Table of Contents

Phase I Updates

During the initial Phase II work, Ohio determined that restructuring the originally-identified improvement strategies would be advantageous to implementation. Ohio identified the following five improvement strategy areas in Phase I, consistent with the strands of action in the Phase I Theory of Action:

- Improve data quality and increasing use of and access to data
- Ensure consistent and cohesive monitoring and accountability
- Implement fiscal diversification
- Enhance professional development
- Increase family engagement

Though all of the concepts that formed the improvement strategies identified in Phase I are vital to improving acquisition and use of knowledge and skills for children in Early Intervention, several overlapping concepts and common themes among the different strands clearly emerged throughout the Phase II work. To streamline efforts and align with these common themes, the improvement strategies were reorganized as follows:

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

The root causes identified in Phase I included: 1) Child acquisition and use of knowledge and skills is not captured in the child assessment; 2) The IFSP team frequently does not know how to develop high quality IFSP outcomes around acquisition and use of knowledge and skills, or access the EI service which best addresses the IFSP outcome. The three realigned strategies directly address these root causes. As identified in several of the work groups formed for Phase II work, improving engagement and communication with the field is fundamentally important on its own, but will be essential in implementing the three strategies, as well.   The intent of the original strategies is still intact, and concepts from all five are interwoven among the three strategies that will guide Ohio's SSIP work going forward. See the realigned Theory of Action (Appendix A) for a more detailed representation of how the original strands of action and other ideas and activities are still relevant and included within the new structure.

Component #1: Infrastructure Development

1(a) Infrastructure Improvements

Specific Improvement Strategies

In order to improve the state infrastructure, Ohio will update and create consistent and clearly articulated rules, forms, reports, trainings, processes, and procedures, as well as tools for analyzing progress and needed changes. Strategies will be implemented to improve the quality of child and family assessments and the subsequent development of meaningful initial and exit COS Statements; improve the quality of IFSP outcomes to address family priorities related to child's acquisition and use of knowledge and skills; and increase access to and delivery of needed evidence-based services to address the agreed-upon IFSP outcomes. Improving communication with the field and increasing engagement with families will be integral in implementing each of these strategies. Improvement of acquisition and use of knowledge and skills will occur as a result of collective development among several infrastructure systems, including accountability/monitoring; data; fiscal; governance; professional development; quality standards; and technical assistance.

To facilitate an increased understanding of the of the child and family assessment process and ultimately increased accuracy in recording Child Outcomes data, Ohio will continue to identify strengths and weaknesses within the child and family assessment process, specifically regarding the extent to which assessment information informs child outcome statements about the child's acquisition and use of knowledge and skills. The state will create a report to provide local programs access to COS data that they can utilize at any time. Additionally, the state will clarify expectations about the minimum information that should be obtained and recorded while conducting a child and family assessment, with an emphasis on family priorities regarding acquisition and use of knowledge and skills. COS training content will be revised, with a particular focus on ensuring COS statements are meaningful and derived from child and family assessment information, as well as recorded accurately on the IFSP form and in the state's data system (Early Track).

In order to improve the quality of IFSP outcomes, the state and local programs will examine the extent to which IFSP outcomes related to acquisition and use of knowledge and skills are functional, family-directed, and based upon information gained through the child and family assessment process, as well as individualized to meet the needs of the child and family. Trainings and resources will be developed and/or revised as needed to address quality IFSP outcomes, with an emphasis on engaging the family in the development of IFSP outcomes.

Increasing access to and delivery of needed evidence-based EI services will be an especially important strategy in improving the percentage of children with increased acquisition and use of knowledge and skills in Ohio. The aforementioned strategies, however, are essential to and integrated within improving service delivery. To improve service access, the state and local practitioners will identify gaps in services that impact acquisition and use of knowledge and skills, as well as identify feasible financing options that can be utilized to access these services in order to minimize the gaps. By diversifying its funding streams, Ohio will build a more robust funding infrastructure. The state will evaluate the quality of connections between child and family assessment information, IFSP outcomes, and team-identified services and create or update resources addressing areas of need to improve delivery of evidence-based interventions that address acquisition and use of knowledge and skills.

The specific improvement strategies within Ohio's plan, along with the intended outcomes, and needed activities and steps to achieve those outcomes, are described in depth in the state's Action Plan (Appendix B) and Logic Model (Appendix C). These components are referenced consistently across documents, with the improvement strategies represented by roman numerals, outcomes by capital letters, activities by numbers, and steps by lowercase letters, as follows:

I. Improvement Strategy
    A. Outcome
        1. Activity
            a. Step

Implementing Improvement Strategies

Once the state identifies outstanding issues or areas of weakness and attains, enhances, and develops resources to address needs within the EI system, local programs will have access to essential information, trainings, and technical assistance. Access to additional trainings and resources will contribute to increased knowledge among local programs, practitioners, and families, which will eventually result in improved practice. Additionally, Ohio will better utilize quality improvement strategies (e.g. the Plan, Do, Study, Act (PDSA) rapid cycle improvement approach) to build system capacity and ensure that the quality of resources and processes is routinely examined and improved using data-informed decisions.

With an increased understanding of the Child and Family Assessment process, including conducting a meaningful COS, providers will have an improved ability to conduct thorough, functional child and family assessments. Families will, in turn, have an increased understanding of how to support their child's development related to acquisition and use of knowledge and skills. IFSP teams, with direct involvement of the family, will more completely address information related to a child's acquisition and use of knowledge and skills in comparison to same-aged, typically-developing peers.

As a result of increased training and technical assistance opportunities and access to data, IFSP teams will better be able to write IFSP outcomes that are functional, family-directed, and based on child and family assessments. Families will be fully engaged in the development of activity and routine-based IFSP outcomes which reflect their priorities that impact acquisition and use of knowledge and skills.

Because the state will work to minimize gaps in available EI services, local programs and families will have increased access to each of the federally-mandated EI services. Parents and other caregivers will be engaged as equal IFSP team members in processes leading to and including service delivery. Further, as EI practitioners gain understanding of and competency to deliver evidence-based interventions, outcomes that promote child engagement and support parents in increasing acquisition and use of knowledge and skills for the child will be better and more thoroughly addressed and families will feel confident in their ability to support their child's development.

1(b) Aligning Improvement Plans with Other Early Learning Initiatives

Current Improvement Plans and Initiatives

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

Governor's Office

The Governor's Office of Early Childhood Education and Development has developed guiding principles for early childhood, as follows: "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."

The guiding principles include a focus on quality by using data to inform decisions; consistency in implementing best practices; resetting the expectations for Early Childhood Education; being transparent about high quality opportunities so parents can make the best decisions for their children; a focus on value, meaning only paying for what works in improving and maintaining health, education, and development; taking a preventative approach; and focusing on long-term care so children with disabilities or life threatening or chronic illnesses have the best opportunities to live a successful and fulfilling life. See Appendix D for full details about these established early childhood guiding principles.

The Early Childhood Advisory Council

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

Race to the Top Early Learning Challenge Grant

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

Significant progress has been made in moving more early learning programs into Ohio's tiered quality rating system. Step Up To Quality (SUTQ), a five-star quality rating and improvement system, recognizes and promotes learning and development programs that meet quality program standards that exceed licensing health and safety regulations. By 2020, all publicly funded child care programs will be required to achieve a "high quality" rating. One of the standards that these programs must meet to achieve a rating of three stars or higher is to "ensure that all children (except school-age children) receive a comprehensive, developmental screening that is valid and reliable within 60 business days of entry into the program and annually thereafter. Necessary referrals are completed within 90 days of identification of need, and the results are formally communicated with families."

Although funding officially ended December 31, 2015, Ohio received a no-cost extension and is continuing the work on targeted projects for another year. Ongoing ELCG activities include the development of an early childhood professional development sustainability plan and the extension of health consultation for early learning programs serving high-needs children (including children with disabilities). The possibility of an integrated data system is also being explored, which would ultimately provide the opportunity to examine outcomes for children across systems and longitudinally throughout their lifetimes.

Help Me Grow Home Visiting and MIECHV
The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supports parents of young children to provide optimal early learning environments, nurturing relationships, and healthy family functioning that, in turn, promote children's physical, social-emotional, and cognitive development. By supporting the positive interaction with children in stable and stimulating environments, the Home Visiting program seeks to create a sturdy foundation for future achievement. As an unprecedented national expansion of home visiting, MIECHV provides target populations with access to evidence-based programs with the goal of making improvements in six benchmark areas: Improvement in maternal and newborn health; Reduction in child injuries, abuse, and neglect; Improved school readiness and achievement; Reduction in crime or domestic violence; Improved family economic self-sufficiency; and Improved coordination and referral for other community resources and supports.

The Help Me Grow Home Visiting (HMG HV) program provides expectant or new parents with the information, support and encouragement they need through a voluntary, high-quality home visiting service. Home Visiting aims to educate at-risk parents with the resources to understand and capitalize on the optimal early years of a child's life. By supporting the positive interaction with children in stable and stimulating environments, the Home Visiting program seeks to create a sturdy foundation for future achievement. Ultimately, this approach is essential to the educational and economic success of Ohio's children and families. The HMG HV program has four central goals: Increase healthy pregnancies; Improve parenting confidence and competence; Increase family connectedness to community and social supports; and Improve child health, development, and readiness. Through shared professional development modules and a common Central Coordination Intake system, EI and Home Visiting are able to make cross referrals easily when professionals identify a potential need.

Early Childhood Comprehensive Systems
Ohio is using the Early Childhood Comprehensive Systems (ECCS) Grant dollars to build infrastructure for assessing existing services, making resources accessible, creating a comprehensive and coordinated set of education materials, and education to the public, including providers of services and decision-makers in the field of early childhood about toxic stress and trauma in early childhood. ODH, with the advice of

the ECAC, is implementing a range of strategies designed to mitigate toxic stress and trauma in infancy and early childhood that support the goals of Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau. This training is available to EI staff to support their work with children and families who have experienced trauma.

Early Head Start

ODH has an MOU with ODE and Head Start that provides a framework for all Head Start programs, school districts and EI service providers in Ohio to develop collaborative and cooperative agreements to serve infants, toddlers, and preschoolers including children of migrant families who are eligible for services under IDEA Part C and B. This framework helps to ensure that Head Start refers appropriate children to EI when there is a developmental concern.

ODH and the Head Start Collaboration Office at ODE are currently in the process of revising the MOU. Additional stakeholders have been invited to provide input in order to expand the scope of the agreement and provide more comprehensive supports to children with special needs.

Aligning and Leveraging Current Improvement Plans and Initiatives

Governor's Office

Specifically regarding children with disabilities, the Governor's Office of Early Childhood Education and Development Guiding Principles includes the following: "Enable children with disabilities, life threatening illness or chronic illness to live with dignity and receive high quality services that will 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." As this is a statewide guiding principle for early childhood in Ohio, it will support alignment among initiatives and improvement plans across the lead agency and the state.

Race to the Top Early Learning Challenge Grant

Through the ELCG, Ohio created a Comprehensive Professional Development System (CPDS), which brought together the lead agencies serving young children to align trainer qualifications and competencies and to support early learning professionals' knowledge and understanding of the content presented in Ohio's Early Learning and Development Standards. A statewide needs assessment identified topic areas where further training was needed. As a result, a module on inclusion was developed by content experts with feedback from state agency leadership. This training is available to early learning providers across the state to enhance their understanding of and confidence in caring for children with special needs.

Early Childhood Mental Health

In an effort to promote healthy social and emotional development and school readiness among children age six and younger, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) will receive $9.1 million in funding that will benefit 75 counties (while continuing to look for providers in the other 13 counties) through the agency's "Whole Child Matters: Early Childhood Mental Health (ECMH) Initiative." The funding calls for the addition of up to 64 mental health consultants who will work with teachers, staff and families of at-risk children from birth to age six in preschools and other early learning

settings. Plans also include establishing a centralized intake process and providing for a small cadre of trainers who will oversee professional development services statewide.

Counselors will work with early learning programs such as childcare, Head Start and preschool to help develop a strong mental health foundation for children in an effort to reduce pre-school expulsions. Services rendered will include on-site interventions and child/family-focused technical assistance to parents, teachers, and staff; resources for parents; training; and professional development. The initiative supports the early identification of children with special needs, aligning with the fundamental concept of EI that intervening early will lead to better outcomes later in life.

Health Consultant Network

Under the ELCG, a network of health consultants was funded to provide statewide training and technical assistance to early learning professionals on health and safety topics. This training has included how to utilize the Ages and Stages Questionnaire (ASQ) and the ASQ:SE, along with guidance on assisting early learning programs with the referral process when staff have concerns about development.

Though the grant has drawn to an end, an interagency group has worked on designing a sustainable model of health consultation going forward. With support from the governor's office and the BUILD initiative, national experts were brought to Ohio to present an overview of successful health consultation programs and best practices. The interagency team is currently finalizing recommendations and looking at the feasibility of including direct services, such as vision and hearing screening, to potentially identify children for further evaluation.

ODH HV & MIECHV

Ohio's State Health Improvement Plan (SHIP) has the priority "Decrease Ohio's infant mortality rate and reduce disparities in birth outcomes." ODH works with the Ohio Collaborative to Prevent Infant Mortality to address Ohio's infant mortality and birth-outcome disparities. Two of the strategic focus areas include Preventing Premature Births and Preventing Birth Defects.

EI and HMG HV are already well-aligned, as both operate under the Help Me Grow brand. These programs, along with MIECHV, share a data system, inclusive of a Central Coordination intake system that processes the referrals into all three of the programs. Staff in these programs make referrals to one another when appropriate, especially in cases of substantiated abuse and neglect or when a developmental screening, administered twice a year in HV, shows a concern about a child's development. At the local level, many of the staff among these programs overlap, as well. As the EI program is transitioning from ODH to DODD, it will soon be housed within a different state agency than HV and MIECHV; however, the programs will both still operate under the Ohio Help Me Grow brand and utilize the same data system, and thus will remain closely aligned.

1(c) Implementing Infrastructure Changes

The Team

For its Phase II work, Ohio first established a state leadership team, comprised of personnel from both the state's Part C Lead Agency, the Ohio Department of Health (ODH), and its partner agency, the Ohio Department of Developmental Disabilities (DODD). Ohio formed work groups for each of the five

strands of action identified in the Theory of Action in Phase I. The majority of the state team consisted of the leaders of each work group, who were chosen to lead the groups based on their particular areas of expertise. In addition to the work group leaders, members of leadership from both ODH and DODD were involved in the planning, information gathering, identification of infrastructure changes needed, writing, and editing of Ohio's Phase II SSIP. See Appendix E for a full list of the state team involved and their roles in Phase II. Within and outside the work groups, the involvement of stakeholders was instrumental in identifying needed infrastructure changes, as described in more detail in section 1(d).

Resources Needed

The most valuable resources needed for implementing infrastructure changes in Ohio's EI system are the people, including not only ODH and DODD staff, but also stakeholders in a vast array of roles within the EI system and others within other state and federal agencies. Data, including those collected via the data system; child records; surveys; and potentially other means, will be a vital resource for each improvement strategy, as well. Several other resources, including sample materials; examples from other states; information from people outside Ohio's EI system; and national modules will be utilized to support the people within the EI system in implementing improvement strategies and improving acquisition and use of knowledge and skills.

Information from the comprehensive review of the evaluation and assessment process conducted by TA, creation of a COS report, examples of assessments and COS from counties, the COS modules, COS materials from other states, and conversations with other state agencies such as the SEA will be helpful in improving the COS process as it relates to acquisition and use of knowledge and skills. Resources used to improve the quality of IFSP outcomes related to acquisition and use of knowledge and skills will include data regarding the quality of IFSP outcomes, the ECTA six-step criteria, monitoring standards, DD council research, currently existing trainings, and examples of how other states are engaging families in the IFSP process. To increase access to and delivery of services to address acquisition and use of knowledge and skills, the state will utilize data to help identify service gaps, information about barriers to service access, data regarding funding sources being accessed locally, a created provider database, information from federal TA groups and other early childhood initiatives, and information about payment and billing options, financing structures, and systems of payment.

See Ohio's Action Plan (Appendix B) and Logic Model (Appendix C) for a comprehensive list of resources that Ohio will utilize to achieve its intended outcomes.

Timelines

By June 2017, the state will revise and develop consistent resources that contain information about increasing acquisition and use of knowledge and skills and ensure that all resources, trainings, and data analyses are readily available to everyone in the EI system. Within the next few years, and no later than June 2019, local programs, practitioners, and families will have a better understanding of the COS process, IFSP outcomes, and delivery of evidence-based interventions and will improve practice to better address the needs of the children and family served in EI in Ohio. In the long term, the increase in knowledge and improvement in practice will ultimately lead to an increase in the percentage of children who demonstrate improved acquisition and use of knowledge and skills.

See Ohio's Action Plan (Appendix B) for more specific details about the timeline for implementing specific activities that will result in infrastructure changes and building capacity.

1(d) Involving Other State Agencies and Stakeholders

Promoting Collaboration with Other State Agencies

Child improvement in the developmental skills that demonstrate acquisition and use of knowledge and skills has the potential to be positively impacted by every person who interacts with and every opportunity that arises for the child. Though the parent and family members are likely to be the people who influence a very young child the most, children have experiences outside of the family circle, including time in child care settings and schools. Therefore it is imperative that the SSIP includes planning with other state agencies, including the SEA, for maximum impact in child outcomes, including those measured through IDEA.

To that end, Ohio will develop outreach materials that may be used by multiple state and local agencies and individuals to explain the purpose and importance of EI services and the role of the parent in supporting child outcomes. Local child welfare (CAPTA), school district, child care, Head Start and Medicaid Managed Care personnel will have a better understanding of EI and be in a position to share information with parents of young children and make informed referrals to EI.

State agencies, sometimes with multiple representatives from multiple offices, also have representatives in diverse capacities within the many EI stakeholder groups. These state agency representatives are the liaisons to their respective departments for any initiative or collaborative activity planned through the stakeholder groups, including those specific to the SSIP process.

Involving Multiple Offices

The state will evaluate common areas of interest for provision of professional development related to supporting acquisition and use of knowledge and skills in conjunction with the state agencies responsible for oversight of early childhood care and education (ODE/preschool, Ohio Head Start Collaboration, ODJFS/Childcare, ODH/Home Visiting). This will be particularly important with the State Education Agency (SEA), for discussion about aligning Early Childhood tool development and training on assessment, outcomes, and interventions leading to increased acquisition and use of knowledge and skills among Parts C and B. The possibility of aligning Part C and B COS data would increase confidence of state agencies, local providers, and parents regarding COS statements and ensure parents experience similar processes in both programs.

Family engagement and parent/family supports are also key to strong EI infrastructure and practices. We have the opportunity through the SSIP to initiate discussions with the Ohio Parent Training and Information Center (The Ohio Coalition for the Education of Children with Disabilities) to provide parent mentoring, supports and advocacy for children under the age of three.

Finally, expanding EI financing will require the active engagement of multiple state agencies/offices, particularly Ohio Department of Medicaid and the Ohio Department of Insurance, as utilization of state and federal Medicaid funds are sought for coverage of EI services. However, all funding options will need to be considered, necessitating conversations with agencies providing services for young children (e.g. ODE operated schools for the blind and deaf).

See the Improvement Plan sections of each Improvement Strategy in Ohio's Action Plan (Appendix B) for specific offices that will be involved in implementing each activity.

Stakeholder Involvement

The lead agency, ODH, is in the midst of implementing several structural changes. A state plan, coordinated through the Office of Health Transformation, has been created to transition Part C/EI lead agency status to DODD on July 1, 2016. During the transition time, ODH and DODD will continue their collaborative planning together, with Ohio's Interagency Coordinating Council (ICC), called the Help Me Grow EI Advisory Council (HMGEIAC) in Ohio, and the larger Ohio EI Stakeholder groups providing continued feedback as we move into the implementation and evaluation of the activities and strategies needed to improve the SIMR. See Appendix F for a full list of members involved with Ohio's HMGEIAC and EI stakeholder groups.

As alluded to previously, much of the information specific to Ohio's Phase II SSIP was gathered through work groups that were formed specifically to address each of the state's five original strands of action identified in Phase I: Improving data quality and increasing use of and access to data; Ensuring consistent and cohesive monitoring and accountability; Implementing fiscal diversification; Enhancing professional development; and Increasing family engagement. To establish the work groups, ODH and DODD widely disseminated applications for participation to stakeholders (Appendix G). While ensuring that each group had participants from a variety of different roles within and outside of the EI system, including family representation on every group, most participants were able to be placed into the group that was their first choice. See Appendix H for a full list of work group participants and their roles within the EI system or state.

Through several work group meetings coordinated by the work group leaders, both via phone/webinar and in person, as well as other communication mechanisms such as e-mail correspondence or one-on-on calls, Ohio received an abundance of invaluable feedback for Phase II of its SSIP. Feedback was elicited from a larger stakeholder group as well, including the HMGEIAC and EI stakeholder group. The work group participants and other stakeholders were critical in identifying the outcomes, activities, steps, and resources needed to implement the state's improvement strategies which ultimately will lead to improvement in the state's chosen SIMR. See Appendix I for a timeline and description of stakeholder involvement in Ohio's Phase II SSIP work.

Component #2: Support for EIS Program and Provider Implementation of Evidence-Based Practices

2(a) Supporting EIS Programs in Providers in Implementing EBPs

Describing Evidence Used

In selecting which evidence-based practices to implement, Ohio largely considered EIS program and provider needs, as determined through multiple discussions that have taken place with stakeholders over the past several years. In Phase I of the SSIP, the state began to define how these discussions could be used in a meaningful way in order to best impact the SIMR. It was determined at that time that weaknesses in the current system could be addressed by enhancing several of the key components of evidence-based practices, including promoting family-centered, team practices; developing IFSP outcomes based on the rich information obtained through the assessment process; developing IFSP outcomes that promote child development within the context of family and community routines and that are strength and interest based; and determining service type to meet outcomes that promote meaningful change in the child's development, or if not, reflective IFSP reviews that show that changes were made for success.

Throughout its SSIP work, Ohio has focused on improving functional assessments and IFSP outcomes related to acquisition of knowledge and use of skills. The Mission and Key Principles[1] continue to inform Ohio's work in EI through its SSIP process, with a particular focus on several key principles that are most linked to improving the quality of functional assessments and IFSP outcomes. These include the fourth principle which states that the EI process "must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs." In order to ensure that the EI process is dynamic and individualized, the functional assessment must be of high quality and the IFSP outcomes must incorporate the information obtained in the functional assessment process so they, too, are individualized to the family. The fifth principle is also emphasized within the state's SSIP. In order to increase children's acquisition of knowledge and use of skills, their IFSP outcomes "must be functional and based on children's and families' needs and family-identified priorities." Finally, the second principle forms the plan's foundation: "All families, with the necessary supports and resources, can enhance their children's learning and development." As it relates to Ohio's SSIP, is the expectation is that every family, when it has the necessary supports and resources, can increase their child's acquisition and use of knowledge and skills. By ensuring access to all needed services and that all families receive a quality functional assessment that will lead to appropriate IFSP outcomes, Ohio will provide families with supports and resources they need.

Considering EIS Program and Provider Needs

The state has been assessing program and provider needs in regard to implementing the Mission and Key Principles since 2010 in response to a number of stakeholder requests which were articulated in the following documents: Future Directions for Ohio's Part C/Early Intervention Program (Appendix J) and the Ohio Implementation Study Recommendations (Appendix K).

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[1] 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)

In 2012, ODH and DODD convened high level meetings to determine how to respond to the multiple stakeholder requests. Using the many articles and web based overviews of materials provided at the time by NECTAC regarding Implementation Science, ODH and DODD considered the accomplishments to date and the needed next steps for implementation of stakeholder recommended activities. In 2013 an operating protocol for working together in the administration of Ohio's EI program was finalized. The activities and timelines were created with extensive stakeholder feedback.

The identified issues that the operating protocol and multi-state agencies were developed to address included the following:

1. Consistent and clear message about the purpose of and process for delivering Early Intervention services
2. Alignment of all EI activities (contract language, messages for public awareness and outreach, referral sources and provider information)
3. Adoption of principles aligned with early intervention science and evidence; adoption of OSEPs Mission and Key Principles for Providing Early Intervention Services in Natural Environments
4. Maintenance of County Board of Developmental Disability (CBDD) commitment to provision of EI services
5. Increased capacity, diversity, and consistency of Early Intervention providers, with a comprehensive workforce development strategy partnering with other early childhood efforts
6. Expansion of Ohio's Comprehensive System of Professional Development (CSPD), addressing 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.

This work laid the ground work for Ohio's SSIP considerations. Providers and EI programs expressed the need for clearer, more consistent guidance as well as quality professional development related to evidence-based EI practices. This lead to the development of Ohio's EI Position Statement (Appendix L), which is reflected in the creation of all PD materials.

The work groups assembled for Ohio's Phase II SSIP work have provided more detailed considerations, all of which continue to build on the original recommendations. Some themes emerged from the various work groups, including improving assessment processes in order to develop more meaningful child outcomes summaries, increasing quality of IFSP outcomes, and increasing access to and delivery of evidence-based interventions, which formed the basis of the SSIP implementation strategies and outcomes. The field desires additional professional development opportunities and expects the availability of PD opportunities that lead to positive child and family outcomes, which is reflected in the activities and steps that will be implemented in the coming years in order to achieve the intended outcomes.

Assessing Readiness and Capacity for Implementation
As noted above, the demand for change was articulated in recommendations from several stakeholder-driven documents.   In 2009 the Ohio Developmental Disability Council (ODDC) took the lead in responding to stakeholder demand and, through a competitive grant, provided the first opportunities for EI team trainings. Over a period of 18 months in 2010 and 2011, almost 30 "core teams," inclusive of a Service Coordinator; Physical Therapist; Occupational Therapist; Speech-Language Pathologist; and Developmental Specialist, completed six months of intensive professional development activities

developed by Dr. Shelden and Dr. Rush, built around the principles and evidence of adult learning, fidelity, and building system capacity.

This professional development focused on the provision of services in natural environments, team decision making, routines based assessments and interventions, building strong foundational skills in practices supported by research, and research to practice guidelines for strength and interest based interventions and adult learning practices (e.g., coaching). These trained teams, also referred to as "early implementers," provided support to other counties who were interested in learning the principles, needed resources or tools, or wanted to explore sharing of limited service providers, especially in rural areas. This grant funded training acted as an integral part of the second stage of implementation, "Installation: Building System Capacity."

The ODDC has continued to promote leadership in EI practices.   This Council has made EI a priority for many years, and has funded additional grants, including one for increasing EI core team access in rural communities and one for the creation of an IFSP outcome evaluation tool through the Ohio State University Center for Excellence. The ODDC has also extended the support of the original county-trained core teams by funding competency drivers and implementation teams. These local leadership teams received additional training and intensive supports provided by Dr. Shelden and Dr. Rush toward fidelity of implementation of evidence-based EI practices as well as supporting other EI systems within their region to change practices for adherence to the Mission and Key Principles.

The state EI infrastructure changes were key to building system capacity, as well. For most of 2014, stakeholders helped to develop a new IFSP form and process that was piloted in ten counties. This revised IFSP, which was required effective January 2015, changed the focus of the inclusion of assessment information from scores to function and descriptions, including child outcomes summaries. DODD took the lead in developing critical foundational resources, including the IFSP guidance document and IFSP training. Meanwhile, DODD was systematically enhancing the skill sets of DODD state TA consultants so that they were ready to develop and provide high quality professional development and technical assistance across the state. Several of the DODD consultants had participated in intensive "master coach" training in April 2015.

The TA consultants also implemented a comprehensive needs assessment in all 88 counties throughout 2015. County EI personnel were given the opportunity to self-evaluate the quality of their child and family assessment, IFSP functional outcome development and subsequent identification of services to meet outcomes. The state team, using a highly individualized approach, helped county personnel in all 88 counties to examine their own self evaluations and determine immediate and long term technical assistance needs. Using this information, as well as input from the HMGEIAC, trainings were developed on evaluation and assessment practices, documentation, quality functional IFSP outcomes, and the COS process.

Finally, contracts have been awarded for the development of six web-based trainings to increase the knowledge and skills necessary to utilize evidence-based practices. These and multiple in-person trainings will be available to both current and future EI providers, thus providing the necessary foundational information about the requirements of Part C of IDEA and evidence-based intervention practices. These efforts are part of the evolution of the state comprehensive system of professional development which is designed to promote EI practices built upon the science of what works for very young children and their families including natural, accessible learning environments; interest based interventions; teaming practices using a primary service provider approach; assessments aligned with

DEC recommended practices; adult learning practices through coaching; and family centered and capacity-building practices.

The recent stakeholder exploration of what steps are needed for the SSIP expanded on both past and current efforts. Now that foundational training and supports are available or in development, the focus can shift to what trainings are needed to specifically address the SIMR, including additional trainings in parent responsiveness and engagement, and interventions and supports that are most likely to impact child acquisition and use of knowledge and skills (e.g., child engagement).

Needed Implementation Drivers

The SSIP will itself be the primary implementation driver, as it will function as the framework for organizing the capacity and infrastructure that influences the successful implementation of Ohio's activities, steps, and improvement strategies, all intended to improve practice within its EI system. The SSIP additionally functions as a piece of the state "implementation, scale up and sustainability plan."

The relationships forged through the ODH/DODD Transition Operating Protocols, as well as the process for engaging stakeholders articulated therein have functioned and will continue to function as organization drivers, as they have established the parameters necessary for the organizational and system environments for effective EI service delivery. ODH has negotiated the appointment of required ICC membership for the HMGEIAC effective July 2015, and an organizational team at ODH and DODD is now jointly responsible for policy decisions and staff supports.

ODH and DODD TA consultants, who have the responsibility for working with local providers in determining needs for training and supports, in collaboration with the SSIP leadership team and the HMGEIAC, will assume the role of leadership drivers. The TA Consultants will participate in six days of comprehensive professional development over the next six months in the skills necessary for assessing local provider fidelity of practice in evidence-based EI practices and the coaching practices necessary for supporting local providers in scaling up in evidence-based EI practices. Finally, the state TA consultants will work closely with state monitoring staff to identify the effectiveness of training and TA in changing practice change at the local level, and ensure that all state communications and supports are consistent, transparent, and focused on identification of supports needed for success in provision of quality and compliant service delivery.

Professional Development and Technical Assistance Support

Identified changes to the state infrastructure include staffing a training development office, giving state staff the skills they need to be fidelity coaches, creating a mechanism to track provider training completion, and developing training that is tiered to address levels of need of entry and experienced EI personnel at the local level.

Ultimately, child acquisition and use of knowledge and skills is most likely to be impacted by the child's access to and interest in stimulating and engaging activities. Primary caregivers, including family members and care providers, are the most likely people to create or enhance these opportunities. Thus, for maximum impact of the state SIMR, it is critical that the interventionists not only have a strong child development background, but have the skills to work with other adults and understand and utilize effective adult learning strategies which promote parent and caregiver responsiveness and child engagement. Of equal importance to addressing the state SIMR is the teams', and ultimately the service coordinators', ability to support family identified needs for beyond the 17 EI services that have an

impact on child development and the child's acquisition and use of knowledge and skills such as nutrition, access to early literacy materials, parent physical and mental health, housing stability, and income security.

Fortunately, the state has already invested heavily in EI provider training in curricula and practices that directly impact the key areas of parent and child engagement and responsiveness; specifically, over 172 EI providers have received training in, and 54 have been certified as, *Responsive Teaching* (Mahoney) and *PLAY* (Solomon) providers. The hundreds of providers trained already in family-centered, capacity-building, and collaborative practices means that the state is more able to focus on high fidelity adoption and implementation.

Use of fidelity checklists, such as the self-assessment checklists developed by ECTA and the DEC leadership practices, will be essential for supporting high fidelity adoption of evidence-based practices. Clarity among state staff across technical assistance, monitoring, and data use and analysis will be imperative.

Support in Scaling up Evidence-Based Practices
Before implementing any new trainings or materials, Ohio will first pilot them with a small number of counties and make revisions based on feedback received. At this time, though, the state intends to make all resources, trainings, and data available for use to the entire state simultaneously. The state will consider the benefit and/or necessity of creating implementation sites in subsequent phases of the SSIP, particularly as continuous quality improvement processes are utilized in ensuring the intermediate and long-term outcomes are met, at which time the state will reconsider whether it makes sense to scale up evidence-based practices.

2(b) Implementing Coherent Improvement Strategies

Communication Strategies
Ohio will utilize multiple approaches to communicate SSIP Phase II and all of the included improvement strategies and activities.   The plan itself will be distributed in its entirety to a wide variety of stakeholders. The final Phase II document, along with all of the appendices, will be sent via e-mail to Ohio's HMGEIAC, EI stakeholder group, and anyone else who participated in the work groups, as well as posted on the Ohio Help Me Grow (HMG) website. A summary of the plan and a link to the posted document will also be included in one of Ohio's EI Program updates, which are distributed on a bi-weekly basis to all of Ohio's EI Contract Managers, Family and Children First Council (FCFC) Coordinators, and Regional Infant Hearing Program (RIHP) project directors.

Identified strengths and weaknesses within the child and family assessment and COS processes, quality of IFSP outcomes, and gaps in needed, evidence-based services will be addressed through technical assistance and monitoring on a county by county basis. A broader approach may be taken if common issues or trends are identified. As revising and creating trainings will be an essential activity among all of the improvement strategies, Ohio will ensure that all trainings are easily accessible via a central portal.

Because delivering evidence-based interventions to address family-identified outcomes will have such a prominent impact on increasing acquisition and use of knowledge and skills of children in EI, Ohio will explore several methods and mechanisms for communicating with the field on this topic. In addition to

the aforementioned communication methods, Ohio will consider hosting topic-specific calls, moderated, web-based case studies, and regional meetings with sectors of the EI field on an established consistent basis.

All materials and resources will be reviewed by multiple people within the state system prior to making them available to the field so that, through all communication methods and mechanisms, Ohio ensures that the entire EI field receives consistent messaging. In order to provide information in a timely manner as well as ensure it is available at any time, the HMG website and bi-weekly EI Program update will continue to be utilized to inform the field about and provide access to all EI resources related to improving acquisition and use of knowledge and skills. This method was used effectively throughout Phase II to keep our stakeholders involved.

Stakeholder Involvement

Work group participants and other stakeholders will continue to be a vital part of Ohio's SSIP work in the transition to the implementation and evaluation phase. Through the first two SSIP phases, Ohio has observed that although any manner in which feedback is acquired from stakeholders is useful, the most rich, valuable information is typically obtained by conducting in-person activities. As such, the state intends to utilize its quarterly HMGEIAC meetings, which are held concurrently with the larger stakeholder group meetings, to conduct activities related to the implementation of SSIP improvement strategies. Additionally, Ohio will work with the HMGEIAC and EI stakeholder group to establish new workgroups around the SSIP strategies as needed, including soliciting involvement from the original SSIP strand workgroups participants.

Addressing Barriers Identified in Phase I

The barriers within the infrastructure that Ohio identified in Phase I will be addressed through the strategies and activities implemented in Phase II and subsequent phases. The primary concern expressed in the data area was a lack of confidence in the quality of Child Outcomes data collected. In regard to the fiscal system, Ohio recognized that the infrastructure is not as robust or well-coordinated with other infrastructure systems as it could be. Within its monitoring and accountability system, Ohio identified a need for increased communication with local programs, including ensuring all materials and messaging are consistent across the program. Within Professional Development, Ohio acknowledged a need for additional training and communication around the entire COS Process.

Data

Ohio has implemented several changes in the COS process to improve data quality. The COS has been integrated into the Child and Family Assessment process and is included as such on the new IFSP form, which was introduced to the field for use in January 2015. At that time, Ohio implemented COS statements as a data collection mechanism in place of the COS form. These statements were integrated into the IFSP and exit processes in Early Track, which will increase the number of children for whom Ohio has Child Outcomes data. To further improve data quality, a COS report will be implemented that will allow both the state and local programs to monitor child outcomes data on a regular basis. The COS training and relevant guidance documents will be revised to include any missing content areas and emphasize the importance of accurate, meaningful COS statements. Finally, the COS process will be included regional trainings specific to data and monitoring.

Fiscal

To advance the fiscal infrastructure, Ohio will continue to identify feasible, cost-effective financing options and opportunities in addition to those which already exist and gather any other needed data for our fiscal work. The state will seek outside expert consultation about financing opportunities from national TA groups as well as other state Part C systems, identify other early childhood initiatives in the state that could be a resource or partner in EI financing, determine the parameters of supplanting funds, and better identify funding sources being accessed at the local level.

Governance

The transition of Part C EI lead agency from ODH to DODD, which was supported by the Governor's Office and the Office of Health Transformation, will establish a more streamlined and consistent approach to the governance of EI in Ohio. The roles of state staff will be more clearly defined and aligned, and the overall functioning of the program will continue to become more efficient and effective, which has already begun to occur with the co-location of staff. Improvements in governance will facilitate development within the other infrastructure areas through a single, state administrative structure.

Monitoring and Accountability

Ohio will continue to move toward a more proactive, supportive monitoring system. Resources and reports will be updated and created. New reports will be developed for compliance indicators to better ensure local programs have access to needed data. Lead agency materials and messaging will be clear and consistent so local programs are always aware of the expectations of the state. Together, the state and local programs will be able to monitor progress on a more regular and collaborative basis to not only address any issues as soon as possible, but also to maximize the opportunity for improvement.

Professional Development

Enhanced professional development will be crucial to increasing knowledge and improving practice among the EI field in Ohio. Training materials and resources will continue to be revised or created to address areas of weakness, expand knowledge, and increase confidence and competence of the EI field, from the state staff, to local program administrators, to service providers, to families, all with a specific emphasis on the implementation of evidence-based practices. Across the EI system, the extent to which child outcomes are addressed within the child and family assessment process will increase, which will lead to better identification of the level of development of the children and priorities of the family, which will lead to higher quality, more individualized outcomes, and will eventually result in better, evidence-based, service provision. See Appendix M for a list of all trainings Ohio will provide in 2016, along with a list of the DEC recommended practices covered within each training.

Quality Standards

In addition to continuing to implement a more supportive, proactive approach to monitoring and other processes, Ohio will also utilize the five agreed-upon 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, and 5) Implementing a change. See the 2014 Help Me Grow Transitions Project (Appendix N) for more details. These principles, functioning as an active implementation framework, will be utilized through feedback loops within each improvement strategy, as the state will assess the extent to which implemented strategies and activities are making an impact and adjust activities and practices as necessary.

Technical Assistance

With the transition of lead agency from ODH to DODD, the technical assistance team is also transitioning from functioning as two separate teams, each responsible for providing technical assistance to all 88 Ohio counties and focused on only certain aspects of the EI program, to one cohesive unit. Each TA consultant is now working with a smaller group of counties regarding all aspects of the EI program, which will allow more thorough, focused TA with each county. The TA team will continue to become better acquainted with the new COS process and all the relevant TA materials. Additionally, they will place a particular emphasis on the COS process and requirements, including addressing any identified areas of weakness in conjunction with the Data and Monitoring team.

Ensuring Personnel/Providers are Trained

State TA consultants have and will continue to utilize training materials developed through ECTA (e.g., COS modules), DEC, and other states (e.g., Virginia), and the state will continue to contract with personnel with content expertise (e.g., Routines Based Interview assessment). Processes for tracking PD participation and evaluating change through objective measures will be put in place (e.g., resources available within the ECTA Center such as the *Planning Guide to Statewide Implementation, Scale-Up and Sustainability of Recommended Practices.*) Because Ohio is fortunate to work closely with the Ohio Center for Autism and Low Incidence (OCALI), a number of free online trainings on characteristics, evidence-based practices, and promising practices in ASD as well as other developmental disabilities are available to EI professionals, as well.

Per the strategies identified in the SSIP, training, monitoring for change, and needed supports will be ongoing activities for child and family assessment and meaningful COS statement development; functional, strength based IFSP outcome development; and access to and delivery of needed evidence-based services that build parent and caregiver confidence and competence, including responsiveness. Because child engagement is so critical in acquisition and use of knowledge and skill development, materials and trainings in that specific area will need to be accessed and/or developed, and will be subsequently offered and eventually required for contractual providers.

Activities and Timelines

The short term-activities for each improvement strategy involve revising, developing, and disseminating resources and increasing access to useful data in order to increase knowledge related to child development as it applies to acquisition and use of knowledge and skills. Within the Child and Family Assessment processes, the state will identify strengths and weaknesses, including those specific to the COS process, and develop resources to help local programs improve these processes. The state will identify the extent to which IFSP outcomes that are related to acquisition and use of knowledge and skills are functional and individualized, and develop tools and resources to address weaknesses identified in these areas. Finally, the state will identify gaps in services that impact acquisition and use of knowledge and skills, and develop resources to evaluate and address the connections between the child and family assessment, IFSP outcomes, and team-identified services and to support providers in delivering quality, evidence-based interventions.

Intermediate activities will include the utilization of resources, tools, data, and trainings to increase knowledge and improve practice among local programs, practitioners, and families regarding the COS process and how to improve acquisition and use of knowledge and skills among children served in EI. Providers will have an increased ability to conduct thorough, functional child assessments that directly

involve the family and completely address information related to acquisition and use of knowledge and skills. Based upon this information, IFSP teams will develop outcomes that better address priorities identified by the family. Additionally, local programs will not only have increased access to funding sources for all EI services, but EI practitioners will also have increased competency to deliver evidence-based interventions that support the family-identified priorities and promote child engagement.

See the Improvement Plan sections of each Improvement Strategy in Ohio's Action Plan (Appendix B) for a comprehensive list and timelines for completion of all activities the state intends to complete.

2(c) Involving Multiple Offices

Supporting EIS Programs
The involvement of many other state agencies will be important in sustaining the implementation of evidence-based practices. Specifically, collaboration with ODE, institutions of higher education, the Ohio Parent Training and Information Center, and the state Department of Administrative Services (DAS) will occur as follows.

The lead agency will be initiating discussions with the SEA to engage higher education in conversations about early childhood coursework. Because lead agencies for both Parts B and C of IDEA have responsibility for reporting COS data, DODD and ODE will discuss coordinated COS trainings. Additionally, the state will initiate discussions with the Ohio Parent Training and Information Center (The Ohio Coalition for the Education of Children with Disabilities) and the regional parent technical assistance center about including supports and services to parents of children under the age of 3 for family engagement and informational supports about EI. A core group of faculty from higher education institutions are eager to participate in shifting practices, beginning with undergraduate programs for early childhood personnel.

Steps will also be initiated with the state DAS to determine how EI professional development may be tracked using the state Learning Management System (LMS), and whether this is a viable alternative or complementary system to the Ohio Professional Network, currently utilized by EI Service Coordinators to track their professional growth and development and gain recognition for their experience, education, credentials, and training.

Ensuring Steps and Activities Occur within Timelines
The Lead Agency will maintain primary responsibility for ensuring all steps and activities occur within the specified timelines. Program area leads are responsible for implementing each activity and the Data and Monitoring team will oversee the Action Plan and timelines, as a whole. However, the lead agency will collaborate and align its work with several other state agencies and initiatives. See the Implementation Plan section for each Improvement Strategy in Ohio's Action Plan (Appendix B) for more details about who is responsible for the implementation of each activity as well as how other state agencies will be involved.

Component #3: Evaluation

3(a) Aligning Evaluation with Theory of Action and other Components of the SSIP

Conducting the Evaluation

The evaluation will be overseen internally by the state's Data and Monitoring team, which currently consists of a Research and Data Administrator, a Monitoring Consultant, and two Researchers. One of the Researchers has overseen the day-to-day activities of Phase II of the SSIP and will continue to do so in subsequent phases. Status updates regarding outcomes, activities, and steps needed to implement Ohio's coherent improvement strategies will be reviewed at the Data and Monitoring team's regularly scheduled monitoring meetings, and more frequently as necessary. Although the Data and Monitoring team will be responsible for tracking activity and outcome progress, other state and local EI staff and stakeholders will be considerably involved in implementing many of the activities, as well as ongoing progress evaluation, and subsequent adjustment of steps and activities as needed.

Identified Inputs, Outputs, and Outcomes

The people at all levels of the EI system will be the most important resource that will be utilized in the implementation of the state's improvement strategies. Additional needed inputs include data and materials already available within the EI system, as well as examples from other states and other agencies and programs within the state. Additionally, the state will utilize technical assistance and resources from national TA centers.

As a result of implementing activities and steps to achieve outcomes, Ohio will have more data regarding Child Outcomes Summaries and other county-identified needs, better guidance and tools, revised and improved trainings and other materials, and enhanced reports to give local programs access to additional and more useful data related to all improvement strategy areas. Additional outputs, financing options, opportunities, and mechanisms, as well as impacts of changes in financing processes, will be identified with the intention of attaining provider availability statewide.

The short-term outcomes for each improvement strategy involve ensuring that local programs, practitioners, and families have access to needed trainings, data, and other resources, which, when utilized, will result in increased knowledge about the assessment and COS processes, IFSP outcomes, and evidence-based EI services. The intermediate outcomes are centered on improving practice so that, as they relate to acquisition and use of knowledge and skills, assessment and COS processes are thorough and meaningful; IFSP outcomes are individualized and based upon family-identified priorities; and evidence-based interventions needed to address identified outcomes are available and delivered. Families will be engaged as equal IFSP team members throughout all of these processes, and will be confident in their ability to support their child's development. The collective result of implementing these changes will lead to an increased percentage of children whose acquisition and use of knowledge and skills improves as a result of the EI program in Ohio, which is Ohio's intended long-term outcome and the ultimate goal of its SSIP.

See Ohio's Logic Model (Appendix C) for a more detailed representation of Ohio's identified measureable inputs, outputs, and outcomes.

Links with the Theory of Action and Other Components of the SSIP

As previously described, each strand of action in Ohio's realigned Theory of Action (Appendix A) corresponds to one of its revised improvement strategies, which are structured to address the root causes identified in Phase I. The Theory of Action provides an overview of the intended outcomes. It provides an illustrative representation of how further identification of issues and development of additional materials and tools at the state level will result in increased access to services and information and thus increased knowledge and improved practice among local programs and providers, which will lead to increased engagement with and confidence of families, which will ultimately produce an increase in the percentage of children served in EI in Ohio who demonstrate improved acquisition and use of knowledge and skills. Because the evaluation questions are designed to assess whether the steps and activities needed to meet the outcomes are completed, and ultimately whether the outcomes are achieved, the Theory of Action broadly reflects all the components included in the evaluation.

3(b) Stakeholder Involvement in Evaluation

Because the HMGEIAC and larger EI stakeholder group, as well as the additional stakeholders recruited to participate the work groups, are diverse in representation of roles within the Ohio's EI system, the same stakeholders were involved throughout the entirety of the Phase II work. See Appendix F and Appendix H, which list the HMGEIAC members and the Phase II work group members, for a full list of Phase II stakeholder representation and their role in EI.

The evaluation questions, performance indicators, data collection methods, and measurements were primarily derived from the specific activities, steps, and resources needed to implement the needed strategies and achieve the intended outcomes. Much of the information gathered to identify the activities, steps, and resources occurred within the work group meetings and other stakeholder meetings, with several opportunities to provide feedback along the way. Because the various stakeholder groups participated extensively in the development of the outcomes and implementation strategies, their contribution to the development of the evaluation was thus instrumental, as well.

As has been the case in the first two phases, the role of Ohio's stakeholders will remain integral moving into the implementation and evaluation phase. Going forward, continuous stakeholder input will be sought at quarterly HMGEIAC meetings, and other times as deemed helpful or necessary. To build system capacity and ensure continuous quality and improvement within processes intended to increase the percentage of children with improved acquisition and use of knowledge and skills, the PDSA rapid cycle improvement approach will be incorporated into each of Ohio's implemented improvement strategies. The expertise of Ohio's diverse array of stakeholders will be vital in evaluating which activities and steps are effective, which need to be tweaked, and which need to be replaced altogether. The stakeholders' knowledge will also be valuable in determining if and how implementation sites should be incorporated to achieve our intended outcomes.

3(c) Data Analysis Methods

Collecting Implementation Data and Measuring Needed Changes

Ohio will gather implementation data from Early Track and child record reviews, as well as other means such as surveys, focus groups, interviews, and other revised or developed tools in order to measure whether each outcome has been achieved. Strengths and weaknesses among processes will be identified; quality of assessments, COS statements, IFSP outcomes, and service delivery will be examined; and information from families, local programs, and providers will be collected. Timelines have been established for implementation of each activity needed to achieve the intended outcomes and data will be collected and analyzed in accordance with these timelines to ensure successful implementation. See the Implementation Plan section for each Improvement Strategy in Ohio's Action Plan (Appendix B) for details about how the state will measure needed changes and more specific information about anticipated timelines for completing each activity. As Ohio's SIMR includes the entire population of children served in EI, data analysis specific to the SIMR will be completed annually as part of the state's APR reporting, and more frequently for monitoring purposes.

Successful Implementation and Demonstrating Effectiveness

As illustrated in Ohio's realigned Theory of Action (Appendix A), implementing the activities needed to achieve the intended outcomes is expected to result in increased: knowledge and improved practice among local programs and providers, access to and delivery of needed evidence-based interventions, engagement with and confidence of families, and ultimately the percentage of children served in EI in Ohio who demonstrate improved acquisition and use of knowledge and skills. Though it will be important to monitor whether weaknesses and difficulties have been identified and whether resources have been developed and made available, as these are necessary foundational activities for implementation, effectiveness will be evaluated by determining the difference in knowledge and change in practice among the EI field. In order to determine whether the professional development opportunities and requirements, monitoring processes, and technical assistance practices have had the intended impact of increasing knowledge and improving practice, Ohio will utilize pre- and post-tests as well as perform quantitative and qualitative analyses of assessments, COS statements, IFSP outcomes, and utilization of services, including funding sources.

Ohio has established a plan to implement activities to achieve the intended outcomes, which will lead to successful implementation of its broad improvement strategies. Effective implementation means that evaluators, assessors, and Service Coordinators have increased knowledge about assessment and COS processes, IFSP outcomes, and evidence-based interventions; COS and assessment processes better involve families and identify family needs; IFSP outcomes are more individualized and family-directed; local programs have more access to services families need; and evidence-based practices are more effectively utilized in delivering interventions. As the eventual desired effect is to substantially increase rate of growth in the percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills, improvement in this area will be the ultimate indication of effectiveness.

The Evaluation Plan section for each Improvement Strategy in Ohio's Action Plan (Appendix B) describes in more detail the measurement and data collection mechanisms that will be utilized and how the state will know each intended outcome was achieved.

3(d) Using Evaluation Data

As the resources, responsible parties, and timelines established for each of the activities identified as needed to meet the intended outcomes differ, frequency of data reviews will vary from activity to activity. Though the Data and Monitoring team will coordinate data reviews and monitor evaluation progress, many other people, including the TA and Training team, fiscal project manager, EI Resource Coordinator, Part C Coordinator, other state agencies, and a wide array of stakeholders will be heavily involved with data reviews of specific activities, as well. Changes in the implementation of all aspects to the plan, including the improvement strategies, will be made systematically utilizing continuous quality improvement processes, as described in more detail subsequently.

Because professional development and technical assistance will be the primary means for increasing knowledge and improving practice, Ohio will continuously assess effectiveness of TA and PD, including the impact on knowledge and practice in these areas. Trainings and resources will be updated to reflect areas where local programs need further guidance and, through data analyses and monitoring processes, the state will identify whether there are targeted TA and training needs among specific local programs.

As stated previously, the PDSA rapid cycle improvement approach will be incorporated into each of Ohio's implemented improvement strategies. Throughout the implementation and evaluation phase, Ohio will build system capacity and ensure continuous quality improvement in processes intended to increase the percentage of children with improved acquisition and use of knowledge and skills. As information is gathered, data are examined and analyzed, resources are developed, and trainings are implemented, if the steps and activities are less effective than anticipated in achieving outcomes and improving results, the state will systematically identify and implement needed modifications. Ohio will involve the HMGEIAC, larger stakeholder group, and other stakeholders representing diverse perspectives in utilizing quality improvement processes to achieve the intended outcomes and especially to increase the percentage of children who demonstrate improved acquisition and use of knowledge and skills.

Technical Assistance and Support

Ohio very much appreciates the continued support of its SSIP TA team. Throughout the first two phases, they have reviewed several drafts, provided countless resources and examples, and offered invaluable feedback via e-mails and conference calls, always in a timely manner. They have been especially helpful throughout Phase II in narrowing our outcomes and activities to only include those expected to have a direct impact on the SIMR and to more clearly define how and where evidence-based practices would be best utilized and implemented within our plan.

As part of its continuous efforts to improve COS data quality, the state implemented a new manner for collecting Child Outcomes data in January 2015. Because the implementation occurred in the middle of the fiscal year, Child Outcomes data for the time period reported in the FFY14 Annual Performance Report (APR) came from two different tools. As such, in addition to seeking guidance from its SSIP TA team regarding SSIP work, Ohio reached out to its OSEP state lead about how to best report data for the Child Outcomes indicators and which children to include. As these data, particularly the Child Outcomes indicator Ohio chose as its SIMR, are vital to the SSIP, guidance in this area was not only helpful for Ohio's Annual Performance Report, but for its SSIP work, as well.

Ohio's TA team will undoubtedly continue to assist the state in addressing barriers to improving results for infants and toddlers with disabilities and their families. Specific barriers the state will likely seek assistance to overcome include ensuring the IFSP team is meaningfully included in the exit COS, talking to parents about the progress of their child when the COS scores show a lack of improvement, and expanding its financing structure to increase access to needed interventions. As a significant piece of implementation involves delivery of evidence-based interventions, additional support in this area will also be vital to achieving the state's intended outcomes. In transitioning to the evaluation phase of the SSIP, Ohio will benefit from additional suggestions about and examples of how to best involve stakeholders in the evaluation process. Finally, as the state continues to move forward with implementing activities, guidance will likely be sought about whether it makes sense to utilize implementation sites, and if so, how best to do so.