

# **Ohio Part C State Systemic Improvement Plan**

## **Phase III, Year 3**

Submitted March 29, 2019

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## Component #1 - Summary of Phase III, Year 3

### 1(a) Theory of Action

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

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

Ohio’s Theory of Action illustrates how, in each of the three improvement strategy areas, further identification of issues and development of additional resources at the state level will result in increased knowledge and improved practice among local programs and providers. These improvements within the local programs will lead to engaged, confident families. Together, these changes will ultimately result in achieving Ohio’s SIMR: ***Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills.*** Over the past several years, Ohio’s Part C program worked through the state-level activities in the Theory of Action and moved toward ensuring the intended results are achieved among local programs and providers, as well as for families. As these short-term and intermediate outcomes are achieved, the state moves closer to achieving its long-term outcome, which is Ohio’s SIMR. See the figure below for further details.

Strands of Action	If Ohio’s Part C program ...	Then local programs and providers...	Then families...	Then ...
<b>Quality of Child and Family Assessments</b>	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...	
<b>Quality of IFSP Outcomes</b>	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.
<b>Access to and Delivery of Needed Services</b>	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...	
	<b>Short-Term</b>	<b>Intermediate</b>	<b>Long-Term</b>	

## 1(b) Coherent Improvement Strategies and Principle Activities

Ohio continued implementing numerous activities over the past year, working toward achieving intermediate outcomes and ultimately, the state's SIMR. See Section 5(a) for a summary of improvements in each infrastructure area. The state remained focused on increasing knowledge and improving practice at the local level, as well as improving equity of access to evidence-based EI services across the state. Specifically, the Department of Developmental Disabilities (DODD):

- Provided additional support around the COS by means of a revised assessment and COS section of the IFSP form, a new COS toolkit, new trainings that incorporated COS content, and individualized support through technical assistance (TA) plans
- Continued to evaluate the quality of IFSP outcomes and ensure local programs have easy access to IFSP outcomes via a report in the data system
- Began to monitor and created additional guidance around implementing the new SOP rule and continued to evaluate other EI financing options
- Continued delivering services via technology to local programs via the pilot with the Southern Ohio Council of Governments (SOCOG) and planning for broader implementation of similar service delivery options in other areas of the state with limited resources
- Performed data analyses regarding the quality of COS and IFSP outcomes data, identified programs in need of additional TA in these areas as well as regarding evidence-based service delivery, and began to update training materials to address identified needs

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

### *New EI Rules*

With Ohio's lead agency transition from the Ohio Department of Health (ODH) to the Ohio Department of Developmental Disabilities (DODD), the ODH EI rules remain in effect for the EI system until DODD promulgates new rules. Over the past two years, DODD has been working extensively with a broad group of stakeholders including representation from local programs, other state agencies, and families, to review and codify EI rules under DODD. The new rules, while undergoing fairly substantial structural changes to consolidate and clarify the material into fewer total rules, are fairly similar in regard to content. Each of the new proposed rules was drafted by DODD, then shared at an EI Advisory Council and Stakeholder meeting with ample opportunity for feedback. Once the input from those stakeholders was incorporated into the draft rule, a work group was formed to discuss additional details and create a polished draft. DODD plans to release all new rules, as well as updated forms, in July 2019. The Data and Monitoring team is collaborating with DODD IT to make the needed changes to the Early Intervention Data System (EIDS) in order for data collection to be consistent with rule. Additionally, the state is providing support to its EI field in the form of facilitated and self-paced webinars, guidance documents, job aids, and in-person trainings to ensure there is a clear understanding of the changes to the rules and how to implement them. (*Improvement Strategies I, II, and III*)

### *New IFSP Form*

All EI forms, including Ohio's IFSP form, are being updated along with the EI rules. DODD's primary intent in revising the IFSP form is to ensure the form is as family friendly as possible while adhering to the IFSP process and federal requirements. In doing so, DODD is consolidating the form to include only

information directly related to the process and important to the family. Separate forms are being created or adapted to collect other information previously captured on the IFSP form. With significant input from the state's stakeholders, Ohio EI is revamping the assessment and IFSP outcomes sections of the IFSP form to help drive a truly authentic assessment process, ultimately leading to more individualized, meaningful IFSP outcomes. DODD is restructuring the child assessment summary section using the three global child outcomes as a way for the assessment teams to summarize the child's current developmental status in a functional way. Specifically, the assessment section will include examples of what types of behaviors to consider regarding each specific measure; separate sub-sections to document the child's strengths and needs in each area; and a list with a checkbox for each COS statement to ensure the exact statement describing the child's functioning is always documented when the COS process is completed. **(Improvement Strategies I and II)**

### **Central Intake in EIDS**

Since 2012, EI and Ohio's Home Visiting programs have utilized a joint Central Intake system responsible for documenting referral information, contacting parents when necessary to confirm interest in the programs, and performing outreach to ensure referral sources across the state are educated about the programs and are making referrals, as appropriate. Prior to the beginning of state fiscal year 2019 (July 2018), all Central Intake data were entered into the ODH data system, Early Track, where EI data were also documented until the new EIDS went live at DODD in September 2017. As of July 2018, ODH began utilizing a new data system for Ohio's Home Visiting program, and from that time forward, all Central Intake information related to Home Visiting has been documented in the new Home Visiting data system and all Central Intake information related to EI has been documented in EIDS. DODD's Data and Monitoring team worked closely with DODD IT in the months prior to July 2018 to ensure the Central Intake function operated smoothly in EIDS. Additionally, DODD added new features related to Central Intake, including new reports as well as the ability to upload documents directly into specific child records. DODD has worked closely with the state's Central Intake vendor this reporting year to answer questions, provide any needed support, and ensure referral data are being entered accurately and timely into EIDS. **(Improvement Strategies I, II, and III)**

### **System of Payment (SOP) Rule Monitoring**

In early 2018, DODD began to monitor the state's new SOP rule, which was implemented in August 2017. The state selected a representative sample of records from each local program and requested documentation related to the SOP rule. DODD staff utilized a tracking sheet to document information from the submitted materials to ensure uniform data collection and objective monitoring. While a small number of local programs needed additional support in some areas, DODD learned that the SOP rule was largely being implemented correctly statewide. Each local program received individualized feedback regarding specific results and ongoing needs, and DODD created a guidance document outlining, step-by-step, how local programs should be completing the state's required SOP form. To ensure local programs were making improvements where needed, DODD repeated this process beginning in November of 2018 and again provided individualized feedback, as needed, to local programs. **(Improvement Strategy III)**

### **Qualitative Analysis of Family Questionnaire Comments**

In order to gain a more comprehensive understanding of families' experiences in Ohio's EI program, and begin to gain an understanding of how well evidence-based practices are being implemented at the local level, DODD research specialists performed a qualitative analysis of comments included on Ohio's 2018 Family Questionnaire. As is typical, the majority of comments received described positive experiences

with EI. More specifically, many families indicated they were grateful for the flexibility in scheduling; that they appreciated receiving services in natural environments (including that children responded better to receiving services in their home or other familiar locations); that the coaching and strategies received to work with their children between sessions were beneficial; that they developed relationships with the EI service coordinators and providers; and that they felt supported by the program as a whole. See Section 5(b) for additional details regarding families' responses to Ohio's 2018 Family Questionnaire. **(Improvement Strategy III)**

### ***EIDS User Group***

DODD formed an EIDS user group this reporting year. The group, comprised of 14 members who have a variety of roles within the EI system, collaborates with DODD regarding any needed changes in the data system as well as any resources related to the data system. This year, the group provided input about the implementation of the Central Intake function in EIDS, a new EIDS role request form, and the changes needed to the data system in order to be consistent with the new EI rules. **(Improvement Strategies I, II, and III)**

### ***SOCOG Pilot***

DODD launched a pilot in July 2016 with the state's SOCOG to establish regional core EI teams to serve six Appalachian counties in the SOCOG and increase access to evidence-based EI services in that area of the state. Through the use of technology and shared resources, the pilot helped to increase access to EI teams and needed services in a rural area of the state where provider availability is limited. As the pilot draws to a close, local programs are working to create sustainability plans to allow families continued access to needed EI providers and services. DODD has also begun a partnership with a Federally Qualified Health Center (FQHC) as a potential way to ensure the continuous, long-term provision of evidence-based EI services in the SOCOG pilot region. Additionally, the state continues to consider how strategies utilized in the SOCOG pilot can be implemented in other areas with limited provider access. **(Improvement Strategy III)**

### ***Professional Development***

In line with Ohio EI's consistently robust professional development system, several professional development opportunities were introduced or continued to be offered throughout the reporting year. A description of some of the primary resources provided and training opportunities offered to Ohio's EI field throughout the reporting year follows.

### ***COS Toolkit***

Sarah Sexton, Associate Director at the Family, Infant and Preschool Program (FIPP) Center for the Advanced Study of Excellence (CASE), created a COS toolkit for Ohio. The toolkit is comprised of information for orienting families to the COS process, including talking points and a sample family participation letter; suggestions regarding how to discuss and determine child outcome ratings, including specific questions to ask in order to do so; a guide for monitoring the COS process, including an explanation as to why we collect COS data and suggestions for analyzing COS data to determine quality, consistency, and stability of the data; and a list of resources to help teams engage in each step of the COS process. DODD posted the toolkit to the EI website in November 2018. In conjunction with the revamped COS section of the IFSP form and continued focus on the COS through TA and professional development, DODD anticipates this toolkit will lead to further improvements in the state's COS data. **(Improvement Strategy I)**

### *Service Coordinator Core Curriculum*

Through the first phase of the Supporting Ohio's Service Coordinators (SOSC) process, Service Coordinators indicated the need for additional training regarding their role. DODD concluded that the one-day training available for Service Coordinators was not sufficient, as effective Service Coordination is the key to a strong EI program. To better support Service Coordinators, DODD built a comprehensive course for Service Coordinators that aligns with Ohio's Early Childhood Core Knowledge and Competencies<sup>1</sup>, Ohio's Mission and Key Principles, and the DEC recommended practices<sup>2</sup> (DEC RPs). The course includes eight separate modules, the first four of which were released as a pilot in February, with several different components and activities in a variety of formats to incorporate all adult learning styles. All new Service Coordinators are required to take the course and have up to two years to do so. To obtain a one-year credential, Service Coordinators must complete eight online trainings, most of which are included in the first module. Once Service Coordinators complete the course and a Service Coordinator skills checklist, they can obtain a five-year credential. In addition to the course, the Ohio Center for Autism and Low Incidence (OCALI) is creating Service Coordinator job aids that are centered around the federally required responsibilities of a Service Coordinator. **(Improvement Strategies I, II, and III)**

### *Supporting Ohio's Service Coordinators Process*

Through three total phases, Ohio will evaluate how Service Coordinators are implementing the federally-mandated Service Coordinator responsibilities via its Supporting Ohio's Service Coordinators (SOSC) process. Last reporting year, DODD completed the bulk of the first phase of the process, which focused on Service Coordinator responsibilities related to parent rights, evaluation and assessment, and the COS process. EI TA consultants identified areas where local programs needed additional information, support, and training regarding these responsibilities, and worked with the local programs to address needs through their TA plans. DODD also contracted with FIPP CASE to develop two new Service Coordinator training modules regarding Service Coordinator duties and capacity building. To assess the effectiveness of the additional training and TA, DODD required Service Coordinators and Service Coordinator supervisors to complete assessments regarding the COS and Parent Rights in early 2019. Results of these assessments, in comparison to assessments completed prior to the first phase of the SOSC process, indicated DODD's TA and training has been successful in addressing concerns and increasing knowledge in these areas.

### *Supporting Ohio's New Service Coordinator Community of Practice*

Launched in December of 2016 and continuing over the past two years, DODD's New Service Coordinator Community of Practice (COP) supports new Ohio EI Service Coordinators by offering them the opportunity to access mentoring, ask questions, and receive informational support around participant-chosen topics. Two advanced credentialed Service Coordinators from local systems, the DODD EI Program Manager, and the DODD EI Training Coordinator facilitate the COP. Topics this reporting year included the role of the Service Coordinator on the team, System of Payments, IFSP outcomes and Transition. Notes from each COP meeting have been posted on Ohio's EI website and are accessible to the entire EI field. **(Improvement Strategies I, II, and III)**

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<sup>1</sup> Ohio's Early Childhood Core Knowledge and Competencies:

<http://earlychildhoodohio.org/resources/pdf/CoreKnowledge.pdf>

<sup>2</sup> DEC Recommended Practices: <http://www.dec-sped.org/dec-recommended-practices>

### *Donuts with Di*

As a supplemental activity to the Functional Assessment course, the EI program manager, along with EI TA consultants, hosts a monthly learning collaborative for Ohio's EI assessors called "Donuts with Di." Each month highlights a different content expert who leads a discussion about typical and atypical development in a specific content area, as well as how to listen, observe, and utilize all available information to determine whether families have a need for early intervention services. Topics this reporting year included Autism, Ecomapping, Hearing, Gathering information through the assessment process, Nutrition, the Opioid Crisis, Prematurity, and Vision. **(Improvement Strategy I)**

### *Evidence-Based EI Course*

The EI TA and Training team is working with DODD Communications to develop a comprehensive evidence-based EI (EBEI) course for Ohio's IFSP teams. The course, which will include content previously covered in a variety of different trainings and presentations, will incorporate multiple training methods including in-person opportunities; self-paced options; online components; facilitated webinars; and job-embedded activities. After piloting the course with two local programs, DODD is in the process of making revisions and plans to make the course available to the field later in the year.

### *Supporting Ohio's Developmental Specialists Stakeholder Workgroup*

DODD's TA and Training team is working with a group of stakeholders including representatives from the Ohio Division for Early Childhood (Ohio DEC); Zero to Three; the Ohio Developmental Disabilities Council; the Ohio Association of County Boards (OACB) of Developmental Disabilities; the Institute of Higher Education (IHE); and practicing Developmental Specialists to define the role of a Developmental Specialist. In defining the role, the group will identify core competencies that are required for high quality special instruction that align with Ohio's Early Childhood Core Knowledge and Competencies and the DEC RPs. DODD will use this workgroup and the identified competencies to inform future Developmental Specialist credentialing rule changes and targeted professional development to support Ohio's Developmental Specialists. **(Improvement Strategy III)**

### *Trauma Informed Care Trainings*

DODD is partnering with Early Childhood Mental Health (ECMH) Consultants of Ohio Mental Health and Addiction Services (OMHAS) to offer 10 regional, in-person trainings on Trauma-Informed Care. These trainings explore the impact of toxic stress on development, responding appropriately to trauma, and using a trauma-informed perspective in working with very young children. Training sessions, which began in September 2018 and will continue through May 2019, are being offered at various locations throughout Ohio. **(Improvement Strategies I, II, and III)**

### *Teaming in Early Intervention Seminar*

This reporting year, DODD offered a 30-hour seminar for Developmental Specialists developed by Dr. Lee Ann Jung. This seminar, Teaming in Early Intervention, provided participants with the tools needed to work collaboratively and effectively both on multidisciplinary teams and with families. Completed at the participants' convenience, the seminar included readings, videos, discussion boards, and job-embedded activities. **(Improvement Strategy III)**

### *Newborn Behavioral Observation Certification Training*

Ohio brought experts from the Brazelton Institute, Boston Children's Hospital at Harvard Medical School, to train evaluators and assessors in Ohio's EI field on the Newborn Behavioral Observation (NBO) tool. The NBO, designed for infants up to three months of age, is an infant-focused, family-centered,



relationship-based tool that includes a set of 18 neurobehavioral observations designed to help the interventionist and parent work together to determine a baby's strengths and needs. The tool helps identify the types of support the infant needs for successful growth and development and helps foster a positive parent-infant relationship. DODD offered three sessions of this training in different areas of the state, training 94 interventionists in total. Upon successful completion of the training, the interventionists became certified to administer the NBO. **(Improvement Strategy I)**

#### *Tough Conversations: Making the Most of Difficult Situations*

Last reporting year, DODD contracted with Robert Gallen, PhD, to create a training designed to support Service Coordinators and service providers in coaching families to effect desired change. Based on the principles of motivational interviewing, this training addressed some of the more challenging situations families face and also included information specific to the challenges IFSP teams encounter while engaging families in conversations regarding the Child Outcomes Summary. Additionally, Dr. Gallen facilitated a three-part series on this topic that began last reporting year and continued into this reporting year. This series covered using motivational interviewing techniques to have difficult conversations including how to use these techniques in COS conversations, followed by face-to-face sessions where participants practiced using motivational interviewing and received feedback and coaching from Dr. Gallen. **(Improvement Strategies I and II)**

#### *Infant and Toddler Development Module*

DODD collaborated with FIPP CASE to develop a module regarding infant and toddler development, released to the field December 2018. The module, which includes videos of children at different ages, helps learners to observe typical and atypical behaviors and skills and includes age anchoring tools and other resources to identify the correct COS statement. Currently, the module is available to the field via the FIPP CASE website, but will be moved to DODD's training portal this summer. All Service Coordinators and Service Coordinator supervisors will be required to take this module with the implementation of the new EI rules. **(Improvement Strategies I, II, and III)**

#### *Parent and Physician Modules*

Ohio previously contracted with the FIPP CASE to develop a series of six self-paced, web-based modules to increase understanding of the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments<sup>3</sup> (EI Mission and Key Principles). The state again contracted with FIPP in late 2016 to create a module for parents that walks families through what they can expect during the entire EI process, including a summary of their rights in EI (Introduction to Early Intervention for Families), and a module for physicians and other referral sources that provides an overview of EI, as well as how and why to make referrals to the program (Early Intervention for Physicians, Referring Agencies, and Other Referral Sources). The release of these modules was delayed, but both web-based modules were finalized and available to the field this reporting year. These resources are intended to reach broader facets of the EI field than previous professional development, providing vital knowledge that is specific to these audiences. **(Improvement Strategies I and II)**

#### *TA and Training Team Reorganization*

While DODD has implemented extensive fundamental professional development opportunities for the EI field in Ohio, the TA and Training Team recognized a need to scale up the state's professional development efforts in order to move beyond theory to best practice. As such, the team was

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<sup>3</sup> Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments: [http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3\\_11\\_08.pdf](http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)

reorganized so that one of the EI consultants primarily focuses on professional development, including analyzing training needs, planning and developing trainings, overseeing credentialing, and conducting outreach with higher education. Responsibilities of this position include taking the lead on developing statewide training content; serving as the content expert regarding the DEC RPs and Service Coordinator and Developmental Specialist credentials; creating resources and developing relationships to strengthen the EI workforce; and being engaged with ODE, higher education, and early childhood organizations. DODD expects these efforts to enhance the ability to deliver the highest quality professional development for the EI field. ***(Improvement Strategies I, II, and III)***

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

For several years, Ohio has been focusing on implementing the seven EI Key Principles and DEC Recommended Practices (DEC RPs). In 2014, ODH and DODD finalized and distributed a position paper (See Appendix B of Ohio's Phase III, Year 1 SSIP Submission) that outlined Ohio's vision for improving its EI system, as informed by the EI Mission and Key Principles, IDEA Part C regulations, and four years of intensive discussions with the state's EI stakeholders. Additionally, core teams across the state have completed training on the primary service provider (PSP) approach to teaming, as well as six months of professional development activities developed by Drs. M'Lisa Shelden and Dathan Rush, built around the principles of adult learning, fidelity, and building system capacity. EI TA consultants are providing ongoing support in these areas, as well. Finally, Ohio's EI Program Manager, EI Program Consultants, and EI Resource Coordinator have become certified fidelity coaches over the past two years or are in the final stages of doing so.

Ohio remains focused on the EI Key Principles and DEC RPs, and continues to utilize its SSIP work to advance its EI system as a whole, as well as refine the specific practices within its SSIP work that will be most impactful in improving its SIMR area. Ohio has begun implementation of EBPs related to each improvement strategy, and will continue to do so until practices are being implemented to fidelity statewide. DEC RPs directly related to Ohio's SSIP work include the following:

- **RP A6** - Use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life
- **RP A7** - Obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community
- **RP F3** – Practitioners are responsive to the family's concerns, priorities, and changing life circumstances
- **RP F4** - Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs
- **RP F7** - Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals
- **RP TC2** - Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions
- **RP TC5** - Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs

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

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

Ohio's primary evaluation activities over the past year were focused on data analyses related to intermediate outcomes. DODD again utilized data, both quantitative and qualitative, to determine how well each local program was implementing the functional assessment process. DODD used data from its annual family questionnaire to measure families' understanding of and ability to support their child's strengths, needs, and functioning related to acquisition and use of knowledge and skills. Additionally, DODD utilized data extracted from EIDS to create a sample of outcomes added to IFSPs between January and June 2017. Like last year, DODD staff recorded whether the outcomes met each of the ECTA six-step criteria included in the Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package<sup>4</sup>. Finally, local programs self-reported data regarding the availability of each EI service within their local program. See Section 3(a) for additional details about measures used for each intermediate outcome and the results of ongoing analyses.

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

As described above, Ohio's SSIP work remains focused on the same improvement strategies that were realigned in Phase II, which include the following: (I) Increasing the quality of child and family assessments to develop meaningful initial and exit COS statements; (II) Improving the quality of IFSP outcomes to address family priorities related to the child's acquisition and use of knowledge and skills; and (III) Increasing access to and delivery of needed evidence-based services. The implementation and evaluation of Ohio's SSIP continues with only minor adjustments to activities and data collection.

Ohio has not implemented a revised COS-specific training or required Service Coordinators and evaluators to complete the COS training, which were activities identified as needed to meet short-term and intermediate outcomes. Instead, DODD has identified and addressed COS training needs in a variety of other manners. Through the SOSC process, data analyses, and standard record reviews, EI staff identified areas in which local programs needed extra resources and support regarding the COS. DODD continued to promote the use of the DaSy COS modules; developed an orientation module regarding infant and toddler development with an associated competency of identifying the correct COS statement; incorporated activities related to the COS into local programs' TA plans, as needed; further revised the COS section of the IFSP to help IFSP teams better understand the COS process and complete more accurate ratings; and released a COS toolkit to help teams discuss and complete the COS process, including engaging families, as well as to help local programs monitor COS data. Additionally, some of the intermediate activities related to the use of Medicaid are still on hold due to the current uncertainties regarding national healthcare and Medicaid. Section 2(a) includes additional details regarding the status of ongoing activities needed to meet intermediate outcomes.

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<sup>4</sup> Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package:  
<http://ectacenter.org/knowledgepath/ifspoutcomes-iepgoals/ifspoutcomes-iepgoals.asp>

With respect to ongoing data, Ohio resumed data collection and analyses for the intermediate outcome regarding availability of EI services, which had been put on hold the previous reporting year as DODD focused on ensuring the state's new SOP rule was completely understood and fully implemented. Additionally, while activities related to practitioner use of EBPs to promote child engagement and independence began in July of 2017, and continued throughout this reporting year, Ohio decided to eliminate this as a standalone outcome measure. DODD will continue to focus on strengthening functional assessments and improving quality of IFSP outcomes. Improvement in these areas is a necessary prerequisite of and will lead to improvement at the practitioner level, ultimately resulting in better outcomes for families.

## Component #2 - Progress in Implementing the SSIP

### 2(a) Implementation Progress

#### *Ongoing Activities Needed to Meet Intermediate Outcomes*

Over the past two reporting years, Ohio completed several outstanding steps and activities needed to achieve the state’s short-term and intermediate outcomes and made significant progress toward achieving others. The tables that follow include a description of the progress made regarding each of the steps and activities reported on but not completed during the previous reporting years, as well as steps and activities that began throughout this reporting year.

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

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

Needed Steps	Details	Status
(c) Discuss with Ohio Department of Education (ODE) aligning Early Childhood tool development and training on assessment, outcomes and interventions	<p>While developing a document to outline the responsibilities of EI programs and Local Education agencies in the transition from Part C to Part B, DODD and ODE began to discuss discrepancies between and potential alignment of COS scores at exit from EI and entry into preschool.</p> <p>Additionally, with the reorganization of the TA and Training team, one of the TA consultants has the primary responsibility of overseeing EI professional development efforts, including collaboration with ODE, higher education, and early childhood organizations.</p>	Complete

**Activity (I)(B)(1)** *Service Coordinators and assessors, at a minimum, will be trained on the child and family assessment requirements and the COS process*

Needed Steps	Details	Status
(b) Include guidance about what types of information should be entered on the IFSP that can be easily translated to the COS statements chosen in the data system	<p>When the new EI rules and forms are implemented, the COS will continue to be integrated into the IFSP form. The assessment section of the form was edited to place additional emphasis on child outcomes, including adding a list of the specific COS statements with check boxes. DODD also created a standalone COS page to capture COS ratings completed any time other than an annual IFSP, which will be particularly beneficial in capturing Exit COS statements.</p> <p>In addition to the changes to the IFSP form, Sarah Sexton of FIPP CASE created a Child Outcomes toolkit made available to the EI field in November 2018.</p>	Complete

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

Needed Steps	Details	Status
<p><b>(a)</b> 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</p>	<p>COS data quality has been a focus in Ohio for several years. In 2015, COS data collection was integrated into the assessment section of Ohio's (at the time) new IFSP form, which included an updated manner for collecting COS data. For the first few years, data quality analyses broadly focused on completeness of data and general accuracy of ratings.</p> <p>Now that the new COS process has been in place for several years, and most children have had both entry and exit COS ratings completed using the new method, Ohio has begun to dig deeper into and more narrowly focus on the quality of COS data. Using methods similar to those used by OSEP for state determinations, DODD completed several data quality analyses at the county level for its SFY18 COS data, and plans to continue doing so each year, providing feedback to local programs as relevant and necessary.</p>	<p><b>Ongoing</b></p>
<p><b>(b)</b> Identify programs in need of TA to improve COS data quality</p>	<p>In January 2017, the EI TA Consultants began implementing the SOSC process to identify local programs' strengths and challenges in regard to the ten mandated Service Coordinator responsibilities. The first phase included examining Service Coordinator responsibilities related to the COS, which helped DODD to identify local programs in need of additional TA to improve the facilitation of the COS process. Activities related to improving the COS process were added to local programs' TA plans as needed. DODD will continue to identify and address any COS-related needs at the local level going forward.</p>	<p><b>Ongoing</b></p>
<p><b>(c)</b> Update all training materials and resources as necessary</p>	<p>DODD continued to promote use of the DaSy COS modules; offered the NBO certification training; continued to cover a variety of topics via "Donuts with Di" as a supplemental activity to the Functional Assessment course; developed an orientation module regarding infant and toddler development with an associated competency of identifying the correct COS statement; again revised the COS section of the IFSP to help IFSP teams better understand the COS process and complete more accurate ratings; and released a COS toolkit to help teams discuss and complete the COS process, including engaging families, as well as to help local programs monitor COS data.</p>	<p><b>Ongoing</b></p>

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

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

Needed Steps	Details	Status
<p><b>(a)</b> Add/modify data collection mechanisms around IFSP outcomes to ensure complete/accurate data are available to analyze</p>	<p>DODD began collecting IFSP outcomes in the EI data system in January 2015. Over the past several years, continual guidance has been provided to ensure local programs are entering IFSP outcomes into the data system exactly as they are entered on the physical IFSP. A report that includes IFSP outcomes was added to the EI data system in September 2016, so local programs have had easy access to extract IFSP outcomes for all children since then. Additionally, as one of the intermediate outcomes measures, DODD has rated a representative sample of outcomes using the ECTA six-step criteria, as well as to determine whether the outcomes are related to acquisition and use of knowledge and skills, each of the last three years. Results of these ratings have been shared with the EI team, and technical assistance is provided to local programs as necessary.</p>	<p><b>Complete</b></p>

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

Needed Steps	Details	Status
<p><b>(a)</b> Link data and perform analyses to compare collected COS statements to IFSP outcomes, Family Questionnaire responses, etc.</p>	<p>Due to discrepancies in the timeframes for which data related to COS statements, IFSP outcomes, and Family Questionnaires were collected, individual child data could not be linked. Instead, overall county COS results were compared to IFSP outcomes and family questionnaire responses, neither of which produced significant correlations. Additionally, Ohio examined the completeness and validity of COS data using methods similar to what OSEP uses for state determinations. DODD will continue to examine the quality of COS data, including linking COS data to other relevant program data, going forward.</p>	<p><b>Ongoing</b></p>

Needed Steps	Details	Status
<b>(b)</b> Create an IFSP outcomes report where the state and local programs can access IFSP outcomes in one place for ongoing monitoring	A report that includes IFSP outcomes was added to the EI data system in September 2016, so local programs have had the ability to extract IFSP outcomes for all children they serve since then. DODD monitors these data by rating a sample of outcomes using the six-step criteria, examining whether outcomes are related to each of the COS areas, and determining whether outcomes are meeting family needs.	<b>Complete</b>
<b>(c)</b> Identify additional training needs around outcome development	Through the annual review and rating of a representative sample of IFSP outcomes, DODD identifies broad training needs related to outcome development. The EI TA consultants identify training needs more narrowly at the local level as they interact with counties and review records through typical TA processes. Additionally, DODD facilitates a Community of Practice for new Service Coordinators which was first launched in 2017. Both cohorts involved in this COP so far have selected IFSP outcomes as a topic and have received training on developing functional outcomes.	<b>Ongoing</b>
<b>(d)</b> Consistently apply standards across state teams regarding determining quality of IFSP outcomes related to acquisition and use of knowledge and skills	The state continues to utilize the ECTA six-step criteria to evaluate the quality of IFSP outcomes, including those related to acquisition and use of knowledge and skills, both in analyzing SSIP data and on an ongoing basis. Additionally, DODD continues to utilize ECTA's Developing High Quality, Functional IFSP Outcomes and IEP Goals Training package in providing TA to local programs.	<b>Ongoing</b>

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

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

Needed Steps	Details	Status
<b>(c)</b> Develop interagency agreement (IAA) to reflect decisions	DODD and the Ohio Department of Medicaid (ODM) worked through the OSEP Methods checklist to create an operating protocol between the agencies that reflects the checklist requirements. The IAA was complete as of July 2018.	<b>Complete</b>
<b>(d)</b> Identify other statewide early childhood initiatives that could be a resource or partner in EI financing	DODD has explored the better integration of Early Head Start services on children's IFSPs where appropriate.	<b>Complete</b>



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

Needed Steps	Details	Status
<b>(c)</b> Initiate conversations with higher education about incorporation of EBEI for supporting acquisition and use of knowledge and skills	With the reorganization of the EI TA team, engaging with higher education has become more of a focus, along with scaling up professional development more broadly. Additionally, DODD is including higher education representation on the workgroup regarding the upcoming process to support Developmental Specialists.	<b>Ongoing</b>
<b>(d)</b> Examine how and when evidence-based EI services may be provided virtually	Through the SOCOG pilot, the provision of evidence-based EI services via technology to participating local programs has increased. As the SOCOG pilot comes to a close, local programs are working to ensure they have access to EI teams and the delivery of needed services going forward.  DODD has begun a partnership with a FQHC as a potential way to ensure the longer-term stability of providing evidence-based EI services in the SOCOG pilot region. A DODD contractor is also successfully providing EI services to a 55 county region using technology and participating in teaming via technology.	<b>Ongoing</b>

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

Needed Steps	Details	Status
<b>(a)</b> Identify programs in need of TA to improve evidence-based service delivery	The SOSC process provided insight into local programs' TA and training needs around evidence-based practices from the lens of the Service Coordinator and Service Coordinator supervisor. Additionally, DODD is working with a group of stakeholders to define the role of the DS and identify core competencies that are required for high quality special instruction.	<b>Ongoing</b>
<b>(b)</b> Update all training materials and resources as necessary	The TA and Training Team is working with the DODD Communications Team to build a comprehensive EBEI course. This course will incorporate multiple training methods including in-person opportunities; self-paced, online components; facilitated webinars; and job-embedded activities.	<b>Ongoing</b>

### Outputs Accomplished

Ohio accomplished numerous outputs over the last year as a result of the implementation of the previously-described activities in each improvement strategy area. See the table below for a list of outputs that resulted as Ohio has worked toward achieving its intended outcomes over the past year.

Improvement Strategy	Outputs
<p><b>(I)</b> Increase the quality of child and family assessments to develop meaningful initial and exit COS Statements</p>	<ul style="list-style-type: none"> <li>• Ongoing data reflecting quality of functional assessments</li> <li>• Ongoing data from families reflecting their understanding of their child’s strengths, needs, and functioning</li> <li>• Ongoing data reflecting the frequency with which IFSP outcomes address each child outcome area</li> <li>• Revised COS section of the IFSP, including standalone COS ratings page</li> <li>• Infant and Toddler Development module</li> <li>• COS toolkit</li> <li>• Data reflecting the quality of COS ratings</li> <li>• Data reflecting the relationship between COS and other EI program data</li> <li>• NBO Certification Training</li> </ul>
<p><b>(II)</b> Improve the quality of IFSP outcomes to address family priorities related to child’s acquisition of knowledge and skills</p>	<ul style="list-style-type: none"> <li>• Ongoing data reflecting quality of IFSP outcomes</li> <li>• Revised IFSP form</li> </ul>
<p><b>(III)</b> Increase access to and delivery of needed evidence-based services</p>	<ul style="list-style-type: none"> <li>• Data reflecting the availability of EI services in each local program</li> <li>• Ongoing data from families reflecting their understanding of their child’s strengths, needs, and functioning</li> <li>• Data regarding how well local programs are following the SOP rule</li> <li>• IAA between DODD and ODM that reflects the OSEP Methods checklist</li> <li>• Additional SOP guidance</li> <li>• Trauma Informed Care Trainings</li> <li>• Teaming in Early Intervention Seminar</li> </ul>

## 2(b) Stakeholder Involvement in SSIP Implementation

### EI Advisory Council and Stakeholder Group

As was done previous years, DODD provided updates to Ohio’s EI Advisory Council and Stakeholder Group (the state’s ICC plus a broader stakeholder group) regarding the implementation of activities and status of outcomes that are part of the SSIP at each of its quarterly meetings. Moreover, stakeholders were offered and took advantage of the opportunity to provide meaningful input regarding the SSIP. Throughout the year, DODD provided updates to the group and sought feedback regarding several initiatives related to the SSIP, including the evidence-based EI modules; new EI rules and forms;

documentation training; Service Coordinator Curriculum; NBO scale; Transition document; formation of a workgroup to support Developmental Specialists; and the reorganization of the TA and training team. Additionally, members of the EI Advisory Council and stakeholder group participated in several SSIP-related activities, including those regarding the new EI rules; the IFSP form; the Service Coordinator Curriculum; and the quality of Child Outcomes data, and provided helpful feedback regarding all of these projects and initiatives.

### *EI Program Updates Newsletter*

Ohio communicates with and seeks feedback from its EI stakeholders more broadly through a newsletter compiled and sent by the Part C Coordinator every other week. These newsletters include information about guidance, resources and materials, trainings, monitoring processes, the data system, and other important updates within the EI system in Ohio. In addition, feedback is frequently sought from the field about implementation of new initiatives or proposed program changes. After completing and submitting Phase III, Year 2 of the SSIP, Ohio provided a detailed summary of the progress made over the course of the year in the newsletter, as well as a description of all the outcomes the state intended to achieve over the next several years. Since then, this newsletter has been utilized to inform the field about various implementation activities and resources related to the SSIP. The newsletter is designed primarily for local EI Contract Managers and Family and Children First Council (FCFC) coordinators, but other EI stakeholders, such as interventionists and county board superintendents, have also subscribed to the newsletter. More than 2,600 people receive this communication and all newsletters are posted and archived on the EI website, as well.

### *Other Stakeholder Involvement and Feedback*

In addition to actively engaging the EI Advisory Council and Stakeholder Group and more broadly informing and seeking input from the EI field about SSIP-related resources and accomplishments via the bi-weekly newsletter, DODD also continued to receive meaningful feedback from groups of stakeholders regarding the ongoing implementation of the SSIP as needed. Specifically, a large group of diverse stakeholders participated in a workgroup to design the new IFSP form, participating in multiple in-person meetings as well as ongoing conversations via DODD's online forum, LoopOhio. Stakeholders provided feedback regarding how to make the form more useful for families and provided suggestions about how to better capture assessment data. Several local programs also participated in a pilot using the new IFSP form and provided feedback that was incredibly helpful in fine-tuning the form. Participants in the EIDS user group gave input regarding EIDS updates, including changes made in order to be consistent with new EI rules. Additionally, each local program participated in monitoring of the SOP rule by submitting records, and several actively sought specific feedback to ensure they are correctly implementing the rule. Finally, local programs continued collaborating with the state and one another through the SOCOG pilot, which is helping to increase access to evidence-based EI services for participating local programs through newly formed core teams, as well as service delivery that occurs via technology.

## Component #3 - Data on Implementation and Outcomes

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

#### *Aligning with Theory of Action*

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

Together, achieving these short-term and intermediate outcomes will ultimately lead to improvement in Ohio's SIMR, the percentage of children served in EI in Ohio who demonstrate improved acquisition and use of knowledge and skills. Because the questions in Ohio's Evaluation Plan are designed to assess whether the steps and activities needed to meet the outcomes are completed, and ultimately whether the outcomes are achieved, the Theory of Action broadly reflects all the components included in the evaluation.

#### *Ongoing Outcome Data*

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

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

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

Evaluation Question <sup>5</sup>	Benchmark	Number of Local Programs that Met Benchmark		
		2017 Submission (Baseline)	2018 Submission	2019 Submission
<b>(Q1)</b> Are child and family assessments more thorough?	Score of at least 80% of the total possible points on the Functional Assessment review area (14 or higher out of a possible 17 points)	10 local programs (11%)	<b><u>21 local programs (24%)</u></b>	<b><u>19 local programs (22%)</u></b>
<b>(Q2)</b> Are children’s levels of functioning better identified by the child and family assessment process?	E&A reviews included information about: (5) Child/family engagement; (6) How independently the child participates in family preferred activities and routines; (7) The strength of social relationships	(5): 31 local programs (35%) (6): 24 local programs (27%) (7): 27 local programs (31%)	<b><u>(5): 47 local programs (53%)</u></b> <b><u>(6): 47 local programs (53%)</u></b> <b><u>(7): 50 local programs (57%)</u></b>	<b><u>(5): 44 local programs (50%)</u></b> (6): 27 local programs (31%) (7): 34 local programs (39%)
<b>(Q3)</b> Do families have a better understanding of their child's strengths, needs, and functioning regarding acquisition and use of knowledge and skills?	95% of respondents answer that they agree or strongly agree that EI has helped them understand their child’s strengths and needs in learning new things and gaining new skills	51 local programs (59% of respondent programs)	42 local programs (49% of respondent programs)	52 local programs (60% of respondent programs)

Data Collection and Analyses

**(Q1)** DODD utilized data collected via its E&A Process Review to establish a baseline for this item. Specifically, this review included a section regarding functional assessments with several items, worth one to three points depending on the importance and scope of the item. For the 2018 and 2019 report submissions, DODD TA consultants determined each local program’s status regarding the items that were included in the Functional Assessment section of the E&A Process Review through typical ongoing

<sup>5</sup> The following question that was previously Q4 for this outcome was determined to fit better with Outcome (III)(D), and thus baseline results for this item are included subsequently.

interactions related to TA and the local programs' TA plans, as well as through record reviews. The number of local programs that met the benchmark for this item decreased slightly from last reporting year, but remained much greater than the baseline. The table below includes the number and percent of local programs that were incorporating each individual component into assessment processes over the past three years.

E&A Process Item	2017 Submission (Baseline)		2018 Submission		2019 Submission	
	# Yes	%	# Yes	%		
(1) The E and A report reflects a real picture of the child and family and guides identification of functional outcomes.	55	63%	45	51%	52	59%
(2) Assessors observed skills within daily routines and across routines	17	19%	26	30%	23	26%
(3) Assessors gather and use family information about their interests, important people in their lives, their concerns, resources, what is and isn't working related to the child being able to fully participate in family preferred routines and activities (child and family focused)	45	51%	73	83%	64	73%
(4) The E and A report includes: Recommendations for EI services with a focus on improving participation and access to family preferred activities and routines	26	30%	38	43%	40	45%
<b>Benchmark: (5) The E and A report includes: Information about (child/family) engagement</b>	31	35%	47	53%	44	50%
<b>Benchmark: (6) The E and A report includes: Information about how independently the child participates in family preferred activities and routines.</b>	24	27%	47	53%	27	31%
<b>Benchmark: (7) The E and A report includes: Information about the strength of social relationships.</b>	27	31%	50	57%	34	39%
<b>Benchmark: At least 80% of the possible points</b>	10	11%	21	24%	19	22%

**(Q2)** Items 5, 6, and 7 from the table above were utilized to establish both the baseline and ongoing progress data for this measure. The number of local programs that were correctly implementing each of these items in their evaluation and assessment processes decreased from last reporting year, but remained greater than the baseline. This reporting year, 44 local programs were consistently including information about child and family engagement in their evaluation and assessment processes (Item 5), 27 were consistently including information about how the child participates in family activities and routines (Item 6) and 34 were consistently including information about the strength of social relationships (Item 7).

**(Q3)** Ohio utilized the following item from its 2016 through 2018 Family Questionnaires to gather data for this measure: "Help Me Grow Early Intervention has made me better able to: Understand my child's

strengths and needs in learning new things and gaining new skills.” In 2018, 1,469 families responded to this item, representing 86 of Ohio’s 88 local programs. The percentage of local programs that met the benchmark for this item (60%) increased from last year to this year, and represents the highest percentage of local programs that have met the benchmark in the three years these data have been collected. Ohio will continue to include this question on its annual Family Questionnaire for comparison across time.

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

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

Evaluation Question	Benchmark	Number of Local Programs that Met Benchmark		
		2017 Submission (Baseline)	2018 Submission	2019 Submission
<b>(Q1)</b> Are IFSP outcomes of higher quality?	At least 80% of outcomes meet all six criteria	3 local programs (4%)	0 local programs (0%)	3 local programs (3%)
<b>(Q2)</b> Do IFSP outcomes better meet the family-identified priorities that address acquisition and use of knowledge and skills?	At least 80% of outcomes are related to acquisition and use of knowledge and skills <sup>6</sup>	49 local programs (58%)	<b>63 local programs (72%)</b>	45 local programs (51%)

Data Collection and Analyses

A representative sample of outcomes added to IFSPs that occurred between January and June of 2016, 2017, and 2018 was selected for DODD staff to review. For the 2016 data (2017 SSIP Submission), EI TA consultants rated outcomes from local programs in their assigned region. For the 2017 and 2018 data (2018 and 2019 SSIP Submissions), the EI TA Consultants, along with data and monitoring team members, split into groups to rate randomly selected outcomes. A 95% confidence level and 25% confidence interval were used all three years to determine the appropriate sample size for each local program. DODD utilized a 25% confidence interval so the number of outcomes reviewed was feasible given the entirety of staff workloads. Any outcomes deemed not ratable as entered into the data system were excluded from the sample. Outcomes from 85 of the 88 local programs were included for the 2017 submission, 87 of 88 for the 2018 submission, and all 88 counties for the 2019 submission, with a total of 1,010, 1,035, and 999 outcomes, respectively, rated. DODD staff utilized a data sheet to indicate whether the outcomes met each of the ECTA six-step criteria, as well as whether the outcomes were related to acquisition and use of knowledge and skills. The first table below includes the number and percent of local programs each year where at least 80% of the outcomes reviewed met each criterion, as well as all six criteria, and the number and percent of local programs where at least 80% of the

<sup>6</sup> Though Ohio’s SIMR focuses on acquisition and use of knowledge and skills, the state believes the other child outcomes are equally as important in the overall scheme of its EI program and acknowledges that IFSP outcomes may address more than one of the child outcomes.

outcomes addressed acquisition and use of knowledge and skills. The percent of counties that had at least 80% of their outcomes meet all six criteria increased from the previous reporting year. Additionally, the percent of reviewed outcomes that met five or six of the criteria continued to increase this year (see the second table that follows). Finally, at least 80% of rated outcomes in 45 local programs (51%) addressed acquisition and use of knowledge and skills. While this is a decrease from the previous reporting years, it is likely more accurate due to clearer guidance provided while rating and categorizing IFSP outcomes this reporting year.

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

Criterion	2017 Submission		2018 Submission		2019 Submission	
	#	%	#	%	#	%
Necessary to meet family needs?	68	80%	77	89%	85	97%
Reflects real life settings?	16	19%	14	16%	10	11%
Discipline free?	74	87%	80	92%	81	92%
Jargon free?	26	31%	42	48%	71	81%
Emphasizes the positive?	65	76%	75	86%	75	85%
Avoids passive words?	35	41%	53	61%	83	94%
<b>(Q1) Benchmark: Met all Six Criteria</b>	3	4%	0	0%	3	4%
<b>(Q2) Benchmark: Outcomes that address acquisition and use of knowledge and skills, of total</b>	49	58%	<b>63</b>	<b>72%</b>	45	51%
<b>Total Outcomes Rated</b>	1,010		1,035		999	

**Number of Reviewed Outcomes that Met Specified Number of Criteria**

Number of Criteria	2017 Submission		2018 Submission		2019 Submission	
	Number	Percent	Number	Percent	Number	Percent
None	13	1%	0	0%	1	0%
1 Criterion	22	2%	8	1%	4	0%
2 Criteria	55	5%	32	3%	18	2%
3 Criteria	131	13%	91	9%	50	5%
4 Criteria	210	21%	178	17%	114	11%
5 Criteria	297	29%	365	35%	376	38%
6 Criteria	282	28%	361	35%	436	44%
<b>Total Outcomes Rated</b>	<b>1,010</b>		<b>1,035</b>		<b>999</b>	



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

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

Evaluation Question	Benchmark	Number of Local Programs that Met Benchmark		
		2017 Submission (Baseline)	2018 Submission	2019 Submission
<p><b>(Q1)</b> Have gaps in services that impact acquisition and use of knowledge and skills been reduced?</p> <p><b>(Q2)</b> Do families have increased access to needed evidence-based EI services?</p>	Access to providers for “core” EI services	<p>Number of local programs who indicated access to “core” services<sup>7</sup>:</p> <ul style="list-style-type: none"> <li>• Special Instruction: 84 (98%)</li> <li>• Speech: 82 (95%)</li> <li>• Occupational Therapy: 81 (94%)</li> <li>• Physical Therapy: 80 (93%)</li> </ul>	N/A – Data collection and analyses on hold until next year due to implementation of a new SOP rule	<p>Number of local programs who indicated access to “core” services:</p> <ul style="list-style-type: none"> <li>• Special Instruction: 86 (98%)</li> <li>• Speech: 86 (98%)</li> <li>• Occupational Therapy: 84 (95%)</li> <li>• Physical Therapy: 84 (95%)</li> </ul>

[Data Collection and Analysis](#)

To establish a baseline for this item, a DODD EI Research Specialist utilized the EI Services Needs Assessments to determine the number of local programs with a provider available for each service. Data included the number of local programs that reported having at least one provider available within the local program to provide the specified EI service using evidence-based practices of the 86 programs that submitted EI Services Needs Assessments. As Ohio’s new SOP rule was implemented in August 2017, the state focused on ensuring the rule was completely understood and correctly implemented rather than requesting and analyzing new data in this area last reporting year. Ongoing analyses related to availability of evidence-based EI services resumed this reporting year. Each local program was sent a file in late 2018 that included the list of available providers they submitted in 2016 for reference, along with a column to document all providers available in the local program for each EI service at the time they submitted the file. All 88 counties submitted updated files, and data indicated that the same or an increased percentage of counties have access to each of the “core” EI services delivered consistent with evidence-based practices.

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

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

Evaluation Question <sup>8</sup>	Benchmark	Number of Local Programs that Met Benchmark		
		2017 Submission (Baseline)	2018 Submission	2019 Submission
(Q2) <sup>9</sup> Do families have an increased ability to support their child's development regarding acquisition and use of knowledge and skills?	95% of respondents answer that they agree or strongly agree that EI has made them better able to support their child in learning new things and gaining new skills	63 local programs (73% of respondent programs)	55 local programs (65% of respondent programs)	56 local programs (65% of respondent programs)

Data Collection and Analysis

Ohio utilized the following item from its 2016 through 2018 Family Questionnaires to gather data for this evaluation measure: "Help Me Grow Early Intervention has made me better able to: Support my child in learning new things and gaining new skills." In 2018, 1,469 families responded to this item, representing 86 of Ohio's 88 local programs. The percentage of local programs that met the benchmark for this item decreased from the 2017 submission to the 2018 submission, and increased slightly for the 2019 submission. However, the total percentage of families statewide who responded positively to this item remained steady (95.37% for the 2017 submission, 95.08% for the 2018 submission, and 95.37% this year). Ohio will continue to include this question on its annual Family Questionnaire for comparison across time.

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

<sup>9</sup> This question was previously (Q4) under Outcome (I)(B). Ohio determined it fit better with this outcome and it replaced the following evaluation questions: "Do families have increased confidence in supporting improvement in their child's acquisition and use of knowledge and skills?" and "Do families have increased competence in supporting improvement in their child's acquisition and use of knowledge and skills?"

*Long-Term Outcomes: SIMR*

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

Evaluation Question	Benchmark	Percent of Children who Met Benchmark				
		FFY13 (Baseline)	FFY14	FFY15	FFY16	FFY17
<b>(Q1)</b> Have more infants and toddlers exiting Early Intervention demonstrated a substantial increase in the rate of growth in acquisition and use of knowledge and skills?	Percent of children who demonstrate substantial increases in rate of growth regarding acquisition and use of knowledge and skills (APR Indicator 3B, Summary Statement 1)	59.58%	62.16%	62.69%	62.08%	60.73%

Data Collection and Analysis

Ohio collected data for its SIMR via the Child Outcomes Summary Form (COSF) and COS statements adopted from Maryland. These data were extracted from Ohio’s Early Intervention Data System and analyzed to obtain percentages for each summary statement for all three outcome areas of Indicator 3 (Early Childhood Outcomes) of the APR. Data for Ohio’s SIMR correspond to APR Indicator 3B, Summary Statement 1. See Section 5(d) for additional discussion about Ohio’s SIMR area data.

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

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

To assess progress toward achieving its intermediate outcomes, Ohio analyzed data related to the evaluation questions, including families’ levels of understanding of their role in the IFSP process and in understanding and supporting their child’s development; how well assessment teams are conducting functional assessments; to what extent IFSP teams are writing functional outcomes; and the availability of EI services. As described in Section 3(a), the state has made progress in completing functional assessments and writing quality IFSP outcomes, providing support for the overall direction of the plan. Additional details regarding demonstrated progress and planned next steps for data collection are included in Section 3(a), as well.

As described in Section 1(e), Ohio will continue implementing its SSIP with very few changes from the state’s Action Plan (See Appendix B of Ohio’s Phase II SSIP submission). DODD achieved its intended short-term outcomes in a timely manner and has made significant progress toward achieving intermediate outcomes. The state will perform ongoing analyses related to all of these measures to

monitor progress and will make any needed adjustments to implementation. In doing so, DODD expects to achieve its intended intermediate outcomes by the target timeline of June of 2019.

### **3(c) Stakeholder Involvement in the SSIP Evaluation**

Ohio's EI stakeholders were meaningfully involved in the creation of targets for Ohio's intermediate SSIP outcomes in the previous reporting year. This year, DODD shared results from the previous reporting year's SSIP, including whether targets were met, with Ohio's EI field. There were no suggested changes to any of the state's targets for intermediate outcomes. This reporting year, the state also had an in-depth discussion with the EI Advisory Council and stakeholder group regarding Ohio's Child Outcomes data, including the indicator Ohio selected as its SIMR. After several years of the COS indicator percentages remaining steady, there was a decline in the percentages for each of Ohio's Child Outcomes indicators reported in the state's FFY17 APR. Representatives from local programs indicated that while there is still work to be done, teams have begun to feel much more comfortable with the COS process due to the new COS statements implemented in 2015, the TA and training opportunities provided, and the increased focus on the COS on the IFSP form. As such, the group confidently concluded that the decreases in percentages were due to higher quality data, and do not indicate true regression on these indicators. Ohio, including its vast array of EI stakeholders, will be cognizant of the improved data quality when establishing future targets for the APR and SSIP, as well as when drawing conclusions regarding the state's COS data.

Ohio's EI stakeholders were also very involved in the collection of baseline data associated with the intermediate outcomes, and remained involved in the collection of the needed ongoing data. EI TA Consultants drew on their conversations and interactions with local program staff, as well as information obtained through record reviews, to determine how well functional assessments were being conducted across the state. Nearly 1,500 families in EI responded to Ohio's 2018 Family Questionnaire, including whether EI helped them better understand their child's strengths, needs, and functioning; whether EI helped them better support their child's development; and how they could be better engaged in the program. The results of this item, and all Family Questionnaire responses, were distributed to each local program's EI Contract Manager and FCFC Coordinator. Additionally, DODD staff again completed ratings of a representative sample of IFSP outcomes, all of which had been documented by local program staff. Finally, local programs provided information regarding available service providers, allowing DODD to determine the extent to which evidence-based EI services are accessible in each local program. As DODD completes ongoing evaluation analyses, data will continue to be shared and discussed with stakeholders, including whether targets are being met, whether any modifications should be made, and how the state is progressing toward meeting its SIMR.

## Component #4 - Data Quality Issues

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

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

#### *Functional Assessment Data*

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

#### *Ohio's Family Questionnaire*

As with any survey, data are based only on responses received, and thus are not guaranteed to be representative of the entire population. Additionally, responses to Ohio's Family Questionnaire are based on parent perception and understanding of the questions. However, responses parents provided on the open-ended items of the questionnaire support parents' reports that they have a better understanding of their child's strengths, needs, and functioning as well as the ability to support their child's development in learning new things and gaining new skills. DODD also convened a stakeholder group this reporting year to explore ways to boost the response rate of the 2019 family questionnaire.

#### *IFSP Outcomes Data*

To gather baseline data, the six EI TA consultants completed outcomes ratings separately. For this reporting year's and last reporting year's ratings, the EI TA consultants, along with the rest of the Ohio EI state team, divided into multiple groups of two to three people to complete the ratings. These outcomes were reviewed in isolation, so the groups lacked context, such as information from the functional assessment, when completing the ratings. Additionally, because each group reviewed separate outcomes, there was potential for differences between groups. To ensure ratings were as consistent as possible across groups, participants reviewed standards for rating outcomes prior to completing the ratings, and had tools available while completing the ratings as a resource to help in determining whether the outcomes met each of the six criteria. Going forward, Ohio will consider how to continue to reduce the possibility of subjectivity as well as how to include additional context when reviewing and rating the quality of IFSP outcomes.

#### *EI Services Data*

Baseline data in regard to service availability were collected via EI services Needs Assessments. For this year's reporting, local programs submitted similar data that outlined which specific providers were available within their local program to provide each EI service. While there are always limitations when utilizing self-reported data, clear instructions and answers were provided in regard to what should be included in the submissions, so reported data are believed to be predominantly accurate. DODD plans to follow up with a few local programs regarding responses that were inconsistent with other known information.

#### 4(b) Data Limitations Related to the SIMR

Ohio changed its manner for collecting Child Outcomes data in January 2015 in order to increase the number of children for whom COS data were being collected and to improve the accuracy of the data. Prior to the change, Ohio used the COSF (See Appendix E of Ohio's Phase III, Year 1 SSIP submission) to collect child outcomes data. Beginning in January 2015, the Child Outcomes Summary process was integrated into the child and family assessment process, at which time the data system was updated, as well, to collect Child Outcomes Summary statements (See Appendix F of Ohio's Phase III, Year 1 SSIP submission) for each of the three outcome areas. Though these changes are intended to improve data quality in the long term, it created data quality challenges for reporting in the short-term, as it is difficult to draw meaningful conclusions through the transition period. Because Ohio chose one of the child outcomes indicators as its SIMR, these data quality issues are pertinent to the state's SIMR, as well.

These challenges continue to become less significant over time as fewer and fewer children have initial and exit COS ratings completed using different mechanisms and as IFSP teams continue to better understand the COS process. For FFY14 reporting, Ohio chose to only include children who had both their entry and exit COS ratings completed using the COSF, as the changes in data collection for the COS process were still very new at that time. For FFY15 and FFY16, Ohio included both children with entry COS ratings completed using the COSF and those with entry COS ratings completed using the new COS process. Approximately half of the children had COS ratings completed using each method for the FFY15 reporting, but by FFY16, nearly 90% of children included in the reporting had both their entry and exit scores completed using the new COS process. By FFY17, the vast majority of children had both entry and exit COS ratings completed using the new COS process, and all children will have entry and exit ratings completed via the new process for FFY18 and subsequent reporting years. Because entry and exit COS data will be collected utilizing the same method going forward, and because the state and its stakeholders believe TA, professional development, and monitoring efforts around the COS have led to more accurate ratings overall, DODD will be able to make more meaningful year-to-year comparisons of Ohio's COS data when performing future analyses.

## Component #5 - Progress toward Achieving Intended Improvements

### 5(a) Infrastructure Changes

Through the SSIP and other initiatives, Ohio continued to work toward achieving activities intended to improve each of the state's infrastructure areas, which impacted several improvement strategies. As enhancements in these areas address the root causes identified in Phase I, they have collectively led to increases in, and will ultimately lead to achievement of, Ohio's SIMR. See below for more details about progress made in each infrastructure area over the past year.

#### *Governance*

DODD became the lead agency for EI less than three years ago, and continues to finalize tasks related to the transition. Specifically, the transition of the EI rules from ODH to DODD was still in progress this reporting year. DODD extended the original implementation timeline in order to ensure the feedback from the state's wide range of stakeholders could be incorporated and that the EI rules and forms reflected the perspective of Ohio's EI field. After various activities at EI Advisory Council and stakeholder meetings, numerous other stakeholder meetings and workgroups, and the review of multiple drafts, DODD's new EI rules and forms will be implemented in July 2019.

Additionally, DODD collaborated with ODH to make additional changes to the EI and Home Visiting Central Intake system. In the previous reporting year, Central Intake transitioned from being implemented by several locally run entities to one central site where all Central Intake functions were performed. This reporting year, a single entity continues to carry out Central Intake functions; however, a new Central Intake vendor was selected July 1, 2018.

Finally, with the inauguration of a new governor in January 2019, DODD, along with most other state agencies, experienced transitions in senior leadership. Further, early childhood programs, including Early Intervention, are a primary focus of the new administration in Ohio. Executive Order 2019-02D<sup>10</sup>, the Governor's Children's Initiative, was created in order to elevate the importance of children's programming in Ohio and drive improvements within the many state programs that serve children.

#### *Accountability/Monitoring*

Changes to Ohio's accountability and monitoring system centered around new rules and forms. DODD is ensuring the forms accompanying the new rules encompass all information needed for documentation and monitoring purposes. Because understanding program rule and regulations is vital to the success of EI programs, the state created resources and updated monitoring protocols and standards accordingly to reflect new rules, that will be communicated to the EI field prior to the implementation of the new rules. The successful implementation of program requirements will ultimately lead to better outcomes for children and families.

Additionally, DODD began monitoring the SOP rule implemented in the previous reporting year. The Data and Monitoring team completed the first round of monitoring in early 2018, requesting records from each local program to determine how well the SOP rule was being implemented at the local level. DODD provided individualized feedback to each local program and created additional guidance to more broadly address areas where additional support was needed. The Data and Monitoring team then repeated the monitoring process late in 2018. Many local programs made improvements to the

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<sup>10</sup> <https://governor.ohio.gov/wps/portal/gov/governor/media/executive-orders/2019-02d>

implementation of the SOP rule. DODD again provided individualized feedback to the local programs, as well as tailored TA to local programs who needed additional support. Ohio will continue to monitor the implementation of the SOP rule in the next reporting year and will provide needed TA, training, and resources.

### *Data*

DODD implemented several changes to EIDS, as well as data collection and analyses, this reporting year. In July of 2018, the Central Intake function of EIDS went live, including the availability of new reports as well as the ability to upload documents directly into child records.

In order to ensure data collection in EIDS is consistent with the requirements of the new rules, the Data and Monitoring team is working closely with IT to gather requirements and make the needed additions and changes to EIDS prior to the implementation of the new rules. DODD communicated a summary of the data system changes to the EI field several months prior to implementation and will provide detailed documents, including screenshots, closer to the release of the changes.

Additionally, with the intent to continue to improve the assessment process, including the COS, Ohio revamped the assessment section of the IFSP form, including how information about the COS indicators is documented. When implemented in July, this section will include examples of what types of behaviors to consider regarding each specific measure, separate sub-sections to document the child's strengths and needs in each area, and a list with a checkbox for each COS statement. DODD also developed a standalone COS form to document the exit COS. Finally, new COS reports are being added to EIDS so local programs can better monitor COS data on an ongoing basis. A continued focus on the COS process, including the collection of quality COS data, will facilitate improvements in Ohio's COS process, including the state's SIMR area.

### *Fiscal*

Implementation and monitoring of the SOP rule continued to be the focus of Ohio's fiscal system this reporting year. As mentioned in regard to Accountability/Monitoring, DODD began monitoring the SOP rule, completing two separate rounds of record reviews. DODD provided individualized feedback and TA as needed, created additional resources, and revised the SOP form to address common errors.

Additionally, as the SOCOG pilot draws to a close, DODD is considering how strategies utilized in the SOCOG pilot can be implemented in other areas with limited provider access. Ohio continues to work to ensure local programs and families have access to resources and funding in order to receive needed services provided consistent with evidence-based practices, address priorities and concerns, and improve outcomes for children and families.

### *Professional Development*

Ohio continued to offer and develop trainings and resources to educate the EI field in Ohio, including broad professional development opportunities, as well as those directly related to the state's SSIP priorities and SIMR. In order to ensure the EI field completely understands the new EI rules, DODD is developing multiple guidance documents and resources, and is offering regional trainings. While wrapping up the first phase of the SOSC process, the TA and Training team developed the Service Coordinator curriculum to provide more comprehensive information and support to Service Coordinators going forward, while continuing to offer opportunities such as the Service Coordinator Community of practice. DODD is also participating in a workgroup formed to support Developmental



Specialists and offered targeted training opportunities such as those related to trauma informed care, teaming, and the NBO tool. Additionally, DODD reorganized its TA and training team, with one of the TA consultants now primarily focused on professional development, in order to move Ohio's EI professional development efforts beyond theory to best practice.

More directly related to SSIP efforts, Sarah Sexton developed a COS toolkit for Ohio that includes information for orienting families to the COS process; suggestions regarding how to discuss and determine child outcome ratings; a guide for monitoring the COS process; and a list of resources to help teams engage in each step of the COS process. Dr. Gallen facilitated a three-part series regarding having difficult conversations, including using of motivational interviewing techniques to do so and specifically how to use motivational interviewing strategies in COS conversations. Additionally, DODD released a module covering infant and toddler development that includes age anchoring tools and other resources that can be used to identify the correct COS statement.

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

### *Quality Standards*

Ohio continuously updates and creates new trainings and guidance to ensure the field has access to the best and most up-to-date information possible, all of which are made available on the state's EI website. Related to quality standards, DODD is developing new monitoring standards and verification criteria to support Ohio's new EI rules. Additionally, DODD continues collaborating with ODE to draft comprehensive guidance documents regarding the transition from Part C to Part B, which outline program roles and responsibilities. Once the document is finalized, ODE and OCALI will provide a statewide training on the transition from C to B. The state team has also finalized a training packet that will be offered to all local EI programs and school districts over the next two years.

### *Technical Assistance*

In addition to ensuring the needed resources are in place for the implementation of the new rules, the EI TA team focused heavily on monitoring and assisting local programs in implementing their individualized TA and Training Plans this reporting year. As a follow up to the SOSC process, the EI TA team also specifically focused on scaling up the support provided to Service Coordinators.

Most notably, the EI TA team developed a core curriculum for Ohio's Service Coordinators that addresses Service Coordinator activities at all levels, from foundational to fidelity. The team identified Service Coordinator competencies that align with Ohio's Early Childhood Core Knowledge and Competencies, Ohio's Mission and Key Principles, and the DEC RPs, which are included in the core curriculum. Additionally, the TA and training team collaborated with OCALI to create a Service Coordinator handbook and with Sarah Sexton to develop a COS toolkit for Service Coordinators. Finally, the TA team worked with the Data and Monitoring Team to evaluate the effectiveness of the TA and Training plans and the SOSC process, specifically regarding Parent Rights and COS, via assessments similar to those taken prior to the launch of the SOSC process.

## 5(b) Evidence-Based Practices

Both data related to intermediate outcomes and responses directly from families indicate that Ohio's implementation of select EBPs, as described in Section 1(c), is having the desired effects. Specifically, the functional assessment data included in Section 3(a) show that a greater number of local programs are completing functional assessments, including observing families within daily routines and across settings; gathering information about the interests, concerns, resources, and routines of the families; and obtaining information about the strength of social relationships (RPs A6 and A7) than at the time baseline data were collected. The IFSP outcomes data, also described in Section 3(a), provide evidence that practitioners and families are collaborating to address priorities and concerns, identify resources, exchange knowledge, and create outcomes that address the needs of the child and family (RPs F3, F4, F7, and TC2). The most powerful evidence that EBPs are being implemented with fidelity, though, is provided by families via responses Ohio continues to receive on its annual family questionnaire. Examples of direct quotes from families received on Ohio's 2018 Family Questionnaire follow. The RPs referenced are included in parentheses following the quotes.

### Quotes from families in response to the question, "What in Early Intervention has worked well with your family?" on Ohio's 2018 Family Questionnaire

*"Early Intervention has been an outstanding experience. ...It is convenient that they come to our house and are willing to work with whoever is the caregiver. ...The coordinator checks in, keeps you updated, and answers questions. They gave us the tools to continue to work with him between sessions and listened to all of our concerns." (RP F3)*

*"It was so wonderful having our child's therapists come to our house. It was super convenient for our schedules and it was nice for his therapists to see him in an environment he was comfortable in. I also really loved the coaching based therapy that Early Intervention provided. I was able to talk about all the concerns I had about my child each session and I was given tools and techniques to work with him over the next few weeks until our next visit. I learned so much over my time with Help Me Grow and it helped me to become a better mother to my child." (F3 and F4)*

*"They really tried to accommodate our family's schedule with our meeting times, which we greatly appreciate. The coaching worked well. We are grateful that Help Me Grow connected our family with the people, resources, and tools that we needed to help our son thrive." (RP F7)*

*"The availability of resources and ideas to help my child. The kindness of the staff and their love for what they do really shows. Our specialist is always willing to help with questions by asking other specialists or bringing materials to help supplement my research." (RPs F7 and TC2)*

*"Initially I hoped for visits from more than just one therapist to address issues with other areas of delay, but our OT was wonderful and connected with our daughter. She addressed all of her areas of delay and gave us useful interventions to use at home." (RPs TC2 and TC5)*

*"Our PSP's approach - hands down! We couldn't ask for a better provider. Her non-judgmental approach and patient reassurance have helped me to parent in a more confident and well-informed way." (RP TC5)*

In 2018, many Family Questionnaire respondents directly referenced the benefits of coaching and receiving services in natural environments. More specific to the SSIP, families indicated that providers are responsive to their priorities and concerns (RP F3); that practitioners work with them to create outcomes for their child (RP F4) and to identify and access resources (RP F7); that practitioners and families work together to exchange expertise and knowledge, to solve problems, and to plan and implement interventions (TC2); and that a practitioner is selected to be the primary liaison between the family and the team based on family priorities and needs (TC5). Further, this direct feedback from families indicates that the implementation of EBPs is having the desired effect of increasing families' confidence and competence in regard to supporting their child's development.

### 5(c) Outcomes

Ohio continues to make progress toward achieving its objectives with only minor adjustments to the state's original plan. Ohio has made significant progress in the implementation of activities needed to meet intermediate outcomes, as outlined in Section 3(b), with the intent to increase knowledge and improve practice among local programs and providers in these areas. Additionally, as described in Section 3(a), DODD again collected and analyzed data related to the state's intermediate outcomes, and will continue to do so over the next year to monitor progress in these areas.

### 5(d) Measurable Improvements in the SIMR

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

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

FFY	2013 (Baseline)	2014	2015	2016	2017	2018
Target	58.00%	60.00%	61.00%	62.00%	63.00%	64.00%
Actual	59.58%	62.16%	62.69%	62.08%	60.73%	

In FFY13, 59.58% of children had a substantially increased rate of growth in the state's chosen outcome area, acquiring and using knowledge and skills, which served as the state's baseline. This percentage increased to 62.16% in FFY14, and remained steady in FFY15 and FFY16 (62.69% and 62.08%, respectively).

Of children who exited in FFY17 and had entry and exit COS scores, 60.73% substantially increased rate of growth in regard to acquiring and using knowledge and skills. While this percentage is a slight decline from the past several years, the state believes that the integration of the COS into the IFSP form and process, as well as the increased focus on the COS, have led to higher quality, more accurate COS data. As the post-assessments completed at the end of the first phase of the SOSC process also indicate improved understanding of the COS process among local programs, DODD is confident that this year's decrease in its SIMR area is due to the improved data quality, rather than a decline in results for Ohio's

children and families. With continued improvement efforts through SSIP-related work, and more generally focusing on the COS through TA, training, and data availability, Ohio expects to move closer to its ultimate SIMR target of 64% for this indicator by FFY18.

## Component #6 - Plans for Next Year

### 6(a) Additional Activities to be Implemented

As described in Section 2(a), some activities needed to meet intermediate outcomes will continue throughout the next year. Primarily, through continued data analyses and monitoring processes, Ohio will utilize feedback loops to adjust activities in each improvement strategy area as necessary. The state will continue to assess the extent to which implemented strategies and activities are making the intended impact and further identify areas of weakness. Trainings, resources, TA, and coaching for the EI field will continue to be adapted or developed to meet any additional identified needs and ensure continued improvement to move the state closer to achieving its SIMR.

### 6(b) Planned Evaluation Activities

As described above, the state will continue to utilize feedback loops to assess the extent to which implemented strategies and activities are making the intended impact. Additionally, DODD will continue to adapt resources, trainings, TA, and coaching as needed, especially as it relates to the state's SIMR. To evaluate the progress toward achieving the state's intended intermediate outcomes, DODD will continue to prioritize the collection and analysis of data related to all measures described in Section 3(a) on an ongoing basis. In addition to being used to monitor progress, evaluation data will continue to be frequently shared with stakeholders, including offering ample opportunities for stakeholders to provide feedback regarding the data.

### 6(c) Anticipated Barriers

Ohio expects to encounter minimal barriers over the next year. DODD will continue to be involved in endeavors outside of SSIP activities over the next year that will likely lead to the need to provide additional support to local programs in the form of additional data, TA, trainings, and other materials, thus potentially limiting resources available for the SSIP. However, regardless of other projects and initiatives, DODD will continue to focus on and prioritize Ohio's SIMR and SSIP improvement areas.

### 6(d) Additional TA Support Needs

Ohio's SSIP TA team, which includes Ohio's OSEP TA team as well as individuals representing The Center for IDEA Early Childhood Data Systems (DaSy); The Early Childhood Technical Assistance Center (ECTA); The National Center for Systemic Improvement (NCSI); and the IDEA Data Center (IDC), has been extremely helpful and supportive and very much appreciated throughout the first five years of SSIP work. DODD does not anticipate any specific TA needs regarding the SSIP at this time, but is confident that the state's OSEP TA team and the TA centers will be able to meet any needs that arise.