Appendix A - Ohio Phase II SSIP Theory of Action (Realigned)
SIMR: Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills

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

Appendix B - Ohio Part C Action Plan

State Planning Team Members

SSIP State Team Member	Position
Bush, Katrina	EI Fiscal Project Manager
Courts, Melissa	EI Monitoring Consultant
DeDino, Nathan	EI Research and Data Administrator; Part C Coordinator for Ohio
Fox, Diane	EI Program Manager
Friedman, Laura	EI Program Consultant
Frizzell, Michelle	Bureau Chief, Bureau of Health Services
Guyton, Steve	EI Program Consultant
Hammond, Taylor	EI Researcher; Data Manager for Ohio
Hauck, Kimberly	Assistant Deputy Director, Policy and Strategic Division
Hoffman, Cydney	EI Researcher
Kobelt, Teresa	Deputy Director, Policy and Strategic Division
Kramer, Cathy	EI Program Consultant
Lanzot, Kelli	EI Program Consultant
Lori Myers	EI Training Coordinator
Madden, Tiffany	EI Program Consultant
Palumbo, Shelly	EI Program Consultant
Weimer, Kim	Family Liaison

State Identified Measurable Result

Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills

Improvement Strategies

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

Appendix B - Ohio Part C Action Plan

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

Intended Outcomes

Type of Outcome	Outcome Description
Short-Term	**(I)(A)** Local programs and families have increased access to resources, trainings, and data related to the assessment process and COS
Intermediate	**(I)(B)** Assessment teams conduct more thorough and functional child and family assessments to better identify the child's level of functioning and families have an increased understanding of how to support their child's development in the area of acquisition and use of knowledge and skills
Long-Term	**(I)(C)** There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(A)(1) The state identifies strengths and weaknesses within the child and family assessment process and the extent to which assessment information is used to develop child outcome statements about the child's acquisition and use of knowledge and skills	**(a)** Identify strengths and weaknesses in the extent of family engagement and parent responsiveness in the process **(b)** Conduct a survey to determine what additional information programs need regarding the COS	Information from the examination of the evaluation and assessment process conducted by TA The child and family assessment section of the IFSP from child records Information from local programs	Accountability/ Monitoring Data Technical Assistance	TA and Training Team Researchers	**Short-term** April 2016 to September 2016	Consider DD council grant

Appendix B - Ohio Part C Action Plan

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(A)(2) The state will provide additional data as well as guidance/trainings on how to access and use data and inform local programs about where to access needed data	**(a)** Create a COS report that includes percentages for child outcomes **(b)** Conduct regional trainings regarding data, monitoring, and the data system, with a focus on COS data **(c)** Create a document that includes suggested uses for each report as well as definitions of included data elements, including the COS report	Survey data regarding information the counties need Training materials Data system	Accountability/ Monitoring Data Professional Development	Researchers Data and Monitoring Team	**Short-term** April 2016 to December 2016	
(A)(3) The COS training content will be revised to include any missing content areas in order to ensure that child outcomes statements on IFSPs are meaningful and derived from assessment information, and then are entered accurately into state data system	**(a)** Review COS data to identify topical areas for training, TA, and monitoring to improve data quality **(b)** Identify content missing from current training materials and revise as necessary **(c)** Discusses with Ohio Department of Education (ODE) aligning Early Childhood tool development and training on assessment, outcomes and interventions leading to increased acquisition and use of knowledge and skills	COS data COS modules COS materials from other states and/or other agencies Current materials and trainings Information from ODE	Accountability/ Monitoring Data Governance Professional Development Technical Assistance	TA and Training Team Data and Monitoring Team Part C Coordinator	**Short-term** April 2016 to December 2016	Alignment with ODE regarding COS in Part C and Part B All trainings will ultimately be aligned through state PD governance group

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(A)(4) The state will clarify expectations (through professional development, monitoring, and technical assistance) about the minimum information that should be obtained and recorded while conducting a family assessment, with emphasis on child function within typical routines, and the family priorities for supports in addressing outcomes regarding acquisition and use of knowledge and skills	**(a)** Utilize information gathered regarding strengths and weaknesses in the process to develop improved tools and methods **(b)** Hold focus groups with families to find out how they think they could be better engaged **(c)** Determine needs for increased family assessment data collection **(d)** Identify other ways to discuss the child's progress, beyond child progress relative to same age peers **(e)** Consider use of a tool to inform local programs about what should be entered on the IFSP regarding child outcomes	Child records Information from families Data system Materials/information from other states/national TA centers	Accountability/ Monitoring Data Professional Development Technical Assistance	TA and Training Team Data and Monitoring Team	**Short-term** April 2016 to March 2017	
(B)(1) Service Coordinators and assessors, at a minimum will be trained on the child and family assessment requirements and the COS process	**(a)** Training and resources will be easily accessible and provided through a variety of mechanisms **(b)** Include guidance about what types of information should be entered on the IFSP that can be easily translated to the COS statements chosen in the data system **(c)** State staff (monitoring, TA/Training, Data) will utilize the same materials/guidance with local staff to promote consistency of understanding	Current trainings and materials	Accountability/ Monitoring Data Professional Development Technical Assistance	Training Coordinator TA and Training Team	**Intermediate** July 2016 to June 2018	

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(B)(2) Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes	**(a)** Perform analyses on the quality of the child outcomes data, using the same methods OSEP uses in making state determinations, and provide feedback to each county **(b)** Identify programs in need of TA to improve COS data quality **(c)** Update all training materials and resources as necessary	COS data Current materials and trainings	Accountability/ Monitoring Data Professional Development Quality Standards Technical Assistance	Researchers Data and Monitoring Team TA and Training Team	**Intermediate** July 2018 to June 2019	Align with ODE for Early Childhood tool development and training

Appendix B - Ohio Part C Action Plan

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

Evaluation Plan

Outcome Description	Evaluation Questions	How Will We Know Intended Outcome was Achieved?	Measurement/Data Collection Methods	Timelines
(I)(A) Local programs and families have increased access to resources, trainings, and data related to the assessment process and COS	**(Q1)** Do providers and families have increased access to resources, trainings, and data related to the assessment and COS processes?	The state has created or updated materials related to the assessment and COS process Materials have been disseminated to local programs and families	Completed resources and materials can be viewed and accessed via a central portal	**Short-term** April 2016 to March 2017
(I)(B) Assessment teams conduct more thorough and functional child and family assessments to better identify the child's level of functioning and families have an increased understanding of how to support their child's development in the area of acquisition and use of knowledge and skills	**(Q1)** Are child and family assessments more thorough? **(Q2)** Are children's levels of functioning better identified by the child and family assessment process? **(Q3)** Do families have a better understanding of their child's strengths, needs, and functioning regarding acquisition and use of knowledge and skills? **(Q4)** Do families have an increased ability to support their child's development regarding acquisition and use of knowledge and skills?	An increased percentage of child records include quality, functional child assessments An increased percentage of child records include meaningful COS statements An increased percentage of parents report having a thorough understanding of their child's strengths, needs and functioning An increased percentage of parents report having an increased ability to support their child's development	Pre and post qualitative analysis of child and family assessment content via child record reviews Pre and post analysis of extent to which COS statements identify a child's level of functioning via child record reviews Pre and post analysis of parent report about their understanding of their child's strengths, needs, and functioning via Family Questionnaire Pre and post analysis of parent report about their ability to support their child's development via Family Questionnaire	**Intermediate** July 2016 to June 2019
(I)(C) There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills	**(Q1)** Have more infants and toddlers exiting Early Intervention demonstrated a substantial increase in the rate of growth in acquisition and use of knowledge and skills?	By 2020, 65% of children will exit EI having substantially increased their growth in acquisition and use of knowledge and skills	Data reported for APR indicator C3, which, collected at entry and exit using the COS process via Early Track	**Long-term** By June 2021

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

Intended Outcomes

Type of Outcome	Outcome Description
Short-Term	**(II)(A)** Parents have increased access to resources about their role in the team development of quality, individualized IFSP outcomes addressing child acquisition and use of knowledge and skills
Short-Term	**(II)(B)** EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes addressing family priorities around child acquisition and use of knowledge and skills
Intermediate	(**II)(C)** IFSP outcomes are of higher quality, and better individualized to meet the family-identified priorities that address acquisition and use of knowledge and skills
Long-Term	**(II)(D)** There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills

Appendix B - Ohio Part C Action Plan

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

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(A)(1) The state researches/investigates resources related to the role of the parent in the team development of quality, individualized IFSP outcomes	**(a)** The state researches evidence-based practices utilized by other states to increase family engagement and involvement in the IFSP development process **(b)** The state investigates how family to family support is structured in other states and how it impacts child and family outcomes **(c)** Gather information from families to find out how they think they could be better engaged **(d)** Better utilize work done by DD council regarding "family outcomes" on IFSP	Information from other states Information about family to family support Information from families DD council research	Governance Professional Development Technical Assistance	Training Coordinator Researchers	**Short-term** April 2016 to September 2016	Align with ODE for Early Childhood tool development and training
(A)(2) The state develops resources and trainings to increase family engagement and involvement in the IFSP development process	**(a)** The state develops materials for Service Coordinators, providers and parent mentors or advocates to talk to families about family engagement and involvement in EI, including the assessment and IFSP development process.	Information from other states Information from families Current materials and trainings	Professional Development	Training Coordinator TA and Training Team	**Short-term** July 2016 to March 2017	Initiate discussions with the Ohio Parent Training and Information Center to provide parent mentoring, supports, and advocacy for children under the age of 3 DD Council grant All trainings will ultimately be aligned through state PD governance group

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(B)(1) The state adopts tool(s) or mechanisms that will be used consistently by both state (data, monitoring and technical assistance/training) staff and local EI providers to analyze the extent to which IFSP outcomes are functional, family directed, based on child and family assessments and address identified needs related to acquisition and use of knowledge and skills	**(a)** Add/modify data collection mechanisms around IFSP outcomes to ensure complete/accurate data are available to analyze **(b)** The state develops or adopts tool(s) to determine the extent to which IFSP outcomes are functional, family directed, based on child and family assessments, and address needs related to acquisition and use of knowledge and skills **(c)** Emphasize the development of family outcomes, especially those that can directly affect a child's acquisition and use of knowledge and skills, in current trainings **(d)** Revise current or create new resources to be used for training, TA, monitoring, data collection, and family engagement	Data about current outcome entry Six-Step Criteria Current materials and trainings	Accountability /Monitoring Data Professional Development Quality Standards Technical Assistance	TA and Training Team Data and Monitoring Team	**Short-term** April 2016 to June 2017	Align with ODE for Early Childhood tool development and training
(C)(1) Implement training for IFSP team members, including parents, about writing high quality individualized IFSP outcomes	**(a)** Include process for operationalizing EBEI practices (Mission and Key Principles and DEC Recommended Practices) for fostering true partnerships with parents and other primary caregivers, in development of IFSP outcomes **(b)** Utilize variety of resources to support diverse needs and promote EI professional competence and mastery.	Information and materials about EBEI practices	Professional Development	Training Coordinator TA and Training Team	**Intermediate** July 2016 to June 2018	Align with ODE for Early Childhood tool development and training

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(C)(2) Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes	**(a)** Link data and perform analyses to compare collected COS statements to IFSP outcomes, Family Questionnaire responses, etc. **(b)** Create an IFSP outcomes report where the state and local programs can access IFSP outcomes in one place for ongoing monitoring **(c)** Identify additional training needs around outcome development **(d)** State TA and Training and Data and Monitoring teams consistently apply same standards for determining quality of IFSP outcomes related to acquisition and use of knowledge and skills	COS and other data Data system Monitoring standards	Accountability /Monitoring Data Professional Development Quality Standards Technical Assistance	Researchers Data and Monitoring Team TA and Training Team	**Intermediate** July 2018 to June 2019	Align with ODE for Early Childhood tool development and training

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

Evaluation Plan

Outcome Description	Evaluation Questions	How Will We Know Intended Outcome was Achieved?	Measurement/Data Collection Methods	Timelines
(II)(A) Parents have increased access to resources about their role in the team development of quality, individualized IFSP outcomes addressing child acquisition and use of knowledge and skills	**(Q1)** Do families have increased access to resources about their role in the team development of IFSP outcomes addressing child acquisition and use of knowledge and skills?	The state has created or updated materials related to the family role in developing IFSP outcomes Materials have been disseminated to families	Completed resources and materials can be viewed and accessed via a central portal	**Short-term** April 2016 to March 2017
(II)(B) EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes addressing family priorities around child acquisition and use of knowledge and skills	**(Q2)** Do EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes addressing family priorities around child acquisition and use of knowledge and skills?	The state has created or updated materials related to the development of individualized outcomes to address family priorities around acquisition and use of knowledge and skills Materials have been disseminated to local programs	Completed resources and materials can be viewed and accessed via a central portal	**Short-term** April 2016 to June 2017
(II)(C) IFSP outcomes are of higher quality, and better individualized to meet the family-identified priorities that address acquisition and use of knowledge and skills	**(Q1)** Are IFSP outcomes of higher quality? **(Q2)** Do IFSP outcomes better meet the family-identified priorities that address acquisition and use of knowledge and skills?	An increased percentage of IFSP outcomes are high quality An increased percentage of IFSP outcomes address family priorities related to acquisition and use of knowledge and skills	Pre and post qualitative analysis of IFSP outcomes via child record review using the six-step criteria	**Intermediate** July 2016 to June 2019
(II)(D) There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills	**(Q1)** Have more infants and toddlers exiting Early Intervention demonstrated a substantial increase in the rate of growth in acquisition and use of knowledge and skills?	By 2020, 65% of children will exit EI having substantially increased their growth in acquisition and use of knowledge and skills	Data reported for APR indicator C3, which are collected at entry and exit using the COS process	**Long-term** By June 2021

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

Intended Outcomes

Type of Outcome	Outcome Description
Short-Term	**(III)(A)** Gaps in EI service availability and reasons for the gaps are better identified
Short-Term	**(III)(B)** EI practitioners have increased access to resources, trainings, and data about delivery of quality, evidence-based interventions to address family priorities around child acquisition and use of knowledge and skills
Intermediate	**(III)(C)** Gaps in services that impact acquisition and use of knowledge and skills are reduced, thus families have increased access to needed evidence-based EI services
Intermediate	**(III)(D)** Practitioners better utilize evidence-based interventions that promote child engagement and independence and families have increased confidence in their ability to support the child's development related to acquisition and use of knowledge and skills
Long-Term	**(III)(E)** There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills

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

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(A)(1) The state and local providers identify gaps in availability of core teams	**(a)** The state will develop a database of known service providers **(b)** The state will analyze data regarding services currently being accessed and those that are needed to meet outcomes, but not readily available **(c)** Ensure quality of funding source data **(d)** The state, with input from local programs, identifies barriers to timely access to evidence-based EI for specific service types in specific regions of the state	Data about service providers, services not yet coordinated, and funding sources Information about barriers to service access	Data Fiscal Governance Quality Standards	Researchers Fiscal Project Manager EI Resource Coordinator	**Short-term** April 2016 to December 2016	

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(A)(2) The state will identify additional, feasible cost effective EI financing options and opportunities, including other statewide early childhood initiatives	**(a)** The state will seek outside expert consultation about financing options and opportunities (e.g. ITCA, DaSy and ECTA as well as other state Part C systems, and Emerald Consulting) **(b)** Revise SOP Rule and EI provider guidance and forms to reflect decisions **(c)** Develop interagency agreement to reflect decisions **(d)** Identify other statewide early childhood initiatives that could be a resource or partner in EI financing **(e)** Identify funding sources being accessed at the county level **(f)** Determine access to Medicaid, public insurance, family cost share, etc. **(g)** Consider which EI activities/practices are reimbursed	Information from outside experts Information from other state initiatives Data about funding sources being accessed at local level Information from state Medicaid Agency and other agencies	Data Fiscal Governance	Fiscal Project Manager Researchers EI Resource Manager Part C Coordinator	**Short-term** April 2016 to March 2017	Many agencies, such as ODH, ODE, and the Department of Insurance will be involved with discussions about potential funding sources Collaboration with the State Medicaid Agency and the discussions regarding potential for expanded use of Medicaid funding in EI will continue

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(B)(1) The state develops resources and trainings for delivering quality, evidence-based interventions to support child acquisition and use of knowledge and skills	**(a)** Resources and training include content that supports the implementation of evidence-based intervention to address acquisition and use of knowledge and skills **(b)** Resources articulate how to ensure services are clearly linked to the team-identified, family-directed outcomes **(c)** The state will provide guidance (including training, TA and monitoring) on how to simultaneously meet Part C of IDEA requirements and engage in evidence-based EI practices	Current trainings and materials Information about evidence-based interventions	Accountability/Monitoring Professional Development Technical Assistance	Training Coordinator TA and Training Team Data and Monitoring Team	**Short-term** April 2016 to June 2017	Evaluate common areas of interest for provision of PD with state agencies responsible for oversight of early childhood care and education (ODE/preschool, Ohio Head Start Collaboration, ODJFS/Childcare, ODH/Home Visiting) All trainings will ultimately be aligned through state PD governance group

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(C)(1) Evaluate impact of change in payment methodology and allocation	**(a)** Evaluate impact of any financing structure changes so counties/communities don't lose services **(b)** Evaluate potential financing structures (grant, contracts, combination) **(c)** Determine whether a cost share plan would need to be established for system of payment **(d)** Evaluate methods of billing (e.g. centralized billing, provider direct billing) and simplify system to accommodate maximum number of providers and payors	Information about financing structures Information about system of payment	Fiscal Governance	DODD Fiscal Part C Coordinator EI Resource Coordinator	**Intermediate** July 2016 to December 2017	Collaborate with Ohio Department of Medicaid Collaborate with Ohio Department of Insurance Collaborate with ODH
(C)(2) Evaluate payment options for services that have no cost to parents (SC, evaluation and assessment)	**(a)** Examine payment options for intake, child find, public awareness and other non-direct system services and evaluate impact of change in payment methodology **(b)** Evaluate payment options for EI services that may have a family cost share (e.g., Medicaid, private insurance, Payor of Last Resort)	Information about financing structures and methods Information about impacts of change in payment methodology Data regarding non-direct services and their true costs	Accountability/Monitoring Fiscal Governance	DODD Fiscal Part C Coordinator Fiscal Project Manager EI Resource Coordinator	**Intermediate** January 2017 to June 2019	Collaborate with state Medicaid Agency Collaborate with state Insurance Agency Collaborate with ODH

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

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Infrastructure Area(s) Intended to Improve	Who is Responsible	Timelines	How Other Agencies will be Involved
(D)(1) Offer a variety of training and technical assistance opportunities for implementation of evidence-based practices for acquisition and use of knowledge and skills	**(a)** Use and promote DEC recommended practices **(b)** Explore several methods and mechanisms for communicating with the EI field regarding service delivery on a consistent basis **(c)** Initiate conversations with higher education about incorporating of EBEI interventions for supporting acquisition and use of knowledge and skills **(d)** The state examines how and when evidence-based EI services may be provided virtually	DEC recommended practices Information about communication mechanisms and styles	Professional Development Technical Assistance Quality Standards	Training Coordinator TA and Training Team Part C Coordinator	**Intermediate** July 2017 to June 2019	Conversations with higher education about incorporating EBEI interventions Align with ODE for Early Childhood tool development and training
(D)(2) Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes	**(a)** Identify programs in need of TA to improve evidence-based service delivery **(b)** Update all training materials and resources as necessary	Data about quality of service delivery Current materials and trainings	Accountability/Monitoring Data Professional Development Quality Standards Technical Assistance	Researchers Data and Monitoring Team TA and Training Team	**Intermediate** July 2018 to June 2019	Align with ODE for Early Childhood tool development and training

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

Evaluation Plan

Outcome Description	Evaluation Questions	How Will We Know Intended Outcome was Achieved?	Measurement/Data Collection Methods	Timelines
(III)(A) Gaps in EI service availability and reasons for the gaps are better identified	**(Q1)** Are gaps in services better identified? **(Q2)** Are reasons for gaps in services identified?	The state has identified where and how local programs are accessing all EI services	SFY16 DODD program reports on service utilization Analysis of CBDD service delivery data and Early Track data RFP data Record reviews	**Short-term** April 2016 to March 2017
(III)(B) EI practitioners have increased access to resources, trainings, and data about delivery of quality, evidence-based interventions to address family priorities around child acquisition and use of knowledge and skills	**(Q1)** Do EI practitioners have increased access to resources, trainings, and data related to delivering evidence-based interventions to address family priorities around child acquisition and use of knowledge and skills?	The state has created or updated materials related to the delivery of evidence-based interventions to address family priorities around child acquisition and use of knowledge and skills Materials have been disseminated to local programs	Completed resources and materials can be viewed and accessed via a central portal	**Short-term** April 2016 to June 2017
(III)(C) Gaps in services that impact acquisition and use of knowledge and skills are reduced, thus families have increased access to needed evidence-based EI services	**(Q1)** Have gaps in services that impact acquisition and use of knowledge and skills been reduced? **(Q2)** Do families have increased access to needed evidence-based EI services?	Families have access to an increased diversity of services needed to meet outcomes	Analysis of service utilization data via Early Track	**Intermediate** July 2016 to June 2019

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

Outcome Description	Evaluation Questions	How Will We Know Intended Outcome was Achieved?	Measurement/Data Collection Methods	Timelines
(III)(D) Practitioners better utilize evidence-based interventions that promote child engagement and independence and families have increased confidence in their ability to support the child's development related to acquisition and use of knowledge and skills	**(Q1)** Do practitioners better utilize evidence-based practices to promote child engagement and independence? **(Q2)** Do families have increased confidence in supporting improvement in their child's acquisition and use of knowledge and skills? **(Q3)** Do families have increased competence in supporting improvement in their child's acquisition and use of knowledge and skills?	An increased percentage of providers reporting using evidence-based interventions An increased percentage of families report being competent in supporting improvement in their child's acquisition and use of knowledge and skills An increased percentage of families report being confident in supporting improvement in their child's acquisition and use of knowledge and skills	Pre and post survey of providers about their utilization of evidence-based practices Pre and post analysis of parent report about their confidence and competence in supporting their child's improvement via the Family Questionnaire	**Intermediate** July 2017 to June 2019
(III)(E) There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills	**(Q1)** Have more infants and toddlers exiting Early Intervention demonstrated a substantial increase in the rate of growth in acquisition and use of knowledge and skills?	By 2020, 65% of children will exit EI having substantially increased their growth in acquisition and use of knowledge and skills	Data reported for APR indicator C3, which are collected at entry and exit using the COS process	**Long-term** By June 2021

Appendix C - Ohio SSIP Logic Model
SIMR: Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills

Inputs	Strategies/Activities	Outputs	Outcomes
Resources: • State and local EI staff • Information from the examination of the evaluation and assessment process conducted by TA • The child and family assessment section of the IFSP from child records • Information from local programs • Survey data regarding information the counties need • Training materials • Data system • COS data • COS modules • COS materials from other states and/or other agencies • Current materials and trainings • Information from ODE • Child records • Information from families • Data system and reports • Materials/information from other states/national TA centers	**Improvement Strategy (I):** Increase the quality of child and family assessments to develop meaningful initial and exit COS statements **Activities** **(A)(1)** Identify strengths and weaknesses within the child and family assessment process and the extent to which assessment information informs outcome statements **(A)(2)** Provide additional data as well as guidance/trainings on how to access and use data and inform local programs about where to access needed data **(A)(3)** Revise COS training content to ensure child outcomes as written on IFSPs are meaningful and derived from assessment information, and are accurately entered into the data system **(A)(4)** Clarify expectations about the minimum information to be obtained while conducting family assessment **(B)(1)** Service Coordinators and assessors, at a minimum will be trained on the child and family assessment requirements and the COS process **(B)(2)** Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes	• Guidance about the minimum information that should be obtained while conducting a family assessment • Additional TA and training, as needed • COS Report • Regional data/monitoring trainings • Guidance about ways to discuss child's individual progress • A resource with suggested uses for reports and definitions of data elements • Data from families • A tool to inform local programs what information needs to be entered on the IFSP regarding the COS • Data about county needs regarding the COS • Revised COS training content	**Short-term** **A.** Local programs and families have increased access to resources, trainings, and data related to the assessment process and COS **Intermediate** **B.** Assessment teams conduct more thorough and functional child and family assessments to better identify the child's level of functioning and families have an increased understanding of how to support their child's development in the area of acquisition and use of knowledge and skills **Long-term** **C.** There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills

Appendix C - Ohio SSIP Logic Model
SIMR: Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills

Inputs	Strategies/Activities	Outputs	Outcomes
Resources • State and local EI staff • Information from other states • Information about family-to-family support • Information from families • DD council research • Current materials and trainings • Data about current outcome entry • Six-Step Criteria • Information and materials about EBEI practices • COS and other data • Data system • Monitoring standards	**Improvement Strategy (II):** Improve the quality of IFSP outcomes to address family priorities related to child's acquisition and use of knowledge and skills **Activities** **(A)(1)** Research/investigate resources related to the role of the parent in the team development of quality, individualized IFSP outcomes **(A)(2)** Develop resources and trainings to increase family engagement and involvement in the IFSP development process **(B)(1)** Adopt tools or mechanisms to analyze the extent to which IFSP outcomes are functional, family directed, based on child and family assessments and address identified needs **(C)(1)** Implement training for IFSP team members, including parents, about writing high quality individualized IFSP outcomes **(C)(2)** Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes	• New/revised data collection mechanisms around IFSP outcomes • Tool for monitoring IFSP outcome quality • New or revised resources and training materials to increase family engagement and involvement in the IFSP development process • Training about writing high quality, individualized IFSP outcomes • Data around how the COS is related to other EI data • IFSP outcomes report • Additional TA and training, as needed	**Short-term** **A.** Parents have increased access to resources about their role in the team development of quality, individualized IFSP outcomes addressing child acquisition and use of knowledge and skills **B.** EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes addressing family priorities around child acquisition and use of knowledge and skills **Intermediate** **C.** IFSP outcomes are of higher quality, and better individualized to meet the family-identified priorities that address acquisition and use of knowledge and skills **Long-term** **D.** There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills

Appendix C - Ohio SSIP Logic Model
SIMR: Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills

Inputs	Strategies/Activities	Outputs	Outcomes
Resources • State and local EI staff • Data about service providers, services not yet coordinated, and funding sources • Information about barriers to service access • Information from outside experts • Information from other state initiatives • Data about funding sources being accessed at local level • Information from state Medicaid Agency and other agencies • Current trainings and materials • Information about evidence-based interventions • Information about financing structures • Information about system of payment • Information about financing methods • Information about impacts of change in payment methodology • Information about non-direct services and their costs • DEC recommended practices • Information about communication mechanisms and style • Data about quality of service delivery	**Improvement Strategy (III):** Increase access to and delivery of needed evidence-based services **Activities** **(A)(1)** Identify gaps in availability of core teams **(A)(2)** Identify additional, feasible cost effective EI financing options and opportunities, including other statewide early childhood initiatives **(B)(1)** Develop resources and trainings for delivering quality evidence-based interventions to support child acquisition and use of knowledge and skills **(C)(1)** Evaluate impact of change in payment methodology and allocation **(C)(2)** Evaluate payment options for services that have no cost to parents **(D)(1)** Offer a variety of training and TA opportunities for implementation of evidence-based practices for acquisition and use of knowledge and skills **(D)(2)** Implement continued or additional training and technical assistance, identified as needed through data analyses and monitoring processes	• Database of known service providers • Data regarding gaps in core teams • Information about financing options and opportunities • Parameters for MOE • County level funding sources data • Interagency agreements • Revised rules and policies • Resources and trainings for delivering quality, evidence-based interventions • Financing mechanisms to assure service provider availability statewide • Identified impact of change in payment and allocation methodology • Guidance on how and when EBEI services may be provided remotely • Additional TA and training, as needed	**Short-term** **A.** Gaps in EI service availability and reasons for the gaps are better identified **B.** EI practitioners have increased access to resources, trainings, and data about delivery of quality, evidence-based interventions to address family priorities around child acquisition and use of knowledge and skills **Intermediate** **C.** Gaps in services that impact acquisition and use of knowledge and skills are reduced, thus families have increased access to needed evidence-based EI services **D.** Practitioners better utilize evidence-based interventions that promote child engagement and independence and families have increased confidence in their ability to support the child's development related to acquisition and use of knowledge and skills **Long-term** **E.** There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills

Governor's Office of Early Childhood Education and Development
Guiding Principles

With innovative planning and strategies, we can continue to transform Ohio into a model of Early Childhood Education and Development success where:

- **All children are valued, educated, healthy, and thriving.**
- **All children have high quality early learning experiences, developmental supports, health, and mental health care that best prepares them to be born healthy, stay healthy, be ready for kindergarten, reading by third grade and successful in life.**

PARAMETER
Early childhood involves the time in a child's life up to 8-years old, and state services need to have an educational focus that prepares children for kindergarten and life-long success.

FOCUS ON HIGH QUALITY
Rely on metrics and data to inform decisions about how we pay for outcomes for children to ensure they develop and grow academically, socially, physically and mentally, and are prepared to be successful in kindergarten and beyond. All high quality services need to have an educational impact that moves children to be prepared for kindergarten and engages families as partners and as the child's first teacher.

CONSISTENT
Be consistent in implementing best practices and taking a holistic approach to improve education, development, and health and mental health for children. High-needs children will move smoothly from birth to third grade with imperceptible transitions between services in different state and local agencies; and they will receive services in a consistent setting as much as possible, regardless of which agency or which line of funding is providing the service.

RESET INCENTIVES
Reset the basic expectations in Early Childhood Education and Development so that the incentive is to serve children in high quality settings so that children are born healthy, stay healthy, ready to learn at kindergarten entry, reading proficiently by 3rd grade and are successful in k-12 and beyond.

TRANSPARENT
Make information about high quality opportunities readily available to inform and engage families, taxpayers, and those who play a role in the Early Childhood system; so that families can make the best decisions for their children, providers can make the best decisions for improving their quality, stakeholders can make the best decisions to support high quality in their communities and the state can make the best decisions for funding the right services for the right outcomes.

VALUE
Pay only for what works to maintain and improve education, development, health and mental health for children. Break down silos, target resources where they are needed and measure out comes in such a way that we can move to an outcome based funding system.

PREVENTIVE APPROACH
Support a system that focuses on prevention for the education, development, health and mental health of children.

LONG-TERM CARE
Enable children with disabilities, life threatening illness or chronic illness to live with dignity and to receive high quality education, development, health and mental health services that provide them with the best opportunities to live a successful and fulfilling life. Coordinate care to improve quality of life and help reduce chronic care costs.

Appendix E – Ohio SSIP Phase II State Team

SSIP State Team Member	Position	Role on SSIP
Bush, Katrina	EI Fiscal Project Manager	Fiscal workgroup leader; Writer for sections regarding Involvement of Other State Agencies and EBPs; Support for outcome development and organization and document writing; Provided feedback about document drafts
Courts, Melissa	EI Monitoring Consultant	Lead the monitoring work group; Wrote the Other State Initiatives sections; Provided feedback about document drafts
Dedino, Nathan	EI Research and Data Administrator; Part C Coordinator for Ohio	Provided leadership, guidance, and feedback throughout the SSIP process and support for the Evaluation and Improvement plans; Provided feedback about document drafts
Fox, Diane	EI Program Manager	Lead the Professional Development work group leader; Assisted in writing the sections regarding Involvement of Other State Agencies and EBPs; Provided feedback about document drafts
Friedman, Laura	EI Program Consultant	Reviewed SSIP materials and provided feedback
Frizzell, Michelle	Bureau Chief, Bureau of Health Services	Reviewed SSIP materials
Guyton, Steve	EI Program Consultant	Reviewed SSIP materials and provided feedback
Hammond, Taylor	EI Researcher; Data Manager for Ohio	Coordinated day-to-day SSIP activities, meetings, document creation and organization, and writing; Data workgroup leader, Wrote several sections
Hauck, Kimberly	Assistant Deputy Director, Policy and Strategic Division	Provided leadership, guidance, and feedback; Assisted in writing the sections regarding Involvement of Other State Agencies and EBPs; Provided feedback about document drafts
Hoffman, Cydney	EI Researcher	Provided support for meetings and document creation; Provided feedback about and helped create and edit documents
Kobelt, Teresa	Deputy Director, Policy and Strategic Division	Reviewed SSIP materials
Kramer, Cathy	EI Program Consultant	Reviewed SSIP materials and provided feedback
Lanzot, Kelli	EI Program Consultant	Reviewed SSIP materials and provided feedback
Lori Myers	EI Training Coordinator	Reviewed SSIP materials and compiled and provided feedback
Madden, Tiffany	EI Program Consultant	Reviewed SSIP materials and provided feedback
Palumbo, Shelly	EI Program Consultant	Reviewed SSIP materials and provided feedback
Weimer, Kim	Family Liaison	Lead Family Engagement work group; Provided feedback about document drafts

Appendix F – Ohio HMGEIAC and EI Stakeholder Group

Name	Organization
Michelle Albast	ODJFS/Child Care
*Valerie Alloy	Mental Health
Melissa Arnold	Ohio AAP
Marcie Beers	OCECD
Carrie Beier	Erie CBDD
Esther Borders	EI Provider: CBDD
Ronni Bowyer	Parent
Julie Brem	HMG Contract Manager
*Kellie Brown	Superintendent: CBDD
Peg Burns	EI Provider Association: MH
*Joyce Calland	OFCFC
Stephanie Champlin	Parent
*Tracey Chestnut	JFS
Kim Christensen	Professional Development: BGSU
*Jessica Cray	Parent
Cindy Davis	FCFCA
Margaret Demko	Parent
*Icilda Dickerson	ODM
Laurie Dinnebeil	Professional Development: Univ. Toledo
Sandi Domoracki	EI Provider: Regional Infant Hearing
Verline Dotson	Cincinnati Community Action
*Jessica Dumas	Parent
Denielle Ell-Rittinger	ODJFS/Child welfare
Marilyn Espe-Sherwindt	EI Provider: FCLC
Brenda George	Professional Development: O.T.
Michele Frizzell	ODH
Earnestine Hargett	Disability Rights Ohio
*Kim Hauck	DODD
*Sophie Hubbell	ODE
Susan Jones	Provider Association: OACBDD
Monica Juenger	OHT

Name	Organization
Ben Kearney	EI provider: Mental Health
*Vicki Kelly	EI Provider: Community
Kathy Lawton	University Centers of Excellence/DD
*Peggy Lehner	Ohio Senate
Julie Litt	EI Provider: CBDD
Laura Maddox	OCALI
*Lori Mago	EI Provider: CBDD
John McCarthy	Medicaid: Director
*Marissa Mikalich	Parent
*Leslie Minnich	State Department of Insurance
Karen Mintzer	Cuyahoga EI contract manager
Deb Moscardino	Medicaid
Nancy Neely	Superintendent: CBDD
Stephanie Post	HMG Contract Manager
*Jessica Potts	Parent
Kristie Pretti-Frontczak	Professional Development: KSU
Angel Rhodes	Governor's Office, ECAC, ELCG/RttT
Ilka Riddle	University Centers of Excellence/DD
Amanda Runyon-Lynch	Parent
Pam Stephens	EI Provider: CBDD
Yolanda Talley	Medicaid
Laura Theiss	Butler county EI
Sheila Torio	Head Start
Kim Travers	Parent: Former Co-chair, HMGEIAC
Kay Treanor	ODDC
Susannah Wayland	ODE/Homeless Youth
Jane Whyde	Provider Association: FCFCA
*Lisa Wiltshire	ODJFS
Sharon Woodrow	Superintendent: CBDD
Sue Zake	ODE

*Indicates HMGEIAC member

Appendix G – Ohio SSIP Phase II Work Group Invitation

Ohio Part C State Systemic Improvement Plan (SSIP) – Phase II

Call for Workgroup Participants

Introduction

Ohio's Part C State Systemic Improvement Plan (SSIP) is a multiyear plan for improving results for infants and toddlers with special needs. The SSIP is part of the federal required State Performance Plan (SPP) and Annual Performance Report (APR), which are key components of the Office of Special Education Programs' (OSEP's) Results-Driven Accountability System. The purpose is to increase capacity of programs to implement, scale up, and sustain evidence-based practices and ultimately to improve outcomes for children with disabilities and their families.

Phase I

Ohio submitted Phase I by the due date of April 1, 2015. Phase I included an in-depth data and infrastructure analysis, identification of a State Identified Measurable Result (SIMR), selection of broad improvement strategies, and development of a theory of action. The following SIMR, or outcomes area of focus for the SSIP, was chosen:

Substantially increase rate of growth in the percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills

The full version of Ohio's Phase I SSIP is on the Help Me Grow website below the FFY13 APR at the following location: http://www.helpmegrow.ohio.gov/Early%20Intervention/reporting.aspx

Phase II

Phase II of the SSIP is due April 1, 2016. The focus of Phase II is to build upon the components of Phase I by identifying the activities, steps, and resources required to implement the selected improvement strategies, including timelines as well as measures needed to evaluate the implementation of the strategies and impact on the SIMR. The broad improvement strategy areas include the following:

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

The state team is organizing work groups around each of these strategies in order to come up with the specific activities, steps, and resources needed for implementation. This is where you come in! We are asking that each member of the HMG Advisory Council and stakeholder group participates in one of our five work groups. Each work group will have a leader from the state team and the goal is to include representatives from a broad array of EI perspectives in each group including, but not limited to, county EI staff, providers, parents, and state agencies. Participation will involve approximately three work group meetings which will primarily take place via conference call or webinar, but will include one in-person meeting during part of the November stakeholder meeting at the state library in Columbus.

Please see the next page and provide your contact information, preferences for work group participation, and suggestions for anyone else who you would recommend being part of a work group.

Appendix G – Ohio SSIP Phase II Work Group Invitation

Name:

County:

Role:

E-Mail Address:

Please indicate your first and second choices for participation in a work group by placing a 1 and 2 in the box beside two of the 5 work groups (below). You may also BRIEFLY describe any special interests or qualifications you may bring to this workgroup (optional).

Data Quality and Analysis Capabilities ☐

Monitoring and Accountability ☐

Systematic Financing of EI ☐

Enhanced Professional Development ☐

Increased Family Engagement ☐

Special Interests or Qualifications:

As we are hoping to get as much participation as possible, please also indicate any persons outside of the HMG EI AC and Stakeholder group that you believe would be an asset to a particular workgroup; include the person's name, county, role and contact information.

Name:

County:

Role:

E-Mail Address:

Thank you in advance for your participation! Your feedback on these topics is greatly appreciated, and will be crucial in developing Phase II of Ohio's SSIP and ultimately improving outcomes for the children and families in Early Intervention in our state.

Appendix H - Ohio SSIP Phase II Work Group Participants

Name	County	Role	Work Group
Andrea Nichols	Washington	Service Coordinator	Data
Stefanie Post	Warren	Contract Manager/EI, HV & CC Supervisor	Data
Liz Schwab	Franklin	Admin team/monitoring/data	Data
Missy Bixel	Cuyahoga	Central Coordination Contract Manager	Data
Denise Meyer	Portage	Contract Manager/EI Services Developer	Data
Laura Theiss	Butler	HMG EI Program Supervisor	Data
Pam Albers	Montgomery	Program Director	Data
Pam Hamer	Greene	HMG Early Intervention Contract Manager/Supervisor	Data
Elizabeth Trenkamp	Kenton (Kentucky)	Family Navigator DDBP Cincinnati Children's	Data
Kellie Brown	Guernsey	Superintendent, Guernsey County Board of Developmental Disabilities	Data
Cindy Davis	Washington	EI Contract Manager and FCFC Coordinator	Data
Senator Peggy Lehner		State Senator	Data
Katie Parker	Cuyahoga	Service Coordination Contract Manager	Family Engagement
Earnestine Hargett	Franklin	Advocate	Family Engagement
Marcie Beers	Statewide	Director of Early Childhood	Family Engagement
Samantha Stewart	Franklin	Executive Director ECRN+/YMCA	Family Engagement
Kay Treanor	Franklin	Policy Analyst	Family Engagement
Debbie Combs	Franklin	Central Site Manager/Outreach	Family Engagement
Whitney Neer	Champaign	Project Manager/Clinical Supervisor/Service Coordinator	Family Engagement
Christina Roll	Montgomery	Family Support Specialist	Family Engagement
Catherine Rauch	Montgomery	HMG Contract Manager	Family Engagement
Sandy Oxley	Franklin/ Statewide	Voices for Ohio's Children CEO	Family Engagement
Pheetta Wilkinson	Hamilton	Assistant Director, Integrated Services	Family Engagement
Jessica Potts	Franklin	Parent Advisory	Family Engagement
Carrie Beier	Erie	Superintendent, ECBDD	Fiscal
Margaret Demko	Vinton	EI Contract Manager and FCFC Coordinator	Fiscal
Yolanda Talley	State/ODM	Ohio Department of Medicaid	Fiscal
Joyce Calland	State/OFCFC	Regional Coordinator, OFCFC	Fiscal
Bridgid Whitford	Cuyahoga	Project director, regional infant hearing program	Fiscal
Michael Proulx	Montgomery	Assistant Superintendent for Business & Operations; Chief Financial Officer; Director of Early Intervention	Fiscal
Angela K. Lowder	Cuyahoga	Finance and HR Manager	Fiscal
Vicki Kelly	Franklin	Director, Early Childhood League	Fiscal
Matt Briner	Hamilton	Director of Integrated Services	Fiscal

Appendix H - Ohio SSIP Phase II Work Group Participants

Name	County	Role	Work Group
Marilyn Espe-Sherwindt	Summit	Director, Family Child Learning Center	Fiscal
Jessica Dumas	Franklin	Parent/HMGAC member	Fiscal
Amy Hess	Franklin	Center for Autism Services and Transition at The Ohio State University	Fiscal
Jennifer Wissinger	Licking	Physical therapist	Monitoring
Nancy Katona	Franklin	Compliance Manager	Monitoring
Jennifer Wagner	Henry	Program Manger	Monitoring
Denielle Ell-Rittinger	N/A	Policy Developer	Monitoring
Karen Mintzer	Cuyahoga	Associate Director, HMG	Monitoring
Julie Brem	Hamilton	EI and CC Contract Manager	Monitoring
Mary Collins	Montgomery	Service Coordinator	Monitoring
Suzie Huse	Wayne	Contract Manager	Monitoring
Lori Mago	Cuyahoga	General Manager of Assistive Technology & Children's Services	Monitoring
Marissa Mikolich	Mahoning	Parent	Monitoring
Tina Overturf	Summit	Senior Manager of Children's Services	Monitoring
Stephanie Weber	Hamilton	Clinical Psychologist and Training Director of the Leadership Education in Neurodevelopmental and related Disabilities (LEND) program at Cincinnati Children's Hospital Medical Center	Monitoring
Kimberly A. Christensen	Wood	Higher Education Faculty	Professional Development
Kristie Pretti-Frontczak	Medina	President of B2K Solutions, Ltd.	Professional Development
Toni Walker	Cuyahoga	Quality Assurance Coordinator	Professional Development
Laurie Dinnebeil	Lucas	Higher education faculty member	Professional Development
Laura Maddox	Franklin	OCALI, Program Director	Professional Development
Meredith Myers	Geauga	Supervisor HMG/EI	Professional Development
Pam Barton	Franklin	Contract Manager/Project Director	Professional Development
Melissa S. Fouts	Montgomery	Service Coordinator	Professional Development
Joyce Lutz	Pickaway	Developmental Specialist	Professional Development
Susan Jones	Ohio Association of County Boards of DD	Consultant for Children and Family Interests	Professional Development
Annette Stagge	Hamilton	EI Supervisor	Professional Development
Carol Keltner	Montgomery	Service Coordinator	Professional Development
Rachel Barnhart	Perry	Parent	Professional Development
Nithya Narayan	Hamilton	Family Support Coordinator	Professional Development

Appendix I – Ohio Stakeholder Involvement

Date(s)	Stakeholder Group/ Type of Meeting	Activity/Subject(s) Discussed
August 11, 2015	HMGEIAC and EI stakeholder Group meeting	"Café Conversations" surrounding each of the 5 strands of action (Data, Family Engagement, Fiscal, Monitoring, and Professional Development) to answer 3 main questions: 1. What can ODH and DODD do? 2. What can LOCALS do? 3. What can we DO TOGETHER (state department and locals) that we can't do alone?
September 23, 2015	HMGEIAC and EI Stakeholder Group call	Summary of Café Conversations with opportunity for feedback to be provided; Discussion of SSIP work groups/call for work group participants
October 28, 2015 to November 4, 2015	Individual work group webinars	Review of and expansion upon identified strategies, outcomes, and activities; Initial discussions regarding steps and resources needed to implement activities, who will be responsible, and timelines for implementation
November 12, 2015	HMGEIAC and EI Stakeholder meeting (including work group participants)	Overview of information generated by the work group members as well as emerging themes; Expansion upon steps and resources needed to implement activities; Initial discussions to narrow strategies and activities to those that would be feasible to implement, developed in such a way they could be evaluated, and have a high likelihood of making an impact on the SIMR
November 13, 2015 to December 4, 2015	Final work group meetings/feedback	Review and discussion about information gained via work group activities; Review of outcomes, strategies, and activities and whether/how they are related to and could make an impact on the SIMR
February 10, 2016	HMGEIAC and EI Stakeholder meeting (held as a call instead of in person due to inclement weather)	Review of realigned Theory of Action and Improvement Strategies; Review of outcomes and steps and activities needed to achieve the outcomes; Opportunity for feedback to be provided

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

April 30, 2010

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

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Future Directions for Ohio's Part C/Early Intervention Program:

Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet

I. Executive Summary

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

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

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

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

.

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

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

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

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

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

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

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

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

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

II. Why Early Intervention Matters

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IV. Guiding Principles for Ohio Part C/Early Intervention

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

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

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

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

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

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

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

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

RECOMMENDATIONS

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

The workgroup recommends the following:

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

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

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

A.1. Measures of Success/Benchmarks:

a. Family Survey results indicate high level of increased confidence, competence and empowerment (pre-and post).
b. IFSP outcomes consistently reflect family conversations, strengths, priorities, resources, and concerns.
c. IFSP and Early Track data demonstrate all families have access to a threshold level of EI service (i.e. a core team as described in Recommendation B) with many ranges of supports.

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

d. Data demonstrate that children and families are receiving all the Part C services to some degree
e. Ohio data align with national data re: appropriate/beneficial services for various delays, disabilities, or conditions.

A. 2. Resources Needed:

a. A work group (e.g. Help Me Grow Advisory Council committee including family members) that makes recommendations on assessment process including researching approaches and tools
b. Consistent strategies and messages throughout the Part C/EI system, and related systems (child care, Early Head Start, Help Me Grow HomeVisiting Program, etc.) from evaluation for eligibility and the assessment process.
c. Consistent training for and monitoring of strength-based processes and approaches

A. 3. Next Steps:

a. Develop or identify a training curriculum for all providers of service that will enhance providers understanding of family centered relationships and strength based approaches to Early Intervention service delivery. This training curriculum will include strategies for listening to families and planning interventions based on conversations about what is already being done, what is working and family priorities; parents serve as faculty along with other trainers.
b. Develop and enhance undergraduate and graduate coursework and curriculum that enhance understanding of relationship- and strength-based services in all areas of early intervention practice (early education, physical therapy, nursing, audiology, child development, family relations, psychology, etc.).
c. Work with the Ohio Professional Development Network and quality initiatives in child care, Help Me Grow Home Visiting, Head Start and Early Head Start, EI, etc.
d. Assure that family assessment is the responsibility of the full assessment team not just the service coordinator. Assessment within the context of family life must be highly individualized to provide varying levels of supports based on child and family needs. It should focus on what the family is currently doing to enhance the child's development, what is working (strengths), best times of day, and family priorities.
e. Identify and implement training on comprehensive evaluation and assessment process including family assessment that is strength- and relationship-based.
f. Identify existing evidence-based tool, or design pre- and post-survey of parent perceived competence and confidence.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B.1. Measures of Success/Benchmarks:

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

B.2. Resources Needed:

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

B.3. Next Steps:

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

c. Develop plans for additional funding using a committee of stakeholders, national consultants and decision makers knowledgeable of the hierarchy of funding sources.
d. Develop early intervention training in accordance with federal regulations specific to Ohio's service delivery system.
e. Implement statewide training and technical assistance on evidence-based EI practices for all HMG staff and Part C service providers.
f. Obtain funding from all federal sources listed in the hierarchy of funding to ensure availability of services for all families.
g. Implement strategies to improve public awareness about child development, the need for early intervention, how to make a referral or obtain services, etc.
h. Enhance service coordination training to insure that individuals will meet the requirements in the Code of Federal Regulations for the Part C EI program.[8]

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

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

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

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

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

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

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

C. 1. Next steps:

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

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

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

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

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

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

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

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

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

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

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

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

D.1. Measures of Success/Benchmarks:

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

D.2. Resources Needed:

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

D.3. Next Steps:

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

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

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

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

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

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

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

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

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

E.1. Measures of Success/Benchmarks:

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

b. Family to family support exists for every family

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

d. Creation of network of natural supports within the community

e. Increased parent satisfaction

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

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

E.2. Resources Needed:

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

E.3. Next Steps:

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

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

F.1. Next Steps:

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

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

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

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

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

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

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

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

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

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

G.1. Measures of Success/Benchmarks:

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

G.2. Resources Needed:

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

G.3. Next Steps:

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

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

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

H.1. Measures of Success:

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

H.2. Resources Needed:

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

H.3. Next Steps:

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

e. Entities promote continuity of services from birth-age 5 in concert with the Center for Early Childhood Development.
f. Gather needs assessment information.
g. Consider options, including regionalization of the core team services.

VI. Conclusion

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

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

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

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

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

Appendix A: List of Workgroup Members

PARENTS
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Tim Floyd, Lucas County
Amanda Runyon Lynch, Franklin County
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David Schor, Cincinnati Children's Hosp
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OTHER
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Tracy Robinson, Ohio Commission on Fatherhood

Appendix B: Definitions of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Service coordination activities include--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Studies

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

Partnerships

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

Use of Private Insurance

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

Miscellaneous

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

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Ohio Part C Early Intervention Study on the Implementation of OSEP's Mission and Key Principles

June 15, 2011

This work was paid for by Federal American Recovery & Reinvestment Act dollars provided to the Ohio Department of Health for Part C/Early Intervention and made available to the Ohio Department of Developmental Disabilities through an inter-agency agreement.

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Introduction/Background

Overview to the Part C Program

Congress established this program in 1986 in recognition of "an urgent and substantial need" to:

- Enhance the development of infants and toddlers with disabilities
- Reduce educational costs by minimizing the need for special education through early intervention
- Minimize the likelihood of institutionalization, and maximize independent living
- Enhance the capacity of families to meet their child's needs

The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities ages birth through 2 years and their families. In order for a state to participate in the program it must assure that early intervention will be available to every eligible child and his/her family. The governor must designate a lead agency to receive the grant, administer the program, and appoint an Interagency Coordinating Council (ICC) that includes parents of young children with disabilities who will advise and assist the lead agency. Currently, all states and eligible territories are participating in the Part C program. Annual funding to each state is based upon census figures of the number of children, birth through 2, in the general population *(Part C IDEA Overview, National Early Childhood Technical Assistance Center (NECTAC) website at www.nectac.org).*

In collaboration with the Ohio Department of Health Bureau of Early Intervention Services (Ohio's Part C lead agency), the Early Childhood Cabinet, the Help Me Grow Advisory Council (ICC) and other stakeholder groups, the DODD has been reviewing practice guidelines, seeking grants and training opportunities, and making recommendations about changes to the Part C system in Ohio. In FY2010, the Ohio Early Childhood Cabinet directed a review of the current Part C policies, practices, outcomes and funding to determine the program's future direction. This review was intended to ensure compliance with federal regulations, ensure leveraging of resources, and ensure provision of appropriate services to families and their children *(Future Directions for Ohio's Part C/Early Intervention Program: Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet, April 2010).* Additionally, 26 teams of providers representing local counties throughout Ohio have participated in training and technical assistance opportunities with national experts Dathan Rush and M'Lisa Shelden, focused on Federal Part C regulations and OSEP agreed upon practices using a team approach to service delivery in natural environments.

On December 23, 2010 the DODD issued a Request for Proposal (RFP) for Part C Early Intervention Consultation to collect data and report on how other states have made paradigm shifts in early intervention service delivery. The RFP specifically outlined Ohio's desire for information on how to implement a Part C system that is in line with the US Department of Education, Office of Special Education Program's (OSEP) Mission and Key Principles for Providing Early Intervention Services in Natural Environments using a team approach. The RFP called for an examination of how other states have implemented Evidence Based Early Intervention practices, and a primary coach or transdisciplinary team approach to providing early intervention services to families. Additionally, the RFP asked for a description of at least five of the following 10 state Part C systems: Colorado, Missouri, Georgia, Alaska, Idaho, Arizona, Florida, Wisconsin, North Dakota and Kansas as well as specific recommendations for Ohio given the current early intervention structure and availability of service providers.

In January 2011, United Cerebral Palsy Association of Greater Chicago's (UCP) Early Intervention Training Program (EI Training Program) submitted a proposal to the Ohio Department of Developmental Disabilities (DODD) to provide a review of the Ohio Part C System and develop recommendations about how Ohio can create a paradigm shift in early intervention in order to implement the US Department of Education, Office of Special Education Program's (OSEP) Mission and Key Principles for Providing Early Intervention Services in Natural Environments using a team approach. The proposal was accepted and the project began on February 28, 2011 and was completed June 2011.

The EI Training Program has expertise in researching state early intervention practices, acquiring information from key national Part C leadership, and accessing the expertise available through the Infant/Toddler Coordinators Association and NECTAC. The Early Intervention Training Program has a working body of knowledge based on past performance of developing and implementing a highly effective statewide system of training and support. The EI Training Program collaborates with Part C programs and national leaders in the field of early intervention as well as provides professional development opportunities for early interventionists in Illinois. Close relationships with stakeholders at the national level have provided the EI Training Program with a unique perspective and ability to improve the quality of services offered to infants, toddlers and their families. The backgrounds of the individuals who participated in this project can be found in Appendix A.

Purpose & Activities

As a Part C Early Intervention Consultant, the EI Training Program has developed recommendations to support Ohio to create a paradigm shift in early intervention in order to implement the US Department of Education, Office of Special Education Program's (OSEP) Mission and Key Principles for Providing Early Intervention Services in Natural Environments using a team approach. In order to develop recommendations, the EI Training Program completed a comprehensive review of Ohio's current Part C

system and resources, evaluated system variables and strategies that have been successful in other states, and examined national research on effecting long-term systems change utilizing evidence-based practices. Appropriate methods were identified and necessary tools were developed (i.e. surveys, interviews, and other methods for data collection) to gain additional information from selected states. Key themes and transition strategies utilized by other states have been incorporated in the recommendations to reflect Ohio's desire to provide supports and resources that assist caregivers in enhancing their children's learning and development utilizing everyday routines, activities and places.

The EI Training Program evaluation team acknowledges that achieving a paradigm shift that can be sustained over the long-term requires the following:

- involvement of stakeholders at all levels of the system
- consensus on the desired changes
- support from state leadership
- identification of how the system will look once desired changes are realized
- creation of a model for planning change at multiple levels
- ensuring that necessary technical assistance is available to support implementation of change activities
- monitoring and evaluating the steps of the process
- determining the effectiveness of the plan in achieving desired results

(*National Early Childhood Technical Assistance Center (NECTAC)Technical Assistance Model for Long-Term Systems Change, June 2009*)

The underlying basis for our recommendations is to assist the Ohio Department of Developmental Disabilities (DODD), the Ohio Department of Health (ODH), and stakeholders to make a paradigm shift that ensures:

- Part C eligible children and families receive evidence based early intervention services
- All Part C eligible children/families have access to services
- Federal, state, and local resources are utilized to maximize funding for the delivery of Part C services

Throughout this process DODD, ODH, and identified stakeholders were an invaluable resource as they provided guidance and contributed feedback related to local resources and strengths, key considerations when examining other states, and a review of draft recommendations.

Recommendations

Five recommendations have emerged based on the data collected as part of this evaluation, a review of national research, and Ohio's desire to implement the US Department of Education, Office of Special Education Program (OSEP) Mission and Key Principles for Providing Early Intervention Services in Natural Environments using a team approach. "*Agreed Upon Mission and Key Principles for Providing Early Intervention in Natural Environments"* (2008) developed by the Workgroup on Principles and Practices in Natural Environments can be found in Appendix J.

OSEP's Mission and Key Principles are as follows:

MISSION

Part C 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.

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.

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

When Ohio stakeholders were surveyed and asked to rate their level of agreement with seven statements based on OSEP's Key Principles for Providing Early Intervention Services in Natural Environments there was overwhelming agreement with each of the principles. Of the 982 respondents, more than 82.5% indicated that they at least "Somewhat Agreed" with each statement with more than 60% of the respondents indicating "Strong Agreement" with 6 of the 7 statements.

Each of the five (5) recommendations include:

- An intended outcome
- Evidence to support the recommendation
- Suggestions to consider for implementing the recommendation
- Related resources to support the recommendation

Implementation strategies for each recommendation are supported by national research as well as data collected from Ohio and other Part C systems. Suggested activities are derived from a compilation of strategies that other Part C systems have reported. The strategies and activities listed are suggestions for Ohio to consider as they begin the process of making a paradigm shift to implement OSEP's Mission and Key Principles for Providing Services in Natural Environments using a team approach.

With every recommendation the first implementation strategy is to examine existing strengths and resources within the current Ohio Part C system. Ohio has numerous strengths that will provide the foundation necessary to successfully implement each recommendation.

Some of the strengths that will be highlighted within the recommendations include:

- A tremendous amount of stakeholder support for serving young children and families
- Local financial support and commitment
- Motivated local and state leadership that are already striving to implement evidence based practices via a team approach to service delivery
- General readiness for improvements to the Part C system

Some of the challenges identified through the study that recommendations will work to improve include:

- Lack of a common statewide mission/vision and goals that provide a unique identity for the Ohio Part C system
- A lack of communication and coordination between state and local entities and within early intervention teams
- Inconsistency from county to county related to services, supports, training, technical assistance opportunities, and funding

Recommendation 1: Develop an agreed upon mission and key principles that will provide a unique identity for Ohio's Part C system

Intended outcome:
An agreed upon mission and key principles will create a shared understanding for what early intervention is and isn't in Ohio. A mission will provide direction and a desired outcome for state leaders, administrators, families, service coordinators, interventionists, and all other stakeholders to work towards. An agreed upon mission will also provide the Ohio Part C system an identity as well as clear goals and expectations for families and stakeholders alike.

Evidence to Support this Recommendation:
National research and findings from this evaluation support this recommendation. The National Early Childhood Technical Assistance Center (NECTAC) published a report in June 2009 titled "*NECTAC Technical Assistance Model for Long-Term Systems Change"* that indicates stakeholder involvement, commitment and support of state leadership, a common understanding across multiple perspectives, and a shared vision for how participants want the system to look and work are all critical characteristics of successful systems change.

Data collected through the Ohio Part C early intervention stakeholder survey indicates that there is a "*disconnect"* between leadership at the state level and what is happening at the local level. Survey comments explicitly indicate the need for "*partners and providers to work towards one unified system.*" In addition, information collected from Arizona, Florida and Missouri indicates the importance of having an identity for their early intervention system.

Suggestions for Implementing the Recommendation:
The evaluation team recommends developing an agreed upon mission for the Ohio Part C system prior to the implementation of any subsequent recommendations. We believe that the completion of this first step is essential as the foundation on which Ohio can create a paradigm shift in their Part C Early Intervention system.

Ohio has a number of strengths and resources in place that can provide the foundational steps for implementing an agreed upon mission and key principles. Ohio has already identified OSEP's "Mission and Key Principles for Providing Early Intervention Services in Natural Environments" and evidence-based practices (EBP) as areas of interest as they work to improve the quality of early intervention services delivered to children and families. Survey data tells us that the majority of the stakeholders have some level of agreement with these key principles. Stakeholders who represent all levels of the system (including referral sources and members of the medical community) from diverse populations across the state demonstrated a vested interest in the Ohio Part C Early Intervention system by completing the survey that was distributed by this evaluation team.

The recommendations from Ohio's Part C/Early Intervention Workgroup of the Early Childhood Cabinet are being addressed through ongoing work plans of the Help Me Grow Advisory Council. Ohio has a number of counties that are motivated by evidence-based practice and have demonstrated this by the leadership and initiatives they have taken to pilot team-based intervention practices. Ohio's Family Information Network is also an existing resource that could help ensure families are involved in the decisions around an agreed upon mission and key principles.

An initial strategy would be for state leaders to establish a mechanism for open and continued communication with stakeholder groups that represent all levels of the system and diverse populations of the state. For example, Florida created a stakeholder listserv and Missouri established regularly scheduled meetings with stakeholders throughout their change process. Ohio may consider looking to the strategies identified in "*NECTAC's Technical Assistance Model for Long Term Systems Change"* (June 2009) to ensure stakeholders are represented from all levels of the system including the state infrastructure, personnel development, community/local infrastructure, service providers, as well as families.

Stakeholders may consider using the OSEP Mission and Key Principles as a guide to help establish the mission and key principles for Ohio. Further review of the data collected from the Ohio Part C early intervention stakeholder survey may help assess the level of agreement the field expresses with the key principles identified by OSEP.

Related Resources to Support the Recommendation:

- Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008)
- NECTAC Technical Assistance Model for Long-Term Systems Change (2009)
- NECTAC Executive Summary: Technical Assistance Model for Long-Term Systems Change (2010)
- Thinking Points: A Synthesis of Ideas about the Change Process (June 2009)
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Recommendation 2: Create regionalized systems of support to provide equitable access to training, technical assistance, monitoring and quality assurance of Ohio's entire Part C system

Intended Outcome:
Ohio has 88 counties that administer early intervention supports and services. Each county has its unique strengths and challenges and regionalizing systems of supports would allow counties to come together to identify strengths, resources, challenges. Regionalized systems of support could provide training and technical assistance to enhance neighboring counties' efforts to ensure Part C eligible children receive evidence-based early intervention services. It may also improve a region's ability to provide equal access to services regardless of where they reside and increase maximization of federal, state, and local resources.

Regionalized systems of support would also provide a system for accountability, quality assurance and data collection to measure and monitor performance, practice standards, family and team participation, and the overall quality of services delivered to Part C eligible children. Data would be reported back to state leaders and success stories and lessons learned from each region could improve communication, collaboration, and utilization of resources across counties and regions.

Evidence to Support this Recommendation:
National research, data collected via the Ohio Part C early intervention stakeholder survey, as well as findings from the interviews with Part C Coordinators from selected states all support the recommendation to create regionalized systems of support. Findings identified in the "*NECTAC Technical Assistance Model for Long-Term Systems Change"* (June 2009) indicate that assembling a technical assistance team with an appropriate mix of expertise and working collaboratively with other technical assistance agencies to leverage resources are key characteristics for long term systems change.

Survey data indicates a general concern about the inconsistencies across counties and a lack of communication and coordination between agencies. Furthermore, survey data

shows a wide variance of training and technical assistance activities that respondents participated in across counties. Survey respondents reported a "*lack of training opportunities that are free and regionally based," a "need for staff training and follow-up to ensure compliance to evidence based practice,"* and a desire for "*equal availability of professional resources, training and collaboration for professionals, and coordination statewide with coordination within counties.*" Regionalized systems of support would address each of these concerns.

National data collected via the interviews with Part C Coordinators illustrates a common theme when it comes to regionalization. Of all the states interviewed, Kansas has the most counties (37) that have local control. Kansas reported that they struggle with the balance between flexibility afforded by local control and ensuring consistency across the state. During Missouri's paradigm shift they reduced their system points of entry from 24 to 10 to allow for better consistency and quality of services to the children and families served by early intervention. Missouri also regionalized their method for delivering technical assistance. Georgia has 18 districts and assigned lead agency representatives to certain parts of the state to take a leadership role within these districts. Evidence provided by the aforementioned states clearly supports the concept of regionalization on some level.

Suggestions for Implementing the Recommendation:

The strengths that Ohio's 88 counties demonstrate at the local level must be recognized as this recommendation is implemented. Counties do an excellent job of identifying and utilizing local funding. Some counties have utilized resources available to develop and disseminate their own educational and public awareness materials. Counties have also demonstrated leadership, initiative and a desire to work towards implementation of evidence-based practices by consulting with national experts to provide county-based training that supports a collaborative team approach for service delivery. Those national experts, as well as Ohio's higher education institutions who were active participants in the stakeholder meeting may be existing resources that could be utilized for the implementation of this recommendation.

An initial strategy for implementing regionalized systems of support would be to engage neighboring counties in planning discussions to provide input for what a system of regionalized supports could look like. It may be that certain counties already share certain resources, suggesting a natural grouping of counties. Information could be collected via a variety of methods including surveys and focus groups. Gathering information on existing strengths and resources across the state and within counties allows for local level input on the decision making process and design of the regionalized systems of support.

In order for this recommendation to be successful there will need to be state level leadership involved in the development and implementation of the regionalized system of support. Implications for practice and professional development described in "*Partnership Patterns: Addressing Emotional Needs in Early Intervention Discussion"* (Brotherson, Summers, Naig, Kyzar, Friend, Epley, Gotto, and Turnbull, 2010), specifies

the importance of administrative support, training, or other means to enable providers to be both available and competent to meet families' emotional needs. State level administrators that are knowledgeable in early intervention could play a key role in the supervision and support of the regions, allowing them to gain a greater understanding of the strengths and challenges that exist in their assigned region. Both Missouri and Georgia have assigned state level staff to specific regions of the state in order to ensure consistency and to enhance understanding of local strengths and challenges.

Feedback from the interviews conducted with Part C Coordinators from other states heavily supports the use of formal agreements that identify clear deliverables as a key component to the implementation of this recommendation. Florida and Georgia identified the lack of formalized agreements as an initial barrier to implementing system change. Ohio's mission and key principles should be embedded within the formalized agreements and each region would receive the same agreement with the same deliverables. Timelines could be established that allow for phasing in change that could occur over a number of years. Regionalized systems of support could use the first year to develop their own plan for meeting deliverables. Implementation plans could be reviewed regularly and modified as needed. Missouri reported the importance of modifying agreements as systems develop and needs change. Agreements could be reviewed on an annual basis and sustainability plans could be developed once the regional systems of support are fully implemented.

Regionalized systems of support would require strong leadership and an agreed upon mission for early intervention to support the delivery of a consistent message and equitable services across regions. Interviews with the Part C Coordinators from Missouri and Georgia identified state and local level leadership skills as essential to successful change within Part C systems. Leadership training for professionals providing regionalized supports would be another important strategy to consider for the implementation of this recommendation.

Related Resources to Support the Recommendation:

- Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008)
- *Future Directions for Ohio's Part C/Early Intervention Program: Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet"* report
- Ohio Help Me Grow Monitoring Manual
- Ohio Professional Development and Training Session Bulletin July 1,2010-June 30, 2011
- NECTAC Technical Assistance Model for Long-Term Systems Change (2009)
- NECTAC Executive Summary: Technical Assistance Model for Long-Term Systems Change (2010)
- Thinking Points: A Synthesis of Ideas about the Change Process (June 2009)

- Components of a Technical Assistance Plan - Adapted from Design Considerations for State TA Systems (2001)
- Framework for Implementation, Sustainability, and Impact (March 2010)
- A Framework for Developing and Sustaining a Part C Finance System (January 2007)
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Recommendation 3: Implement a web-based system that is accessible to a broad group of stakeholders and provides a real time record of child/family characteristics, IFSPs, services, and billing information as well as a centralized provider database for Ohio's Part C system

Intended Outcome:

A secure web-based system accessible to all early intervention stakeholders would allow the Ohio Part C system to adopt efficient practices for documentation, communication, information/resource sharing, monitoring, team collaboration, and training. A more comprehensive central database would assist leadership in their

efforts to collect data on community strengths and challenges, provider recruitment needs, and team development. In addition, enhancing the web-based system would provide the Ohio Part C system with a mechanism for collecting data that could be used to understand service delivery trends over time. This component is essential to support monitoring and quality assurance of the Part C system and any changes Ohio decides to implement. Implementation of this recommendation will also help ensure Part C eligible children receive evidence-based early intervention, have equal access to services regardless of where they reside, and that financial resources are maximized.

Evidence to Support this Recommendation:
National research and data collected through research on other Part C systems support the recommendation for an accessible web-based system. Findings identified in "*NECTAC Technical Assistance Model for Long-Term Systems Change"* (June 2009) indicate that progress must be evaluated and monitored regularly to determine effectiveness of change and to allow for corrections and fine tuning of the plan. An accessible web-based system that provides a real time record would allow for statewide data collection that is essential to monitoring progress and change over time.

In April 2010, *"The Future Directions for Ohio's Part C/Early Intervention Program Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet"* report included a similar recommendation which was to "*create a state-level, centralized, dynamic resource (CDR) of early childhood services and supports that are available to families of young children as well as to EI service providers via live staff and the internet*." The Part C/Early Intervention Workgroup of the Early Childhood Cabinet's recommendation demonstrates the common need for a central database to ensure families have access to quality services regardless of where they reside.

The Ohio Part C early intervention stakeholder survey data also indicates that there are not enough providers and a shortage of "true" teams. A centralized database would be able to document an accurate real-time record of providers across the state which would help identify the true gaps in services and assist future planning and provider recruitment efforts. A centralized provider data system may help identify additional service providers within communities, increasing opportunities for equitable access to services for all children and families. Another concern expressed by survey respondents was a lack of communication between Help Me Grow and early intervention service providers. A centralized provider data system would support ongoing communication and timely information sharing.

Data from the Ohio Part C early intervention stakeholder survey indicates that funding is a concern and an accessible web-based system would be able to track and document service delivery trends that may assist with future planning and financial decisions for the Ohio Part C system. Survey respondents report paperwork as a time consuming and cumbersome part of the process within Ohio's current Part C system. An accessible web-based system that provides a real time record could potentially reduce the time spent on paperwork and administrative activities such as scheduling of appointments. Additionally, a real time record that is accessible to families, service

coordinators, and early interventionists may assist in the facilitation of team communication and collaboration as each team member would have access to the most current record of information at all times.

Data collected during the Interviews with Part C Coordinators from Missouri, Colorado, Florida, Georgia, Kansas, and Pennsylvania indicates that they all have or are moving toward a web-based system that includes a searchable list of providers and a system for data collection, documentation, and dissemination of information. States report that the web based system is used to capture the Individualized Family Service Plan (IFSP) and activities such as teaming, coding of service delivery approaches, and monitoring.

Suggestions for Implementing the Recommendation:
An existing strength for implementing this recommendation is that Ohio has an existing data collection program called Early Track which is accessible to all 88 counties and a statewide Individualized Family Service Plan (IFSP) document format that is utilized by all counties. Additionally, counties have historically collected and shared data with state level administration on children and families served through Ohio's Part C system as well as providers available to serve those families.

Data on the availability of early interventionists in each county was collected and documented on a map titled "The County Board of DD Core Team (w/out SC) availability" (Summer 2010). This map includes the number of full time equivalent Early Intervention Specialists (EIS), Speech-Language Pathologists (SLP), Physical Therapists (PT), and Occupational Therapists (OT) that could be utilized to form complete teams in each county. It should be noted that these potential team members were not necessarily trained in team practices. The methods used to collect information for this resource should be reviewed and considered as potential strategies to assist with the implementation of a central provider database. In addition, the Part C/Early Intervention Workgroup of the Early Childhood Cabinet report included the identification of resources needed and next steps to carry out their recommendation. While their recommendation has a slightly different focus, some of the resources and activities identified by this workgroup may be applicable to the implementation of this recommendation.

In an effort to address provider shortages expressed in the survey responses, Ohio may look to the provider recruitment strategies demonstrated by other Part C systems. Ohio has existing relationships with many universities that prepare early childhood educators, physical therapists, occupational therapists, and speech-language pathologists. Ohio may consider expanding the relationships they have with universities to help market early intervention through them as Arizona's Part C program has done. Arizona's website also indicates that they seek out grant funding to offer a level of loan forgiveness for early interventionists willing to join the Part C system and provide services in under-served areas of the state. Additionally, Arizona offers an incentive through developing a provider pay scale that offers higher rates for services delivered in difficult to serve (or underserved) areas of the state.

A workgroup could be established to evaluate the utility of the current Early Track system, identify additional needs, and develop timelines and activities necessary for implementation of a more comprehensive secure web-based system. The workgroup may want to identify web-based systems and tools being utilized by other states that Ohio could use as a model. Additionally, the workgroup would want to determine the necessary system components such as service delivery, quality assurance, supervision, teaming, and professional development. Missouri cited the importance of a real-time record for the purpose of team collaboration as well as monitoring of the service delivery approach. Most notably, Missouri's Part C leadership highlighted the importance of allowing for adaptations of the web-based system that may be required during the process of implementing systems change. Identification of the skilled professionals and resources to develop and support a web-based system would be another strategy to implement this recommendation. Florida reports that one of their strategies has been to require each region of their state to have a data specialist position as a component within their formalized agreements.

Related Resources to Support the Recommendation:

- Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008)
- *Future Directions for Ohio's Part C/Early Intervention Program: Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet"* report
- The County Board of DD Core Team (w/out SC) availability
- Ohio IFSP
- NECTAC Technical Assistance Model for Long-Term Systems Change (2009)
- NECTAC Executive Summary: Technical Assistance Model for Long-Term Systems Change (2010)
- Thinking Points: A Synthesis of Ideas about the Change Process (June 2009)
- A Framework for Developing and Sustaining a Part C Finance System (January 2007)
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Recommendation 4: Expand current efforts to deliver Ohio Part C early intervention services utilizing a team approach to service delivery statewide

Intended Outcome:
The intended outcome is to build a plan that utilizes the strengths, resources, and knowledge gained from existing local efforts as a foundation for the successful implementation of the US Department of Education, Office of Special Education Program (OSEP) Mission and Key Principles for Providing Early Intervention Services in Natural Environments using a team approach.

Evidence to Support this Recommendation:
Data collected on provider perspectives about the adoption and use of a collaborative consultation approach to service delivery has found that program-level planning, time, training, process and learning supports, and individual experiences are important variables in the changes made by providers and programs over time (Salisbury, Woods, and Copeland, 2009). Additionally, the "*NECTAC Technical Assistance Model for Long-Term System's Change"* (June 2009) identifies the use of a logic model for planning a sequence of change strategies or activities that cumulatively achieves desired multi-level outcomes as a critical characteristic for successful systems change.

The decision to expand on existing efforts to deliver Ohio Part C services utilizing a team approach statewide is supported by data collected through the Ohio Part C early intervention stakeholder survey. Data indicates 82.5% of respondents at least "Somewhat Agreed" and 49% were in "Strong Agreement" of the statement that "family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support."

Survey data gathered from Part C Coordinators from selected states indicates that review of early intervention literature was the most influential reason they began a process of systems change. Additionally, when asked about the approach to service delivery that each Part C system has adopted or is working towards, states reported utilizing a team approach that resembled a consultative approach, coaching, primary service provider, routines based intervention, and/or a combination of all of the approaches. This information illustrates the breadth of evidence based practices that states are incorporating into their service delivery systems.

Suggestions for Implementing the Recommendation:
Ohio must first look to the existing strengths and resources to assist in the implementation of this recommendation. One strength Ohio possesses is that some counties have already started to initiate a team approach to deliver evidence based early intervention within the current Ohio Part C system. This demonstrates a level of support from the local infrastructures to implement such a change in practice. Many lessons and strategies can be learned from the counties that have already established resources and plans to implement a team approach to service delivery.

A suggested strategy would be to identify statewide leaders to facilitate and support the development of a multi-phase plan to implement a team approach to Part C services statewide. "*A state system change plan is most likely to continue and have long-term results if the plan development process is led by more TA staff than state leadership, as long as TA staff does not completely control the development of the plan."* (NECTAC Technical Assistance Model for Long-Term Systems Change, June 2009). An important strategy to determine some of the local level leaders would be to collect and analyze data gathered during the training and implementation of the team approach provided by Dathan Rush and M'Lisa Shelden. Data gathered would help develop an understanding of the strengths, resources, and challenges identified through team activities completed within each participating county.

Once leadership is established the key stakeholders can be expanded upon to ensure representation of all levels of the system (state administrators, higher educators, professional development personnel, local and community agencies, early interventionists/service coordinators, and parents/family members, etc.) from diverse populations across the state. Stakeholders will work together to identify strengths and existing resources to establish a plan for implementation. Ohio may consider looking to the "*NECTAC Technical Assistance Model for Long-Term System Change*" (June 2009) to assist in the development of their plan and subsequent activities.

Data gathered from this study indicates that other Part C systems have allowed local areas to develop, supervise, and support core teams. States reported that core teams typically include the Family, Service Coordinator (SC), Early Intervention Specialist (EIS) or Special Instructor, Speech-Language Pathologist (SLP), Physical Therapist (PT), and Occupational Therapist (OT) and that additional services are accessed via the service coordinator based upon the needs identified by the team. Colorado and Missouri reported that specialized teams have developed based upon needs within a region. These specialized teams include teams devoted to children and families with hearing and vision needs, teams devoted to the provision of Applied Behavioral Analysis (ABA), teams who can meet the needs of linguistically diverse families, and teams that have the skills and knowledge to meet the mental health needs of the child and family. While eight out of 10 states that completed the Part C survey indicated the use of the Ages and Stages Questionnaire: Social Emotional (ASQ:SE) to screen the social emotional domain, none of the states interviewed indicated the use of a mental health professional as part of the core team. Instead, states indicated that matching the skills and knowledge of the practitioner with the needs of the child and family was more critical in meeting the family's needs.

Several states reported numerous strategies to assist in team development. Missouri and Arizona have leveled the rate schedule for the core team members. Providing equal pay for direct services as well as consultative services is another strategy other states have used to promote and support the team approach. In addition, both Missouri and Florida reported an increase in the requirements for Special Instructors/Infant Toddler Developmental Specialists to help bring teams together. National research indicates that a system for personnel development that supports the desired change is

essential for the successful implementation of change in practices (*NECTAC Technical Assistance Model for Long-Term System Change*, *June 2009).* Ohio may consider reviewing the requirements and qualifications for the early intervention specialist and consider partnering with a university based program to offer pre-service and/or required courses as Florida has done.

Another implementation step would be for Ohio to require core training components for all teams that are coordinated and potentially delivered by the regionalized system of support. Components may include training on the Ohio Part C early intervention system, training on natural environments, and required teaming training. Ohio may consider looking to what other states have already developed for team training. Missouri currently has four levels of team training and Georgia reported that they are working on implementing system overview training. Service Coordination training may also need to be reviewed for curriculum updates that support teaming, leadership skills, and delivery of services in natural environments. Professionals carrying out the regionalized system supports and initial teams that assist with the statewide implementation of a team approach may also require additional leadership training.

Ongoing supervision and support will be essential to successful teaming. Teams will need to have an opportunity to meet on a regular basis and have peer to peer consultation time as well as time to reflect on their practice. Missouri and Colorado both report that teams come together formally on a monthly basis. Ohio may consider utilizing federal, state and local resources to fund consultation and team training time as other states have reported this to be their method of funding for consultation. Technology applications such as the use of video, video conferencing, and wiki or blog sites to support teaming communities of practice are additional strategies to consider.

Another strategy would be to monitor state, regional, and local level accomplishments. A system for ongoing evaluation and opportunities for periodic modifications throughout the many phases of implementation will be essential to ensure successful sustained change in practice. Other states reported monitoring their implementation plans every six months and reviewing regional contracts on an annual basis. Ohio may rely on the regionalized system of supports to lead the monitoring and evaluation efforts. Ohio may consider referring to the "*NECTAC Technical Assistance Model for Long-Term Systems Change"* (June 2009) for additional strategies to implement this part of the plan. Missouri reports implementing a coding and tracking system based on service delivery approach for their Family Outcomes Surveys in an effort to evaluate effectiveness of change and impact from the family perspective.

Public awareness activities and materials that deliver a consistent message across the state will need to be developed. Survey data reported the need for public awareness and *"further education regarding early intervention practices within the medical community, day care providers, and families of young children."* Stakeholders who participated in the stakeholder meeting reported that many of the local counties have developed their own public awareness materials to reflect a team approach to early intervention service delivery. The information that has already been developed should

be pooled to establish useful resources to replicate for statewide public awareness materials. Public awareness materials must reflect the mission and key principles and deliver a consistent message about the team approach to service delivery statewide.

A critical component of systems change identified through the interviews with Part C Coordinators was a stakeholder understanding and "buy-in" of the mission, vision, and values of the Part C early intervention system. While all states reported the dissemination of information about the changes was critical they all had their unique way of doing it. A commonality among all states was the importance of a unique identity for their Part C program that was evident throughout the state in all forms of communication with all stakeholders. Developing the agreed upon mission and key principles will help Ohio's Part C program establish its identity. Ensuring the mission and key principles are reflected in all public awareness materials will be essential to maintaining that identity and educating all stakeholders (including referral sources and the medical community). Strategies reported by other states include:

- establishing a logo that identifies the Part C system on all printed materials
- utilization of a website to make announcements, provide evidence and research, and update stakeholders on the progress of implementation
- development and dissemination of newsletters, brochures, and frequently asked questions (FAQs)
- provision of support materials for the local level (e.g. letters describing the change to distribute on the local level to families and stakeholders)
- utilization of technology to disseminate public awareness messages and materials

Related Resources to Support the Recommendation:

- Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008)
- *Future Directions for Ohio's Part C/Early Intervention Program: Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet"* report
- The County Board of MR/DD Core Team (w/out SC) availability
- Moving Towards an Evidence-Based Service Delivery Model for Early Intervention in Ohio: Using Transdisciplinary Teams for Effective Family Support (July 2009)
- The "Method" of Delivering Early Intervention Services: Using Consultation and Trans-disciplinary Teams for Effective Family Support (Bush, May 2008)
- Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008)
- NECTAC Technical Assistance Model for Long-Term Systems Change (2009)
- NECTAC Executive Summary: Technical Assistance Model for Long-Term Systems Change (2010)

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Recommendation 5: Explore and access potential sources of state, local, federal and other funding

Intended Outcome:
All states need to maximize revenues to support their service delivery approach. Without funding for necessary supports and services, families and children are not likely to receive the maximum benefit from intervention. A variety of mechanisms are available to support Part C services and different sources of revenue may be used to finance different aspects of the overall system. Defining system needs and identifying ways to support them will allow Ohio to maximize the financial resources available to the Part C system and may help ensure equitable access across diverse communities.

Evidence to Support this Recommendation:
NECTAC's report, "*A Framework for Developing and Sustaining a Part C Finance System*" (January 2007), emphasizes the importance of establishing partnerships for the sharing of resources and creating a framework that identifies system needs. Routinely reviewing this framework is also a critical component as demographics of the service population and funding parameters may change over time.

The survey of Ohio's stakeholders identified funding as a concern. Respondents said, *"Part C numbers are so high and take so much staff capacity that funding is THE primary local challenge (especially how ODH will divide $ in future between Part C and HV). We can't be everything to everybody with limited resources, and Part C is the mandated population"; and "We are not using Medicaid to provide the match for EI services. Most of the non-HMG services are paid 100% by local levy dollars."*

All states reported using a variety of funding sources to support their Part C system. Identified sources included a variety of state funds, federal Part C funds, local levies, ARRA funds, private insurance, public insurance, charitable funding, and family fees. States also mentioned the importance of working with the state Medicaid agency to develop billing codes and mechanisms for claiming. Surveyed states utilized Medicaid reimbursement to varying degrees. Many claim Medicaid funding for service coordination while others were also claiming for direct services and administration. States varied in their emphasis on accessing private insurance as well. States with more local control often allowed local areas to determine whether or not they access private insurance. Some states had legislation requiring coverage of early intervention services for certain plans while others reported concerns with protecting family resources and allowed families to determine whether or not their private resources could be accessed.

Suggestions for Implementing the Recommendation:

A unique strength of Ohio's Part C system is the substantial amount of local funding contributed to the system. Ohio's lead agency has reported that in June of 2011, a finance workgroup will be convened to explore available funding sources. "*Key stakeholders in any state's Part C system must establish an ongoing finance and resource framework, make a list of funding priorities, and conduct continual examinations of various resources, supports and services that may contribute to a coordinated interagency service system"* (A Framework for Developing and Sustaining a Part C Finance System, NECTAC, 2007).

To begin implementation, it may be helpful to identify which resources are currently being used to finance the totality of services (including administration) provided in the early intervention system. This analysis may allow identification of differential use of certain funding mechanisms. Areas that are underutilizing available funds could then be provided support as to how to access these funds. An analysis of available funds relative to system costs may prove useful as Ohio determines how to support the desired service delivery approach since certain funding streams have restrictions/limitations in how they can be used. While no single approach to supporting teaming and consultation was identified by the states, federal, state, and local dollars are all being accessed.

Another idea would be to explore the possibility of increasing the use of Medicaid funding. Florida cited the importance of funding a position in Medicaid to increase utilization of this resource. NECTAC has resources that describe the variability of states' use of public insurance in Part C systems. Examining this area may allow additional services to be supported through Medicaid and may also help address Ohio's concerns about equitable access to services. Enhanced utilization of Medicaid funding may bring additional system resources to communities that currently have fewer financial resources.

Some states have also worked with legislators to increase the opportunities for maximizing private insurance use while safeguarding families' personal resources.

Discussion about assessing family fees may also be valuable if revenues do not exceed expenses. It is suggested that Ohio access the variety of additional resources related to financing the Part C system that are available through NECTAC and the Infant Toddler Coordinators Association for states that are exploring funding options.

Related Resources to Support the Recommendation:

- Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008)
- *Future Directions for Ohio's Part C/Early Intervention Program: Recommendations from the Part C/Early Intervention Workgroup of the Early Childhood Cabinet"* report
- *Ohio Department of Health EPSDT Feasibility Study: Research of Other States Efforts* completed in June 2006
- NECTAC Technical Assistance Model for Long-Term Systems Change (2009)
- NECTAC Executive Summary: Technical Assistance Model for Long-Term Systems Change (2010)
- A Framework for Developing and Sustaining a Part C Finance System (January 2007)
- Part C System of Payments: Family Cost Participation Executive Summary (October 2003)
- ITCA 2010 Finance Survey (2010)
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Methodology & Findings

In an effort to build on existing research and experiences, internal and external resources were utilized to gather information about the Ohio Part C system and Part C system change that has occurred in other states. Several activities were undertaken to determine key strategies and recommendations for the Ohio Part C system to achieve a paradigm shift that can be sustained over the long-term.

Help Me Grow
Early Intervention Program

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%20Intervention/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 M – Ohio 2016 Early Intervention Trainings

Training Title	Format	Targeted Audience	Corresponding DEC Recommended Practices	How Often Offered?	Objectives
Ages & Stages Questionnaire and Ages & Stages Questionnaire: Social Emotional	Self-study	Any EI professional using this screening tool	**none**	n/a	To understand the purpose of screening in EI and learn to use and interpret the ASQ/ASQ-SE screening tool
Battelle Developmental Inventory	In person	Any service provider who will be using this tool; SCs encouraged	**A3-A11***	Every other month	To learn to use and interpret the BDI and understand its purpose as an evaluation tool in Early Intervention
Bayley-III	In person	Any service provider who will be using this tool; SCs encouraged	**A3-A11***	Every other month	To learn to administer and interpret the Bayley-III and understand its purpose as an evaluation tool in Early Intervention
Child Outcomes Summary	In person	All members of IFSP Team	**F1, F3*, A2, A4*, TC2, TC3, INT1, INT3*, INT4*, INT5***	Determined by TA plans	To understand why outcomes are measured, how to rate and document them, and how to explain outcomes to families
Child Outcomes Summary DaSy Module	Self-Study	All members of IFSP Team	**F1, F3*, A2, A4*, TC2, TC3, INT1, INT3*, INT4*, INT5***	Determined by TA plans	To understand why outcomes are collected, the key features of the COS process, how outcomes are measured, how to identify and document ratings and how to measure progress
Childhood Trauma	In person	Any professional working in EI	**F1, F3***	No active schedule	To understand how trauma is defined, how to assess it in young children and families and how it impacts development
Communication on the Go	In person	Any professional working in the Early Intervention program	**INS1*, INS2*, INS4*, INS5, INS6**	Every six months	To understand the potential impact of visual impairments on communication and motor skills, and learn how to promote these skills in young children
Connection Needed: from Functional Assessment to Functional Outcomes	In person	All members of the IFSP Team	**A1-11*, F2*, F3*, F4, F5, F6*, F7, INS1*, INS2*, INS4*, INS10***	Determined by TA plans	To learn the connection between functional assessment and IFSP outcomes, and to practice rating and writing outcomes
Documentation	In person	All service providers in Early Intervention	**TC2, F2***	Determined by TA plans	To understand why documentation is important, elements required in documentation, and how to write quality case notes

Appendix M – Ohio 2016 Early Intervention Trainings

Training Title	Format	Targeted Audience	Corresponding DEC Recommended Practices	How Often Offered?	Objectives
Evidence-Based Practices Overview	In person		TC1-TC5*, L2, L4, L7, L9, L10, L13, A2, E1-E6*, F1, F3*, F5, F6, F10, INT1-INT5*, INS1-INS11*, INS13*		
Functional Assessment	Facilitated Webinar; converting to self-study	Evaluators and Assessors	A1-A11*, E3*, E4*, F1-F6*	Once a month	To differentiate between evaluation and assessment, learn to prepare for and conduct assessments, and share results with families
Good Lookers	In person	Any EI service provider	INS1-7*, INS13*	No active schedule	To learn about visual impairments in young children and strategies to help them use functional vision optimally
Hands On Literacy	In person	Any EI service provider	INS1-6*, INS13*	No active schedule	To understand how visual impairments impact early literacy, and learn techniques to adapt literacy experiences
Hearing Status Questionnaire	Self-Study	SCs and any EI service provider	F1-F3*	n/a	To learn the purpose of the Hearing Status Questionnaire and how to administer, interpret and explain results to families
Hold Everything	In person	Any EI service provider	INS4*, INS6, INS7	No active schedule	To explore the Active Learning Approach for children with sensory conditions, and using it in learning environments
Home Sweet Home	In person	Any EI service provider; SCs encouraged	INS1*, INS2*, INS4-INS6*	Every six months	To understand how visual impairments impact the home environment and how to adapt for safety and optimal development
IFSP Overview	Self-study	Clinical supervisors, Project Directors, and SCs	L2, L3, L7, L12, L13	n/a	To learn to use the IFSP Form to document evaluation, assessment, need for services, outcomes, and the supports and services needed to meet outcomes
IFSP Outcomes	Facilitated Webinar; converting to self-study	All members of the IFSP Team	A1-A11*, E1*, E4*, E5*, F1-F7*, F9, TC1, TC2, TC4, TC5, TR2*	Once a month Target date July 2016	To understand the process of developing outcomes, identifying strategies and determining services needed to address each outcome.

Appendix M – Ohio 2016 Early Intervention Trainings

Training Title	Format	Targeted Audience	Corresponding DEC Recommended Practices	How Often Offered?	Objectives
Orientation Module 1 (Intro to EI)	Self-study	Any professional new to the EI system	**L2, L7, L9, L10, TC1*, TC5**	n/a	To understand the federal regulations for Part C and Ohio's rules for implementing evidence-based practices
Orientation Module 2 (Mission and Key Principles)	Self-study	Any professional new to the EI system	**L2, L7, L9, A4*, E1*, E6*, F5*, F6*, TC5, TR1, TR2***	n/a	To improve understanding of Ohio's mission and the seven key principles of Early Intervention
Playful Parenting	In person	Any professional working in EI; SCs encouraged	**E1*, E3*, E4*, E6*, F3*, INS1*, INS2*, INS4*, INS7**	Every six months	To explore resources and creative play ideas for families of children with visual impairments
Principles of Service Coordination	In person	SCs and any professional working in the EI system	**L1, L3, L6, L10, L13, A1*, A2*, F1-F3*, F10, TC1-TC5*, TR1, TR2***	Once a month	To learn the federal law and state rule for service coordination and the responsibilities of a service coordinator
Reflective Supervision	In person	SC Supervisors	**L1, L10, L13, L14, TC3**		To understand the Supervisor's role and responsibilities and learn techniques for relationship-based supervision
Routines-Based Interview (RBI)	In person	Any EI professional who will be using this tool	**A1-A11*, E1-E6*, F1-F7*, TC1***	Determined by TA plans	To learn how to administer and use the RBI as an assessment tool, and to explore interviewing techniques and eco-mapping.
Section VI	In person	All members of the IFSP Team	**INS1-INS5*, INS10*, INS13*, F1-F3*, E1-E6***	Determined by TA plans	To build confidence in and practice determining frequency and intensity of Early Intervention services
Social Emotional Development in Infants and Toddlers	In person OR self-study		**INT1, INT2, A8***	In person: every three months	To understand typical and atypical social-emotional development, learn to assess social-emotional function, and understand the importance of high-quality caregiver relationships
Training Institute	In person	Any professional working in the EI system	**L1, L7, L10, F1**	Every other month	To become familiar with Early Intervention and Home Visiting in the context of culture, safety and boundaries
Understanding Visual Impairments in Early Childhood	Self-study	Any professional working in the EI system	**L14, E3-E6***	n/a	To understand the basics of visual impairments in early childhood and how they impact development

Appendix M – Ohio 2016 Early Intervention Trainings

Training Title	Format	Targeted Audience	Corresponding DEC Recommended Practices	How Often Offered?	Objectives
Vision: Taking a Look	Self-study	SCs and any other professional working in the EI system	**L14, E3-E6***	n/a	To learn how to administer the Vision Status Questionnaire, explain results to parents, and when to refer a child for further vision evaluation
What is Special Instruction?	In person	Any professional working in the EI system	**INS1-INS10*, INS13*, E1-E6*, F3-F5***	Determined by TA plans	To understand the meaning of Special Instruction in Early Intervention, who provides Special Instruction and when, and what it looks like in practice

* Indicates one of the DEC Recommended Practices that align with our SIMR of *substantially increasing the rate of growth for infants and toddlers who IFSPs who demonstrate improved acquisition and use of knowledge and skills*.

Project: Transitions – Help Me Grow Early Intervention Program

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February 18, 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 19, 2013

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)

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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

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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.