIP-related activities.

July 2016

At the July 2016 Advisory Council and Stakeholder Group meeting, the stakeholders were provided with an update on the status of SSIP activities and implementation of the evaluation, with the opportunity to provide feedback. Additionally, a presentation was given on the status of EI financing in Ohio, which is an integral piece of achieving Ohio's intended SSIP outcomes and ultimately the SIMR. This presentation included the recommendations provided in the report from Emerald Consulting, followed by an opportunity for stakeholders to ask questions, and a discussion about the best way to move forward in completing the necessary work to implement a new SOP rule in the state. DODD also asked stakeholders to consider taking part in an SOP-specific work group to provide input on drafts of the rule and work with DODD to ensure a smooth implementation of the rule with updated forms, guidance materials, and training.

November 2016

At the November 2016 Advisory Council and Stakeholder Group meeting, the group was provided with a summary of SSIP activities and steps that were due to be completed prior to the April 2017 SSIP

submission and had a discussion specifically regarding family engagement. In addition, attendees were informed that the Data and Monitoring Road Show trainings had been completed and extremely positive feedback had been received, as well as that the EI Early Track Data Entry Guide had been finalized and distributed to the field. DODD facilitated discussions, in both small groups and in the larger group, regarding how the website should be organized and what content it should include. The EI Program Manager and EI Training Coordinator delivered a formal presentation and sought feedback about how to best implement the SOSC process. Additionally, a draft of the SOP Rule, reflecting the input of the SOP work group, was shared with the Council and their input was sought on potential changes and clarifications.

February 2017

Numerous topics related to the SSIP were discussed at the February EI Advisory Council and Stakeholder Group meeting. DODD provided updates regarding the submission of Ohio's APR, the status of county APR data reports, the EI Report Uses document, and the status of the SSIP itself. The group also discussed the status of the family-centered practices and functional assessment trainings, as well as the Parent and Physician modules. Additionally, the group was able to see a preview of the new EI website and engaged in a lengthy discussion regarding the program name, logo, tagline, and branding, all of which will be vital to ensure the field has access to needed resources via the website. The afternoon portion of the meeting was spent discussing EI rules utilizing café style conversations, as DODD will be working closely with stakeholders over the next year to refine and update all current EI rules.

EI Program Updates Newsletter

Ohio communicates with and seeks feedback from its EI stakeholders more broadly through a newsletter compiled and sent by the Part C Coordinator every other week. These newsletters include updates about guidance, resources and materials, trainings, monitoring processes, the data system, and other important updates within the EI system in Ohio. In addition, feedback is also frequently sought from the field about implementation of new initiatives or proposed program changes. After completing and submitting Phase II of the SSIP, Ohio provided a detailed summary of the progress made over the course of the year in the next edition of the newsletter, as well as a description of all the outcomes the state intended to achieve over the next several years. Since then, this newsletter has been utilized to inform the field about various implementation activities and resources related to the SSIP. The newsletter is designed primarily for local EI Contract Managers and FCFC coordinators, but various other EI stakeholders, such as interventionists and county board superintendents, have also subscribed to the newsletter. All newsletters are also posted on the EI website where anyone can access them.

Other Targeted Stakeholder Involvement and Feedback

In addition to actively engaging the EI Advisory Council and Stakeholder Group through extensive discussions and participation in activities as well as more broadly informing the EI field about SSIP-related resources and accomplishments via the bi-weekly newsletter, DODD also elicited feedback from targeted groups of stakeholders to aid in making decisions regarding the ongoing implementation of the SSIP as needed. After a thorough internal review, eight counties performed a pilot review of the EI Data Entry Guide and provided feedback, which was incorporated prior to finalizing and distributing the guide. Additionally, a small group of local stakeholders reviewed specifications for two forthcoming Child Outcomes Summary reports and provided feedback. Their suggestions will be incorporated when report development begins and have been considered regarding the quarterly COS data currently being provided to each local program. While developing the Data and Monitoring Road Show, Ohio's EI Data and Monitoring team distributed a survey to the Contract Managers in each local program to determine

specific local program needs related to data and monitoring. Finally, stakeholders representing eight different local programs, as well as several staff from DODD, attended a pilot Road Show training and provided feedback to help the Data and Monitoring team finalize the training content. At each of the six regional trainings, participants were also encouraged to submit questions, describe challenges, and share strategies. This feedback has been compiled and is being utilized to develop topic-specific resources for the field.

Stakeholders have also been heavily involved in work related to Ohio's EI fiscal system, both in identifying gaps in availability of services and in developing the state's new SOP rule. As described previously, stakeholders participated in the restructuring of hearing and vision services, as the state developed deliverables-based contracts to ensure these services are available statewide. Local programs were also asked to submit EI Services Needs Assessments, which included barriers to accessing services, strategies to overcome these barriers, and a list of specific providers that have agreed to provide each EI service in the local program, in exchange for bridge funds to cover the period of transition from a quarterly payment system to direct reimbursement. All but two of Ohio's 88 local programs submitted the assessments, and Ohio's EI Fiscal Consultant had individual conversations with more than ten local programs regarding their funding sources, which together provided DODD with plentiful data to identify availability of funding sources and providers at the local level and barriers to accessing services. Additionally, diverse stakeholders are intimately involved in the SOCOG pilot, designed to increase access to core teams and EI services through collaboration among local programs and use of technological resources. Frequent stakeholder input will be sought when the state begins scaling up implementation of these strategies. Finally, following the presentation to the EI Advisory Council in July 2016 regarding the SOP recommendations from Emerald Consulting, a series of webinars was held with the broader EI field in August 2016 to answer any additional questions about the recommendations; a rule writing work group was assembled and convened twice in October 2016 prior to finalizing a draft of the SOP rule in November 2016; and in February 2017, a stakeholder group was convened to provide guidance and feedback on documents and forms to be used in the field as required by the SOP rule.

Component #3 - Data on Implementation and Outcomes

3(a) Monitoring and Measuring Outputs to Assess the Effectiveness of the Implementation Plan

Aligning with Theory of Action

Each strand of action in Ohio’s Theory of Action (See Section 1(a)) corresponds to one of the state’s identified improvement strategies, which are structured to address the root causes identified in Phase I. The Theory of Action provides an overview of the intended outcomes. It presents an illustrative representation of how: Developing additional materials and tools at the state level will result in increased access to services and information at the local level; increased access to resources will lead to increased knowledge which will result in improved practice among local programs and providers; and improved practices will result in better engagement with and increased confidence of families.

Together, achieving these short and intermediate outcomes will ultimately lead to improvement in Ohio’s SIMR, the percentage of children served in EI in Ohio who demonstrate improved acquisition and use of knowledge and skills. In other words, Ohio’s Theory of Action helps to convey the importance of first ensuring all necessary foundational knowledge is gained and foundational practices are utilized prior to successfully narrowing the focus more specifically on the SIMR. Because the questions in Ohio’s Evaluation Plan are designed to assess whether the steps and activities needed to meet the outcomes are completed, and ultimately whether the outcomes are achieved, the Theory of Action broadly reflects all the components included in the evaluation.

Short-term Outcomes

The majority of measures related to Ohio’s short-term outcomes were very straightforward. Essentially, these can be assessed with a “yes” or “no” response, indicating whether resources are available. Again, activities related to the short-term outcomes were deliberately designed to improve and develop the foundation of Ohio’s EI system. All of Ohio’s intended short-term outcomes have been achieved or are expected to be achieved by June 2017, as planned. Specifically, the state ensured resources were more readily available for: providers and families related to the COS and assessment processes; families regarding their role in the development of IFSP outcomes; and practitioners related to developing quality, individualized outcomes and to delivering evidence-based interventions. The table below describes the status of each of Ohio’s short-term outcomes in more detail.

Outcome Description	How Outcome was Achieved
<p>(I)(A) Local programs and families have increased access to resources, trainings, and data related to the assessment process and COS</p>	<p>For providers:</p> <ul style="list-style-type: none"> • DaSy/ECTA COS modules and in-person trainings were available and included in every bi-weekly newsletter • Functional assessment facilitated webinars were offered • The “IFSP: It’s All about the Process” module was developed • A provider-dedicated page is included on the new EI website <p>For parents:</p> <ul style="list-style-type: none"> • A web-based Parent module, which will include information about the assessment and COS process, will be available in early Summer • A dedicated parent page is included on the new EI website

Outcome Description	How Outcome was Achieved
(II)(A) Parents have increased access to resources about their role in the team development of quality, individualized IFSP outcomes	The Parent module, which will include information about parents’ role in the IFSP process, is in progress and will be available by early Summer 2017. Parents also have access to the “What is Ohio Early Intervention?” video and a variety of resources that define their role in the IFSP process and EI, in general, on the new EI website.
(II)(B) EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes	Until September 2016, a webinar specifically focused on functional IFSP outcomes was available, at which point the more comprehensive, “IFSP: It’s All about the Process” module was introduced. This module emphasizes the importance of writing high quality IFSP outcomes that address family needs in the context of the entire IFSP process.
(III)(A) Gaps in EI service availability and reasons for the gaps are better identified	Eighty-six of Ohio’s 88 local programs submitted EI Services Needs Assessments. Additionally, data extracted from Early Track were used to determine which local programs were listing each EI service on IFSPs. By identifying which services were available and being delivered, Ohio also determined where there were gaps in availability of services. On the EI Needs Assessments, the primary barrier mentioned was simply the lack of providers in the area.
(III)(B) EI practitioners have increased access to resources, trainings, and data about delivery of quality, evidence-based interventions	<p>Providers continued to participate in trainings about EBPs such as:</p> <ul style="list-style-type: none"> • “Overview of Evidence-Based EI training” • “Coaching in Early Intervention” • “Natural Learning Environments” <p>Trainings that became available throughout the past year include:</p> <ul style="list-style-type: none"> • “Using a Primary Service Provider Approach to Teaming” • Family-Centered Practices modules • Family-Centered Practices webinars <p>Additionally, following the trainings with Drs. Sheldon and Rush, providers submitted coaching logs and participated in calls for six months as a tool to reinforce the practices learned through the trainings.</p>

Ohio’s EI field has taken advantage of the available professional development opportunities. The number of people who completed each training in 2016 and 2017 through mid-March, along with additional information where applicable, is included below:

- **Functional assessment facilitated webinar** – 438 (available through September 2016; likely an underestimation as multiple people could have participated simultaneously from a single location)
- **IFSP facilitated webinar** – 187 (likely an underestimation as multiple people could have participated simultaneously from a single location)
- **“IFSP: It’s all about the Process”** – 207 (became available September 2016)
- **“Overview of Evidence-Based EI” module** - 229
- **“Coaching in Early Intervention” module** – 98
- **“Natural Learning Environments” module** – 93
- **Parent module** – In progress and expected to be available early Summer 2017

- “Using a Primary Service Provider approach to Teaming” module – 55 (became available September 2016)
- “Family Centered Practices” module – 120 (became available September 2016)
- Family-Centered Practices webinars – 495 (available in January and February 2017)

Intermediate Outcomes

As implementation of the majority of activities needed to achieve the intermediate outcomes has begun, Ohio has also compiled and analyzed data to establish baseline measures for nearly all of the state’s intermediate outcomes. Baseline measures for all intermediate outcomes are being included in Ohio’s 2017 or will be included in the 2018 SSIP submission. Ohio will perform ongoing analyses of these measures and report them in the state’s SSIP submission each year, including “post” measures to determine progress in its 2020 SSIP submission. Additional information with respect to data sources, baseline measures, data collection, and data analyses for each intermediate outcome follows. Potential limitations in these data are described in section 4(a). Over the next year, Ohio will work closely with stakeholders to review benchmarks and establish targets for each measure, as well as to determine how to best continue implementation of the DEC RPs referenced in section 1(c) to generate improvements in these areas.

Improvement Strategy I: Increase the quality of child and family assessments to develop meaningful initial and exit COS statements

Outcome (I)(B) Assessment teams conduct more thorough and functional child and family assessments to better identify the child’s level of functioning and families have an increased understanding of how to support their child’s development in the area of acquisition and use of knowledge and skills

Evaluation Question ⁸	Data Source	Benchmark	Baseline Data
(Q1) Are child and family assessments more thorough?	E&A Process Review Summary	Score of at least 80% of the total possible points on the Functional Assessment review area	10 local programs (11%) had a score of at least 80% of the possible points (14 or higher out of a possible 17 points)
(Q2) Are children’s levels of functioning better identified by the child and family assessment process?	E&A Process Review Summary	E&A Process Review included information about: Child/family engagement; How independently the child participates in family preferred activities and routines; The strength of social relationships	<ul style="list-style-type: none"> • Child/family engagement: 31 local programs (35%) • How independently the child participates: 24 local programs (27%) • Strength of social relationships: 27 local programs (31%)

⁸ The following question that was previously Q4 for this outcome was determined to fit better with Outcome (III)(D), and thus baseline results for this item are included subsequently.

Evaluation Question ⁸	Data Source	Benchmark	Baseline Data
(Q3) Do families have a better understanding of their child's strengths, needs, and functioning regarding acquisition and use of knowledge and skills?	2016 Ohio EI Family Questionnaire	95% of respondents answer that they agree or strongly agree that EI has helped them understand their child's strengths and needs in learning new things and gaining new skills	At least 95% of respondents from 52 local programs (60% of respondent programs) reported they agree or strongly agree

Data Collection and Analyses

(Q1) Following the E&A Process Review, DODD completed a summary for each local program. There were several elements within each review area, worth one to three points depending on the extent to which requirements were being met. A DODD Researcher compiled scores from the Functional Assessment review area to establish baseline data for this item. The table below includes the number and percent of local programs who were incorporating each individual component into the E&A process.

Item	# Yes	%
(1) The E and A report reflects a real picture of the child and family and guides identification of functional outcomes.	55	63%
(2) Assessors observed skills within daily routines and across routines	17	19%
(3) Assessors gather and use family information about their interests, important people in their lives, their concerns, resources, what is and isn't working related to the child being able to fully participate in family preferred routines and activities (child and family focused)	45	51%
(4) The E and A report includes: Recommendations for EI services with a focus on improving participation and access to family preferred activities and routines	26	30%
(5) The E and A report includes: Information about (child/family) engagement	31	35%
(6) The E and A report includes: Information about how independently the child participates in family preferred activities and routines.	24	27%
(7) The E and a report includes: Information about the strength of social relationships.	27	31%
Benchmark: At least 80% of the possible points	10	11%

(Q2) Items 5, 6, and 7 from the Functional Assessment of the E&A Process Review summary were utilized to establish a baseline for this item.

(Q3) Ohio added the following item to its 2016 Family Questionnaire to gather baseline data for this evaluation measure: "Help Me Grow Early Intervention has made me better able to: Understand my child's strengths and needs in learning new things and gaining new skills." Of 9,539 potential responses, 1,579 families responded to the questionnaire representing 86 of Ohio's 88 local programs, and 1,574 completed this item. Ohio will continue to include this question on its annual Family Questionnaire for comparison across time, with the 2019 questionnaire items utilized as the final measure to determine whether progress was made.

Improvement Strategy II: Improve the Quality of IFSP outcomes to address family priorities related to child's acquisition and use of knowledge and skills

Outcome (II)(C) *IFSP outcomes are of higher quality, and better individualized to meet the family-identified priorities that address acquisition and use of knowledge and skills*

Evaluation Question	Data Source	Benchmark	Baseline Data
(Q1) Are IFSP outcomes of higher quality?	IFSP outcomes extracted from Early Track and rated by EI TA consultants using the ECTA six-step criteria	At least 80% of outcomes meet all six criteria	At least 80% of IFSP outcomes from 3 local programs (4%) met all six criteria
(Q2) Do IFSP outcomes better meet the family-identified priorities that address acquisition and use of knowledge and skills?		At least 80% of outcomes are related to acquisition and use of knowledge and skills ⁹	At least 80% of outcomes from 49 local programs (58%) were related to acquisition and use of knowledge and skills

Data Collection and Analyses

A representative sample of outcomes added to IFSPs that occurred between January and June 2016, as entered into Early Track, was chosen for the DODD TA consultants to review. A 95% confidence level and 25% confidence interval were used to determine the appropriate sample size for each local program. DODD utilized a 25% confidence interval so the number of outcomes each consultant reviewed was feasible given the entirety of their workloads. Any outcomes deemed not ratable as entered into the data system were excluded from the sample. Outcomes from 85 of the 88 local programs were included and each consultant reviewed between 143 and 189, combining for a total of 1,010 outcomes rated. The consultants utilized a data sheet to indicate whether the outcomes met each of the ECTA six-step criteria, as well as whether the outcomes were related to acquisition and use of knowledge and skills. The table below includes the number and percent of local programs where at least 80% of the outcomes reviewed met each criteria, as well as all six criteria, and the number and percent where at least 80% of the outcomes addressed acquisition and use of knowledge and skills.

Criterion	#	%
Necessary to meet family needs?	68	80%
Reflects real life settings?	16	19%
Discipline free?	74	87%
Jargon free?	26	31%
Emphasizes the positive?	65	76%
Avoids passive words?	35	41%
(Q1) Benchmark: Met all Six Criteria	3	4%
(Q2) Benchmark: Outcomes that address acquisition and use of knowledge and skills, of total	49	58%

⁹ Though Ohio's SIMR focuses on acquisition and use of knowledge and skills, the state believes the other child outcomes are equally as important in the overall scheme of its EI program and acknowledges that IFSP outcomes may address more than one of the child outcomes.

Improvement Strategy III: Increase access to and delivery of needed evidence-based services

Outcome (III)(C) *Gaps in services that impact acquisition and use of knowledge and skills are reduced, thus families have increased access to needed evidence-based EI services*

Evaluation Question	Data Source	Benchmark	Baseline Data
(Q1) Have gaps in services that impact acquisition and use of knowledge and skills been reduced?	EI Services Needs Assessments	Access to providers for “core” EI services	Number of local programs who indicated access to “core” services ¹⁰ : <ul style="list-style-type: none"> • Special Instruction: 84 (98%) • Speech: 82 (95%) • Occupational Therapy: 81 (94%) • Physical Therapy: 80 (93%)
(Q2) Do families have increased access to needed evidence-based EI services?			

Data Collection and Analysis

A DODD EI Researcher utilized the EI Services Needs Assessments to determine the number of local programs with a provider available for each service. Data include the number of local programs that reported having at least one provider available within the local program to provide the specified EI service, including providers currently listed on IFSPs or those who recently have worked with families in EI in the local program.

Outcome (III)(D) *Practitioners better utilize evidence-based interventions that promote child engagement and independence and families have increased confidence in their ability to support the child’s development related to acquisition and use of knowledge and skills.*

Evaluation Question	Data Source	Benchmark	Baseline Data
(Q1) Do practitioners better utilize EBPs to promote child engagement and independence?	To be determined	To be determined	To be reported in Ohio’s FFY18 SSIP
(Q2) ¹¹ Do families have an increased ability to support their child’s development regarding acquisition and use of knowledge and skills?	2016 Ohio EI Family Questionnaire	95% of respondents answer that they agree or strongly agree that EI has made them better able to support their child in learning new things and gaining new skills	At least 95% of respondents from 64 local programs (74% of respondents) indicated that they agree or strongly agree

¹⁰ Service Coordination is also considered a core service; however, Ohio utilizes a dedicated Service Coordinator model and expects all children to receive Service Coordination. As such, Service Coordination is not tracked separately as a service within Early Track.

¹¹ This question was previously (Q4) under Outcome (I)(B). Ohio determined it fit better with this outcome and it replaced the following evaluation questions: “Do families have increased confidence in supporting improvement in their child’s acquisition and use of knowledge and skills?” and “Do families have increased competence in supporting improvement in their child’s acquisition and use of knowledge and skills?”

Data Collection and Analysis

(Q1) Activities related to practitioner use of EBPs to promote child engagement and independence are scheduled to begin in July of 2017. As such, DODD is still determining the baseline data source and benchmark for this item, which will be reported in Ohio’s 2018 SSIP submission.

(Q2) Ohio added the following item to its 2016 Family Questionnaire to gather baseline data for this evaluation measure: “Help Me Grow Early Intervention has made me better able to: Support my child in learning new things and gaining new skills.” Of 9,539 potential responses, 1,579 families responded to the questionnaire representing 86 of Ohio’s 88 local programs, and 1,575 completed this item. Ohio will continue to include this question on its annual Family Questionnaire for comparison across time, with the 2019 questionnaire items utilized as the final measure to determine whether progress was made.

Long-Term Outcomes: SIMR

SIMR: There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills

Evaluation Question	Data Source	Benchmark	Ongoing Data
(Q1) Have more infants and toddlers exiting Early Intervention demonstrated a substantial increase in the rate of growth in acquisition and use of knowledge and skills?	Early Track	By FFY18, 64.00% of children will demonstrate substantial increases in rate of growth regarding acquisition and use of knowledge and skills (APR Indicator 3B, Summary Statement 1)	Indicator 3B SS1 results: <ul style="list-style-type: none"> • FFY13: 59.58% (baseline) • FFY14: 62.16% • FFY15: 62.69%

Data Collection and Analysis

Ohio collected data for its SIMR via the Child Outcomes Summary Form (COSF) and COS statements adopted from Maryland. These data were extracted from Early Track and analyzed to obtain percentages for each summary statement for all three outcome areas of Indicator 3 (Early Childhood Outcomes) of the APR. Data for Ohio’s SIMR correspond to APR Indicator 3B, Summary Statement 1.

3(b) How the State Demonstrated Progress and Made Modifications to the SSIP

The state successfully achieved its short-term outcomes by further identifying areas of strength and weakness, more specifically assessing gaps in services, and increasing access to resources in all three improvement strategy areas. By accomplishing the intended short term outcomes, Ohio provided much needed foundational knowledge related to several infrastructure systems to its EI field. The state’s intermediate outcomes primarily involve utilizing available resources to increase knowledge and improve practice. As such, data were examined to establish a baseline of families’ levels of understanding of their role in the IFSP process and in understanding and supporting their child’s development. Data were also utilized to determine how well assessment teams are conducting functional assessments, to what extent IFSP teams are writing functional outcomes, and areas where EI services and core teams are not readily available. Additional baseline data to measure provider utilization of evidence-based interventions will be collected and reported in Ohio’s next SSIP submission.

As described in Section 1(e), Ohio will continue implementing its SSIP with very few changes from the state's Action Plan (Phase II, Appendix B). All of Ohio's intermediate outcomes are expected to be achieved by June 2019, and the state will perform ongoing analyses related to all of these measures throughout that time to monitor progress that has occurred since baseline data were collected. As the ongoing analyses are performed, the state will continuously consider essential next steps and evaluate whether modifications need to be made to implementation and improvement strategies or the state's intended outcomes.

3(c) Stakeholder Involvement in the SSIP Evaluation

When creating new trainings and other resources, the state consistently solicits stakeholder input. After thorough internal review at the state, trainings and other resources are typically shared with Ohio's EI Advisory Council and larger EI stakeholder group for review and input. Because these stakeholders have the responsibility to share information with and obtain feedback from the groups they represent, by receiving input from the EI Advisory Council and stakeholder group, Ohio essentially receives feedback from the entire EI field. As usual, DODD sought feedback from these stakeholders for the new "IFSP: It's All about the Process," "Using a Primary Service Provider Approach to Teaming," and "Family-Centered Practices" modules. Together, these resources have helped to provide parents and providers with increased access to information regarding the functional assessment and COS processes, developing functional IFSP outcomes, and delivering evidence-based interventions. Additionally, local stakeholders provided information that assisted with the identification of gaps in services and reasons for the gaps by both entering service data into Early Track and by listing providers within their local program who have agreed to participate in EI. Through participation in the SOCOG pilot, a subset of local programs also provided information about EI providers available in or near their counties. Stakeholders provided invaluable input throughout the development of Ohio's new EI website, as well, which was a vital part of increasing access to all of these resources.

In addition to their contribution to the achievement of the state's short-term outcomes, Ohio's EI stakeholders were also heavily involved in the collection of baseline data associated with the intended intermediate outcomes. Local program staff worked closely with their EI TA consultant throughout the E&A Process Review, which produced baseline data regarding how well functional assessments were being conducted across the state. More than 1,500 families in EI responded to Ohio's 2016 Family Questionnaire, including whether EI helped them better understand their child's strengths, needs, and functioning; whether EI helped them better support their child's development; and how they could be better engaged in the program. The results of this item, and all Family Questionnaire responses, were distributed to each local program's EI Contract Manager and FCFC Coordinator. DODD EI TA consultants completed ratings of a representative sample of outcomes, all which had been documented Early Track by local users. Finally, as described above, local stakeholders contributed to establishing a baseline regarding gaps in services by responding to the EI Services Needs Assessments and participating in the SOCOG pilot. As DODD completes ongoing evaluation data analyses, data will be shared and discussed with stakeholders, including an emphasis on benchmarks and targets. Ohio will encourage stakeholder participation in SSIP-related activities at each quarterly EI Advisory Council and stakeholder meeting over the next year.

Component #4 - Data Quality Issues

4(a) Data Limitations Regarding Progress in Implementing the SSIP

There are no known limitations associated with implementation of Ohio's short-term outcomes, which were primarily aimed at increasing access to resources. As described in Section 3(a), Ohio collected baseline data for intermediate outcomes via the E&A Process Review summaries, its 2016 Family Questionnaire, a review of IFSP outcomes extracted from Early Track, and the EI Services Needs Assessments. A description of potential limitations in the data used to establish baselines for intermediate outcomes follows.

E&A Process Review Data

The needs assessments, completed by six separate EI program consultants, were intentionally individualized to each local program, and a limited number of child records from each local program were reviewed. Still, the needs assessments were very thorough, as information was gathered from multiple sources to determine whether each element was in place, and allowed the consultants to clearly distinguish the strengths and needs of each local program in regard to the evaluation and assessment process.

Ohio's 2016 Family Questionnaire

Due to a few barriers encountered during the printing and mailing of Ohio's 2016 Family Questionnaire, families received the questionnaires later than in previous years and had a shorter response time, likely contributing to a lower response rate than the state typically has for this survey. DODD is already taking steps to ensure 2017 questionnaires are printed and mailed to families earlier in the year. Additionally, many responses to questionnaire items are based on parent perception; however, anecdotal evidence gained from the additional open-ended questions supports parents' reports that they have a better understanding of their child's strengths, needs, and functioning and ability to support their child's development in learning new things and gaining new skills.

IFSP Outcomes Data

Data system users sometimes do not enter outcomes into Early Track exactly as they are written on the physical IFSP. DODD excluded outcomes that were clearly not ratable as entered into Early Track (e.g., the outcome was entered simply as "Outcome 1") from the sample. Six different people completed outcomes ratings separately; going forward, as ongoing outcome ratings are completed to assess progress, Ohio intends to have multiple reviewers complete a subset of the ratings to ensure greater objectivity.

EI Services Needs Assessments

Local EI programs reported EI provider availability data via the EI Services Needs Assessments. These data were subject to limitations in accuracy, as self-report data typically are. For example, local programs included providers with whom they were familiar due to inclusion on an IFSP at the time of reporting or in the recent past prior to reporting, which may not be a completely accurate representation of every provider available to deliver EI services. As work continues to ensure equitable access to services statewide, and with the introduction of the new SOP rule, DODD will be able to obtain increasingly accurate data regarding availability of service providers. Furthermore, when able to make enhancements to Early Track, DODD intends to collect additional data with respect to service provision

which will expand the capacity to determine how frequently services are being utilized within each local program.

4(b) Data Limitations Related to the SIMR

Ohio changed its manner for collecting Child Outcomes data in January 2015 in order to increase the number of children for whom COS data were being collected and to improve the accuracy of the data. Prior to the change, Ohio used the COSF (See Appendix E) to collect child outcomes data. Beginning in January 2015, the Child Outcomes Summary process was integrated into the child and family assessment process, at which time Early Track was updated, as well, to collect Child Outcomes Summary statements (See Appendix F) for each of the three outcome areas. Though this change was intended to improve data quality in the long term, it created data quality challenges for reporting in the short-term, as COS entry and exit scores were collected using different mechanisms for some children. Because Ohio chose one of the child outcomes indicators as its SIMR, this data quality issue is pertinent to the state's SIMR, as well. This issue will continue to become less significant over time as fewer and fewer children have initial and exit COS ratings completed using different mechanisms.

FFY14 Data

For FFY14 reporting, because the new method for collecting child outcomes data was implemented in the middle of the fiscal year, more than half of children who were served in EI for at least six months and exited during the fiscal year had their entry and exit COS ratings completed using different methods/tools. Ohio chose to include only those children who had entry and exit ratings completed using the COSF in its FFY14 analyses for the child outcomes indicators. This eliminated the potential data quality issues due to ratings being completed using different methods, but limited the number of children who were included in the analyses, including for Ohio's SIMR.

FFY15 Data

Because the new method for collecting child outcomes data was implemented in January 2015, all children with the needed COS data who exited in FFY15 but were served prior to the change in data collection method had their entry ratings completed using the COSF. In total, just over half of all entry scores for children included in Ohio's FFY15 Child Outcomes data were completed using the COSF (2,821 of 5,571) and just under half using the new COS statements (2,750). The state also identified a need for improvement in recording Exit COS statements. The COS statement fields in Early Track include an "N/A" option that is intended to be used only when entering an IFSP review. However, the state identified nearly 500 children who exited in FFY15 and otherwise would have met the criteria to be included in the COS analysis, but for whom the "N/A" option was chosen for the Exit COS rather than one of the COS statements. Broad guidance has been provided to the field regarding properly recording Exit COS statements, along with targeted technical assistance to local programs who were frequently recording "N/A" rather than actual Exit COS statements, so the state expects to see improvement in this area for the next reporting period. A breakdown of summary statements and COS categories in each of the three outcomes areas, as reported in Ohio's FFY15 APR, is included in Appendix G.

Component #5 - Progress toward Achieving Intended Improvements

5(a) Infrastructure Changes

Ohio has completed activities intended to improve the state's Accountability/Monitoring, Data, Fiscal, Governance, Professional Development, Quality Standards, and Technical Assistance systems, which contributed to improvements across several improvement strategy areas. As enhancements in these areas address the root causes identified in Phase I, they have collectively lead to increases in, and will ultimately lead to achievement of, Ohio's SIMR. See below for more details about infrastructure changes that were implemented in Ohio's EI system over the past year.

Governance

Ohio's governance system underwent the most significant changes over the past year, as the state transitioned its EI lead agency from ODH to DODD. Though transition efforts are ongoing, this transition has not only produced noticeable improvements in Ohio's EI governance system, but has facilitated changes within several other infrastructure systems, as well. Through the transition, a sense of support from leadership and collaboration among individuals and teams has also been fostered, which continues to contribute to more efficient and effective overall functioning of the program. Stakeholders have stated publicly and privately on multiple occasions their appreciation for the state's efforts to elicit stakeholder feedback in the development of rules, trainings, website development, and the SSIP process.

Through the transition, Ohio continues to administer grants to local entities for service coordination, child evaluation/assessment, and family assessment. Each year the local FCFC designates an agency as its administrative agent to apply for funding. FCFCs are responsible for overseeing the local implementation of the EI program and ensuring compliance with all state rules and federal regulations. Approximately 90% of EI services are provided at the local level using local funding by county boards of developmental disabilities. Although these county boards must follow EI program rules when providing services on an IFSP, they are independent of the lead agency. When a local county board is unable to provide an EI service, Service Coordinators will coordinate funding through private or public insurance or Payor of Last Resort (POLR).

At DODD, the EI staff includes an Assistant Deputy Director who supervises an EI Program Manager, the Part C Coordinator, and an EI Fiscal Project Manager. The EI Program Manager oversees the EI TA and Training Team, including six EI consultants, each responsible for providing TA to local programs in a different region of the state, and an EI Training Coordinator. The Part C Coordinator oversees two Researchers, two EI Monitoring Consultants, an EI Resource Coordinator who oversees Ohio's POLR system, and a Public Health Audiologist who provides TA to the EI Hearing and Vision providers. Eight of these staff transitioned from ODH, co-locating at DODD in February 2016 and formally transferring effective July 2016. The integration of the EI team has been essentially seamless. See Appendix H for a Table of Organization for Ohio EI staff.

Accountability/Monitoring

Through the Data and Monitoring Road Show, DODD broadly provided information about the components of monitoring. The team reiterated the importance of monitoring regarding rules and regulations, fiscal responsibility, and, most importantly, accountability to families. The Data and Monitoring Team filled in gaps in knowledge regarding monitoring processes in Ohio, provided an abundance of resources, including a new Monitoring Checklist requested by stakeholders, and

emphasized the proactive and supportive approach of the team. Feedback on all aspects of data and monitoring, including the data system, was solicited from Road Show participants and categorized by topic area to develop additional monitoring resources.

Data

In preparation for the eventual transfer of Early Track from ODH to DODD, DODD's Data and Monitoring Team met numerous times with DODD IT to outline general data system functions and business rules and to gather data system requirements. The state developed an Early Track Data Entry Guide and EI Report Uses document, released an EI Services Report, and began to send COS data on a quarterly basis to enhance the ability for local users to enter and utilize data. DODD has incorporated requests from the EI field, including feedback from the Data and Monitoring Road Show, into planning for the updated system.

Fiscal

Local programs provided information regarding access to services via the EI Services Needs Assessments, and efforts to increase access to services. The state also implemented the SOCOG pilot as a trial mechanism for service delivery via regional teams and through the use of technology. The most significant achievement related to Ohio's fiscal system, though, was the development of a new state SOP rule, which was developed to ensure all families of eligible infants and toddlers in Ohio have equitable access to EI services, regardless of local CBDD funding.

Professional Development

Ohio developed numerous trainings and resources over the last year, and continues to create materials to educate the EI field in Ohio. Some of the primary new developments include the "What is Ohio Early Intervention?" video, the "IFSP: It's all about the Process" training module, all of the new FIPP CASE modules, Family-Centered Practice webinars, and the Functional Assessment Course, as described in Section 1(b). DODD continues to collaborate with other child-serving agencies in Ohio through the Early Childhood Advisory Council (ECAC), as well as the Ohio Professional Registry (OPR), where Service Coordinators and their Supervisors can document professional development and maintain their credentials.

Quality Standards

As a result of the lead agency transition, DODD has more clearly defined staff roles, centralized communication efforts, and aligned guidance. DODD has also implemented a "no wrong door" approach to support for the field, so that monitoring and technical assistance staff collaborate in providing information, clarification, and guidance. The implementation of the new website has provided a central portal where anyone within the EI system can quickly and easily access needed resources and information. Additionally, Ohio expanded the utilization of the coaching approach, which supports practitioners in implementing EBPs.

Technical Assistance

With the transition of lead agency from ODH to DODD, the TA team transitioned from functioning as two separate teams, each responsible for providing technical assistance to all 88 Ohio counties and focused on only certain aspects of the EI program, to one cohesive unit. Each TA consultant is now working with a smaller group of counties to address all aspects of the EI program, which allows more thorough, focused TA for each county.

Recognizing that a strong service coordination system is the foundation for a strong Ohio EI system, the TA team has placed significant emphasis on supporting Ohio's Service Coordinators through the initiation of the SOSC process, as well as a COP for new Service Coordinators. Additionally, most local programs have completed training on EBPs and using a teaming approach and the EI consultants are providing ongoing TA and supporting programs on monthly coaching calls.

5(b) Evidence-Based Practices

As described in Section 1(c), the state continues to implement EBPs across all three improvement strategy areas and is moving toward full implementation. In line with its Theory of Action, Ohio has provided access to new resources and trainings that describe and promote the use of EBPs, explained in Section 3(a). Research has shown that effective implementation strategies often include active engagement and support.¹² In order to ensure that knowledge translates to practice, Ohio is utilizing a longer-term, multilevel approach in which training and resource development are followed up with practice-based coaching. This coaching is provided by DODD TA consultants who were trained to become certified fidelity coaches, in tandem with content experts (e.g., Shelden & Rush). Targeted TA and supports are then provided to effect behavior change, which is assessed during subsequent coaching sessions through the ongoing evaluation process. The EI field in Ohio continues to become more knowledgeable about EBPs by utilizing trainings and other materials, as well as taking advantage of TA and coaching opportunities. Access to trainings and TA leads to achieving a mastery of content, which then facilitates better utilization of EBPs.

It has become especially apparent that improvement activities are having the desired effects regarding the implementation of EBPs as the state has begun to receive information directly from families to indicate the practices are being carried out as intended. Ohio added open-ended items to its 2016 Family Questionnaire, one of which asked families what in EI has worked well for them. In response to this question, families frequently mentioned that they have a better understanding of the strengths and needs of their children, and that the goals the team establishes are practical, individualized, and achievable, which suggests that assessments and IFSP outcomes are becoming more functional. Many families underscored the value of receiving services in natural environments, indicating that it was convenient as well as effective for the entire family to receive services within their typical activities and routines. The benefits of coaching and having access to a core team were frequently mentioned, as well; families indicated that receiving guidance from their interventionists was effective in helping their children learn and grow on an ongoing basis. Finally, families made it clear that EI teams are giving them needed flexibility, as well as really listening to the families and taking their ideas into account, thus successfully incorporating family-centered practices and promoting family engagement. These responses from families provide concrete evidence that the concepts presented in Ohio's Theory of Action are effective, as access to resources and coaching has led to increased knowledge and improved practice, which has resulted in engaged and confident families who are better equipped to support the development of their children. See the figure that follows for specific examples of responses from families on Ohio's 2016 Family Questionnaire.

¹² Implementation Research: A Synthesis of the Literature:

<http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf>

Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M. & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

“What in Early Intervention has worked well with your family?” Direct Quotes from Ohio’s Families

“It’s working really well. I am able to communicate my child’s needs and understand her strengths!”

“The assessment was very interesting and helped show my child’s strengths and opportunities for growth and helped give us the confidence and tools to improve.”

“I liked that our therapist came to our house instead of us having to drive somewhere for services. That was extremely convenient and made therapy work great for us---being in our own home gives a better picture of how our routine works.”

“As a 2 full time working household, EI is very flexible with our schedules and comes to our house. They also drive twice as far to visit our daycare to help our caregivers give the best assistance with my child’s development.”

“The in home visit has helped because our child is in her own environment and comfortable. We are thrilled with the progress our daughter is making. The ‘homework’ tips have really helped us know what to focus on with her.”

5(c) Outcomes

Incorporating only minor changes to its evaluation plan to streamline data collection and activities, utilize available data, and more clearly define the plan, Ohio is making significant progress in achieving objectives. As described in Component #3, Ohio implemented or is implementing its intended short-term outcomes in a timely and effective manner. The state provided increased access to resources and trainings regarding conducting functional assessments, including the COS process, and developing functional IFSP outcomes to providers and families. Additionally, gaps in EI services and reasons these gaps exist were more thoroughly identified across the state.

Needed baseline data related to intermediate outcomes were collected and analyzed, and intermediate activities have begun to be implemented. By way of achieving short-term outcomes and progressing toward achieving intended intermediate outcomes, Ohio is continuing to make improvements in its SIMR. As illustrated by Ohio’s Theory of Action (See Section 1(a)), the state anticipates that development of additional resources along with ongoing TA support will continue to result in increased knowledge and improved practice among local programs and providers, which will lead to better engaged, more confident families. Together, these changes will ultimately result in achievement of Ohio’s SIMR.

5(d) Measurable Improvements in the SIMR

Because Ohio’s SIMR focuses on the population of children in EI rather than a subset, the baseline data and targets for Ohio’s SIMR correspond to those established for the state’s APR. As suggested by the EI Advisory Council and Stakeholder Group, targets established for each child outcome indicator increase slowly over time, to ensure that they remain rigorous, yet achievable. Targets through FFY2018 for the child outcome area chosen as Ohio’s SIMR, and results where applicable, are as follows:

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

FFY	2013	2014	2015	2016	2017	2018
Target	58.00%	60.00%	61.00%	62.00%	63.00%	64.00%
Actual	59.58%	62.16%	62.69%			

In FFY13, 59.58% of children had a substantially increased rate of growth in the state’s chosen outcome area (indicator 3B, Summary Statement 1), which served as the state’s baseline. In FFY14, 62.16% and in FFY15, 62.69% of children who entered or exited below age expectations in acquisition and use of knowledge and skills substantially increased their rate of growth by the time they exited.

While these data are certainly trending in a positive direction, DODD acknowledges that implementation of SSIP activities is likely not the only factor contributing to improvement, as much work outside of the SSIP has been done over the past several years to place more of an emphasis on improving child outcomes in Ohio. Nonetheless, with continued improvement efforts through SSIP-related work, Ohio is on track to achieve its ultimate SIMR target of 64% for this indicator by FFY18.

Component #6 - Plans for Next Year

6(a) Additional Activities to be Implemented

Though the majority of Ohio’s short-term outcomes have been achieved, there are two for which the established timeline for completion is June 2017. Activities related to those short-term outcomes will continue for the next several months, including those related to identifying or creating a mechanism to analyze the extent to which IFSP outcomes are functional and developing resources for delivering quality, evidence-based interventions. As the state begins to focus more heavily on IFSP outcomes, additional improvements in the functional assessment will also continue to be made. Dr. Lee Ann Jung’s functional assessment course began with the first cohort in March 2017 and will be available for three years. See the subsequent tables for additional details regarding the status of activities needed to meet the remainder of Ohio’s short-term outcomes.

Improvement Strategy II: Improve the Quality of IFSP outcomes to address family priorities related to child’s acquisition and use of knowledge and skills

Activity (II)(B)(1) *The state adopts tool(s) or mechanisms that will be used consistently by both state (data, monitoring and technical assistance/training) staff and local EI providers to analyze the extent to which IFSP outcomes are functional, family directed, based on child and family assessments and address identified needs related to acquisition and use of knowledge and skills*

Needed Steps	Status	Details
(a) Add/modify data collection mechanisms around IFSP outcomes to ensure complete/accurate data are available to analyze	Ongoing	An EI services report is now widely available to local programs so they can readily access their IFSP outcomes. The state is considering how to best restructure the IFSP page in Early Track to ensure the data collected are as complete and accurate as possible. These and other needed enhancements to the data system will begin when it is transferred from ODH to DODD.
(b) Develop or adopts tool(s) to determine the extent to which IFSP outcomes are functional, family-directed, based on child and family assessments	Ongoing	The state will continue to utilize the ECTA six-step criteria to evaluate the quality of IFSP outcomes and encourage local programs to do the same.
(c) Emphasize the development of family outcomes	Ongoing	The development of family outcomes will be a primary focus of the DD Council grant over the next year, as well as throughout the entirety of the project. The functional assessment course will also incorporate content specifically addressing acquisition and use of knowledge and skills.

Needed Steps	Status	Details
(d) Revise current or create new resources to be used for training, TA, monitoring, data collection, and family engagement	Ongoing	The primary resource created thus far that addresses family engagement in regard to developing IFSP outcomes is the “IFSP: It’s all about the Process” module, as this module walks through the entire IFSP process, including engaging the family throughout the process.

Improvement Strategy III: Increase access to and delivery of needed evidence-based services

Activity (III)(B)(1) *The state develops resources and trainings for delivering quality, evidence-based interventions to support child acquisition and use of knowledge and skills*

Needed Steps	Status	Details
(a) Develop resources and training that include content that supports the implementation of evidence-based intervention	Ongoing	Numerous resources and trainings related to utilizing EBPs within the EI system, including those related to coaching; family-centered practices; natural learning environments; using a primary service provider approach; and an overview of EBPs in EI, will continue to be offered to and utilized by the field.
(b) Develop resources that articulate how to ensure services are clearly linked to the team-identified, family-directed outcomes	Complete	The new functional assessment course will ultimately help to improve quality of interventions, as conducting a functional assessment is an imperative first step that leads to the development of quality, individualized outcomes and evidence-based interventions that address these outcomes. The “IFSP: It’s All about the Process” module frames this, as well.
(c) Provide guidance (including training, TA and monitoring) on how to simultaneously meet Part C of IDEA requirements and engage in evidence-based EI practices	Ongoing	Since the transition from ODH to DODD occurred, all resources, trainings, and guidance materials are more frequently reviewed and edited by staff representing both Data and Monitoring and Training and TA teams. Any discrepancies are resolved during the development process and elements of the final products are used to illustrate both compliance and best practice in different contexts. All trainings are also updated annually by the EI Training Coordinator.

In addition to completing activities needed to achieve short-term outcomes, Ohio has begun implementation of many of the activities needed to achieve intermediate outcomes. The state has also begun narrowing the focus of activities to more directly target its SIMR through improvement efforts, and will continue to do so over the next year. The intermediate outcomes involve increasing knowledge through the utilization of the newly available trainings, data, and other resources and improving practice via ongoing TA and coaching. Specifically, as they relate to acquisition and use of knowledge and skills, assessment and COS processes will be thorough and meaningful; IFSP outcomes will be individualized and based upon family-identified priorities; and interventions needed to address identified outcomes will be accessible and delivered in an evidence-based manner. Families will be engaged as equal IFSP

team members throughout all of these processes, and confident in their ability to support their child’s development. Intermediate outcomes are expected to be achieved by June 2019. The eventual result of implementing these changes will be an increased percentage of children whose acquisition and use of knowledge and skills improves, which is Ohio’s intended long-term outcome and the ultimate goal of its SSIP. See the tables below for a comprehensive list of activities related to each improvement strategy area, including the steps needed to meet and timelines for completing each activity, that Ohio will implement over the next year.

Improvement Strategy I: Increase the quality of child and family assessments to develop meaningful initial and exit COS statements

Activity	Steps Needed to Implement Activity	Timelines
(I)(B)(1) Service Coordinators and assessors, at a minimum, will be trained on the child and family assessment requirements and the COS process	<p>(a) Training and resources will be easily accessible and provided through a variety of mechanisms</p> <p>(b) Include guidance about what types of information should be entered on the IFSP that can be easily translated to the COS statements chosen in the data system</p> <p>(c) State staff (Monitoring, TA/Training, Data) will utilize the same materials/guidance with local staff to promote consistency of understanding</p>	July 2016 to June 2018

Improvement Strategy II: Improve the Quality of IFSP outcomes to address family priorities related to child’s acquisition and use of knowledge and skills

Activity	Steps Needed to Implement Activity	Timelines
(II)(C)(1) Implement training for IFSP team members, including parents, about writing high quality individualized IFSP outcomes	<p>(a) Include process for operationalizing EBEL practices (Mission and Key Principles and DEC recommended practices) for fostering true partnerships with parents and other primary caregivers, in development of IFSP outcomes</p> <p>(b) Utilize a variety of resources to support diverse needs and promote EI professional competence and mastery.</p>	July 2016 to June 2018

Improvement Strategy III: Increase access to and delivery of needed evidence-based services

Activity	Steps Needed to Implement Activity	Timelines
(III)(C)(1) Evaluate impact of change in payment methodology and allocation	<p>(a) Evaluate the impact of any financing structure changes so counties/communities don’t lose services</p> <p>(b) Evaluate potential financing structures (grant, contracts, combination)</p> <p>(c) Determine whether a cost share plan would need to be established for system of payment</p> <p>(d) Evaluate methods of billing (e.g., centralized billing, provider direct billing) and simplify system to accommodate the maximum number of providers and payors</p>	July 2016 to December 2017

Activity	Steps Needed to Implement Activity	Timelines
(III)(C)(2) Evaluate payment options for services that have no cost to parents (SC, evaluation and assessment)	<p>(a) Examine payment options for intake, child find, public awareness and other non-direct system services and evaluate impact of change in payment methodology</p> <p>(b) Evaluate payment options for EI services that may have a family cost share (e.g., Medicaid, private insurance, Payor of Last Resort)</p>	January 2017 to June 2019
(III)(D)(1) Offer a variety of training and technical assistance opportunities for implementation of EBPs for acquisition and use of knowledge and skills	<p>(a) Use and promote DEC recommended practices</p> <p>(b) Explore several methods and mechanisms for communicating with the EI field regarding service delivery on a consistent basis</p> <p>(c) Initiate conversations with higher education about incorporation of EBEL interventions for supporting acquisition and use of knowledge and skills</p> <p>(d) Examine how and when evidence-based EI services may be provided virtually</p>	July 2017 to June 2019

Through continued data analyses and monitoring processes, Ohio will utilize feedback loops to adjust activities in each improvement strategy area as necessary. On an ongoing basis, the state will assess the extent to which implemented strategies and activities are making the intended impact and further identify areas of weakness. Trainings, resources, TA, and coaching will continue to be adapted or developed to meet any additional identified needs and ensure continued improvement to move the state closer to achieving its SIMR.

6(b) Planned Evaluation Activities

Ohio will continue or initiate several activities needed to achieve short-term and intermediate outcomes over the next year, as detailed in section 6(a). DODD will analyze data to establish a baseline for one additional intermediate outcome. The state will determine how to measure how well practitioners are utilizing EBPs, as well as narrow down which specific practices will be examined. Additionally, DODD plans to more formally integrate the SSIP work into the quarterly EI Advisory Council and stakeholder meetings, including increased opportunities for stakeholders to discuss and provide feedback about the implementation and evaluation of the plan. DODD will collaborate with stakeholders over the next year to review implementation and evaluation activities, as well as baseline and ongoing data, including discussing benchmarks and establishing targets for each measure. Finally, Ohio will analyze data related to all baseline measures described in Section 3(a) on an ongoing basis to assess progress.

6(c) Anticipated Barriers

Though the physical transition of employees and the legal transition of lead agency have been complete for approximately nine months, challenges will likely continue to arise as a result as DODD continues to make enhancements to the EI system through SSIP activities and other processes. Transition-related efforts continue regarding processes and protocols, rules, interagency agreements, and the data system. Nevertheless, DODD EI staff are committed to ensuring the transition remains as smooth as possible for the EI field. The state expects some of the most challenging barriers to be related to Early Track and program rebranding efforts. While most of Ohio’s anticipated barriers are broad, they have the potential

to affect the work on the SSIP either directly or by tying up resources that would otherwise be focused on implementing the SSIP.

Currently, very limited resources are available to make needed changes and updates related to EI in Early Track. Over the next year, Early Track will be transitioned to DODD, which will ultimately result in increased ability to perform bug fixes and add enhancements to the data system, including those related to IFSP outcomes. Much time and effort will be needed from a variety of people within Ohio's EI system, thus reducing resources available for some SSIP work and other projects. However, the state has taken a proactive approach to addressing these anticipated barriers. The Data and Monitoring team has collaborated with IT staff over the last year to gather requirements in preparation for the eventual transition of the data system and will continue to work closely with IT over the next year to ensure the transition and any new development occur as seamlessly as possible, especially as it relates to use in the EI field.

Prior to the transition of lead agencies, EI in Ohio existed under the "Help Me Grow (HMG)" umbrella. In addition to EI, the HMG program encompassed Ohio's Home Visiting program targeted at first time mothers of an infant under six months of age, along with a shared Central Coordination/Intake system through which referrals are made for both EI and Help Me Grow Home Visiting. With the transition of lead agency for Part C, the "Help Me Grow" brand remained connected with Home Visiting at ODH, but no longer with Early Intervention or Central Coordination. As Ohioans have associated EI with the "Help Me Grow" brand for several years, it will take a collaborative effort among the state and local programs to ensure families, providers, and referral sources across the state are familiar with Ohio's EI program and new brand going forward. Extensive stakeholder input was solicited in the development of the new EI logo and DODD will work with stakeholders to implement the new logo and in the broader re-branding efforts.

In addition to anticipated barriers related to the transition of lead agencies, the discrepancy in child outcomes data collection mechanisms will persist for a couple more years. This data concern becomes less significant over time, but will still exist for children who are exited from EI through January 2018, if they have been served in EI consistently since January 2015 or before. Thus, for the next two reporting years, Ohio will still include a small percentage of children for whom entry and exit COS scores have been collected using different tools. Comparisons between children who have both ratings completed using the new COS statements and those who have ratings completed using the two different tools will continue to be made to determine if there are any differences in the data. The state considers any minor data concerns in the short-term to be well worth the long-term data quality improvements, especially for data regarding child outcomes, which are so vital to any EI system.

Finally, though the implementation of Ohio's SOP rule will ultimately increase equitable access to services and thus significantly benefit families and local programs across the state, it will come with a period of adjustment. The rule was developed with extensive stakeholder feedback, but as with any significant change, there will likely be some hesitation and confusion in the field surrounding actual implementation of the new rule. Again, the state has worked to proactively address these barriers. DODD has a staff person whose primary role is to manage the state's responsibilities related to the SOP. Resources, including flow charts for determination of ability to pay and a parent brochure, have been developed, as have statewide trainings regarding the rule. These resources will be distributed and trainings will be available prior to rule implementation. Additionally, provider contract language was modified to ensure it is consistent with the language of the SOP rule.

6(d) Additional TA Support Needs

Ohio's SSIP TA team, which includes Ohio's OSEP TA lead as well as individuals representing The Center for IDEA Early Childhood Data Systems (DaSy); The Early Childhood Technical Assistance Center (ECTA); The National Center for Systemic Improvement (NCSI); and the IDEA Data Center (IDC), has been extremely helpful and supportive and very much appreciated throughout the first three years of SSIP work. Additional technical assistance will be sought over the next year, as well. Specifically, Ohio will likely need continued assistance in narrowing down EBPs on which to focus, additional resources and examples from other states and federal TA centers, additional information regarding how to assess infrastructure improvements through use of system frameworks, and suggestions for the most effective ways to incorporate information specifically related to acquisition and use of knowledge and skills into trainings and other resources to more directly target improvement in this area.