Appendix A: Help Me Grow Advisory Council Stakeholders

HMGAC Member	Organization	Email
*Michelle Albast	Ohio Department of Job & Family Services/Child Care	Michelle.Albast@jfs.ohio.gov
Melissa Arnold	Ohio - American Academy of Pediatrics	marnold@ohioaap.org; edawson@ohioaap.org
Marcie Beers	Ohio Coalition for the Education of Children with Disabilities	marcieb@ocecd.org
Esther Borders	EI Provider: County Board of DD	eborders@mcbdds.org
Ronni Bowyer	Parent	rbowyer@laca.org
Julie Brem	HMG Contract Manager	Julie.Brem@hamiltondds.org
*Kellie Brown	Superintendent: County Board of DD	Kbrown@guernseycountydd.org
Peg Burns	EI Provider Association: Mental Health	Burns@TheOhioCouncil.org
*Joyce Calland	Ohio Family and Children First Council	calland.11@osu.edu
Stephanie Champlin	Parent	sa_champlin@yahoo.com
Kim Christensen	Professional Development: Bowling Green State University	kchris@bgsu.edu
Cindy Davis	Family & Children First	fcfc@suddenlinkmail.com
*Margaret Demko	Parent	mdemko@vintonohhealth.org
*Laurie Dinnebeil	Professoinal Development: Univ. Toledo	LAURIE.DINNEBEIL@utoledo.edu
Sandi Domoracki	EI Provider: Regional Infant Hearing	sdonorac@kent.edu
*Verlnie Dotson	Cincinnati Community Action	vdotson@cincy-caa.org
*Denielle Ell-Rittinger	Ohio Department of Job & Family Services/Child Welfare	Denielle.Ell-Rittinger@jfs.ohio.gov
Marilyn Espe-Sherwindt	EI Provider: Family Child Learning Center	mespeshe@kent.edu
Brenda George	Professional Development: Occupational Therapy	Bgot4kids@sbcglobal.net
Michele Frizzell	Ohio Department of Health	Michele.Frizzell@odh.ohio.gov
Earnestine Hargett	Disability Rights Ohio	ehargett@disabilityrightsohio.org
Kim Hauck	Ohio Department of Developmental Disabilities	Kim.Hauck@dodd.ohio.gov
Shawn Henry	Oho Center for Autism and Low Incidence	shawn_henry@ocali.org
Susan Jones	Provider Association: Ohio Association of County Boards of DD	sjones@oacbdd.org; susanjonesgrant@gmail.com
Monica Juenger	Office of Health Transportation	Monica.Juenger@governor.ohio.gov
Ben Kearney	EI Provider: Mental Health	Benjamin.Kearney@ohioguidestone.org
Vicky Kelly	EI Provider: Community	vickik@childhoodleague.org
Kathy Lawton	University Centers of Excellence/DD	Kathy.Lawton@osumc.edu
Julie Litt	EI Provider: County Board of DD	jlitt@rnewhope.org
Melissa Manos	HMG Contract Manager	mmanos@helpmegrow.org
John McCarthy	Medicaid: Director	John.Mccarthy@medicaid.ohio.gov
	State Department of Insurance	
Deb Moscardino	Medicaid	Debra.Moscardino@medicaid.ohio.gov
Nancy Neely	Superintendent: County Board of DD	nancy.neely@lcountydd.org
Stephanie Pos	HMG Contract Manager	stefanie.post@warrencountyesc.com
Kristie Pretti-Frontczak	Professional Development: Kent State University	kristie.b2k@gmail.com
Angel Rhodes	Governor's Office, Early Childhood Advisory Council, Early Learning Challenge Grant/Race to the Top	angel.rhodes@governor.ohio.gov
Ilka Riddle	University Centers of Excellence/DD	Ilka.Riddle@cchmc.org
Amanda Runyon-Lynch	Parent	amara614@yahoo.com
	Public Children Services Association of Ohio	
Pam Stephens	EI Provider: County Board of DD	pstephens@nikecenter.org
Yolanda Talley	Medicaid	yolanda.talley@medicaid.ohio.gov
*Sheila Torio	Head Start	sheliatorio@hotmail.com
*Kim Travers	Parent: Co-chair, Help Me Grow Early Intervention Advisory Council	knttravers@windstream.net
Kay Treanor	Ohio Developmental Disabilities Council	Kay.Treanor@dodd.ohio.gov
Susannah Wayland	Ohio Department of Education/Homeless Youth	Susannah.wayland@education.ohio.gov
*Barb Weinberg	Ohio Department of Education/Homeless Youth	barbara.weinberg@education.ohio.gov
Jane Whyde	Provider Association: Family and Children First	jewhyde@fccs.co.franklin.oh.us
	Professional Development: Physical Therapy	
Sharon Woodrow	Superintendent: County Board of DD	swoodrow@clermontdd.org
Sue Zake	Ohio Department of Education/Homeless Youth	sue.zake@education.ohio.gov
	Professional Development: Speech-Language Pathology	

Appendix B: Stakeholder Involvement

Date(s)	Stakeholder Group	Topics Discussed	Stakeholder Feedback
October 2009 to April 2010	EI workgroup of the Early Childhood Cabinet (7 meetings)	Review of the EI policies, practices, outcomes, and funding to determine the program's future direction; Also intended to ensure compliance with federal regulations, leveraging resources, and providing appropriate services to families and their children.	Recommendations: All Part C/EI Services will be strength- and relationship-based; Assure that every family and their child who is eligible for Part C/EI services shall have access to federally mandated, evidence-based EI services through a core team of professionals; Maximize existing federal, state, and local funding, and leverage additional funding to assure access to federally mandated EI services and implement these recommendations; Create a comprehensive, ongoing workforce development strategy for Part C/EI in partnership with other early childhood efforts in the state; Ensure family support services and the availability of family-to-family support statewide; Provide consistent materials and messages statewide. **These suggestions largely shaped the eventual position statement released in June 2014 that articulated the mission, principles, and vision for Early Intervention in Ohio.**
May 2010 to June 2014	HMGAC meetings, Topical workgroup meetings, Rule writing	ODH and DODD engaged stakeholders in several discussions about the intent and requirements of IDEA, the research and literature about the evidence for best practice in providing EI services, and the process for creating and articulating a clear, unified, consistent message for the provision of early intervention services.	
November 2013	HMGAC Meeting	Introduction to SSIP and RDA; Discussion about the big picture of EI in Ohio and broad ideas for improvement in the system.	Recommendations: Ohio needed more consistency across the state and professional development in the form of IFSP development, continuous training, content and quality of the IFSP, and more information about evidence based practices; Questioned how the state would fund anything newly implemented and mentioned a need for additional training for service providers.
February 2014	HMGAC Meeting	Broad EI data shared with stakeholders; Discussion opened for general questions and comments about the SSIP.	Recommendations: More data on the impact services provided, as well as the frequency and intensity of those services, has on child outcomes; Stated they wanted to be able to have more faith in child and family outcomes data and have a better understanding of what the outcomes mean for children and families, and that they want to look more closely at why families are leaving the program; **Identified the following as factors that may affect child and family outcomes: service availability, quality, and approach; how IFSP outcomes are written; engagement with family and knowledge of the local program; funding aspects for parents; quality of the child's learning environment; and length of stay in the program.**
May 2014	HMGAC Meeting	More up to date broad EI data shared; Group was informed about the detailed infrastructure analysis that was required.	Group agreed that it would be best for the state to draft each portion of the SSIP, based upon the EI Mission, Vision, and Principles as well as discussions that had occurred with stakeholders, and that the HMGAC as well as the larger constituent group would react to what the state had written
August 2014	HMGAC Meeting	Began discussions about targets for the APR.	Recommendations: changes in the data around settings and child outcomes indicators; Suggested increasing the targets for each performance indicator annually; **Prioritized child outcomes indicators regarding substantially increasing the children's rate of growth, and that they really want to focus on these data over the next few years as we implement changes throughout the EI system and specifically within the child outcomes collection process.**
November 2014	HMGAC Meeting	Targets presented and finalized based on feedback from prior meeting; Small group activity to discuss each infrastructure area.	Feedback was provided for the monitoring/accountability, governance, fiscal, professional development, and quality standards infrastructure areas and how they could be used to improve results for children and families.
December 2014	Letter to Stakeholders	Ohio's identified SIMR and why it was chosen included in the letter.	No feedback was provided
December 2014	Call with Stakeholders	Opportunity for stakeholder's to provide feedback and ask questions about the chosen SIMR.	No feedback was provided
February 2015	HMGAC E-mail	Executive Summary of SSIP, including the chosen SIMR, and Theory of Action, presented to stakeholders.	Awaiting feedback

Appendix C: Position Statement in Ohio

Overview

In Ohio, the Help Me Grow Early Intervention Program fulfills the federal *Individuals with Disabilities Education Act (IDEA),* Part C (Early Intervention program for Infants and Toddlers with Disabilities). This document outlines the intent and requirements of Ohio's Early Intervention system.

The Mission of Early Intervention for Children with Disabilities

Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

To realize this mission, the Early Intervention (EI) system is built upon seven key principles:

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts;
2. All families, with the necessary supports and resources, can enhance their children's learning and development;
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives;
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs;
5. IFSP outcomes must be functional and based on children's and families' needs and family- identified priorities;
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support; and
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

[Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments*. (ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)]

Federal Early Intervention Law

The Intent of the Law

In the 2004 re-authorization of the federal IDEA law, which includes both Part C (early intervention) and Part B (special education, both preschool and school age), the United States Congress asserted:

"Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society; and improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of

opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities." [Public Law 108-446, Section 601(c)(1)]

Moreover, in the Individuals with Disabilities Education Act Part C, Congress acknowledged an urgent and substantial need to:

- Enhance the development of infants and toddlers with disabilities;
- Reduce the educational costs to our society by minimizing the need for special education and related services;
- Maximize the potential for individuals with disabilities to live independently in society;
- Enhance the capacity of families to support the development of their children; and
- Enhance states' ability to coordinate funding to provide services for infants and toddlers with disabilities.

[Public Law 108-446, Section 635(a)(1)- (5)]

Provisions of the Law

The key components of the Part C Early Intervention law include:

- Child Find through early identification of needs;
- Eligibility determination conducted by a team that includes parents and professionals from multiple disciplines who uses various pieces of information across all developmental domains, including hearing, and vision;
- A service coordinator as the key contact for the family who has responsibilities to work on behalf of the family and child through eligibility determination, Individualized Family Service Plan (IFSP) development, and service access, provision, and monitoring;
- Services that occur in natural environments, or in locations where typically developing children are within everyday routines, activities, and with familiar people;
- Parents have rights in the program and procedural safeguards are in place through rule and in accordance with the federal law; and
- Early Intervention services are provided by qualified personal through an IFSP to address outcomes.

The full text of the law can be found online (idea.ed.gov/download/statute.html), as can the accompanying regulations(www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf). In Ohio, these requirements are met by the Help Me Grow EI Program.

Ohio and Early Intervention

Over the last four years, the Ohio Department of Health (ODH), the Part C lead agency, and the Ohio Department of Developmental Disabilities (DODD) have engaged stakeholders in discussions about the intent and requirements of IDEA, the research and literature about the evidence for best practice in providing EI services, and the process for creating and articulating a clear, unified, consistent message for the provision of early intervention services.

Ohio's vision for improving the EI system largely comes from the recommendations made by the 2010 Part C Review stakeholder group, which include the mandates of the Federal law as well as the evidence for effective interventions. The recommendations include:

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

B. The Part C lead agency will assure that every family and their child who is eligible for Part C/EI services shall have access to federally mandated, evidence-based EI services through a core team of professionals (defined as a minimum of a Service Coordinator, Physical Therapist, Occupational Therapist, Early Intervention Specialist, and Speech Therapist);

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

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

E. Given the importance of supporting families in raising their children with disabilities, Ohio's Part C/EI system must ensure family support services and the availability of family-to-family support statewide;

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

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

The full text of the recommendations is available online (www.helpmegrow.ohio.gov/~/media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Early%2
0Intervention/Ohio%20PartC%20Review%202010.ashx).

With time and support, Ohio's EI system will embody all seven components of this vision – with all of the state-led training, technical assistance, communication, guidance, and rule revision advancing the work to achieve and sustain the key principles.

In 2012, ODH and DODD began articulating and planning Ohio's EI work using a Project Management Plan (www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=B0IPLd7qmaM%3D&tabid=119). Additionally, many communities in Ohio have been working hard to shift their practices to those aligned with the above key principles.

Moving forward, ODH and DODD will provide training and technical assistance to support continued movement of all current and potential service providers in shifting practices to meet the federal requirements for EI services. In addition, ODH and DODD will provide guidance to assist local Help Me Grow EI systems with mechanisms for articulating these requirements within their communities and connecting with providers who currently do not participate in the IFSP process.

Early Intervention Services

EI services are services which meet the federal requirement under IDEA, including the services that are:

1. Developed based on information obtained through the EI evaluation and assessment team process [34.C.F.R.303.321] utilizing the Individualized Family Service Plan (IFSP) [34.C.F.R.303.344];
2. Occurring in natural environments, or in locations where typically developing children are within everyday routines, activities, and with familiar people [34.C.F.R.303.26]);
3. Provided by qualified personnel as determined by the Early Intervention lead agency (ODH) and defined in [34.C.F.R.303.31]; and
4. Provided in a manner that supports the research and evidence for how very young children learn best: within the contexts of their families and caregivers, daily routines and natural environments.

   [Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments*. ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf]

Therefore, EI services are those which align with the key principles in order to equip parents with the confidence and competence to enhance their child's development.

Appendix D: SSIP Writing Team

SSIP Writing Team Member	Position	Affiliation	Role on SSIP
Auble, Karen	Professional Development Consultant	ODH	Governance, Quality Standards, document writing and editing
Bell, Robin	Early Intervention Program Manager	ODH	Governance, SSIP writing team
Blair, Lea	Bureau Chief, Long Term Care & Quality Assurance	ODH	Senior leadership guidance and feedback
Courts, Melissa	Monitoring Consultant	ODH	Monitoring, State Systems
Dedino, Nathan	Research and Data Administrator	ODH	Helped conduct the data analysis that was part of the statewide infrastructure analysis.
Foster, Jesssica, MD	Physician Administrator	ODH	Help Me Grow Advisory Council; working with stakeholders; leadership
Fox, Diane	Early Intervention Program Consultant	DODD	Professional Development
Friedman, Laura	Early Intervention Program Consultant	ODH	Stakeholder Involvement
Frizzell, Michelle	Bureau Chief, Bureau of Health Services	ODH	Senior leadership guidance and feedback
Grove, Wendy, Ph.D	Part B & 619 Administrator	ODE	Help Me Grow Advisory Council; working with stakeholders; leadership
Hammond, Taylor	Early Intervention Researcher	ODH	Lead in data area, document writing and editing, Data Analysis, Data, and Monitoring and Accountability sections
Hauck, Kimberly	Assistant Deputy Director, Policy and Strategic Division	DODD	Help Me Grow Advisory Council; working with stakeholders; leadership
Himmeger, Marla	Early Childhood Mental Health Specialist	ODH	State Systems
Kobelt, Teresa	Assistant Deputy Director	DODD	Review and feedback on SSIP and SIMR
Lanzot, Kelli	Early Intervention Program Consultant	ODH	Administrative leadership of the SIPP: facilitated meetings, assigned tasks, gathered documents, and reported to management any concerns that were discovered; Technical Assistance
Murillo, Samantha	Early Intervention Intern	ODH	Document writing and editing

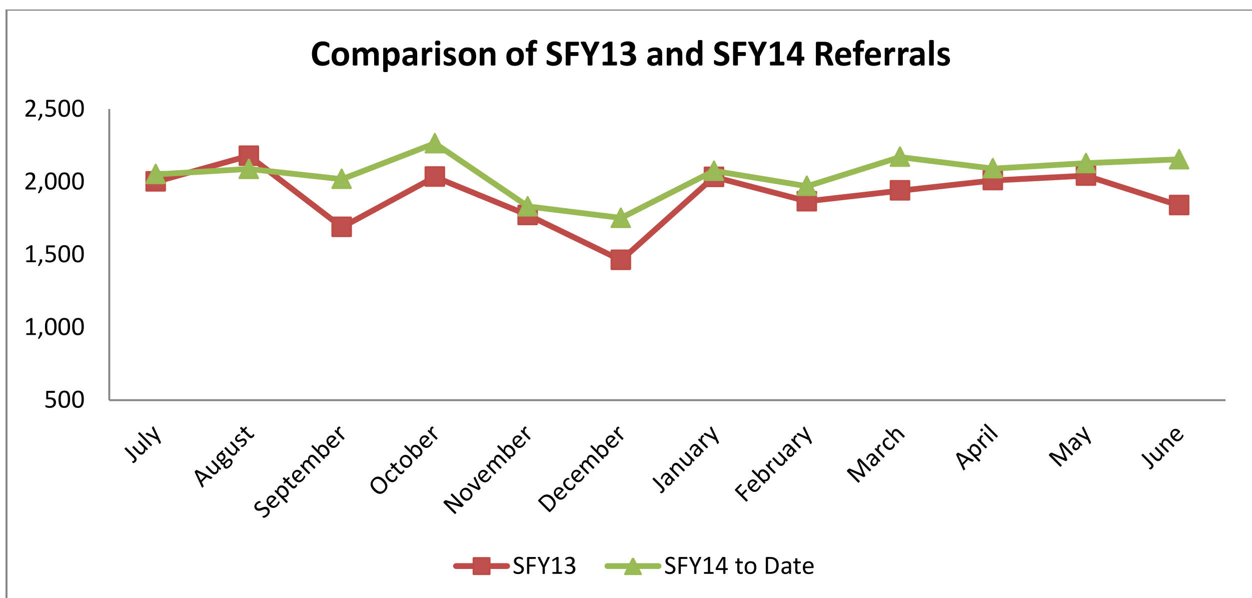
Appendix E: Summary Data for SFY14

Early Intervention Referrals by Month

Total number of children referred to EI each month where each referral began a unique referral period. Each child is only counted only once per month if multiple unique referrals are made, but children may be duplicated in the fiscal year.

Month	SFY13	SFY14	% Change	
July	2,001	2,051		
August	2,178	2,088		
September	1,688	2,018		
October	2,034	2,264		
November	1,771	1,830		
December	1,461	1,751		
January	2,033	2,075		
February	1,865	1,970		
March	1,939	2,170		
April	2,009	2,091		
May	2,042	2,127		
June	1,838	2,154		
SFY Total	**22,859**	**24,589**	***8%***	From previous SFY

- There were 24,589 unique referrals made to Early Intervention in SFY14, which is 8% higher than the previous fiscal year.
- Referrals have followed the same pattern over the past two fiscal years, with numbers dropping slightly in September, declining again in November and December, and then remaining steady the rest of the fiscal year.

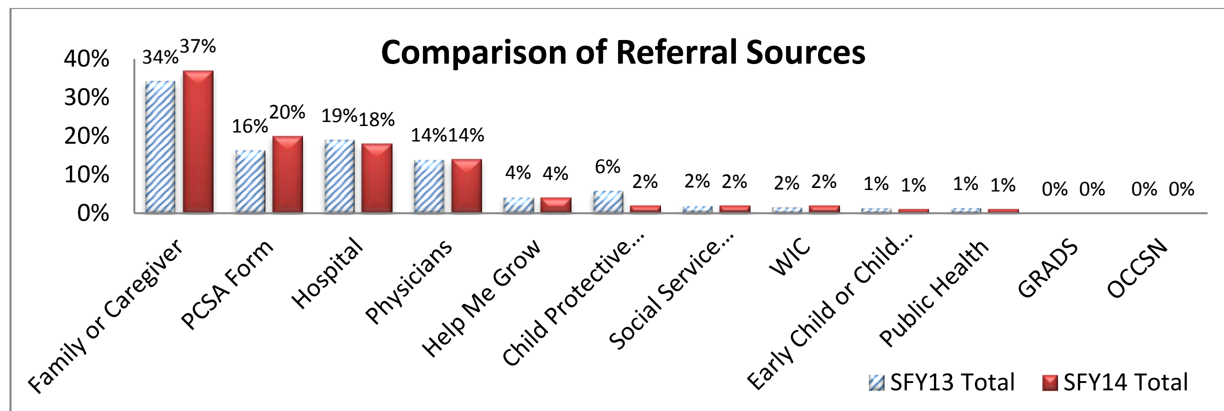


Referral Source Categories

Total number of children referred to Early Intervention each fiscal year by each referral source category, excluding children who are transferred from another Early Intervention contractor in Ohio (as determined by referral source).

Referral Source Category[1]	SFY13 Total		SFY14 Total	
	Number	Percent	Number	Percent
Family or Caregiver	7,812	34%	9,152	37%
PCSA Form[2]	3,734	16%	4,824	20%
Hospital	4,355	19%	4,378	18%
Physicians	3,189	14%	3,359	14%
Help Me Grow	978	4%	884	4%
Child Protective Services	1,344	6%	496	2%
Social Service Agencies	458	2%	505	2%
WIC	357	2%	377	2%
Early Child or Child Care Programs	314	1%	284	1%
Public Health	317	1%	307	1%
GRADS	1	0%	7	0%
OCCSN	0	0%	16	0%
Total	**22,859**	**100%**	**24,589**	**100%**

- More than one third of the referrals into Early Intervention were made by the family or caregiver in both SFY13 and SFY14 (34% and 37%, respectively). Child Protective Services and the PCSA Form combined for the second most common referral source, making up 22% of referrals each year.
- Other common referral sources during SFY13 and SFY14 included Hospitals (19% of referrals in SFY13 and 18% in SFY14) and Physicians (14% in both SFY13 and SFY14).



[1] The following referral source categories include the distinct referral sources listed after each: Child protective services: child protective services, CAPTA referrals; Early child or child care programs: Head Start, public school, child care, local preschool, LEAP; Family or caregiver: Family member, friend, primary caregiver; Help Me Grow: Help Me Grow, NBHV nurse, RIHP, ODH/BCMH; Hospital: hospital, HBCF specialist; Physicians: physicians, community screening; Public health: health department, public health nurse; Social service agencies: human services, DD, mental health agency, other non-profit community agency/provider, other community agency/provider, for profit community provider, legal.

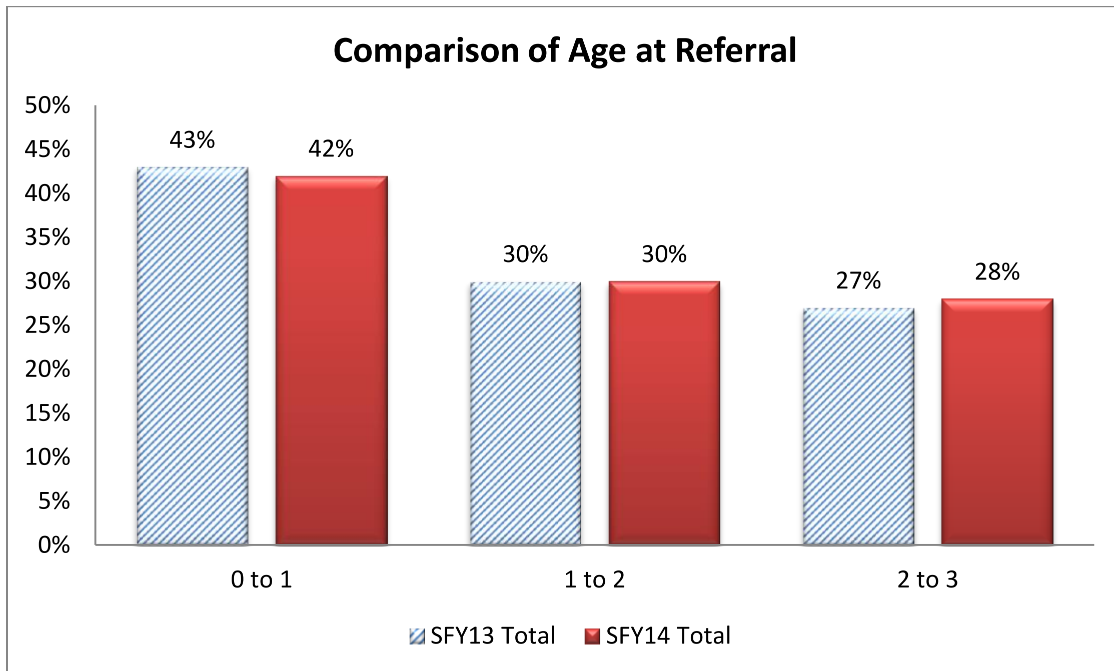
[2] PCSA form was not listed as a separate referral source until August 31st, 2012, so all referrals that came from PCSAs prior to that date were categorized as Child Protective Services referrals.

Age Categories of All Referrals

Age range at the time of referral of all children referred in specified time period.

Age at Referral	SFY13 Total		SFY14 Total	
	Number	Percent	Number	Percent
Prenatal	8	0%	5	0%
0 to 1	9,786	43%	10,258	42%
1 to 2	6,782	30%	7,470	30%
2 to 3	6,283	27%	6,856	28%
Total	**22,859**	**100%**	**24,589**	**100%**

- In SFY13 and SFY14, at least 42% of the total referrals to Early Intervention were for children less than one year old.
- Nearly one third of referrals, 30% each year, were for children ages 1 to 2 and a little over a quarter (27% in SFY13 and 28% in SFY14), were for children ages 2 to 3.

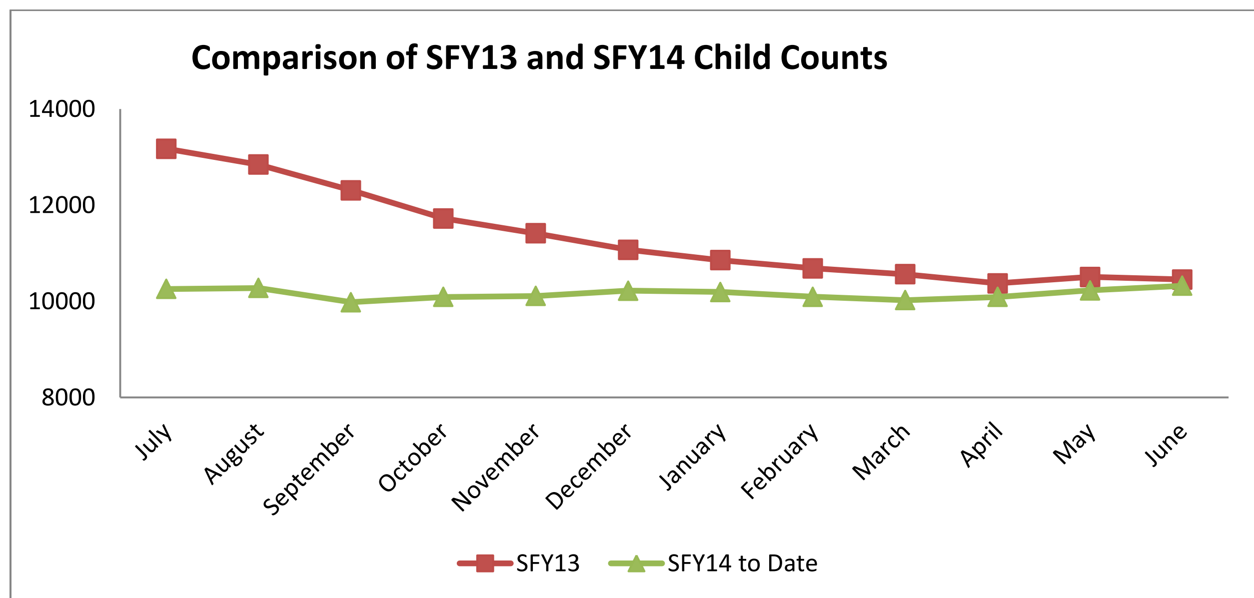


Early Intervention Child Counts by Month[3]

Count of children who had an active IFSP in Early Intervention on the first day of the specified month.

Month	SFY13	SFY14	% Change	
July	13,172	10,256		
August	12,845	10,278		
September	12,310	9,983		
October	11,725	10,092		
November	11,415	10,113		
December	11,073	10,221		
January	10,856	10,196		
February	10,688	10,096		
March	10,562	10,025		
April	10,374	10,090		
May	10,507	10,227		
June	10,454	10,323	***1%***	From previous month
SFY Average	**11,332**	**10,158**	***-10%***	From previous SFY

- The average number of children served at any point in time in Early Intervention decreased 10% from SFY13 to SFY14, with an average of 11,332 children served at one time in SFY13 and an average of 10,158 in SFY14.
- The number of children served declined steadily throughout SFY13, from over 13,172 in July of 2013 to 10,454 in June of 2014. The point-in-time count remained relatively steady at a little over 10,000 most months throughout SFY14.



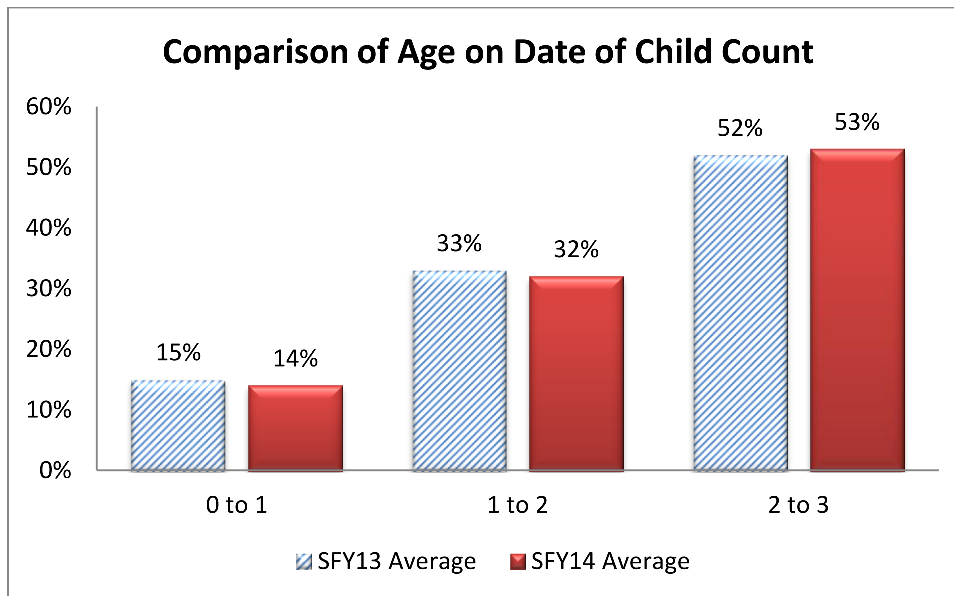
[3] Child counts statewide have decreased over the past few years, likely due to guidance from ODH beginning in early 2012 to exit children who were no longer in need of services (when before, most children stayed in the program until age 3, even after they no longer had a need for Early Intervention services) as well as the implementation of more stringent eligibility requirements that went into effect in September of 2012.

Child Count by Age on the Date of Child Count

Age range on the first of the specified month of all children with an active IFSP on that date.

Age at Count[4]	SFY13 Average		SFY14 Average	
	Number	Percent	Number	Percent
Prenatal	0	0%	0	0%
0 to 1	1,743	15%	1,446	14%
1 to 2	3,738	33%	3,284	32%
2 to 3	5,851	52%	5,428	53%
Total	**11,332**	**100%**	**10,158**	**100%**

- On average, more than half of children served in Early Intervention at any point in time were 2 to 3 years old during SFY13 and SF14 (52% and 53% respectively).
- Approximately another one third of children, on average, were ages 1 to 2 (33% in SFY13 and 32% in SFY14) and 15% or less were under the age of 1.



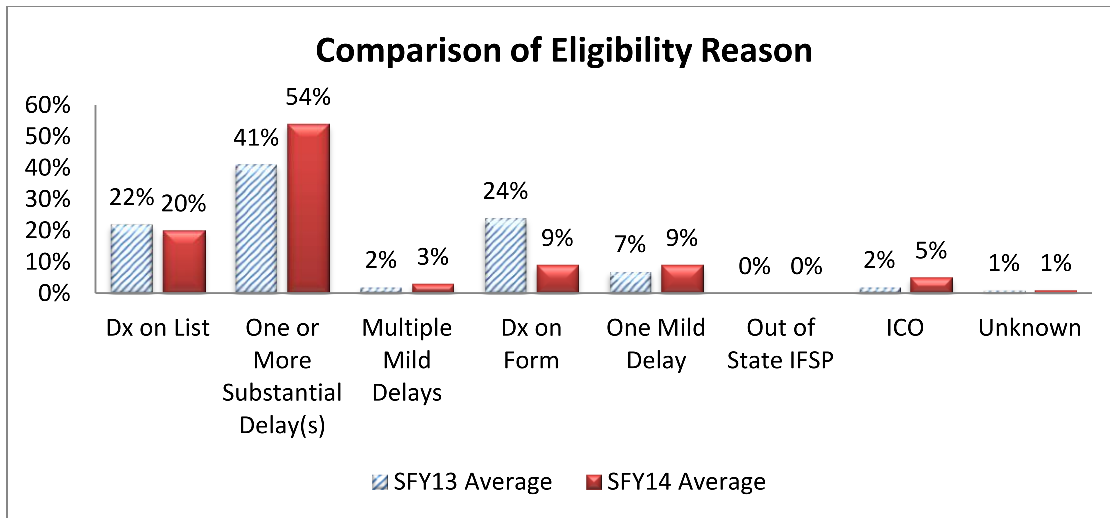
[4] Please note that the average age at any point in time is much higher than the average age at referral due to individual children staying in the program (and thus getting older at each point in time count) as well as more children overall being found eligible and served when they are in a higher age range.

Child Counts by Eligibility Reason

Reason children with an active IFSP on the first of the month became eligible for Early Intervention. If a child had more than one of the listed reasons, the reason listed first in the table was chosen.

Eligibility Reason[5]	SFY13 Average		SFY14 Average	
	Number	Percent	Number	Percent
Diagnosis on List	2,473	22%	2,013	20%
One or More Substantial Delay(s)	4,662	41%	5,445	54%
Multiple Mild Delays	255	2%	266	3%
Diagnosis on Form[6]	2,759	24%	873	9%
One Mild Delay	792	7%	916	9%
Out of State IFSP	5	0%	20	0%
ICO	274	2%	497	5%
Unknown	111	1%	130	1%
Total	**11,332**	**100%**	**10,158**	**100%**

- The average percentage of children served each month whose reason for eligibility was a substantial delay in at least one domain increased from 41% in SFY13 to 54% in SFY14.
- A diagnosis on the form was the eligibility reason for 24% of children, on average, served at any one point in time in SFY13 and dropped to 9% in SFY14.
- A diagnosis on the list was the eligibility reason for at least one fifth of children, on average, at any one point in time the past two fiscal years (22% average in SFY13 and 20% in SFY14).



[5] A substantial delay indicates a delay 2.0 or more standard deviations below the mean for a domain. A mild delay refers to a delay of 1.5 to 1.99 standard deviations below the mean for that domain. The average number of children eligible via ICO is underestimated (and the average number whose eligibility reason is Unknown is overestimated) for these counts due to an issue with data extraction.

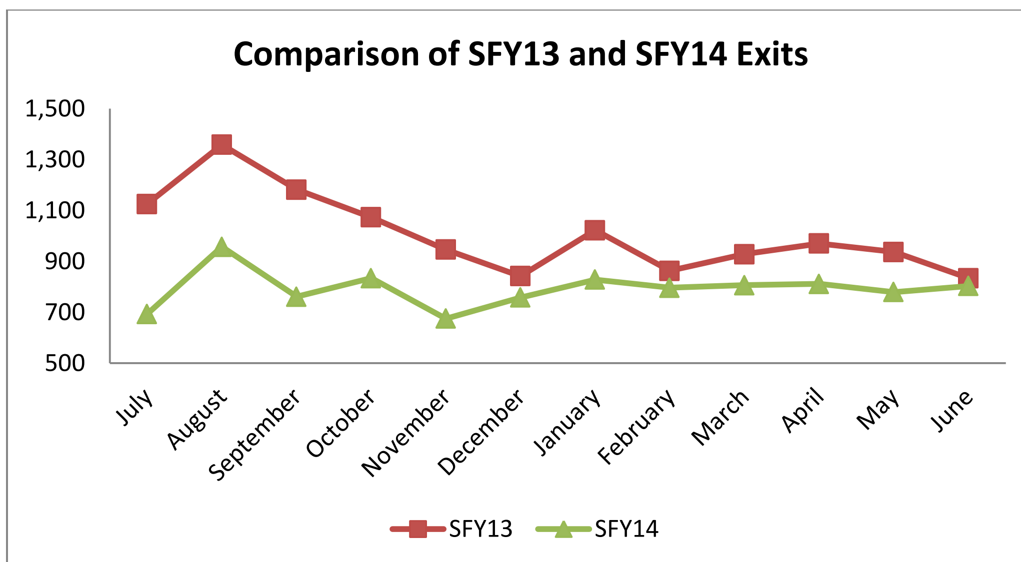
[6] Eligibility via diagnosis on the form is artificially high for SFY13. Prior to rule change in September 2012, there were several hundred diagnoses that automatically made a child eligible, most of which were classified as diagnoses on the form after September 2012. The full effect of this rule change was not evident until the beginning of SFY14.

Early Intervention Exits by Month

Total number of children who were served in Early Intervention (had at least one IFSP) and exited in the specified month, excluding children who transferred to another Early Intervention contractor in Ohio (determined by exit reason).

Month[7]	SFY13	SFY14	% Change	
July	1,125	695		
August	1,358	957		
September	1,182	764		
October	1,073	837		
November	946	681		
December	842	761		
January	1,022	829		
February	863	807		
March	928	844		
April	970	811		
May	937	779		
June	834	803		
SFY Total	**12,080**	**9,568**	***-21%***	From previous SFY

- Although there was a 21% decrease in children exiting Early Intervention in SFY14 compared to SFY13, a decrease is expected given that there are fewer children being served, on average, at any given time in SFY14.
- Over the past two fiscal years, exits have peaked in August, but dropped back down to remain relatively steady the remainder of the fiscal year.



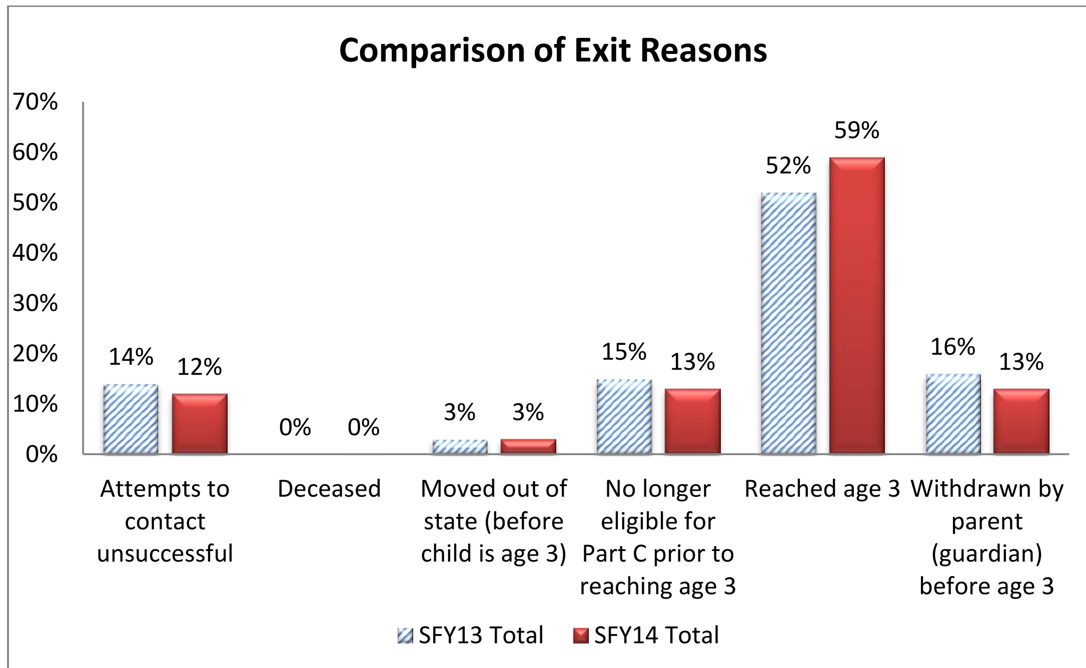
[7] Exits in the more recent months are likely to be underestimated due to data not being entered in a timely manner.

Exit Reasons

Collapsed categories of reasons that children who were served in Early Intervention exited the program.

Exit Reason[8]	SFY13 Total		SFY14 Total	
	#	%	#	%
Attempts to contact unsuccessful	1,684	14%	1,130	12%
Deceased	43	0%	41	0%
Moved out of state	359	3%	281	3%
No longer eligible prior to age 3	1,819	15%	1,211	13%
Reached age 3	6,230	52%	5,645	59%
Withdrawn by parent (guardian) before age 3	1,937	16%	1,260	13%
Total	**12,080**	**100%**	**9,568**	**100%**

- In SFY13 and SFY14, the majority of children exited Early Intervention due to reaching age 3, increasing from 52% in SFY13 to 59% in SFY14.
- Between 13% and 16% of children each year exited due to unsuccessful contact attempts, no longer being eligible for Early Intervention, or being withdrawn by a parent.



[8] **No longer eligible prior to age 3** includes the following exit reasons: "Completion of IFSP prior to reaching age 3", and "Child/Family not eligible for HMG". **Reached age 3** includes the following exit reasons: "Reached Age 3, Not Eligible for Part B, exit to other program", "Reached Age 3, Not Eligible for Part B, exit with no referral", "Reached Age 3, Part B eligibility not determined", and "Reached Age 3, Part B Eligible". **Withdrawn by parent (guardian) before age 3** also includes the exit reason, "Family not interested in ongoing HMG services".

Length of Stay Summary

Average age in months (always rounded down) of children at eligibility and exit, as well as the total length of stay and the potential length of stay (from eligibility to age three).

Time Period	Total Exits	Average Age at Eligibility (months)	Average Age at Exit (months)	Average LOS (months)	Average Potential LOS (months)	Average Percent Potential LOS
SFY13	12,080	14.6	29.0	13.8	20.5	73%
SFY14	9,568	17.0	30.2	12.4	18.0	76%

- The average age at eligibility increased from 14.6 months in SFY13 to 17.0 months in SFY14.
- In SFY13, children stayed in Early Intervention an average of 13.8 months, compared to 12.4 months in SFY14. However, as the average age at eligibility increased, children actually stayed in Early Intervention a higher percentage of their total time possible in SFY14 (76% of their maximum time in SFY14 compared to 73% in SFY13).

Summary Trends in Child Counts[9]

Total number and percentage of newly served and exited children by month.

Month	Newly Served		Exited		Child Count
	Number	% of Child Count	Number	% of Child Count	
6/1/2011	…..	…..	…..	…..	15,254
7/1/2011	1,094	7%	1,212	8%	15,136
8/1/2011	897	6%	1,236	8%	14,797
9/1/2011	1,133	8%	1,385	9%	14,545
10/1/2011	956	7%	1,090	7%	14,411
11/1/2011	1,073	7%	1,242	9%	14,242
12/1/2011	901	6%	1,032	7%	14,103
1/1/2012	863	6%	1,034	7%	13,911
2/1/2012	952	7%	1,059	8%	13,804
3/1/2012	1,014	7%	1,048	8%	13,770
4/1/2012	1,031	7%	1,121	8%	13,680
5/1/2012	1,038	8%	1,125	8%	13,593
6/1/2012	996	7%	1,151	8%	13,438
7/1/2012	905	7%	1,171	9%	13,172
8/1/2012	886	7%	1,213	9%	12,845
9/1/2012	832	6%	1,367	11%	12,310
10/1/2012	621	5%	1,206	10%	11,725
11/1/2012	773	7%	1,083	9%	11,415
12/1/2012	673	6%	1,015	9%	11,073
1/1/2013	672	6%	889	8%	10,856
2/1/2013	872	8%	1,040	10%	10,688
3/1/2013	874	8%	1,000	9%	10,562
4/1/2013	956	9%	1,144	11%	10,374
5/1/2013	1,156	11%	1,023	10%	10,507
6/1/2013	1,068	10%	1,121	11%	10,454
7/1/2013	1,035	10%	1,233	12%	10,256
8/1/2013	994	10%	972	9%	10,278
9/1/2013	878	9%	1173	11%	9,983
10/1/2013	1,031	10%	922	9%	10,092
11/1/2013	1,048	10%	1027	10%	10,113
12/1/2013	919	9%	811	8%	10,221
1/1/2014	906	9%	931	9%	10,196
2/1/2014	871	9%	971	10%	10,096
3/1/2014	901	9%	972	10%	10,025
4/1/2014	1,095	11%	1,030	10%	10,090
5/1/2014	1,109	11%	972	10%	10,227
6/1/2014	1,053	10%	957	9%	10,323

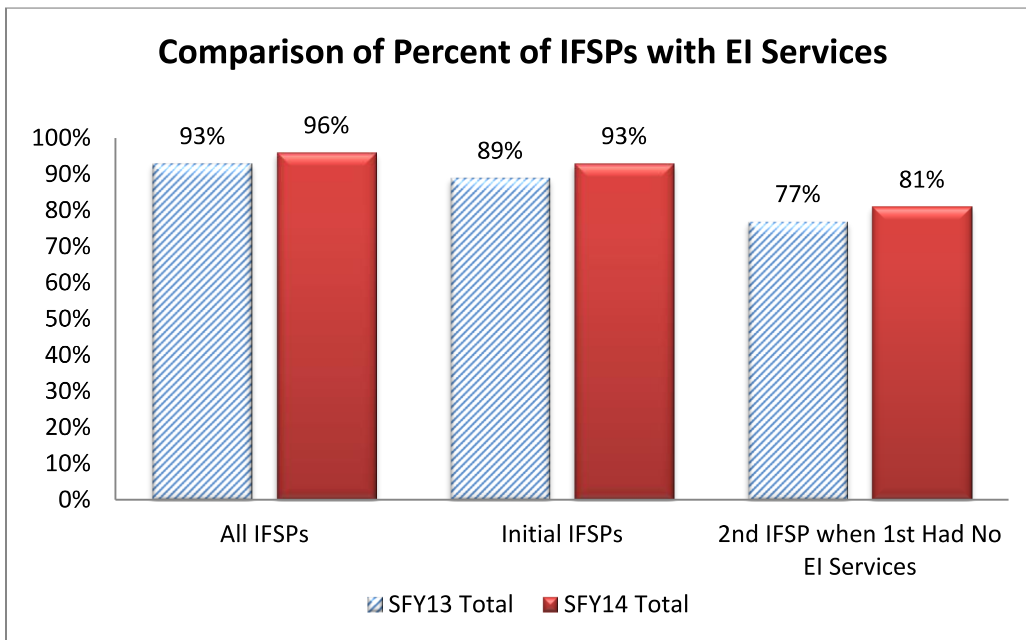
[9] Newly served means a child had an active IFSP on the first day of the specified month, but not the first day of the previous month. Exited refers to children who had an active IFSP on the first day of the previous month, but not the first day of the specified month. Please note the numbers here do not match those in the other Exiting tables, as those data reflect a cumulative count of exits whereas this table reflects point-in-time counts.

Percent of IFSPs with EI Services

Total number and percentage of different types of IFSPs that had at least one Early Intervention Service other than Service Coordination listed on the specified IFSP.

IFSP Type	SFY13			SFY14		
	# With EI Services	Total #	%	# With EI Services	Total #	%
All IFSPs	30,715	32,940	93%	29,728	30,909	96%
Initial IFSPs	8,577	9,604	89%	9,650	10,425	93%
2nd IFSP when 1st Had No EI Services	969	1,255	77%	438	540	81%

- In SFY14, a higher percentage of IFSPs had at least one Early Intervention Service other than Service Coordination listed than those in SFY13 (96% in SFY14 compared to 93% in SFY13).
- The percentage of initial IFSPs with at least one Early Intervention service other than Service Coordination listed increased from 89% in SFY13 to 93% in SFY14.

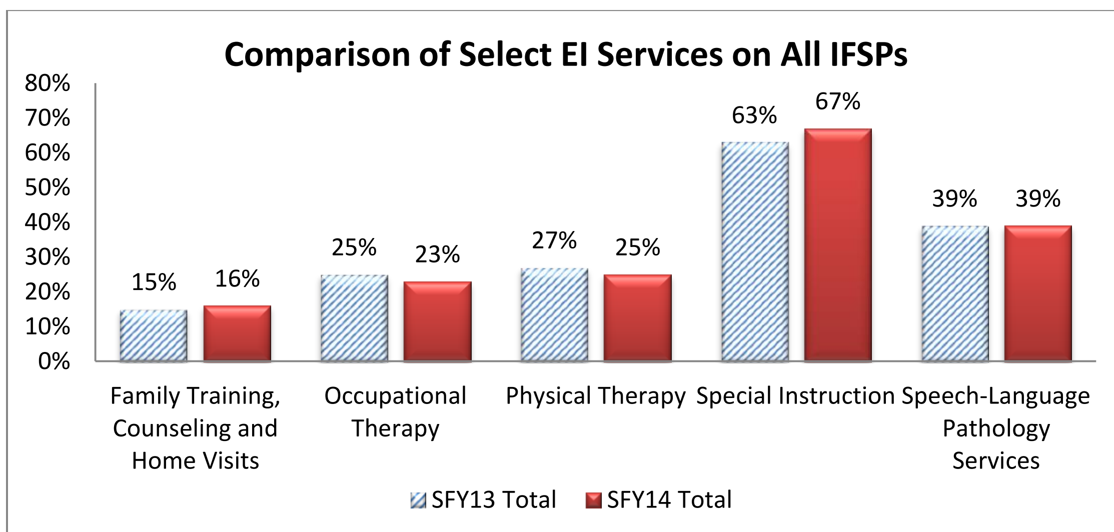


EI Services on All IFSPs

Total number and percentage of all IFSPs that occurred during the specified fiscal year that listed each Early Intervention Service listed.

Service	SFY13		SFY14	
	#	%	#	%
Family Training, Counseling and Home Visits	5,082	15%	4,863	16%
Occupational Therapy	8,310	25%	7,054	23%
Physical Therapy	9,056	27%	7,806	25%
Special Instruction	20,758	63%	20,613	67%
Speech-Language Pathology Services	12,893	39%	11,965	39%
Assistive Technology Devices and Services	39	0%	49	0%
Audiology Services	154	0%	219	1%
Health Services	144	0%	124	0%
Medical Services	674	2%	636	2%
Nursing Services	660	2%	441	1%
Nutrition Services	430	1%	325	1%
Psychological Services	138	0%	98	0%
Sign Language and Cued Language Services	11	0%	20	0%
Social Work Services	59	0%	49	0%
Transportation (and related costs)	283	1%	252	1%
Vision Services	330	1%	299	1%
Total IFSPs	**32,940**		**30,909**	

- Special Instruction was listed on approximately two thirds of all IFSPs in SFY13 and SFY14 (63% in SFY13 and 67% in SFY14), and Speech-Language Pathology Services on more than one third (39% each year).
- Physical Therapy was listed on 27% of all IFSPs in SFY13 and 25% in SFY14, Occupational Therapy on 25% of IFSPs in SFY13 and 23% in SFY14, and Family Training, Counseling, and Home Visits on 15% in SFY13 and 16% in SFY14.

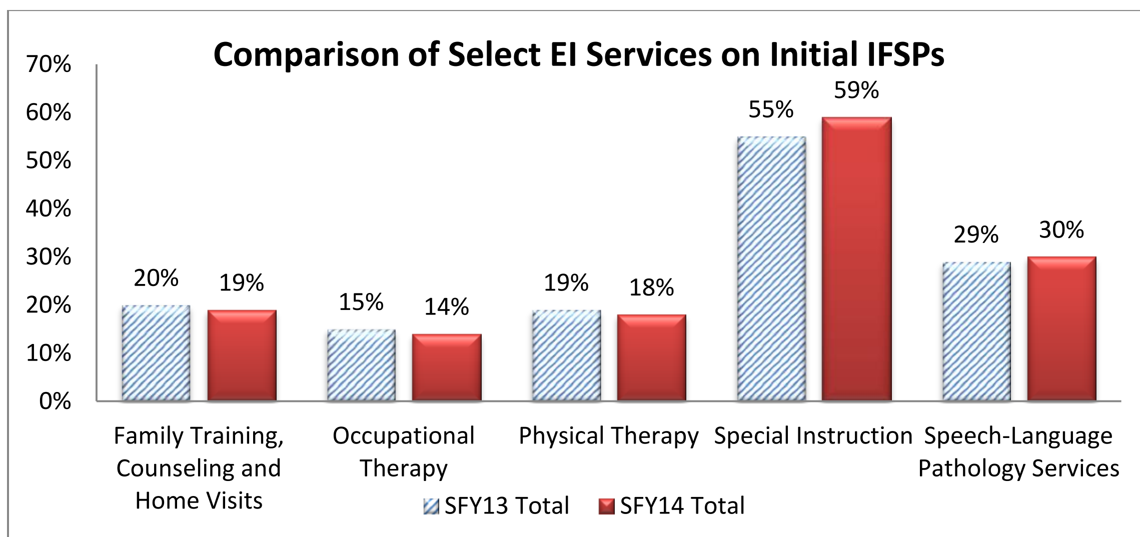


EI Services on Initial IFSPs

Total number and percentage of initial IFSPs that occurred within the specified fiscal year that listed each Early Intervention service.

Service	SFY13		SFY14	
	#	%	#	%
Family Training, Counseling and Home Visits	1,888	20%	1,931	19%
Occupational Therapy	1,479	15%	1,416	14%
Physical Therapy	1,851	19%	1,887	18%
Special Instruction	5,268	55%	6,116	59%
Speech-Language Pathology Services	2,755	29%	3,089	30%
Assistive Technology Devices and Services	1	0%	10	0%
Audiology Services	47	0%	59	1%
Health Services	26	0%	27	0%
Medical Services	198	2%	184	2%
Nursing Services	128	1%	95	1%
Nutrition Services	85	1%	61	1%
Psychological Services	17	0%	15	0%
Sign Language and Cued Language Services	6	0%	4	0%
Social Work Services	17	0%	11	0%
Transportation (and related costs)	53	1%	51	0%
Vision Services	47	0%	37	0%
Total IFSPs	**9,604**		**10,425**	

- Special Instruction was listed on more than half of initial IFSPs in SFY13 and SFY14 (55% in SFY13 and 59% in SFY14), and Speech-Language Pathology Services on nearly one third (29% in SFY13 and 30% in SFY14).
- Family Training, Counseling, and Home Visits was listed on 20% of initial IFSPs in SFY13 and 19% in SFY14, Physical Therapy on 19% of initial IFSPs in SFY13 and 18% in SFY14, and Occupational Therapy on 15% in SFY13 and 14% in SFY14.

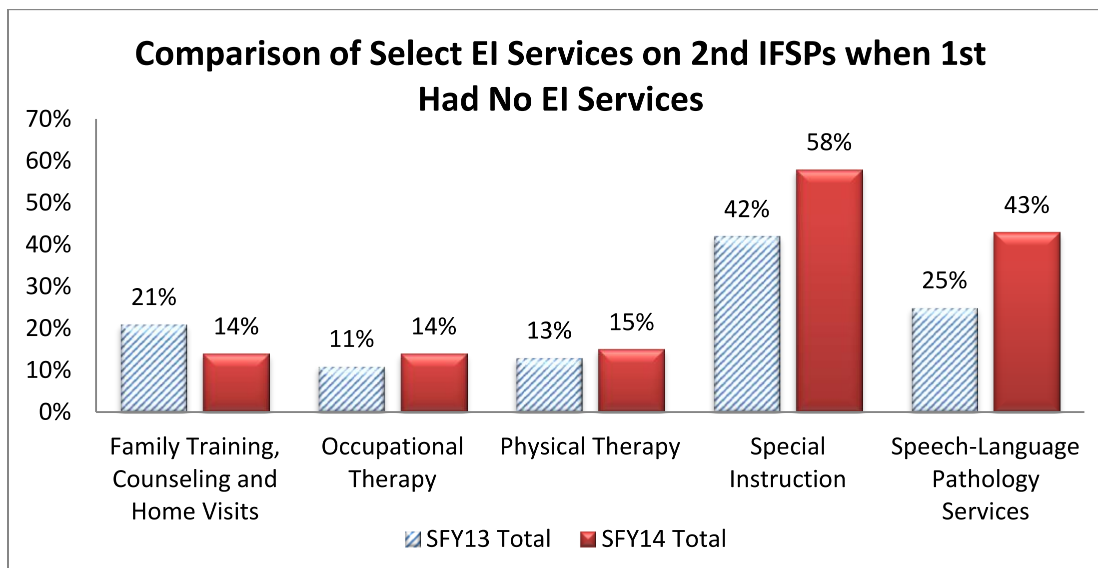


EI Services on 2nd IFSPs when 1st Had No EI Services

Total number and percentage of 2nd IFSPs that occurred within the specified fiscal year (when the first IFSP for the child listed no Early Intervention services) that listed each Early Intervention service.

Service	SFY13		SFY14	
	#	%	#	%
Family Training, Counseling and Home Visits	258	21%	75	14%
Occupational Therapy	132	11%	73	14%
Physical Therapy	159	13%	82	15%
Special Instruction	529	42%	312	58%
Speech-Language Pathology Services	312	25%	234	43%
Audiology Services	6	0%	0	0%
Health Services	5	0%	0	0%
Medical services	26	2%	2	0%
Nursing Services	6	0%	0	0%
Nutrition Services	9	1%	0	0%
Psychological services	3	0%	3	1%
Sign Language and Cued Language Services	1	0%	0	0%
Social Work Services	2	0%	0	0%
Transportation (and related costs)	3	0%	5	1%
Vision services	2	0%	1	0%
Total IFSPs	**1,255**		**540**	

- When no Early Intervention Services were listed on the first IFSP for a child, 42% of the second IFSPs in SFY13 and 58% in SFY14 listed Special Instruction. Speech-Language Pathology Services was listed on 25% of these IFSPs in SFY13 and 43% in SFY14.
- Family Training was included on 21% of second IFSPs in SFY13 when the first IFSP for the child had no Early Intervention Services and 14% in SFY14, Physical Therapy on 13% in SFY13 and 15% in SFY14, and Occupational Therapy on 11% in SFY13 and 14% in SFY14.



Appendix F: IFSP Services by County SFY14

Early Intervention Services on Initial IFSPs in SFY14

County	Total Initial IFSPs	Any EI Service		Family training, counseling and home visits		Occupational Therapy		Physical Therapy		Special instruction		Speech-language pathology services	
		#	%	#	%	#	%	#	%	#	%	#	%
Statewide	**10,425**	**9,650**	**93%**	**1,931**	**19%**	**1,416**	**14%**	**1,887**	**18%**	**6,116**	**59%**	**3,089**	**30%**
Wyandot	13	3	23%	1	8%	0	0%	0	0%	2	15%	3	23%
Athens	41	10	24%	1	2%	0	0%	1	2%	9	22%	0	0%
Trumbull	111	42	38%	4	4%	10	9%	9	8%	0	0%	27	24%
Pike	27	14	52%	1	4%	2	7%	3	11%	9	33%	5	19%
Allen	109	64	59%	0	0%	12	11%	28	26%	62	57%	17	16%
Montgomery	547	349	64%	16	3%	49	9%	91	17%	248	45%	213	39%
Jackson	28	19	68%	0	0%	0	0%	0	0%	17	61%	0	0%
Medina	195	134	69%	0	0%	12	6%	25	13%	80	41%	44	23%
Stark	206	152	74%	0	0%	6	3%	10	5%	122	59%	26	13%
Belmont	28	24	86%	0	0%	3	11%	2	7%	21	75%	4	14%
Cuyahoga	1,185	1,040	88%	554	47%	204	17%	179	15%	355	30%	288	24%
Ashtabula	81	72	89%	1	1%	14	17%	20	25%	59	73%	30	37%
Perry	35	31	89%	2	6%	1	3%	1	3%	31	89%	1	3%
Ottawa	33	30	91%	0	0%	11	33%	4	12%	23	70%	13	39%
Preble	22	20	91%	0	0%	1	5%	3	14%	20	91%	3	14%
Mahoning	114	105	92%	17	15%	25	22%	35	31%	2	2%	61	54%
Licking	122	114	93%	0	0%	25	20%	25	20%	75	61%	35	29%
Muskingum	87	81	93%	0	0%	14	16%	19	22%	76	87%	51	59%
Carroll	16	15	94%	2	13%	7	44%	9	56%	0	0%	6	38%
Jefferson	35	33	94%	0	0%	0	0%	3	9%	24	69%	0	0%
Knox	52	49	94%	1	2%	5	10%	10	19%	47	90%	10	19%
Meigs	17	16	94%	0	0%	1	6%	5	29%	15	88%	6	35%
Lake	169	160	95%	7	4%	19	11%	43	25%	140	83%	114	67%
Marion	59	56	95%	0	0%	11	19%	24	41%	29	49%	19	32%
Brown	46	44	96%	0	0%	10	22%	18	39%	26	57%	8	17%
Crawford	45	43	96%	1	2%	4	9%	6	13%	38	84%	12	27%
Hancock	76	73	96%	0	0%	30	39%	33	43%	71	93%	31	41%
Warren	198	191	96%	30	15%	21	11%	35	18%	88	44%	44	22%
Clark	137	133	97%	56	41%	0	0%	17	12%	77	56%	39	28%
Clermont	221	215	97%	1	0%	51	23%	48	22%	43	19%	111	50%

Early Intervention Services on Initial IFSPs in SFY14

County	Total Initial IFSPs	Any EI Service		Family training, counseling and home visits		Occupational Therapy		Physical Therapy		Special instruction		Speech-language pathology services	
		#	%	#	%	#	%	#	%	#	%	#	%
Statewide	**10,425**	**9,650**	**93%**	**1,931**	**19%**	**1,416**	**14%**	**1,887**	**18%**	**6,116**	**59%**	**3,089**	**30%**
Butler	427	420	98%	27	6%	31	7%	50	12%	338	79%	78	18%
Columbiana	47	46	98%	0	0%	5	11%	12	26%	18	38%	16	34%
Coshocton	43	42	98%	1	2%	6	14%	16	37%	21	49%	10	23%
Highland	57	56	98%	1	2%	23	40%	17	30%	24	42%	30	53%
Richland	85	83	98%	0	0%	5	6%	29	34%	82	96%	62	73%
Summit	390	381	98%	3	1%	35	9%	56	14%	337	86%	72	18%
Union	42	41	98%	0	0%	39	93%	37	88%	38	90%	40	95%
Van Wert	46	45	98%	2	4%	13	28%	10	22%	14	30%	25	54%
Washington	65	64	98%	2	3%	5	8%	23	35%	58	89%	24	37%
Erie	85	84	99%	0	0%	5	6%	5	6%	81	95%	10	12%
Fairfield	164	162	99%	0	0%	12	7%	31	19%	83	51%	54	33%
Franklin	1,049	1,035	99%	979	93%	9	1%	18	2%	39	4%	30	3%
Hamilton	590	587	99%	4	1%	56	9%	65	11%	400	68%	92	16%
Lorain	258	255	99%	4	2%	25	10%	34	13%	245	95%	59	23%
Mercer	80	79	99%	15	19%	8	10%	33	41%	38	48%	47	59%
Wayne	116	115	99%	3	3%	6	5%	37	32%	0	0%	71	61%
Wood	108	107	99%	4	4%	9	8%	9	8%	105	97%	19	18%
Adams	31	31	100%	1	3%	7	23%	8	26%	23	74%	8	26%
Ashland	42	42	100%	0	0%	30	71%	29	69%	41	98%	26	62%
Auglaize	56	56	100%	0	0%	16	29%	19	34%	26	46%	41	73%
Champaign	63	63	100%	4	6%	14	22%	18	29%	62	98%	25	40%
Clinton	68	68	100%	27	40%	0	0%	2	3%	41	60%	0	0%
Darke	44	44	100%	0	0%	0	0%	2	5%	41	93%	5	11%
Defiance	24	24	100%	0	0%	1	4%	3	13%	24	100%	8	33%
Delaware	296	295	100%	32	11%	56	19%	91	31%	247	83%	189	64%
Fayette	36	36	100%	32	89%	5	14%	2	6%	26	72%	15	42%
Fulton	56	56	100%	2	4%	15	27%	1	2%	27	48%	28	50%
Gallia	22	22	100%	0	0%	0	0%	0	0%	22	100%	1	5%
Geauga	71	71	100%	1	1%	48	68%	51	72%	60	85%	57	80%
Greene	290	290	100%	6	2%	34	12%	43	15%	290	100%	88	30%

Early Intervention Services on Initial IFSPs in SFY14

County	Total Initial IFSPs	Any EI Service		Family training, counseling and home visits		Occupational Therapy		Physical Therapy		Special instruction		Speech-language pathology services	
		#	%	#	%	#	%	#	%	#	%	#	%
Statewide	**10,425**	**9,650**	**93%**	**1,931**	**19%**	**1,416**	**14%**	**1,887**	**18%**	**6,116**	**59%**	**3,089**	**30%**
Guernsey	50	50	100%	1	2%	3	6%	4	8%	50	100%	1	2%
Hardin	34	34	100%	0	0%	3	9%	5	15%	28	82%	19	56%
Harrison	9	9	100%	0	0%	0	0%	0	0%	8	89%	5	56%
Henry	60	60	100%	0	0%	1	2%	15	25%	57	95%	10	17%
Hocking	19	19	100%	0	0%	18	95%	18	95%	19	100%	18	95%
Holmes	34	34	100%	0	0%	5	15%	11	32%	28	82%	13	38%
Huron	93	93	100%	0	0%	3	3%	5	5%	90	97%	9	10%
Lawrence	52	52	100%	4	8%	4	8%	4	8%	52	100%	2	4%
Logan	33	33	100%	0	0%	4	12%	6	18%	31	94%	6	18%
Lucas	401	400	100%	5	1%	78	19%	73	18%	400	100%	135	34%
Madison	55	55	100%	23	42%	6	11%	7	13%	21	38%	18	33%
Miami	91	91	100%	2	2%	8	9%	11	12%	58	64%	14	15%
Monroe	10	10	100%	2	20%	0	0%	0	0%	10	100%	0	0%
Morgan	8	8	100%	0	0%	0	0%	3	38%	8	100%	3	38%
Morrow	35	35	100%	0	0%	6	17%	13	37%	0	0%	24	69%
Noble	15	15	100%	1	7%	2	13%	3	20%	15	100%	3	20%
Paulding	15	15	100%	8	53%	3	20%	1	7%	8	53%	11	73%
Pickaway	54	54	100%	1	2%	42	78%	54	100%	53	98%	43	80%
Portage	122	122	100%	0	0%	37	30%	52	43%	122	100%	80	66%
Putnam	41	41	100%	0	0%	7	17%	4	10%	41	100%	17	41%
Ross	45	45	100%	0	0%	45	100%	45	100%	45	100%	45	100%
Sandusky	46	46	100%	0	0%	10	22%	14	30%	45	98%	31	67%
Scioto	69	69	100%	0	0%	11	16%	10	14%	69	100%	15	22%
Seneca	69	69	100%	0	0%	1	1%	6	9%	69	100%	43	62%
Shelby	52	52	100%	0	0%	27	52%	24	46%	52	100%	34	65%
Tuscarawas	62	62	100%	39	63%	14	23%	26	42%	46	74%	15	24%
Vinton	4	4	100%	0	0%	0	0%	0	0%	3	75%	0	0%
Williams	41	41	100%	0	0%	12	29%	16	39%	28	68%	24	59%

Appendix G: Family Questionnaire

Directions: We want to know if Help Me Grow has been helpful to your family. Fill in the circle that matches how you feel about each statement. Skip any of the items you do not want to answer. All answers are kept anonymous. If responses are shared, no identifying information will be included. If you have any questions, please feel free to call the state office at (614) 644-8389.Thank you for filling this out, we greatly appreciate it.

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. Help Me Grow has helped me know my rights.	○	○	○	○	○
2. Help Me Grow has helped me communicate my child's needs.	○	○	○	○	○
3. Help Me Grow has helped me help my child learn and grow.	○	○	○	○	○
4. I am comfortable participating in meetings with Help Me Grow.	○	○	○	○	○
5. I have helped develop my family's IFSP.	○	○	○	○	○
6. Help Me Grow has helped me find opportunities to meet and interact with other families.	○	○	○	○	○
7. Help Me Grow has treated me with respect.	○	○	○	○	○
8. I am satisfied with the help that Help Me Grow has given me.	○	○	○	○	○
9. I am able to see my child making progress in Help Me Grow.	○	○	○	○	○
10. I know what to do to file a complaint about Help Me Grow.	○	○	○	○	○

Additional Comments:

When you have finished the survey, choose one of the following ways to give us your answers:

- *Mail* Help Me Grow the survey in the included envelope. OR
- *Go online* to https://www.surveymonkey.com/s/HMGFQ2014 and answer the survey, using the ID at top of this page.

Appendix H: Project: Transitions – Help Me Grow Early Intervention Program February 2014

PROJECT PURPOSE	Status
Define the issue that the project will address or remedy	Mar 12, 2013
Identify "hot spots" that illustrate the urgency to find a solution	Mar 12, 2013
Define the project purpose and scope of work	Mar 12, 2013
Complete a preliminary work plan (using this page as a template)	Mar 12, 2013
PROJECT MANAGEMENT	
Host kick-off event(s) for the project team and stakeholders	Feb 22, 2013
Identify the project team and augment with consultants if needed	Mar 12, 2013
Determine the project management structure, including table of organization	Mar 12, 2013
Establish a process for regular stakeholder input	Mar 12, 2013
Develop a work plan budget and identify the source(s) of funding	April 5, 2013
Report project status to the Program Office and HHS Cabinet	Mar 12, 2013; Apr 5, 2013; Feb 2014
Identify external stakeholders and create a stakeholder advisory group	Mar 12, 2013
Create a detailed project work plan	Apr 1, 2013; Feb 2014; ongoing
Develop a stakeholder/media/legislative outreach plan	Mar 12, 2013
BUSINESS REQUIREMENTS AND SOLUTION	
Define business requirements	April 19, 2013
Conduct an internal scan of solutions/capabilities	n/a
Identify and report gaps in existing operations/infrastructure	n/a
Conduct an external market scan and/or request for information (RFI)	n/a
Assess the federal landscape for opportunities, including funding, and threats	n/a
Identify best practices, within the state and externally	n/a
Recommend a solution to meet business requirements/policy objectives	n/a
Identify key deliverables necessary to implement the solution	n/a
Conduct an impact analysis of expected benefits and costs of the solution	n/a
DELIVERABLES	
Develop an implementation budget and identify the source(s) of funding	Mar 12, 2013
Develop an Operating Protocol if the Project Involves Shared Resources	July 30, 2013
Draft legislative and/or administrative rule language	Jan 1, 2014
Recommend an appropriation strategy, if needed, for mid-biennium review	n/a
Develop a detailed stakeholder/media/legislative strategy	n/a
Recommend a procurement strategy	n/a
Develop a request for a proposal, if needed	n/a
Support the procurement process (e.g., evaluation, vendor selection)	n/a
Support the completion and approval of federal compliance activities	April

PROJECT PURPOSE

Problem

In response to stakeholder requests for Ohio to redesign its early intervention system, including county Family and Children First Councils (FCFC) recommendations during statewide Ohio FCFC forums (July 2008), "Future Directions for Ohio's Part C/Early Intervention Program" (2010) http://ohioproject2011.pbworks.com/f/Future%20Directions%20for%20Ohio's%20Part%20C%20EI%20Program%20Recommendations.pdf and the Ohio Implementation study recommendations (2011) www.ohiohelpmegrow.org/professional/~/media/32855012403C4B7087EB1B3780077BFC.ashx as well as a 2011 request to the OHT from The Ohio Association of County Boards of Developmental Disabilities (OACB) and the Superintendents of County Boards of Developmental Disabilities (SCBDD) for a re-designation of lead agency; the two agencies (ODH and DODD) met and created this operating protocol for working together to administer Ohio's Early Intervention program. Our ultimate goal in working together is to access each agency's expertise and experience in order to create a better Early Intervention system of supports and services for children and their families in Ohio.

The issues that need to be resolved were articulated in the 2010 "Future Directions for Ohio's Part C/Early Intervention Program" recommendations:

- *Build a bridge between families and the EI system early on;*
- *Maintain a family focus and early, positive experiences for children and families;*
    - *Strength and relationship based, individualized supports*
    - *Access for all families to federally mandated evidence based services through a core team of professionals*
    - *Family supports*
    - *Family to family support through FIN of Ohio*
- *Create a consistent, statewide system that is supported by well trained professionals and creative teamwork; and*
    - *Consistent materials and messages*
    - *Centralized, dynamic resource*
    - *Maximize funding*
    - *Comprehensive workforce development strategy partnering with other Early childhood efforts*

Make recommendations for a system we can be proud of while always striving to make improvements. In the early meetings, the issues primarily expressed were the concerns of the county boards of developmental disabilities (CBDD), whose levy funds finance many EI services state wide. These issues were:

- multiple rules governing CBDD EI service provision (Federal Part C statute and regulations, ODH EI rules, and DODD EI program rule);

- multiple monitoring and oversight systems of CBDD service provision (ODH and DODD);
- lack of solicitation of stakeholder input and true recognition of CBDDs as a large EI system provider;
- an un-fulfilled promise to look at additional funding sources for EI, including Medicaid.

Additionally, the broader community requests for a clear, coordinated and consistent message about purpose and practice of EI and the need for clear communication of the science of EI service delivery efficacy formed the basis of these state agency meetings.

Rather than re-designate lead agency status to DODD, a decision was made to tackle the specific concerns addressed through a truly collaborative partnership between the two agencies, as will be evidenced by joint decision making and shared responsibility. To that end, the federally mandated IDEA Part C components were listed and discussions ensued as to which state and local agency's expertise could contribute to creating a system that serves families and their young children well, and efficiently, while also making Ohio a future leader in quality system and service design.

The decision was made to transfer the operational activities for specific Early Intervention program components to the Ohio Department of Developmental Disabilities (DODD) and to document the responsibilities of the participating state agencies in tasks related to funding, personnel, workflow, and data systems.

The joint plan developed by ODH and DODD as presented to stakeholders on February 22, 2013, lays out the intent of joint planning and coordination of Ohio's Early Intervention system;

1. ODH will continue to operate as the Lead Agency for Early Intervention in Ohio, as authorized in Ohio Revised Code 3701.61 and will maintain responsibility as the single line of authority for implementation of Part C of the federal Individuals with Disabilities Education Act (IDEA);
2. ODH and DODD will share responsibility for planning and guiding the Early Intervention program, and will collaborate in the planning and implementation of all Early Intervention program components;
3. ODH will have primary responsibility for the following program components, in accordance with IDEA law and regulations:
    a. Public awareness program
    b. Comprehensive child find system
    c. Referral procedures
    d. Central directory
    e. Service Coordination services, including transition at age 3
    f. EI System of Payment

g. Procedural safeguards and dispute resolution
h. Data system
i. State Interagency Coordinating Council (SICC)
j. Family to family support
k. Rules, forms, technical assistance, oversight, general supervision and guidance related to the above
l. Monitoring as defined in 34 CFR 303.700.

4. DODD will assume primary responsibility for the following program components, in accordance with IDEA law and regulations:
    a. Timely, comprehensive evaluation and assessment (child & family)
    b. IFSP outcomes development
    c. Evidence based early intervention services in natural environments (with the exception of service coordination)
    d. Comprehensive system of professional development
    e. Rules, forms, technical assistance, oversight, and guidance related to the above.

This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified within.

HOT SPOTS

- Ohio needs a consistent and clear message about the purpose of and process for delivering Early Intervention services
    - In response to long term stakeholder requests
    - Alignment of all EI activities (contract language, messages for public awareness and outreach, referral sources and provider information)
    - Adoption of principles aligned with early intervention science and evidence; adoption of *Mission and Key Principles for Providing Early Intervention Services in Natural Environments (http://ectacenter.org/topics/natenv/natenv.asp)*
    - Maintain CBDD commitment to provision of EI services
    - Increase capacity, diversity, and consistency of Early Intervention providers

- As the federal law intends, Ohio needs to implement a truly collaborative approach between DODD and ODH that requires joint planning, trust and shared responsibility and authority to make decisions about the EI program
  - Include mechanisms for state agency personnel to be flexible and address agency concerns quickly through a Project Management model
  - Shift program responsibility to DODD for some federally mandated Part C program components, which leverages their expertise in identification, connection and support of people with developmental disabilities
  - Demonstrate state agency practices that stakeholders will see as collaborative and as setting the stage for long term practice change (including leadership, decision making, consensus achievement)

- Ohio needs meaningful engagement of a broad range of state and local partners to achieve a comprehensive, collaborative, coordinated and sustainable system of Early Intervention
  - Review and make decisions about implementation of formally solicited stakeholder recommendations from 2010 to present
  - Jointly develop a plan for communicating with and soliciting feedback from a diverse stakeholder group, including those who contribute financially or in-kind to the EI system
  - Create a communication feedback loop that shares communication, progress, and information regularly and consistently

- Ohio needs to increase state and local agency efficiencies in governing EI
  - Single state rule governing EI system of providers and other program participants. Decrease need for multiple rule development and approval process, each of which has to be aligned with federal law
  - State agency authority with clear parameters for decision making, including single point of contact for rule interpretation and communication with field
  - Utilize expertise and established relationships, including funding, that promote local service delivery aligned with rules and evidence for efficacy

- Ohio needs to expand its Comprehensive System of Professional Development (CSPD)
  - Address EI provider training systematically, both horizontally (across disciplines and providers) and vertically (at various levels of knowledge, and building individual skills and expertise), in collaboration with higher education , licensing boards and stakeholders, including parents

- Ohio needs to maximize funding for Early Intervention
  - To increase family access to needed EI services
  - That is aligned with the requirements and mission of IDEA and the science of early intervention service practices.

Scope of Work

The purpose of this project is to move some federally-required Early Intervention program components from ODH to DODD, with ODH remaining the Lead Agency for EI. This transfer maximizes the opportunity for Ohio's early intervention system to benefit from the strengths and expertise of each agency and to build a more coordinated, comprehensive statewide early intervention system to ensure early identification and provision of services. With the newly designed system of state program administration, anticipated benefits include increased communication with a diverse stakeholder group as well as institutionalization (and thereby, sustainability) of an infrastructure which embeds joint planning and collaboration into every communication between ODH and DODD for the EI system.

High-Value Targets

1. Identify key EI program components for which DODD will assume responsibility, as well as timelines for responsibility transfer and funds necessary for completion of work;
2. Establish clarity around "primary responsibility," defined as responsibility for decision making authority, oversight and responsibility for providing materials and leadership with the other agency serving as a key partner, active in planning, input and decision making.
3. Identify processes for internal evaluation of each agency's work in the areas for which each assumes leadership and primary responsibility;
4. Identify measures for success in creating a coordinated, statewide, efficient and effective system, including:
    a. The reduction in redundancies in rules and monitoring processes
    b. Shared training, technical assistance and monitoring processes in areas where primary responsibilities overlap
    c. Evaluate outcomes from the perspective of various stakeholders, including parents and providers;
5. Assurance that EI services are delivered in alignment with federal and state EI requirements including "evidenced based practices;"
6. Discuss, create and disseminate messages statewide to diverse stakeholders about planned changes, timelines and work plan, as well as opportunity for feedback on plans and rollout;
7. Identify a broad based stakeholder group and a process for regular communication and feedback;
8. Share data related to early intervention currently collected between and by DODD and ODH;
9. Discuss, create and disseminate messages statewide, via HMG Website, DODD Website, and public awareness communications:
    a. Alignment of EI services to the science and evidence for effective family and child supports

b. How all program components understand and work together with the same message, cohesive process culminating in the family's experience of EI in Ohio;

10. Authorize DODD to convene necessary participants to identify viability of Medicaid financing for Part C/EI services.

PROJECT MANAGEMENT

Project Team (Core project activity team indicated by an asterisk)

Name	Department	Phone	Email
Katrina Bush*	DODD/Program	466-8359	Katrina.Bush@dodd.ohio.gov
Kim Hauck*	DODD/Program	466-7290	kim.hauck@dodd.ohio.gov
Wendy Grove*	ODH/Program	728-9152	Wendy.grove@odh.ohio.gov
Robin Bell*	ODH/Program	644-8371	Robin.Bell@odh.ohio.gov
Karen Hughes	ODH/Admin	728-2701	Karen.hughes@odh.ohio.gov
Lea Blair	ODH/Admin	644-7848	Lea.blair@odh.ohio.gov
Jim Felton	ODH/Fiscal	995-5117	Jim.felton@odh.ohio.gov
Karin Hoyt	DODD/Fiscal	728-8010	Karin.hoyt@dodd.ohio.gov
Nathan Dedino	ODH/Data	644-7580	Nathan.dedino@odh.ohio.gov
Matt Curren	DODD/IT	466-0145	Matt.curren@dodd.ohio.gov
Jason Lawless	DODD/IT	728-0513	Jason.lawless@dodd.ohio.gov
Lisa Eschbacher	ODH/Legal	466-1412	Lisa.eschbacher@odh.ohio.gov
Kate Haller	DODD/Legal	752-4744	Kate.haller@dodd.ogio.gov
Patrick Stephan	DODD/Medicaid	728-2736	Patrick.stephan@dodd.ohio.gov
Rhonda Tatum	ODH/Medicaid	728-7038	Rhonda.tatum@odh.ohio.gov
Yolanda Talley	Ohio Medicaid	752-3524	Yolanda.talley@medicaid.ohio.gov
Tessie Pollock	ODH/Comm.	944-8138	Tessie.pollock@odh.ohio.gov
Chandel Camp-Charles	DODD/Comm.		chandel.camp-
Astrid Arca	OBM	466-6551	astrid.arca@obm.state.
Lawrence Parson	OBM	466-8817	Lawrence.Parson@obm.
Rick Tully	OHT	752-2585	rick.tully@governor.ohi

The project team has been engaged in various ways since February 2013; most were invited to the Stakeholder Advisory Group meeting on February 22, 2013. New members will be contacted and invited by DODD and ODH staff as needed.

We will engage high-level decision makers at the four state agencies beside ourselves who have a direct stake in the EI program to talk about how we will move the Ohio along as a coordinated system of services and supports. This group is indicated with a + (“plus” sign) within the Stakeholder Advisory group.

The initial stakeholder meeting was held on February 22, 2013. Monthly meetings have been scheduled and communicated through December 2013. The stakeholders were jointly determined by ODH and DODD to include a diverse cross section of stakeholders, including parents, and build upon the commitment of stakeholders from past EI stakeholder activities. The list of stakeholders is provided on page 12 of this document. The purpose of all stakeholder meetings will be to provide input into plans for ongoing activities, including all of the following:

- Articulation of mission and approaches to early intervention
- Public awareness (outcomes, features/components, evidence)
- Implementation with timelines and evaluation measures
- State, regional, and local infrastructure changes to support and sustain (including funding)
- Training, technical assistance and professional development
- Measuring program-wide consistency and fidelity
- Aligning state and local processes for oversight, monitoring, reporting, supports
- Sustainability, including financing, infrastructure, fidelity, & quality
- Alignment/coordination with Ohio Health Transformation efforts.

Project Management

Staff from both agencies will be responsible for management of this project. Project managers will involve program staff and department leadership throughout the design of products. Special attention will be given to progress and timelines to ensure timely execution of activities. Core project team will meet no less than monthly to identify concerns, discuss progress on activities, review metrics, and determine communication needs; and will consult with full Project Team as needed. As issues or conflicts are identified, the project management team will review potential actions and determine the best action to resolve the issue.

Work Plan

The project work plan includes the following timelines, status updates, activities and metrics of success:

Timeline Complete Date	Activity	Metric of Success/Status
February 22, 2013	Identify key program components for which DODD will assume primary responsibility	COMPLETED: Stakeholder notification Materials available on website(s)
April 1, 2013	Identify schedule for stakeholder meetings MEETINGS WILL HAVE PURPOSE OF: Reviewing past stakeholder recommendations and gather stakeholder input into plans for: • Articulation of mission and approaches to early intervention • Public awareness (outcomes, features/components, evidence) • Implementation with timelines and evaluation measures • State, regional, and local infrastructure changes to support and sustain (including funding) • Training, technical assistance and professional development • Measuring program-wide consistency and fidelity • Aligning state and local processes for oversight, monitoring, reporting, supports • Sustainability, including financing, infrastructure, fidelity, & quality • Alignment/coordination with Ohio Health Transformation efforts	COMPLETED: Invitations sent Schedule posted on website Agenda for meetings outlined (which topic at which meeting) Responsibilities DODD & ODH written Location secured ONGOING through 2014 COMPLETED November 2013: Survey to field to establish baseline measure of the extent to which stakeholder believe they have contributed to the revision and discussion of EI processes
April 26, 2013	DODD and ODH will review EISOP contractual language for adherence to federal requirements	COMPLETED: Agreed upon revisions sent to ODH Legal for revisions of EISOP agreements
May 1, 2013	Identify funds and fund types needed for DODD primary responsibility and mechanism for funding allocation and transfer • April through June, 2013 • for SFY 14 • for SFY 15	COMPLETED: DODD project manager hired prior to July 1, 2013 (August 2013); DODD regional consultants hired as close to July 1, 2013 as possible (December 2013 – IP); Operating protocol and funding mechanisms in place for SFY 14 and 15 COMPLETED for SFY 2014
	ODH and DODD will meet and discuss revisions to current statewide IFSP training; workgroup identified	COMPLETED: DODD and ODH met and established that DODD will do training via webinar inclusive of IFSP and ODH will stop the webinar and in-person IFSP trainings as of 12/31/2013. No workgroup is needed.

Timeline Complete Date	Activity	Metric of Success/Status
July 1, 2013	Identify parameters for "primary responsibility" including agency responsibility for communication to the field around the program component, oversight and mechanism for regular communication to the lead agency	COMPLETED: Developed within Operating procedures (page 18) and Appendix 1 (page 21) Communication to field on 9-3-2013
First quarter of SFY 2014 (July, Aug, Sept 2013)	Identify and create a time & activity process requirement for DODD and ODH staff aligned with A-87 Circular federal guidelines	COMPLETED: Implement T & A (capturing through Kronos & Outlook calendar)
	Identify and create plan for evaluating local system processes for child & family Evaluation & Assessment, IFSP outcomes and determination of service need in order to contribute to the monitoring conducted by the Lead Agency	COMPLETED: Plan shared and between DODD and ODH on December 28, 2013
	ODH & DODD will examine the IFSP Form & Rule draft Revision	COMPLETED: EI Stakeholders and IFSP Workgroup met Sept – Oct, 2013 and Stakeholders have seen revisions; Posted to ODH website December 30, 2013 + Pilot counties using new form and providing feedback by 1/31/14
	ODH & DODD will examine Evaluation & Assessment Form & Rule draft Revision	COMPLETED: EI Stakeholders and IFSP Workgroup met Sept – Oct, 2013 and Stakeholders have seen revisions; Posted to ODH website December 30, 2013 + Pilot counties using new form and providing feedback by 1/31/14
	Discuss and agree upon the parameters of sharing data collected on children & families in Early Intervention	COMPLETED: ODH and DODD agree upon and put into place data sharing agreement Initial conversations in process; Access to ET for DODD COMPLETE. DODD has shared available CBDD data.
First Quarter of SFY 14	ODH and DODD will meet and discuss changes anticipated with rule revision for training, technical assistance, data collection, and monitoring.	COMPLETED: Agreement in place for any necessary changes with anticipated schedule for rule revision and JCARR filing.
	Review current ODH and DODD **program forms** to identify needed changes, reductions (including eligibility determination, assessment of child and family, IFSP development, service provision in alignment with the Mission & Key Principles document in natural environments and Federal law and regulations; with CSPD initiatives underway	COMPLETED: EI Stakeholders and IFSP Workgroup met Sept – Oct, 2013 and Stakeholders have seen revisions; Posted to ODH website December 30, 2013
	Review current ODH and DODD **program rules** to identify needed changes, reductions (including eligibility determination, assessment of child and family, IFSP development, service provision in alignment with the Mission & Key Principles document in natural environments and Federal law and regulations; with CSPD initiatives underway	COMPLETED: EI Stakeholders and IFSP Workgroup met Sept – Oct, 2013 and Stakeholders have seen revisions; Posted to ODH website December 30, 2013. DODD EI program rule in clearance December 2013 (with in CBDD admin rule).

	Review of **Early Track's alignment** with program rules and monitoring processes; determination of data needs, timelines, and location between paper and electronic file that reflect both state and local provider needs	REVISED TIMELINE: (see third Quarter SFY 14): A joint communication will explain to all in HMG who will collect what data and where (and how/if links to other data collection systems); needs to align with rules (language and implementation timelines)
Timeline Complete Date	**Activity**	**Metric of Success/Status**
Second Quarter of SFY 14 (Oct, Nov, Dec 2013)	ODH will review the existing Service Coordination credential for focus on Part C requirements and teaming practices; will engage stakeholders for input	COMPLETED: EI Stakeholders Sept – Oct, 2013 and Stakeholders have seen revisions; Posted to ODH website December 30, 2013
	Identify viability of financing EI with Medicaid, including potential SPA (or other mechanism)	IN PROGRESS: DODD convened necessary State participants to identify viability of Medicaid financing for Evidenced based EI services aligned with Federal Part C requirements; Met in Oct, Nov & Dec 2013 Revised timeline: (see third quarter, SFY 14)DODD develop a draft plan for communication with stakeholders
	Develop work plan for remainder of SFY 14, and for SFY 15.	IN PROGRESS: Submitted revised work plan to EI stakeholders 12/3/2013; to Leadership before 2/18/2014 meeting.
	Final review of all HMG EI rules prior to posting with revisions as needed	COMPLETED: Coordinated internal review by DODD and ODH. Shared with EI Stakeholders on 12/19/13; made revisions; and posted to ODH website on 12/30/2013
	An Early Track development plan and timetable will be agreed upon	MOVED TO FUTURE: Moved to 3rd quarter of SFY 2014
	Create a plan, collect feedback RE: releasing funds in a competitive grant for SFY 2015 • Drafted RFP for agreed upon funding allocation • Funds allocation plan finalized and sent to Director of Health for approval	MOVED TO FUTURE: Moved to SFY 2016 Per conversations with service coordinators (August 2013), OFCFCA (October 2013) and HMG Advisory/EI stakeholder (Nov 2013)
	Create a plan and collect feedback RE: Regional intake & referral (12 regions) or possible single, centralized statewide referral & intake • Central Intake & Referral plan finalized and sent to Director of Health for approval	MOVED TO FUTURE: Moved to SFY 2016 Per conversations with service coordinators (August 2013), OFCFCA (October 2013) and HMG Advisory/EI stakeholder (Nov 2013)
	IFSP Training revision work • Continue online IFSP form training • Evaluate needs for IFSP training	COMPLETED and REVISED: Make available a 90 minute webinar created and delivered to all providers on requirements of IDEA Part C; Continue form training by ODH with revisions as needed after rule and forms finalized; DODD to deliver IFSP guidance through technical assistance; ongoing provider needs will be evaluated and matched with rule or form changes as needed.

Timeline Complete Date	Activity	Metric of Success/Status
Second Quarter of SFY 14 (Oct, Nov, Dec 2013)	ODH and DODD will jointly plan and participate in service provider quality improvement (on-site and related) activities, including evaluation of EI service provision, training and technical assistance, to ensure that our joint work is linked and coordinated.	COMPLETED: DODD created; shared with ODH October 2013; ODH created on-site visit selection plan; shared with DODD November 2013; Implementation plan starting shared and being implemented Jan 2014
	Update PMP for SFY 2015	COMPLETED: Reviewed with EI Stakeholders in December '13 and preparing for finalization and posting on OHT website, February, 2014.:
	Thoughtful and purposeful communication sharing of documents for public; processes	ONGOING: Service Coordination training; E & A local evaluation; 90 minute webinar for providers, joint memos to field as well as Joint monthly conference calls with EI stakeholders
Third Quarter of SFY 14 (Jan, Feb, Mar 2014)	An Early Track development plan and timetable will be agreed upon; changes necessary because of rules, collaboration, or revisions deemed necessary	Detailed plan for ET changes necessary based on rules and minimum federal reporting requirements, vetted with EI stakeholder group at minimum.
	Explore national associations, national Part C systems and coordinators and training systems established in other states to increase our linkage with national communities of practice; Research on EI professional development opportunities nationally available (for example, ITCA, Burke CoP, others TBD) *research national existing resources through ECTA on training modules already in existence for EI providers (compliance, overview of federal Part C requirements, evidence based practices, specific curricula and tools for serving specific populations) * link with ECTA or other community of practice for professional development and make connections to national leaders in the field *Explore: additional training options to enhance skills of interventionists for working with families of children with low incidence disabilities (vision, hearing) that align with the Mission & Key Principles document (Ski*Hi [HI]; PLAY/RT [relationships, SE, communication]; VISAA [VI]);	Outline of trainings that need to be developed over next two years, prioritized, and estimated costs

Timeline Complete Date	Activity	Metric of Success/Status
Third Quarter of SFY 14 (Jan, Feb, Mar 2014)	Explore need and mechanism for providing parent stipends for parents participating in DODD stakeholder work. [ODH will continue to finance parent participation for EI stakeholder work for SFY '14.]	COMPLETED: Set up through ODH, flexible enough to add others for work, as needed.
	Address Ohio's "Comprehensive system of professional development" through partnerships with Higher education, sister agencies and state initiatives (e.g. ELCG RTTT), parents and other stakeholders and licensing boards • Meet with higher education professionals currently engaged in EI PD • Determine what is missing that EI providers need through colleges and universities • Determine what Early childhood and therapeutic programs exist that are relevant to the EI field • Develop a strategic plan for reshaping the comprehensive system of professional development and seek EI stakeholder group and other feedback (make this the next quarter)	Strategic plan for Comprehensive Professional Development
	Develop training for all EI providers on federal Part C intent and requirements and evidence based practices	One on-line module will be developed addressing all requirements for EI providers.
	Develop certificate for completion of mandated provider training	Certificate will be developed
Third Quarter of SFY 14 (Jan, Feb, Mar 2014), continued	Create a joint training plan and budget (and, depending on that, amend ISTV amount)	Training Plan and budget
	Communicate new plans for ET development to the EI field, including a table which shows what data will be collected	A joint communication will explain to all in HMG who will collect what data and where (and how/if links to other data collection systems)
	Report out to stakeholders on baseline survey results	Share report in February 2014
	Implement evaluation of local system plan E & A	Letters to contract managers explaining the process will be sent; Evaluation based on matrix of success
	Medicaid State Plan Amendment work	Develop Plan; Communicate with high-level agency leadership
	DODD and ODH will discuss necessary changes to EI provider contracting process (EISOP, RIHP) for a seamless provider system Clarify role of ODH and DODD in providing joint training on IFSP development (ODH for role of SC and parent in overall IFSP development and DODD for role of team, including SC, evaluators, providers and parent in developing outcomes and deciding services.	Contractual language changes as needed; communication with stakeholders, including PMP Leadership Joint memo to the field on this topic.

Timeline Complete Date	Activity	Metric of Success/Status
4th Quarter of SFY 2014 (April, May, June 2014)	Financing Plan for EI processes; including Medicaid SPA and other sources of federal, state and local funds	Gather state level stakeholders
	Develop and deliver training on revised HMG EI Rules, including forms	Joint responsibility for delivery statewide and prior to rule implementation date
	Creation or location of Community of Practice for various disciplines/providers	Communication to applicable EI field for mechanism for joining CoP
1st Quarter of SFY 2015 (July, August, September 2014)	Revisit data sharing wants, needs	Plan in place
	Convene Medicaid Financing stakeholder group with providers of service and other stakeholders	Send to PMP Core Project team Invite group to meeting Convene meeting
	Survey stakeholders for progress on collaboration	Survey will be developed and distributed
	Report out on E & A local processes	Report will be shared in August
2nd Quarter of SFY 2015 (October, November, December 2014)	Create a plan, collect feedback RE: releasing funds in a competitive grant for SFY 2016 for EI Service Coordination. Draft RFP for agreed upon funding allocation Funds allocation plan finalized and sent to Director of Health for approval	
	Create a plan, collect feedback RE: releasing funds in a competitive grant for SFY 2015 for Regional Infant Hearing Grant. Draft RFP for agreed upon funding allocation Funds allocation plan finalized and sent to Director of Health for approval	

Project Budget

Fiscal staff from both agencies worked together to determine the amount of funding to be transferred from ODH to DODD for both direct services and administrative costs.

BUSINESS REQUIREMENTS AND SOLUTION

It is the opinion of the Project Team that the business requirements and solution have been precisely what the ODH and DODD have worked on inter-agency meetings since August 2012 and these details are described in the project purpose and work plan.

DELIVERABLES

Implementation Budget

Fiscal personnel from ODH and DODD will work together to identify the amount of funding to be dispersed from ODH to DODD to support their newly assumed responsibilities in the state's Early Intervention program. The planned shared resources are the state Part C allocation; the dispersal of funds to DODD will enhance the shared work load, and shared expertise and commitment to creation of a coordinated EI system, as required under IDEA.
To support the work identified through this process, DODD will seek increased appropriation for SFY14/15 via the Controlling Board. Funds to support DODD Early Intervention staff, their training, materials/equipment and other supportive needs identified in the Operating Protocol for SFY14 will be transferred to DODD via ISTVs submitted to ODH on a monthly basis, or more frequently if necessary (though not more than bi-weekly). Both agencies strive for efficiency in inter-agency interactions and as such will continue to explore alternative approaches to cash transfers for payroll and supportive services.

Legislation

Ohio Revised Code 3701.61 sets forth the following:

> (B) The director of health may enter into an interagency agreement with one or more state agencies to implement the help me grow program and ensure coordination of early childhood programs; and
> (C) The director may distribute help me grow program funds through contracts, grants, or subsidies to entities providing services under the program.

Rules in Ohio Administrative Code 3701-8-01 through 3701-8-10.2 will be reviewed by the Project Team and other identified staff, as needed, to determine the need for revision. Forms incorporated into OAC chapter 3701-8 will also be reviewed to determine the need for revision.

The Ohio Administrative Code rule 5123:2-1-04 will be reviewed by the Project Team and other identified staff, as needed, to determine the need for revision or rescission.

Procurement

The ODH will retain leadership over the Service Coordination grants to counties, via grant, inclusive of evaluation and assessment, IFSP development, and coordination for services, including payment for transportation and the Early Intervention System of Payment for SFY 2014.

As DODD identifies their readiness for transfer of program components (Evaluation & Assessment, IFSP Outcomes development, and Services), program components will be transferred. The grant for Service Coordination may be revised to remove the transferred program components and bid in a new competitive cycle for July 1, 2014 (SFY 2015) by the ODH.
Update 2.2015. No plan at this time to transfer SC Grant to DODD or change components of SC grant.

Through discussion, both parties agreed that the grant funds that ODH makes available for the Regional Infant Hearing Program (an EI service) will continue for SFY 2014. During SFY 2014, a plan will be created about RIHP's continued existence and primary responsible party.

Federal Funding and Compliance

The Office of Special Education Programs in the U.S. Department of Education requires "formal interagency agreements or other written methods of establishing financial responsibility, consistent with §303.511, that define financial responsibility of each agency paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary for meaningful cooperation and coordination as set forth in subpart F of this part." (34 CFR §303.120(f). This plan provides the framework for evaluation of other financing opportunities for EI, as required, and promotes increased and renewed engagement with a diverse stakeholder group for policy and implementation promotion. Finally, this plan promotes Ohio's increased focus on service delivery that is evidence based, coordinated, and cohesive as required in the federal law. Important website links for the federal Part C regulations include:

http://ectacenter.org/partc/partc.asp

http://www.ectacenter.org/topics/natenv/natenv.asp

STAKEHOLDER ADVISORY GROUP:

This Advisory group is made up of Help Me Grow Advisory Council (HMGAC) members, and additional parents/family members and representatives from provider and state agencies.
+represents state agency partners engaged in additional high level decision making work
*represents HMGAC

NAME	ORGANIZATION	EMAIL
*Michelle Albast	ODJFS/Child Care	Michelle.Albast@jfs.ohio.gov
Melissa Arnold	Ohio AAP	marnold@ohioaap.org
Esther Borders	EI Providers: CBDD	EBorders@mcbdds.org
Ronni Bowyer	Parent	rbowyer@laca.org
*Kellie Brown	Superintendent, CBDD	KBrown@guernseycountydd.org
Peg Burns	EI Provider Association: MH	Burns@TheOhioCouncil.org
*Joyce Calland	OFCFC	calland.11@osu.edu
Brenda George	Prof. Dev., Occupational Therapy	Bgot4kids@sbcglobal.net
Stephanie Champlin	Parent	sa_champlin@yahoo.com
Kim Christensen	Professional Development, BGSU	kchris@bgsu.edu
*Tom Dannis	ODE/IDEA Part B	tom.dannis@ode.state.oh.us
Cindy Davis	FCFCA	fcfc@suddenlinkmail.com
*Margaret Demko	Parent	mdemko@vintonohhealth.org

*Robert Denhard	Ohio Insurance	Robert.Denhard@insurance.ohio.gov
*Laurie Dinnebeil	Professional Development- Univ. Toledo	LAURIE.DINNEBEIL@utoledo.edu
*Verline Dotson	Cincinnati Community Action	vdotson@cincy-caa.org
John Duby	Pediatrician	jduby@chmca.org
*Denielle Ell-Rittinger	ODJFS/Child welfare	Denielle.Ell-Rittinger@jfs.ohio.gov
Marilyn Espe-Sherwindt	Akron Children's Hosp and FCLC	mespeshe@kent.edu
Amanda Runyon-Lynch	Parent	Amara614@yahoo.com
Sharon Gibbs	HMG Contract Manager	sharon.gibbs@odh.ohio.gov
Earnestine Hargett	Disability Rights Ohio	ehargett@disabilityrightsohio.org
Shawn Henry	OCALI	shawn_henry@ocali.org
*Karen Hughes	ODH	karen.hughes@odh.ohio.gov
Monica Juenger	OHT	Monica.juenger@governor.ohio.gov
+Jennifer Justice	ODJFS-Child Welfare (CAPTA)	Jennifer.justice@jfs.ohio.gov
Vicki Kelly	EI Providers: Community	vickik@childhoodleague.org
(TBD)	EI Provider: MH	
Alicia Leatherman	ELCG/RTTT; Child Care	alicia.leatherman@jfs.ohio.gov
*Urvia LeSure	Local Education Agency	Urvialesure@hotmail.com
Julie Litt	EI Providers: CBDD	jlitt@rnewhope.org
Melissa Manos	HMG Contract Manager	mmanos@helpmegrow.org
+John McCarthy	Medicaid, Director	John.mccarthy@medicaid.ohio.gov
Dustin McGee	OACB	dmcgee@oacbdd.org
+Deb Moscardino	Medicaid	Debra.moscardino@medicaid.ohio.gov
Nancy Neely	CBDD Superintendents	nancy.neely@lcountydd.org
Kristie Pretti-Frontczak	Professional Development, KSU	Kristie.b2k@gmail.com
Paula Rabidoux	Professional Development, SLP, OSU	Paula.Rabidoux@osumc.edu
+Angel Rhodes	Governor's Office, EC	angel.rhodes@governor.ohio.gov
Ilka Riddle	University Centers of Excellence/DD	Ilka.riddle@cchmc.org
Angela Sausser-Short	OFCFC	angela.sausser-short@education.ohio.gov
Stephanie Siddens	ELCG/RTTT; Early Learning	Stephanie.Siddens@education.ohio.gov
Pam Stephens	EI Providers: CBDD	pstephens@nikecenter.org
Yolanda Talley	ODJFS	Yolanda.Talley@medicaidohio.gov
Mark Tasse	University Centers of Excellence/DD	marc.tasse@ostasse@osumc.edu
Gary Tonks	ARC	arcohio@rrohio.com
*Sheila Torio	Head Start	sheilatorio@hotmail.com
*Kim Travers	HMG Parent Co-chair	knttravers@windstream.net
Kay Treanor	ODDC	Kay.Treanor@dodd.ohio.gov
*Barb Weinberg	ODE	Barbara.Weinberg@education.ohio.gov
Jennifer Wissinger	Prof. Development, Physical Therapy	Jennifer.wissinger@hotmail.com
Jane Whyde	FCFCA	jewhyde@fccs.co.franklin.oh.us
Sharon Woodrow	CBDD Superintendents	swoodrow@clermontdd.org
+Sue Zake	ODE	Sue.Zake@education.ohio.gov
*Wendy Grove	ODH	Wendy.grove@odh.ohio.gov
*Katrina Bush	DODD	Katrina.bush@dodd.ohio.gov
*Kim Hauck	DODD	Kim.hauck@dodd.ohio.gov

Operating Protocol

A. **Applicability.** This Operating Protocol was developed in order to administer Ohio's Early Intervention system jointly and is applicable to the following agencies:
   a. Ohio Department of Health (ODH)
   b. Ohio Department of Developmental Disabilities (DODD).

B. **Purpose.** The purpose of this Operating Protocol is to implement the transfer the operational activities for specific Early Intervention program components to the Ohio Department of Developmental Disabilities (DODD) and to document the responsibilities of the participating state agencies in tasks related to funding, personnel, workflow, and data systems. This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified within.

C. **Funding Responsibilities.** The funding sources identified for the time period specified in Table 1 below are committed to the transfer of specific Early Intervention program components to DODD.

Operating Protocol Table 1 for Funding: 7/1/13 - 6/30/15

Agency	Fund Source-Fund	Fund Source-ALI	Amount	CFDA No.	Will Funds Be Sub-Granted?	Description of How Funds Will Be Transacted
ODH	52P	Part C Federal	-$616,563.09	84.181A	n/a	ODH will pay ISTVs submitted by DODD on a monthly basis or more frequently as needed beginning July 1, 2013.
DODD	3250	322612	+$616,563.09	84.181	Up to $25,000 for training development	via ISTV or other agreed upon method of funds transfer
ODH	52P	Part C Federal	-$768,884.45	84.181A	n/a	ODH will pay ISTVs submitted by DODD on a monthly basis or more frequently as needed.
DODD	3250	322612	+$768,884.45	84.181	Up to $10,000 for training development	via ISTV or other agreed upon method of funds transfer

D. Personnel. Personnel identified below are committed to the transfer of specific Early Intervention program component responsibility to DODD.

Operating Protocol Table 2 for Personnel: 7/1/13 - 6/30/15

Agency	Staff Person Name	Position	Functions Performed
ODH	Karen Hughes, Jessica Foster, Lea Blackburn, Robin Bell & Wendy Grove	ODH Program	Discuss and determine program decisions in concert with DODD
DODD	Monty Kerr, Katrina Bush, & Kim Hauck	DODD Program	Discuss and determine program decisions in concert with ODH
ODH	Jim Felton, Reggie Surmon, & others	ODH Fiscal	Provide fiscal support to ODH program staff and DODD fiscal staff
DODD	Karin Hoyt & Other Fiscal Staff	DODD Fiscal	Provide fiscal support to DODD program staff and ODH fiscal staff
ODH	Lisa Eschbacher & Kaye Norton	ODH Legal	Provide legal support for ODH program staff and DODD legal staff; Provide rule filing support
DODD	Kate Haller & Becky Phillips	DODD Legal & Rules	Provide legal support for DODD program staff and ODH legal staff; Provide rule filing support
ODH	Nathan Dedino	ODH Data	Determine purpose, use, and level of access to share data between DODD and ODH
DODD	Matt Curren & Jason Lawless	DODD IT	

E. Workflow

This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified within. ODH will have primary responsibility for the following program components, in accordance with IDEA law and regulations:

a. Public awareness program
b. Comprehensive child find system
c. Referral procedures
d. Central directory
e. Service Coordination services, including transition at age 3
f. EI System of Payment
g. Procedural safeguards and dispute resolution
h. Data system

i. SICC
j. Family to family support
k. Rules, forms, technical assistance, oversight and guidance related to the above
l. General supervision & monitoring as defined in 34 CFR 303.700.

DODD will assume primary responsibility for the following program components, in accordance with IDEA law and regulations:

a. Timely, comprehensive evaluation and assessment (child & family)
b. IFSP outcomes development
c. Evidence based early intervention services in natural environments (with the exception of service coordination)
d. Comprehensive system of professional development
e. Rules, forms, technical assistance, oversight and guidance related to the above.

Key workflow process transactions for the transfer of responsibility for Help Me Grow Early Intervention components to DODD are described below:

1. ODH and DODD will operate under the understanding of “primary responsibility” for Part C program components as the ability to make decisions at all program levels including:
    a. Rule development;
    b. Creation and distribution of related forms and/or procedures/guidance;
    c. Training;
    d. Technical assistance;
    e. Data fields in Ohio’s Early intervention data collection system (Early Track);
    f. Oversight; and
    g. First point of contact for providers, state agencies and other entities.

2. ODH and DODD will share program products and processes (as listed in E.1.a-g) for mutual, reciprocal review and discussion prior to finalization and dissemination, including:
    a. Each agency’s review of products and processes will include a determination of adherence to federal Part C of IDEA statute and regulations.
        i. Program managers will initiate the communication
        ii. A form may be used as a template for review
        iii. In general, the agency with primary responsibility should be able to expect a response from the other agency within a week unless other time lines are agreed to for complex processes or other reasons.

b. If both agencies agree that the product or process is in line with the federal Part C requirements, the final decision about the product or process will rest with the agency with primary responsibility;
c. If there is disagreement about the product or process adherence to federal regulations, the agency with primary responsibility will draft a communication explaining the plan and requesting guidance from an OSEP approved/sponsored TA agency (ECTA or North Central Regional Resource Center) or the OSEP Ohio consultant. Both agencies will be required to participate on any scheduled call with OSEP. Decisions about the final product or process will be made based on the guidance provided by the TA agency or OSEP.
d. Final decisions will be communicated by program leadership to EI staff at both ODH and DODD as well as with stakeholders to ensure consistent messaging. Each agency's review of the other agency's product or process will include an evaluation of the alignment of the product or process with the "Mission and Key Principles for Providing Early Intervention Services in Natural Environments (***M & K Ps***)."

3. DODD will develop a methodology for the evaluation and oversight of county/providers for Part C compliance and increased movement toward practices that are evidence based and exemplify the ***M & K Ps*** related to:
    a. evaluation/assessment processes and product (reporting),
    b. IFSP outcome development, and
    c. EI services through the IFSP.

4. ODH will monitor county and provider compliance with the federally mandated performance and compliance indicators through the *established protocols in place until such time other protocols are established*
    a. ODH and DODD will jointly review the process and federal guidance for "general supervision" and seek assistance as needed from national TA consultants (e.g., ECTA, NCRRC) to refine the Ohio process, as needed, given the changes to the roles of primary responsibility.
    b. ODH and DODD will jointly plan and participate in service provider monitoring (on-site and related) activities to ensure that our joint work is linked and coordinated.

5. DODD and ODH will jointly create a set of metrics which will aid them in understanding when the program is succeeding or not and how to communicate the performance to the public, including non-APR measures of child and family outcomes (e.g., the level at which families believe the program has enhanced their supports to enhance their child's development).

6. ODH will continue to investigate Part C due process complaints as a result of alleged violation of rights, even when the complaint is about

evaluation/assessment processes and product (reporting), IFSP outcome development, or determination for EI services through the IFSP. DODD will always be included as a team member on any Part C due process investigation. Mediation and Administrative Hearings will be handled on a case by case basis, with legal counsel.

7. Should program leadership at DODD (EI project manager) or ODH (Part C Coordinator) find themselves in a dispute which cannot be resolved at the core team level, the processes for resolution include:
    a. Quick resolution: A meeting to discuss the unresolved matter will be scheduled during the same week with agency leadership (Assistant or Deputy Directors) with a written resolution agreed upon as the outcome of the meeting.
    b. Longer resolution: When resolutions to problems are not occurring through the discussion and meeting solution above, the two agencies, including Directors, will come together with a Mediator/Facilitator from the Office of Health Transformation who will recommend a path to solution.

8. Both agencies agree that EI staff will come together physically, alternating locations, for a program staff meeting no less than once per calendar month. Monthly meetings will provide a forum for discussion between the EI teams including issues and strengths identified at the local level.
    a. The program leadership will come together as often as necessary in order to appropriately administer the Early Intervention program in Ohio.
    b. Both agencies agree to fully participate in the SICC, or Help Me Grow Early Intervention Advisory Council planning and meeting attendance; each with shared responsibility for the agenda, coordination of meetings, and information sharing.
    c. Both agencies will share responsibility for logging issues identified and addressed.

F. Data Sharing

1. ODH will provide to DODD EI program staff and supervisor(s) access to ET data under a data sharing agreement.
2. DODD will provide to ODH EI program staff and supervisor(s) access to DODD data on children in Early Intervention under a business associate agreement.

Appendix 1: Definitions used in Project Management Plan

The Project Management Team will use the following definitions throughout the Project Management Plan document between DODD and ODH for the transition of activities and responsibilities to DODD and the collaborative partnership work:

"Oversight" means surveillance of performance and compliance in order to improve early intervention results and functional outcomes for all infants and toddlers with disabilities and their families.

"Monitoring" means the activities which the Individuals with Disabilities Education Act requires of Lead Agencies, as articulated in 34 CFR 303.700 to include: monitor the implementation of IDEA Part C, enforce the law and its regulations, apply sanctions as necessary for non-correction of noncompliance in order to improve early intervention results and functional outcomes for all infants and toddlers with disabilities.

"Quality Improvement" means regular measurement of processes and outcomes to analyze the performance of the system of Early Intervention. It involves the implementation of solutions to improve the EI service system from child find and public awareness through the delivery of
early intervention services and the review of their effectiveness, with the goal of achieving optimal outcomes for children and their families. Ongoing cycles of change and re-measurement are implemented to test different ideas to determine which practices result in improved care. Principles of Quality Improvement:

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

"General Supervision" means the activities which the Individuals with Disabilities Education Act requires of Lead Agencies, as articulated in 34 CFR 303.120 to include: administration and monitoring of the program, enforcing obligations, providing technical assistance*,* correcting non-compliance, and the development of procedures to implement the program.

"Primary responsibility" means responsibility for decision making authority, oversight, and responsibility for providing materials and leadership, with the other agency serving as a key partner, active in planning, input and decision making.