Ohio Part C State Systemic Improvement Plan

Phase III, Year 4

Submitted March 30, 2020

Contents

Component #1 - Summary of Phase III, Year 3

1(a) Theory of Action
Ohio has focused on the following three improvement strategy areas through its SSIP 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 the 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 results in increased knowledge and improved practice among local programs and providers. These improvements within the local programs lead to more engaged and confident families. Together, these changes result in improvement in Ohio's SIMR area: ***Substantially increase the rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills.*** Over the past several years, Ohio's Part C program worked through the state-level activities in the Theory of Action, then began to focus on ensuring the intended results were achieved among local programs and families. In doing so, Ohio achieved its short-term and intermediate outcomes and made progress toward achieving its long-term outcome, which is Ohio's SIMR. 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 continued implementing numerous activities over the past year, making further systemic changes in various infrastructure areas, achieving intermediate outcomes, and progressing in the state's SIMR area. See Section 5(a) for a summary of improvements and undertakings in each infrastructure area. In regard to specific activities, the state remained focused on increasing knowledge and improving practice at the local level, and improving equity of access to EI services across the state. Specifically, DODD:

- Revised the assessment section of the prescribed IFSP form to better incorporate the COS into the assessment process, including adding the COS statements directly to that section of the form; created and distributed a standalone exit COS form; added new COS reports to the Early Intervention Data System (EIDS); and provided individualized support around the COS process through TA plans
- Continued to evaluate the quality of IFSP outcomes and ensure local programs have easy access to IFSP outcomes via a report in the data system
- Expanded automatic EI eligibility to children with diagnoses of neonatal abstinence syndrome (NAS) and elevated blood lead levels, thus increasing the number of children able to access EI services in the state
- Received a significant increase in state funds; created new, more straightforward system of payments (SOP) forms; put together additional guidance around the SOP rule; contracted with additional Payor of Last Resort (POLR) providers and funded services for an increased number of families through its POLR system; and collaborated with providers and local programs to increase access to evidence-based EI services via technology

In addition to completing steps and activities to achieve the intended SSIP outcomes, Ohio began or continued several other statewide initiatives and projects. A description of Ohio's major activities and accomplishments over the past year follows, most of which will continue to be referenced throughout this document. Though each of these is systemic in nature, all of them impact at least one improvement strategy area, as referenced at the end of each description.

EI Budget

Over the past several years, the number of children referred to and served in EI in Ohio has steadily increased. In State Fiscal Year (SFY) 2019, Ohio received 30% more referrals and served 15% more children than in SFY 2014. For the SFY 2020 to SFY 2021 biennium, Ohio received more than a 100% increase in state General Revenue Funds (GRF) that is increasing the state's capacity to identify, evaluate, assess, and serve these additional families. More specifically, additional dollars are being distributed to local programs to provide service coordination for, and to evaluate, assess, and serve children with neonatal abstinence syndrome (NAS) and increased lead levels. Additionally, the state was able to allocate funds to contract directly with the state's central intake and referral vendor; to the delivery of services through the state's payor of last resort system; to create pilots in areas of need to enable the delivery of evidence-based EI services; and to fund professional development opportunities for the EI field. ***(Improvement Strategies I, II, and III)***

New EI Rules

Following Ohio's lead agency transition from the Ohio Department of Health (ODH) to the Ohio Department of Developmental Disabilities (DODD), the ODH EI rules remained in effect for the EI system until DODD promulgated new rules. Over the past two years, DODD worked extensively with a broad group of stakeholders to review and codify EI rules under DODD, consolidating and clarifying information from existing rules. While substantial structural changes were made, the content of the

new rules is fundamentally similar to previous rules. Each of the new proposed rules was drafted by DODD, then shared at an EI Advisory Council and Stakeholder meeting with ample opportunity for feedback. DODD incorporated this input into the draft rules, then formed work groups specific to each rule to discuss additional details. Collaborating with the work groups, DODD created polished drafts of each rule that were posted for public comment. DODD released all new rules, as well as updated forms, in July 2019. In order to ensure data collection via the Early Intervention Data System (EIDS) was consistent with the new rules, the Data and Monitoring team collaborated with DODD IT to make the needed changes in the data system, which were released simultaneously with the new rules and forms. The state also provided comprehensive support in implementing the new rules to its EI field via webinars, regional meetings, and guidance documents. ***(Improvement Strategies I, II, and III)***

New IFSP Form

All EI forms, including Ohio's IFSP form, were updated along with the EI rules. DODD's primary intent in revising the IFSP form was to ensure the form is as family friendly as possible and mirrors the IFSP process. In doing so, DODD consolidated the form to include only information directly related to the IFSP process and important to the family. Separate forms were created or adapted to collect much of the other information previously captured on the IFSP form. With significant input from the state's stakeholders, Ohio EI revamped the assessment and IFSP outcomes sections of the IFSP form to help drive a truly authentic assessment process, ultimately leading to more individualized and meaningful IFSP outcomes. DODD restructured COS data collection within the assessment section to include examples of what types of behaviors to consider regarding each specific measure; separate sub-sections to document the child's strengths and needs in each area; and a list with a checkbox for each COS statement to ensure the exact statement describing the child's functioning is always documented when the COS process is completed. ***(Improvement Strategies I and II)***

Additions to Ohio's Diagnosis List for EI Eligibility

In Ohio, children who have a documented diagnosed physical or mental condition with a high probability of resulting in a developmental delay are eligible for EI. While children can become eligible by any diagnosis that meets these criteria, as determined by a professional who is licensed to diagnose and treat mental or physical conditions, Ohio has a list of diagnoses that automatically qualify a child to be eligible for EI. With the implementation of Ohio's new rules, both neonatal abstinence syndrome (NAS) and confirmed blood lead levels of five micrograms per deciliter or greater were added to Ohio's diagnosis list for automatic EI eligibility in order to better identify and serve these children and families who may benefit from EI services. To support Ohio's EI field in the evaluation, assessment, outcome development, and service provision for children with NAS and elevated blood-lead levels, DODD has provided and continues to provide multiple professional development opportunities to its EI field. ***(Improvement Strategies I, II, and III)***

FDA Rubric

As of July 2019, with the new rules in effect, Ohio requires prior approval of any tool a local program uses to complete the family assessment process to gather information about families' resources, priorities, and concerns as well as services and supports needed to enhance families' capacities and the families' overall wellbeing. This reporting year, DODD developed an FDA rubric to ascertain whether submitted tools will allow assessment teams to collect all information needed to complete the assessment process, including meeting the federal requirements. DODD posts approved tools, as determined by the rubric, on the EI website, and local programs can choose to use any of these approved tools to complete their family assessments. ***(Improvement Strategy I)***

EI Family Questionnaire

Ohio collects information from families through its annual EI Family Questionnaire that is used to report data in the state's Annual Performance Report (APR) and SSIP. The state understands the importance of receiving input from as many of the families served in EI as possible, and ensuring that those responding to the questionnaire are representative of the overall EI population. Further, DODD believes that hearing from more families, including those who represent the overall population in EI, will help DODD more effectively make any needed program improvements, leading to better outcomes for all EI families. This reporting year, Ohio placed emphasis on improving the state's overall response rate to the questionnaire, as well as the representativeness of respondents. A small work group comprised of local program Contract Managers provided input regarding how the state and local programs can work together to better inform families about the questionnaire and encourage families to respond. The group suggested creating a one page educational material that could be used to explain the questionnaire to families, as well distributing links to the online version of the questionnaire to local programs that could be emailed or texted to families. After receiving input from a broader group of Contract Managers via a survey indicating their ability and willingness to utilize an educational material with families and distribute questionnaire links, the state implemented these suggestions. While improvements in representativeness were not observed this year, DODD theorizes that the implementation of new EI rules and forms during the same time period the family questionnaire was open prevented EI Service Coordinators (EISCs) from engaging in as many follow up activities related to the family questionnaire as were planned. This will not be an issue in 2020, so DODD will continue to utilize the strategies implemented in 2019, as well as explore other ways to boost the response rate and representativeness. *(Improvement Strategies I, II, and III)*

EIDS User Group

Last year, DODD formed an EIDS user group comprised of 14 members who have a variety of roles within the EI system to collaborate with DODD on any needed changes in and any resources related to the data system. This year, when new rules were implemented, changes to the data system were made to ensure data collection was consistent with the requirements of the new rules. DODD created a document outlining the changes made to the data system, as well as an updated version of the EIDS data entry guide that reflected these changes. The group provided useful feedback on both of these documents. *(Improvement Strategies I, II, and III)*

Service Delivery via Technology

DODD continues to allow virtual delivery of EI services in its contracts where consistent with state licensing board requirements. This reporting year, the state worked to expand the delivery of EI services via technology. The Southern Ohio Council of Governments (SOCOG) pilot came to an end, but in order to ensure families continued to have access to EI teams and services, including via technology, counties that participated in the pilot contracted with Hopewell Health Center, a federally qualified health center, to provide ongoing services. Additionally, the EI Resource Coordinator collaborated with Enable My Child, a provider out of North Carolina that delivers virtual services, to provide remote services to families in Ohio. Enable My Child is supporting local EI programs in several counties in Ohio by providing core team members as a primary service provider (PSP) or secondary service provider (SSP), as needed. Hearing and vision providers that contract with DODD also provide services to some families via technology. *(Improvement Strategy III)*

Professional Development

DODD introduced several new professional development opportunities and others continued to be offered throughout the reporting year. A description of some of the primary resources provided and training opportunities offered to Ohio's EI field follows.

Principles of Service Coordination (POSC) Course

Through the Supporting Ohio's Service Coordinators (SOSC) process, EISCs indicated the need for additional training regarding their role. To better support and increase confidence and competence of the state's EISCs, DODD built a comprehensive course that aligns with Ohio's Early Childhood Core Knowledge and Competencies[1], Ohio's Mission and Key Principles, and the DEC Recommended Practices[2] (DEC RPs). The POSC course includes eight modules that incorporate a variety of formats, encompassing all adult learning styles. DODD began piloting the modules one by one in March 2019 and began releasing live modules for the first cohort in July 2019. A new cohort began the course in January 2020, and DODD will continue to enroll cohorts every six months. To receive credit for the course, participants must complete related assignments and pass exams covering the content of each module. All new EISCs and EISC supervisors must complete the course in order to obtain their one-year credential. Currently credentialed EISCs and EISC supervisors must complete the course to obtain or renew their five-year credential, with the opportunity to test out of each module. *(Improvement Strategies I, II, and III)*

Service Coordinator Skills Inventory

In line with the POSC course, DODD created a skills inventory for EISCs. This tool includes eight content areas that follow the Individualized Family Service Plan (IFSP) process and several reflective questions. The skills inventory is utilized as part of the process for obtaining five-year credentials. EISC supervisors can also use the tool to ensure EISCs are implementing the ten federally mandated responsibilities and identify areas where the EISC may need additional support. Additionally, the tool can also be used to implement the local program's TA and training plan and to support the professional development of Ohio's EISCs. *(Improvement Strategies I, II, and III)*

Supporting Ohio's Developmental Specialists (DS) Stakeholder Workgroup

In August 2019, DODD's TA and Training team began working with a group of stakeholders to discuss revisions to the DS certification rule, define the role of a DS, and support the transition of the DS role from a generalist to a specialist in infant and toddler social-emotional development and cognitive processes. Stakeholders include representatives from the Ohio Division for Early Childhood (Ohio DEC); Zero to Three; Ohio Developmental Disabilities Council; the Ohio Association of County Boards (OACB) of Developmental Disabilities; the Institute of Higher Education (IHE); and practicing Developmental Specialists. The group is identifying core competencies necessary for high quality special instruction that align with Ohio's Early Childhood Core Knowledge and Competencies, the DEC RPs, and the DEC Position Statement on The Role of Special Instruction in Early Intervention[3]. Along with more clearly defining the DS role, DODD is developing a coordinated professional development plan. OCALI is developing three seminars to ensure that all of the information in the currently required seminars remains available at a minimal cost. Additionally, DODD is in contract with Ohio University to develop an online training module that addresses peer mentorship, social-emotional development, and cognition. *(Improvement Strategy III)*

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[1] Ohio's Early Childhood Core Knowledge and Competencies
[2] DEC Recommended Practices
[3] DEC Position Statement on The Role of Special Instruction in Early Intervention

Newborn Behavioral Observation Certification Training

Ohio brought experts from the Brazelton Institute, Boston Children's Hospital at Harvard Medical School, to train evaluators and assessors in Ohio's EI field on the Newborn Behavioral Observation (NBO) tool last reporting year. The NBO, designed for infants up to three months of age, is a newborn-focused, family-centered, relationship-based tool that includes a set of 18 neurobehavioral observations designed to help the interventionist and parent work together to determine a baby's strengths and needs. The tool helps identify the types of support the infant needs for successful growth and development and helps foster a positive parent-infant relationship. Last reporting year, 94 interventionists participated in this training. Upon successful completion of the training, the interventionists became certified to administer the NBO. This reporting year, DODD offered this training to three additional cohorts. Participants were again encouraged to complete the certification process with the Brazelton Institute. This tool is anticipated to be especially helpful in working with families that have children with NAS. ***(Improvement Strategy I)***

NAS

The monthly learning collaborative for Ohio's EI assessors, "Donuts with Di," was on hold while the state focused on implementation of its new EI rules; however, this learning collaborative will be resuming in 2020 with a series of facilitated webinars by Dr. Kathy Wedig from Cincinnati Children's Hospital. These webinars will focus on observing and assessing newborns, infants, and toddlers affected by NAS, including the impact on the child's growing neurosystem, as well as evidence-based strategies for supporting these children. In addition to Dr. Wedig's presentations and the NBO trainings, DODD is offering an in-person training on supporting families with addiction by Dr. Paul Martin, a forensic psychologist, in the Spring of 2020. Dr. Robert Gallen, a licensed psychologist and associate professor of psychology, will also be presenting a series of webinars for Ohio's EI field throughout 2020, with topics including infant assessment, the impact of NAS and relationships, and NAS interventions. These webinars will assist the field with understanding the nature of addiction and the impact the opioid crisis has on the very young developing brain, as well as learn to identify evidence-based strategies to foster the relationship between the caregiver and the baby. Finally, DODD created a page on the EI website dedicated to resources and trainings related to NAS. ***(Improvement Strategies I, II, and III)***

Elevated Lead Levels

DODD is offering support to its EI field to assess and serve children with elevated blood lead levels in the form of educational materials, trainings, and webinars. Additionally, DODD's partners in the lead program at the Ohio Department of Health (ODH) created a course for EISCs and interventionists about lead. This course explains Ohio's lead testing system, sources of lead exposure in young children, the effects of lead on child development, and lead abatement resources in the state. DODD required all EISCs to complete the course by December 31, 2019. The state also sought proposals from, and is now contracting with, qualified professionals to enhance EI nutrition services to eligible families, including families with children who have documented blood lead levels of five micrograms per deciliter or higher. DODD also began a pilot with Cuyahoga county, where a plurality of children with elevated blood levels live. Since many families will need to be connected to community resources related to lead abatement in their homes, Cuyahoga county's EI program is assigning a licensed social worker as Service Coordinator to families in certain at-risk regions of the county. This dual-role person will be able to provide both EI service coordination and EI social work services. Like the page specific to NAS, DODD added a page to its EI website specifically for resources and trainings related to elevated blood lead levels. ***(Improvement Strategies I, II, and III)***

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

Ohio has remained focused on implementing the seven EI Key Principles and DEC RPs this reporting year, utilizing its SSIP work to advance its EI system as a whole and to refine the specific practices within its SSIP work that would have the most substantial effect on improving its SIMR area. The state continued implementing EBPs related to each improvement strategy, and will continue to do so until practices are being implemented to fidelity statewide. DEC RPs directly related to Ohio's SSIP work include the following:

- **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 F3** – Practitioners are responsive to the family's concerns, priorities, and changing life circumstances
- **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
- **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 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
- **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

Ohio continued to make progress in the RPs outlined above, as indicated by intermediate outcomes data and comments received directly from families on the state's annual Family Questionnaire. See Component 5 for additional details regarding evidence of the implementation of these EBPs. Through TA, professional development (including practice-based opportunities), and coaching, DODD will continue to ensure local programs have the support needed to implement EBPs with fidelity going forward.

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

Ohio's primary evaluation activities over the past year continued to be focused on data analyses related to intermediate outcomes. DODD again utilized data, both quantitative and qualitative, to determine how well each local program was implementing the functional assessment process. DODD used data from its annual family questionnaire to measure families' understanding of and ability to support their child's strengths, needs, and functioning related to acquisition and use of knowledge and skills. Like the past several years, DODD staff recorded whether a sample of outcomes added to IFSPs between January and June met each of the ECTA six-step criteria included in the Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package[4]. Finally, local programs responded to surveys regarding the availability of each EI service within their local program. See Section 3(a) for additional details about measures used for each intermediate outcome and the results of analyses.

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[4] Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package

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

As described above, Ohio's SSIP work remained focused on the following improvement strategies in the final year of this plan's implementation: (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 the child's acquisition and use of knowledge and skills; and (III) Increasing access to and delivery of needed evidence-based services. There were no changes from the previous reporting year in implementation of the plan as Ohio worked to wrap up outstanding activities needed to achieve the state's intended outcomes. Section 2(a) includes additional details regarding the status of these activities.

Component #2 - Progress in Implementing the SSIP

2(a) Implementation Progress

Ongoing Activities Needed to Meet Intermediate Outcomes
Over the past several reporting years, Ohio completed steps and activities needed to achieve many of the state's short-term and intermediate outcomes and made significant progress toward achieving others. The tables that follow include a description of the progress made and status of steps and activities that were ongoing during this reporting year.

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

(I)(B)(2) *Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes*

Needed Steps	Details	Status
(a) Perform analyses on the quality of the child outcomes data, using the same methods OSEP uses in making state determinations, and provide feedback to each county	DODD implemented a new process for collecting COS data in 2015. Now that the new COS process has been in place for several years, Ohio feels confident the accuracy of its COS data has increased. In an effort to continuously improve COS data quality, DODD completes data analyses in addition to those required for reporting in the state's APR, using methods similar to those used by OSEP for state determinations, as well as other analyses.	**Complete**
(b) Identify programs in need of TA to improve COS data quality	In addition to gaining information about quality of COS data via quantitative data analyses, DODD has identified programs in need of TA regarding COS data quality through formal means such as the SOSC process. Additionally, DODD identifies ongoing needs through typical interactions with local programs, including conversations and record reviews, which are addressed via local programs' TA and training plans.	**Ongoing**
(c) Update all training materials and resources as necessary	DODD continues to offer trainings regarding the ECO-MAP, RBI, and motivational interviewing to help improve information gathered via the FDA process and included a module specifically covering the COS in the POSC course. DODD also continues to promote the use of the DaSy COS modules; offers the NBO certification training; utilizes an orientation module regarding infant and toddler development with an associated competency of identifying the correct COS statement; and continues to promote the COS toolkit developed last reporting year to help teams discuss and complete the COS process, including engaging families, as well as to help local programs monitor COS data. Additionally, DODD again revised the COS section of the IFSP to help IFSP teams better understand the COS process and complete more accurate ratings.	**Ongoing**

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

(II)(C)(2) *Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes*

Needed Steps	Details	Status
(a) Link data and perform analyses to compare collected COS statements to IFSP outcomes, Family Questionnaire responses, etc.	Last reporting year, DODD found no significant correlations when linking IFSP outcomes to other data, so the state continued to focus on the quality of its IFSP outcomes through TA and the annual outcome review this reporting year.	**Complete**
(c) Identify additional training needs around outcome development	Through the annual review and rating of a representative sample of IFSP outcomes, DODD identifies broad training needs related to outcome development. The EI TA consultants identify training needs more narrowly at the local level as they interact with counties and review records through typical TA processes and address them through local programs' TA and training plans. Additionally, through continuous trainings on the ECO-MAP, RBI, and motivational interviewing, DODD anticipates that an increased number of family-focused outcomes will be included on IFSPs moving forward.	**Ongoing**
(d) Consistently apply standards across state teams regarding determining quality of IFSP outcomes related to acquisition and use of knowledge and skills	The state utilizes the ECTA six-step criteria to evaluate the quality of IFSP outcomes, including those related to acquisition and use of knowledge and skills, both in analyzing SSIP data and on an ongoing basis. EI TA consultants provide individualized trainings to local programs regarding IFSP outcomes when needed and DODD continues to utilize ECTA's Developing High Quality, Functional IFSP Outcomes and IEP Goals Training Package in providing TA and training.	**Ongoing**

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

| | (III)(D)(1) *Offer a variety of training and technical assistance opportunities for implementation of EBPs for acquisition and use of knowledge and skills* |

Needed Steps	Details	Status
(c) Initiate conversations with higher education about incorporation of EBEI interventions for supporting acquisition and use of knowledge and skills	EI TA consultants collaborated with three universities this reporting year. Ohio University developed an interdisciplinary skills lab focused on teaming for EI staff as a result of engagement with DODD. One of the DODD EI program consultants serves on Kent State University's Project NEXT (Natural Environments by Teams) Advisory Team which supports the use of evidence-based practices and natural environments principles by reviewing course syllabi, rating practicum programs, and serving as a resource and liaison to the community. Additionally, DODD partnered with a doctoral student to survey the developmental specialists and quantify their professional development needs. Finally, an EI TA consultant worked collaboratively with Ohio Dominican University's (ODU) social work department to secure a social work intern who has helped conduct needed research. This collaboration also allows DODD access to classes at ODU and the university's electronic library and databases.	**Complete**
(d) Examine how and when evidence-based EI services may be provided virtually	DODD continues to allow virtual delivery of EI services in its contracts for EI services where consistent with state licensing board requirements. Local programs that participated in the SOCOG pilot contracted with Hopewell Health Center to ensure families continue to have access to EI teams and services, including virtual service delivery. Hearing and vision providers that contract with DODD also provide services to some families via technology, as needed. Finally, the state contracts with Enable My Child to provide services virtually for local programs that may not have access to these services otherwise.	**Complete**

(III)(D)(2) *Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes*

Needed Steps	Details	Status
(a) Identify programs in need of TA to improve evidence-based service delivery	DODD identified needs related to evidence-based service delivery through responses to surveys distributed to local County Boards of Developmental Disabilities (CBDDs) and EI Contract Managers this reporting year. These surveys included items about access to core teams and the use of the primary service provider model. Additionally, as with all TA topics, EI TA consultants identified other needs in this area through typical interactions with local programs.	**Ongoing**
(b) Update all training materials and resources as necessary	The TA and Training Team is working with the DODD Communications Team to create a comprehensive EBEI course, which will incorporate multiple training methods including in-person opportunities; self-paced, online components; facilitated webinars; and job-embedded activities. The course was put on hold due to the rules trainings, but DODD anticipates finalizing it and making it available to the EI field in 2021.	**Ongoing**

Outputs Accomplished

Ohio accomplished numerous outputs over the last year as a product of the implementation of the previously described activities in each improvement strategy area. Related to the state's improvement strategy areas, DODD's SSIP work resulted in an updated IFSP form, including a revamped assessment section and the addition of COS statements; a standalone exit COS form; COS reports in EIDS; an FDA rubric; a revised module about the IFSP process; and ongoing data reflecting the quality of child assessments, quality of IFSP outcomes, and availability of evidence-based EI services. More broadly, DODD implemented new EI rules and forms; launched the POSC course, along with an EISC Skills Inventory; and provided numerous resources related to NAS and elevated blood lead levels.

2(b) Stakeholder Involvement in SSIP Implementation

EI Advisory Council and Stakeholder Group

As in previous years, DODD provided updates to Ohio's EI Advisory Council and Stakeholder Group (the state's ICC and a broader stakeholder group) regarding the implementation of activities and status of outcomes that are part of the SSIP at its each of quarterly meetings. Moreover, stakeholders beyond the EI Advisory Council and Stakeholder Group were offered and took advantage of the opportunity to provide meaningful input regarding the SSIP. Throughout the year, DODD provided updates to, sought feedback from, and facilitated group activities regarding several initiatives related to the SSIP, including the new EI rules and forms; the POSC course; the new automatic eligibility reasons, high lead levels and NAS, including how to support families whose children have these diagnoses; the EI family questionnaire, including strategies for increasing response rates and representativeness; EIDS, including what is working well and desired changes; and the FDA matrix. The stakeholders provided helpful feedback regarding all of these projects and initiatives.

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 information about guidance, resources and materials, trainings, monitoring processes, the data system, and other important topics 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 III, Year 3 of the SSIP, Ohio created a detailed summary of the progress made over the course of the year, which, along with the full report, was shared in the newsletter. This newsletter has been also utilized to inform the field about implementation activities and resources related to the SSIP. Local EI Contract Managers and FCFC Coordinators are the target audience of the EI Program Updates, but other EI stakeholders, such as interventionists and CBDD superintendents, have also subscribed to the newsletter. More than 2,500 people receive this communication and each edition is posted and archived on the EI website, as well.

Other Stakeholder Involvement and Feedback

In addition to actively engaging the EI Advisory Council and Stakeholder Group and more broadly informing the EI field about SSIP-related resources and accomplishments via the bi-weekly newsletter, DODD also continued to receive meaningful feedback from groups of stakeholders regarding the ongoing implementation of the SSIP as needed. Specifically, DODD formed a small work group with Contract Managers to get ideas for increasing both the percent of families responding to state's annual EI family questionnaire and the overall representativeness of respondents. DODD then solicited input from all Contract Managers regarding the suggestions of the work group prior to implementing these ideas. Several local programs also participated in a pilot for each module of the POSC course and the Service Coordinator Skills Inventory, providing important feedback that resulted in an improved end product. Additionally, the EIDS user group provided input on a document that outlined the changes made to the data system when new rules were implemented, as well as an updated version of the EIDS data entry guide that also reflects the changes made to EIDS. Finally, DODD collaborated with a variety of stakeholders via the Supporting Ohio's DS Workgroup.

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 were 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 results in increased access to services and information at the local level; increased access to resources leads to increased knowledge which results in improved practice among local programs and providers; and improved practices result in better engagement with and increased confidence of families.

Ohio structured its intended outcomes in such a way that completing the steps and activities needed to achieve these outcomes would 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. Because the questions in Ohio's Evaluation Plan were designed to assess whether the steps and activities needed to meet the outcomes were completed, and ultimately whether the outcomes were achieved, the Theory of Action broadly reflects all the components included in the evaluation.

Ongoing Outcome Data

Baseline data, including data sources, baseline measures, data collection, and data analyses were included for Ohio's intermediate outcomes as part of the state's Phase III, Year 1 report. DODD, in collaboration with the EI Advisory Council and Stakeholder group, established targets for each of the intermediate outcome evaluation items during the Phase III, Year 2 reporting period. For most items, the state determined the targets should reflect an increase of 5% of the total local programs, which rounded to an increase of four additional local programs meeting the benchmark each year. The two exceptions were for the items regarding quality of IFSP outcomes and families' access to EI services. The target for the quality of IFSP outcomes items was set to increase by 10% of total local programs, which rounded to an increase of nine additional local programs meeting the benchmark per year. The targets for items regarding access to services were set at 100% each year. For items where fewer than the state's 88 local programs were included in the baseline measure, DODD used the denominator from the baseline for purposes of setting each year's target. Appendix A of Ohio's Phase III, Year 2 SSIP submission outlines the targets for all of the state's intermediate outcomes and the following tables provide evaluation data for this reporting year and previous reporting years. Results for the 2018, 2019, and 2020 submissions that are in bold and underlined text indicate that the target was met for that item.

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[5]	Benchmark	Number of Local Programs that Met Benchmark			
		2017 Submission (Baseline)	2018 Submission	2019 Submission	2020 Submission
(Q1) Are child and family assessments more thorough?	Score of at least 80% of the total possible points on the Functional Assessment review area (14 or higher out of a possible 17 points)	10 local programs (11%)	**21 local programs (24%)**	**19 local programs (22%)**	**40 local programs (45%)**
(Q2) Are children's levels of functioning better identified by the child and family assessment process?	E&A Process Review included information about: (5) Child/family engagement; (6) How independently the child participates in family preferred activities and routines; (7) The strength of social relationships	(5): 31 local programs (35%) (6): 24 local programs (27%) (7): 27 local programs (31%)	**(5): 47 local programs (53%)** **(6): 47 local programs (53%)** **(7): 50 local programs (57%)**	**(5): 44 local programs (50%)** (6): 27 local programs (31%) (7): 34 local programs (39%)	**(5): 64 local programs (73%)** **(6): 53 local programs (60%)** **(7): 65 local programs (74%)**
(Q3) Do families have a better understanding of their child's strengths, needs, and functioning regarding acquisition and use of knowledge and skills?	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	51 local programs (59% of respondent programs)	42 local programs (49% of respondent programs)	52 local programs (60% of respondent programs)	60 local programs (71% of respondent programs)

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[5] The 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.

Data Collection and Analyses

(Q1) DODD utilized data collected via its E&A Process Review to establish a baseline for this item. Specifically, this review included a section regarding functional assessments with several items, worth one to three points depending on the importance and scope of the item. For the 2018, 2019, and 2020 report submissions, DODD TA consultants determined each local program's status regarding the items that were included in the Functional Assessment section of the E&A Process Review through typical ongoing interactions related to TA and the local programs' TA plans, as well as through record reviews. The number of counties that met the benchmark for this item this reporting year was much higher than any of the previous reporting years. The table below includes the number and percent of local programs who were incorporating each listed component into the assessment process over the past four years.

E&A Review Item	2017 Submission (Baseline)		2018 Submission		2019 Submission		2020 Submission	
	# Yes	%	# Yes	%	# Yes	%	# Yes	%
(1) The E and A report reflects a real picture of the child and family and guides identification of functional outcomes.	55	63%	45	51%	52	59%	62	70%
(2) Assessors observed skills within daily routines and across routines	17	19%	26	30%	23	26%	19	22%
(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%	73	83%	64	73%	74	84%
(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%	38	43%	40	45%	60	68%
Benchmark: (5) The E and A report includes: Information about (child/family) engagement	31	35%	47	53%	44	50%	64	73%
Benchmark: (6) The E and A report includes: Information about how independently the child participates in family preferred activities and routines.	24	27%	47	53%	27	31%	53	60%
Benchmark: (7) The E and A report includes: Information about the strength of social relationships.	27	31%	50	57%	34	39%	65	74%
Benchmark: At least 80% of the possible points	10	11%	21	24%	19	22%	40	45%

(Q2) Items 5, 6, and 7 from the table above were utilized to establish the baseline and ongoing progress data for this measure. The number of local programs that were correctly implementing each of these items in their evaluation and assessment processes was higher than any of the previous reporting years. This reporting year, 64 local programs (73%) were consistently including information about child and family engagement in their evaluation and assessment processes, 53 (60%) were routinely including information about how the child participates in family activities and routines, and 65 (74%) were consistently including information about the strength of social relationships.

(Q3) Ohio utilized the following item from its 2016 through 2019 Family Questionnaires to gather data for this 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." In 2019, 1,605 families responded to this item, representing 84 of Ohio's 88 local programs. At least 95% of respondents in 60 local programs (71%) indicated 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. This percentage is an increase from last year and represents the highest percentage of local programs that have met the benchmark in the four years these data have been collected.

Improvement Strategy II: *Improve the Quality of IFSP outcomes to address family priorities related to the 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	Benchmark	Number of Local Programs that Met Benchmark			
		2017 Submission (Baseline)	2018 Submission	2019 Submission	2020 Submission
(Q1) Are IFSP outcomes of higher quality?	At least 80% of outcomes meet all six criteria	3 local programs (4%)	0 local programs (0%)	3 local programs (3%)	4 local programs (5%)
(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[6]	49 local programs (58%)	**63 local programs (72%)**	45 local programs (51%)	N/A – Data collection on hold

Data Collection and Analyses
The EI Data Manager selected a representative sample of outcomes added to IFSPs that occurred between January and June of 2016, 2017, 2018, and 2019 for Ohio's EI team to review. For the 2016

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[6] 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.

selected outcomes (2017 SSIP Submission), EI TA consultants rated outcomes from local programs in their assigned region. For the 2017, 2018, and 2019 selected outcomes (2018, 2019, and 2020 SSIP Submissions), the EI TA Consultants, along with data and monitoring team members, split into groups to rate randomly selected outcomes. A 95% confidence level and 25% confidence interval were used all four years to determine the appropriate sample size for each local program. 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 for the 2017 submission, 87 for the 2018 submission, all 88 counties for the 2019 submission, and 87 for the 2019 submission with a total of 1,010, 1,035, 999, and 1,093 outcomes rated, respectively.

(Q1) DODD staff utilized a data sheet to indicate whether the outcomes met each of the ECTA six-step criteria. The first table below includes the number and percent of local programs each year where at least 80% of the outcomes reviewed met each criterion, as well as all six criteria. The percent of counties that had at least 80% of their outcomes meet all six criteria increased from the previous reporting year. Additionally, the total percent of reviewed outcomes that met all six of the criteria continued to increase this year (see the second table that follows).

(Q2) The first table below also displays the number and percent of counties where at least 80% of the outcomes addressed acquisition and use of knowledge and skills in previous reporting years. DODD did not examine whether outcomes addressed acquisition and use of knowledge and skills this reporting year and instead placed additional emphasis on examining the overall quality of the outcomes, as well as ensuring interrater reliability in the outcome ratings.

Number and Percent of Local Programs where 80% of Rated Outcomes Met Specified Criterion

Criterion	2017 Submission		2018 Submission		2019 Submission		2020 Submission	
	#	%	#	%	#	%	#	%
Necessary to meet family needs?	68	80%	77	89%	85	97%	85	98%
Reflects real life settings?	16	19%	14	16%	10	11%	26	30%
Discipline free?	74	87%	80	92%	81	92%	76	87%
Jargon free?	26	31%	42	48%	71	81%	58	67%
Emphasizes the positive?	65	76%	75	86%	75	85%	82	94%
Avoids passive words?	35	41%	53	61%	83	94%	73	84%
(Q1) Benchmark: Met all Six Criteria	3	4%	0	0%	3	4%	4	5%
(Q2) Benchmark: Outcomes that address acquisition and use of knowledge and skills, of total	49	58%	**_63_**	**_72%_**	45	51%	N/A	N/A
Total Outcomes Rated	1,010		1,035		999		1,093	

Number of Reviewed Outcomes that Met Specified Number of Criteria

Number of Criteria	2017 Submission		2018 Submission		2019 Submission		2020 Submission	
	#	%	#	%	#	%	#	%
None	13	1%	0	0%	1	0%	0	0%
1 Criterion	22	2%	8	1%	4	0%	2	0%
2 Criteria	55	5%	32	3%	18	2%	17	2%
3 Criteria	131	13%	91	9%	50	5%	62	6%
4 Criteria	210	21%	178	17%	114	11%	140	13%
5 Criteria	297	29%	365	35%	376	38%	342	31%
6 Criteria	282	28%	361	35%	436	44%	530	48%
Total Outcomes Rated	**1,010**		**1,035**		**999**		**1,093**	

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	Benchmark	Number of Local Programs that Met Benchmark			
		2017 Submission (Baseline)	2018 Submission	2019 Submission	2020 Submission
(Q1) Have gaps in services that impact acquisition and use of knowledge and skills been reduced? **(Q2)** Do families have increased access to needed evidence-based EI services?	Access to providers for "core" EI services	Number of local programs who indicated access to "core" services[7]: • Special Instruction: 84 (98%) • Speech: 82 (95%) • Occupational Therapy: 81 (94%) • Physical Therapy: 80 (93%)	N/A – Data collection on hold	Number of local programs who indicated access to "core" services: • Special Instruction: 86 (98%) • Speech: 86 (98%) • Occupational Therapy: 84 (95%) • Physical Therapy: 84 (95%)	Number of local programs who indicated access to "core" services: • **Special Instruction: 88 (100%)** • **Speech: 88 (100%)** • **Occupational Therapy: 88 (100%)** • **Physical Therapy: 88 (100%)**

Data Collection and Analysis

(Q1) & (Q2) To establish a baseline for this item, the EI Data Manager utilized the EI Services Needs Assessments to determine the number of local programs with a provider available for each service.

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[7] Service Coordination is also considered a core service; however, Ohio utilizes a dedicated Service Coordinator model and all children receive Service Coordination. As such, Service Coordination is not tracked separately as a service within Ohio's EI data system.

Data included the number of local programs that reported having at least one provider available within the local program to provide the specified EI service among the 86 programs that submitted EI Services Needs Assessments. As Ohio's new SOP rule was implemented in August 2017, the state focused efforts on ensuring the rule was completely understood and correctly implemented rather than requesting and analyzing new data in this area that reporting year. Ongoing analyses related to availability of services resumed last reporting year. This reporting year, Ohio gathered data from CBDDs as well as EI Contract Managers via surveys regarding funding sources available and number of full-time equivalent (FTE) providers for each EI service. Via these surveys, all 88 (100%) local programs reported having access to all of the core EI services.

> **(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[8]	Benchmark	Number of Local Programs that Met Benchmark			
		2017 Submission (Baseline)	2018 Submission	2019 Submission	2020 Submission
(Q2)[9] Do families have an increased ability to support their child's development regarding acquisition and use of knowledge and skills?	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	63 local programs (73% of respondent programs)	55 local programs (65% of respondent programs)	56 local programs (65% of respondent programs)	61 local programs (73% of respondent programs)

Data Collection and Analysis

(Q2) Ohio utilized the following item from its 2016 through 2019 Family Questionnaires to gather 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." In 2019, 1,606 families responded to this item, representing 84 of Ohio's 88 local programs. At least 95% of respondents in 61 local programs (73%) indicated 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. This percentage increased from the previous two reporting years and matched the highest percentage of local programs meeting the benchmark over all reporting years. Additionally, the total percentage of families statewide who responded positively to this item

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[8] (III)(D)(Q1) "Do practitioners better utilize EBPs to promote child engagement and independence?" was initially included as an evaluation question but was removed as Ohio continues to focus on making improvements to the assessment process and IFSP outcomes.

[9] 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?"

was the highest among all reporting years (95.37% for the 2017 submission, 95.08% for the 2018 submission, 95.37% for the 2019 submission, and 96.01% this reporting year).

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	Benchmark	Percent of Children who Met Benchmark					
		FFY13 (Baseline)	FFY14	FFY15	FFY16	FFY17	FFY18
(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?	Percent of children who demonstrate substantial increases in rate of growth regarding acquisition and use of knowledge and skills (APR Indicator 3B, Summary Statement 1)	59.58%	62.16%	62.69%	62.08%	60.73%	61.63%

Data Collection and Analysis

(Q1) Ohio has collected data for its SIMR via the Child Outcomes Summary Form (COSF) and COS statements adopted from Maryland during this SSIP cycle. These data were extracted from Ohio's Early Intervention Data System 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. This reporting year, 61.63% of children demonstrated substantial increases in rate of growth regarding acquisition and use of knowledge and skills. See Section 5(d) for additional discussion about Ohio's SIMR data.

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

Ohio completed activities needed to achieve intermediate outcomes, which primarily involved increasing knowledge and improving practice among local programs and providers. DODD offered new and continuing TA and training opportunities addressing functional assessments, IFSP outcomes, and service provision, and continued to prioritize initiatives that promote equitable access to needed services statewide.

To assess progress toward achieving its intermediate outcomes, Ohio analyzed data related to the evaluation questions, including families' understanding of and ability to support their child's development; how well assessment teams are conducting functional assessments; to what extent IFSP teams are writing functional outcomes; and the availability of EI services. As described in Section 3(a), the state has made progress in each of these areas, providing support for the overall direction of the plan. Additional details regarding demonstrated progress are included in Section 3(a).

3(c) Stakeholder Involvement in the SSIP Evaluation

Ohio's EI stakeholders were meaningfully involved in the creation of targets for Ohio's intermediate SSIP outcomes and the review of data and targets each reporting year. Ohio's EI stakeholders also remained involved in the collection of the needed ongoing evaluation data associated with the state's intermediate outcomes. EI TA Consultants drew on their conversations and interactions with local program staff and information obtained through record reviews to determine how well functional assessments were being conducted across the state. More than 1,600 families in EI responded to Ohio's 2019 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. Additionally, DODD staff again completed ratings of a representative sample of IFSP outcomes, all of which had been documented by local program staff. Finally, local programs provided information regarding available service providers, allowing DODD to determine the accessibility of EI services in each local program. As DODD wraps up work related to this SSIP and moves into the next phase of the SSIP, stakeholders will continue to be meaningfully involved in all aspects of the plan.

Component #4 - Data Quality Issues

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

A description of potential limitations in the data collection and analyses for evaluation questions related to intermediate outcomes follows. See Section 3(a) for a more thorough description of the data.

Functional Assessment Data

Ohio collected baseline data regarding the quality of functional assessments in each local program through the E&A Process Review. In each subsequent reporting year, EI TA consultants answered the same questions from the Functional Assessment area of the E&A Process Review for each local program based on their interactions with the local program during the reporting year via phone calls, emails, record reviews, and in-person visits. While there is the possibility for subjectivity due to questions being answered by different people for different local programs, the EI consultants utilized the same criteria to determine whether each component of the functional assessment was consistently being implemented or utilized in each local program, thus limiting subjectivity.

Ohio's Family Questionnaire

As with any survey, data are based only on responses received, and thus are not guaranteed to be representative of the entire population. Additionally, responses to Ohio's Family Questionnaire are based on parent perception and understanding of the questions. However, responses parents provided on the open-ended items of the questionnaire support parents' reports that they have a better understanding of their child's strengths, needs, and functioning, as well as the ability to support their child's development in learning new things and gaining new skills.

IFSP Outcomes Data

To gather baseline data, the six EI TA consultants completed outcomes ratings separately. In each subsequent reporting year, the EI TA consultants, along with the rest of the Ohio EI team, divided into multiple groups of two to three people to complete the ratings. These outcomes were reviewed in isolation, so the groups lacked context, such as information from the functional assessment, when completing the ratings.   Additionally, because each group reviewed separate outcomes, there was potential for differences between groups. To ensure ratings were as consistent as possible across groups, participants reviewed standards for rating outcomes prior to completing the ratings and had tools available while completing the ratings as a resource to help in determining whether the outcomes met each of the six criteria. This reporting year, each group also rated 55 of the same outcomes to examine interrater reliability among groups. DODD will address areas where interrater reliability needs improvement in future outcome ratings.

EI Services Data

Baseline data in regard to service availability were collected via EI services Needs Assessments. For the next two reporting years, local programs responded to similar requests that outlined which specific providers were available within their local program to provide each EI service. This reporting year, local programs responded to surveys regarding the availability of funding as well as the number of FTE providers for each EI service. While there are always limitations when utilizing self-reported data, clear instructions and answers were provided in regard to what should be included in the submissions, so reported data are believed to be accurate.

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 of Ohio's Phase III, Year 1 SSIP submission) 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 the state's data system was updated, as well, to collect Child Outcomes Summary statements (See Appendix F of Ohio's Phase III, Year 1 SSIP submission) for each of the three outcome areas. Though these changes were intended to improve data quality in the long term, DODD experienced data quality challenges for reporting in the short-term, as it was difficult to draw meaningful conclusions through the transition period. Because Ohio chose one of the child outcomes indicators as its SIMR, these data quality issues are pertinent to the state's SIMR, as well.

The COS data quality challenges became less significant over time as fewer and fewer children had entry and exit COS ratings completed using different mechanisms and as IFSP teams continued to better understand the COS process. For FFY14 reporting, Ohio chose to only include children who had both their entry and exit COS ratings completed using the COSF, as the COS process was still very new at that time. For FFY15 and FFY16, Ohio included children with entry COS ratings completed using the COSF and those with entry ratings completed using the new COS process. Approximately half of the children had COS ratings completed using each method for the FFY15 reporting. Exit ratings for all children from this time forward were completed using the new COS process. By FFY16, nearly 90% of children included in the reporting had both their entry and exit scores completed using the new COS process and by FFY17, very few children included in the ratings had entry ratings completed using the COS. For FFY18 reporting, all children had entry and exit COS ratings completed using the COS statements. While the percentage of children whose rate of growth substantially increased in acquiring and using knowledge and skills did not change significantly with SSIP implementation, many improvements have been made to the COS process and these data are now much more accurate.   As such, DODD will be able to make more meaningful year-to-year comparisons of the COS data going forward.

Component #5 - Progress toward Achieving Intended Improvements

5(a) Infrastructure Changes

Ohio continued to implement changes and make improvements in the state's Accountability/ Monitoring, Data, Fiscal, Governance, Professional Development, Quality Standards, and Technical Assistance systems. Improvements in these areas have addressed the root causes identified in Phase I of Ohio's SSIP, and thus, helped establish the framework needed to make progress in each of the state's chosen improvement strategy areas, and ultimately the SIMR. The primary activities and accomplishments achieved in each infrastructure area over the past year are described in more detail subsequently.

Governance

After working extensively with stakeholders over the past two years, DODD finalized and implemented all new EI rules and forms in July 2019. The state added clarity and consolidated information from previous versions of the rules. The assessment section of the IFSP form, including the Child Outcomes Summary data collection, was revised to assist local programs in collecting information and selecting the most accurate COS statements. Additionally, DODD created an optional standalone exit COS form to assist local programs in collecting COS data at the time the child is exiting EI. In improving these areas, DODD is hopeful that the quality of the state's COS data will continue to improve and that completing better assessments and having more accurate information about the child's development will lead to improvements in child outcomes.

Accountability, Monitoring, and Quality Standards

To align with the new rules and forms, DODD updated the state's verification standards that include requirements for each compliance indicator regarding required documentation in the physical record. These standards outline the forms, including the specific fields on these forms, needed to properly document information related to each indicator. DODD posted these standards on the EI website, informed the field they were available via the EI newsletter, and sends a link to the verification standards to local programs when making verification requests. Additionally, the Data and Monitoring team is collaborating with the TA and Training team to begin monitoring local programs' use of the new forms this summer.

The Data and Monitoring team also worked with the TA and Training team to create a module on monitoring as part of the POSC course. This module provides an overview of the requirements of each of the compliance indicators and Ohio's monitoring processes; how to document data in the physical record and the data system; and how to use reports in EIDS to monitor compliance data. Utilizing these resources will help local programs meet and maintain compliance requirements, which will go hand-in-hand with and allow more time to focus on improving child outcomes, including acquisition and use of knowledge and skills.

Data

This reporting year, the EI Data and Monitoring team worked closely with DODD IT to ensure the needed data system development occurred in order for EIDS to be consistent with the requirements of the new rules. The data system changes were implemented in two phases and were all in place at the time the new rules went into effect. DODD communicated a summary of the data system changes to the EI field

several months prior to implementation and provided detailed documents, including screenshots, and an updated EIDS data entry guide closer to the release of the changes.

DODD also created documents with tips and instructions for how to use several of the available reports in EIDS, including the COS reports added to the data system this reporting year. These documents explain which data are included in each report and provide instructions for how to obtain commonly used information and perform analyses. Local programs can use the COS reports, including suggestions from the tips and instructions document, to monitor COS data for specific children and to monitor patterns over time. This should not only contribute to continued improvements in COS data quality, but ultimately can help local programs identify areas of need in order to improve outcomes for children and families.

Fiscal

DODD received a significant increase in GRF funds for Early Intervention for the SFY 2020 to SFY 2021 biennium. This fiscal year, the state allocated additional dollars to local programs, the state's central intake and referral vendor, and the state's payor of last resort system. With this additional funding, Ohio has an increased capacity to serve children and families broadly as well as more specifically in regard to providing service coordination for, evaluating, and assessing children with NAS and lead diagnoses; increasing the availability of evidence-based service delivery; and providing additional professional development opportunities to Ohio's EI field.

Along with the rest of the new rules and forms, DODD made edits to and updated guidance for how to use the state's SOP forms in order to simplify data collection for the local programs this reporting year. DODD's EI resource coordinator worked to add additional POLR providers, particularly those with the willingness and capability to provide services via technology and already trained in evidence-based EI practices. DODD also added SOP data fields and an SOP report to EIDS so local programs can more easily monitor SOP data. With the increased focus on the state's SOP system, the number of families using Ohio's payor of last resort funding to pay for at least one EI service increased by over 250% from SFY17 to SFY18 and nearly 40% more from SFY18 to SFY19. Additionally, in order to ensure continued access to services when the SOCOG pilot was complete, the counties who participated in the pilot contracted with a single provider to continue receiving services, including via technology. Increasing the capacity of the state's EI system through these efforts, including ensuring access to evidence-based EI services, ultimately has a positive impact on outcomes for children and families in Ohio.

Professional Development

This reporting year, Ohio continued to offer and develop various trainings and resources to educate the EI field in Ohio, including broad professional development opportunities and those directly related to the state's SSIP priorities and SIMR. In order to ensure the EI field completely understood the new EI rules, DODD developed detailed guidance documents and resources and offered regional trainings. Additionally, the state offered the NBO Certification training to three additional cohorts, continued collaborating with a workgroup regarding supporting Ohio's Developmental Specialists, and began to develop and offer new trainings and resources addressing NAS and elevated blood lead levels. In addition to other efforts to better support Ohio's EISCs, DODD completed all of the modules for its POSC course as well as a Service Coordinator Skills Inventory. These modules and the skills inventory were piloted throughout the second half of 2019 and beginning of 2020, and a new cohort began the course in January 2020.

Finally, DODD continued to offer professional development opportunities regarding functional assessments, IFSP outcomes, the SOP, and evidence-based practices. As a primary focus of Ohio's current SSIP work is to facilitate increased knowledge and improved practices among its EI field, these professional development opportunities, collectively, have been essential to achieving the intended intermediate outcomes, and ultimately in making improvement to the state's SIMR area.

Technical Assistance

This reporting year, the EI TA team continued to assist local programs in implementing their individualized TA and Training plans, as well as providing other support and resources as needed. Additionally, the team collaborated with colleagues at DODD, other agencies, universities, and a multitude of other stakeholders on several projects and initiatives including the POSC course; the Supporting Ohio's DS Stakeholder workgroup; Project NEXT; trainings and resources around NAS and elevated blood lead levels; and a resource outlining the process of transitioning from Part C to Part B.

In addition to these efforts, the EI TA team focused extensively on ensuring the local programs were educated about and could successfully implement the state's new EI rules.   The team developed a new IFSP guidance document as well as various topic-specific guidance; facilitated webinars to answer questions about the rules prior to implementation; provided in-person trainings after the implementation; and provided other TA to local programs prior to and as the rules were being implemented, targeted to individual local program needs. In order to ensure the best outcomes possible for children and families, the EI TA consultants also continued to emphasize child outcomes, including acquisition and use of knowledge and skills, in local programs' TA plans as needed.

5(b) Evidence-Based Practices

Both data related to intermediate outcomes and responses directly from families indicate that Ohio's implementation of select EBPs, as described in Section 1(c), is having the desired effects. Specifically, the functional assessment data included in Section 3(a) show that a greater number of local programs are completing functional assessments, including reflecting an authentic picture of the child and family and gathering information about the child's participation in preferred family activities; the interests, concerns, resources, and routines of the family; and the strength of social relationships than at the time baseline data were collected (RPs A6 and A7). The IFSP outcomes data, also described in Section 3(a), provide evidence that practitioners and families are collaborating to address priorities and concerns, identify resources, exchange knowledge, and create outcomes that address the needs of the child and family (RPs F3, F4, F7, and TC2).

The most powerful evidence that EBPs are being implemented with fidelity, though, is provided directly by families. In responses to Ohio's 2019 Family Questionnaire, many families continued to reference the benefits of coaching and receiving services in natural environments. More specific to the SSIP, families also continued to indicate that providers are responsive to their priorities and concerns (RP F3); that practitioners work with them to create outcomes for their child (RP F4) and to identify and access resources (RP F7); that practitioners and families work together to exchange expertise and knowledge, solve problems, plan, and implement interventions (TC2); and that a practitioner is selected to be the primary liaison between the family and the team based on family priorities and needs (TC5). Further, this direct feedback from families indicates that the implementation of EBPs is having the desired effect of increasing families' confidence and competence in supporting their child's development. Examples of

quotes from families received on Ohio's 2019 Family Questionnaire follow. The RPs supported are included in parentheses following the quotes.

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Quotes from families' responses on Ohio's 2019 Family Questionnaire

"I appreciate how knowledgeable all staff we have worked with are. I also appreciate how they respect our family. This is the second time we have worked with our provider. I always appreciate that she takes the time to listen to my concerns. It makes me feel that she cares about my child's progress and that we are partners in the process." **(F3)**

"The tailor-made plan for my son. Our team identifies his obstacles, sets goals, and breaks them down into manageable action steps. Our provider is wonderful with him, and is always available if I have questions or additional concerns. This program has been invaluable to his development!" **(F4)**

"They made us more comfortable seeking early intervention, walked us through every step, and gave us more resources than we ever realized were available" **(F7)**

"Our early intervention team provided such amazing support and taught us skills and practices to work with our son to overcome his physical delays. We especially liked that they showed US how to work with our son and didn't just send us to a therapist. Being able to incorporate exercises into his routine and play was a huge factor in allowing him to reach goals." **(TC2)**

"I can't say enough good things about this program. It has been a tremendous help to have services in home. Our primary service provider focuses on the goals that are important to us and helped us identify our child's strengths to help him learn and grow. I can't thank our PSP enough for the change in our child and family and our lives." **(TC 5)**

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5(c) Outcomes

Ohio has successfully implemented the steps and activities needed to meet the state's intermediate outcomes, as outlined in Section 3(b). In implementing the state's short-term and intermediate outcomes over the past six years, DODD has facilitated the intended improvements at the state and local levels, and ultimately, at the family level. Additionally, as described in Section 3(a) and previous SSIP submissions, DODD has collected and analyzed data related to the state's intermediate outcomes each year to monitor and demonstrate progress in each of these areas.

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 area for the FFY13 to FFY18 APR cycle increased slowly over time, with the goal of ensuring that they remained rigorous, yet achievable. As COS data quality improved over this SPP/APR cycle, the group determined that the FFY17 percentages should serve as a new baseline going forward. Thus, the group decided to use the FFY17 percentages, rounded down, as the targets for all COS indicators for FFY19. Targets and results for FFY13 through FFY19 for Ohio's SIMR 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 (Baseline)	2014	2015	2016	2017	2018	2019
Target	58.00%	60.00%	61.00%	62.00%	63.00%	64.00%	60.00%
Actual	59.58%	62.16%	62.69%	62.08%	60.73%	61.63%	

In FFY13, 59.58% of children had a substantially increased rate of growth in acquiring and using knowledge and skills, the state's chosen outcome area, which served as the baseline. This percentage increased to 62.16% in FFY14 and remained steady in FFY15 and FFY16 (62.69% and 62.08%, respectively). The percentage for this indicator decreased to 60.73% in FFY17; however, DODD speculates that was due to the improved data quality, rather than a decline in results for children and families.

The percentage of children with a substantially increased rate of growth in acquiring and using knowledge and skills improved to 61.63% in FFY18. While Ohio did not meet its SIMR target, DODD is confident that the integration of the COS process into the IFSP form and process, as well as the increased focus on the COS through professional development and TA, have led to higher quality, more accurate COS data. Further, in continuing to focus on the COS process through TA, training, and data availability, Ohio expects consistent improvement in this area going forward.

Component #6 – EI System Changes and Future Plans

6(a) How Ohio's EI System Has Changed

Over the past six years, Ohio's EI system has undergone significant systemic changes, both within its SSIP work and more broadly. Prior to the start of this SSIP cycle, Ohio had just established a position statement for its EI system after several years of work with stakeholders. Now, the state has made substantial progress in embedding recommendations included in the EI position statement in all infrastructure areas, including the implementation of evidence-based practices. As DODD has worked to effect systemic change, the state's EI program has also experienced considerable growth. The number of children referred to Ohio's EI system annually increased 30% over the past six years and the number of children served annually increased by nearly 15% in this timeframe.

During this SSIP cycle, Ohio successfully transitioned its EI lead agency from ODH to DODD; experienced leadership and other personnel changes at the agency and state level; implemented two rounds of new EI rules, including the implementation of all new EI forms with the July 2019 rule changes; expanded EI eligibility; made substantial changes to the state's COS process; created and continuously added to and improved a standalone EI website; transitioned from a locally-run central intake and referral system to a statewide system with a single vendor; and received a historic budget increase for EI. While all of this was taking place, Ohio also implemented a System of Payments rule and began to monitor the implementation of this rule; made numerous changes to the state's data system in order to ensure consistency with the state's rules as well as added functionality and multiple reports; created and made available an abundance of TA and professional development opportunities; and revamped its monitoring processes and standards, collaborating with a wide array of EI stakeholders every step of the way in each of these endeavors.

Through these broader undertakings and more specifically through the steps and activities implemented to achieve the state's short-term, intermediate, and long-term outcomes in each of its improvement strategy areas, DODD made improvements at the state, local program, and family levels. DODD observed continually increasing buy in from local EI programs and the families they serve regarding the implementation of evidence-based practices over the years, which helped make all of the other improvements possible. Throughout this SSIP cycle, local programs made improvements in their assessment processes, leading to the development of better, more individualized and contextualized IFSP outcomes. While the percentages for the child outcomes indicators, including Ohio's SIMR, remained relatively stable, the stability occurred during a time when COS ratings became more accurate. With the increased COS data accuracy, the state is confident that observed trends in COS data will be more meaningful going forward. Through local partnerships, newly implemented contracts, greater availability of services via technology, and increased access to POLR funding through the state's SOP process, DODD has helped to ensure more equitable access to evidence-based EI services statewide. Most importantly, as indicated via responses to the state's annual family questionnaire, Ohio's EI families now have a better understanding of their children's strengths, needs, and functioning and feel more competent and confident in their ability to support their children's growth in regard to acquiring and using knowledge and skills, which will undoubtedly contribute to continued improvement in child and family outcomes going forward.

6(b) Future Plans

Ohio's SSIP action plan (See Appendix B of Ohio's Phase II submission) included activities to be completed through June 2019. Ohio has successfully implemented these activities in all three improvement strategy areas. Next reporting year and beyond, DODD will continue to adapt resources and offer support in regard to acquisition and use of knowledge and skills through TA, professional development, monitoring, and data availability. DODD will also analyze data related to all measures described in 3(a) for one more reporting year to determine the progress made in regard to each evaluation question over the course of this SSIP cycle.

Additionally, DODD will have conversations with the state's EI stakeholders and begin in depth data and infrastructure analyses similar to those completed during Phase I of this SSIP cycle to reevaluate the short- and long-term needs and priorities of the state's EI system. The state will begin to determine areas of focus for the next SSIP cycle, including discussing whether DODD should pursue a new SIMR. In doing so, DODD will consider how the SSIP fits in to the plans, projects, and initiatives of Ohio's broader EI system, statewide early childhood priorities, and the governor's priorities going forward. In particular, Ohio's EI stakeholders have expressed increasing interest in improving children's social and emotional development.

6(c) Anticipated Barriers and Additional TA Support Needs

Ohio expects to encounter minimal barriers over the next year. DODD sought TA regarding the SSIP from various TA centers over the course of this SSIP, which was very helpful in the evaluation and implementation of the plan. Ohio will continue to utilize TA opportunities as the state wraps up this SSIP cycle and transitions to the next.