

Ohio's EI Landscape

WHAT THE COUNTIES ARE TELLING US

This policy brief provides a synopsis of Part C early intervention in Ohio, based on the results of a 2012 statewide survey completed by early intervention leaders representing all 88 counties. In 2012, the Ohio Department of Health, lead agency for Part C of IDEA in Ohio, reported serving 26,668 eligible infants and toddlers and their families.

We asked these early intervention professionals to respond to questions in five areas:

- Do families across the state have equal access to a team of professionals?
- How does the system address the Part C mission?
- Are services evidence-based?
- To what extent are people willing and ready to change?
- What expertise is available?

This report was compiled by Marilyn Espe-Sherwindt, Ph.D, of the Family Child Learning Center, and Beth Popich, M.Ed, and Susan Jones, M.S., of the Ohio Association of County Boards.

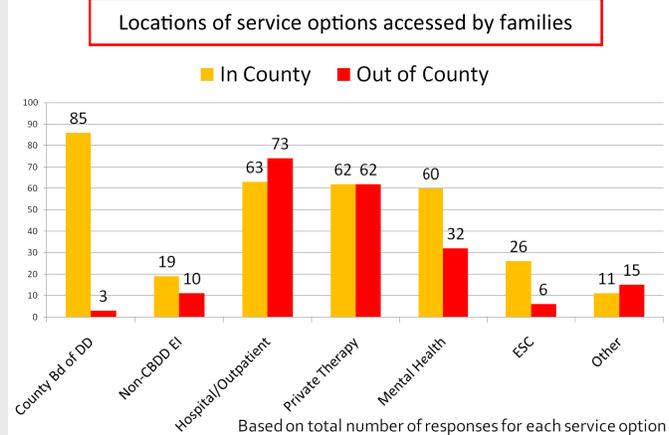


"Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities."

FAMILIES ACROSS OHIO DO NOT HAVE EQUAL ACCESS TO SERVICES

- Service coordinator caseloads vary widely from county to county, with some counties reporting caseloads of up to 75 families.
- Families are traveling many places for services, in and out of their county of residence.
- Multiple sources of payment are used and are complicated, multi-layered and vary widely from county to county.
- More than half of the counties have access to a full team, however, the availability of team members varies significantly among counties.
- Two-thirds of the counties identify the need for expertise beyond what is available through their current EI team.

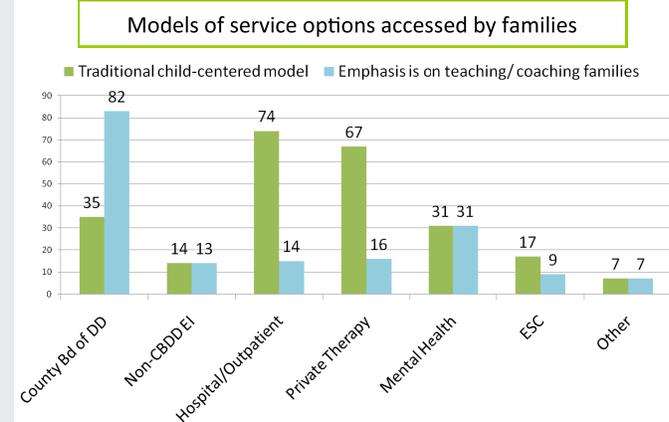
"We are bare bones . . . other therapies are available but are quite a distance away from many families."



SERVICES ARE NOT CONSISTENTLY ALIGNED WITH EVIDENCE-BASED EARLY INTERVENTION PRACTICES

- Families seek multiple services from multiple agencies and may be experiencing conflict between traditional child-centered models and an Evidence-Based Early Intervention (EBEI) approach that supports/coaches families.
- Counties have different interpretations of key terminology.
- Counties vary in how services are delivered and adherence to EBEI.
- Approaches to defining, evaluating and measuring progress are quite different from county to county.

"It is confusing to families who take their children for traditional therapy."



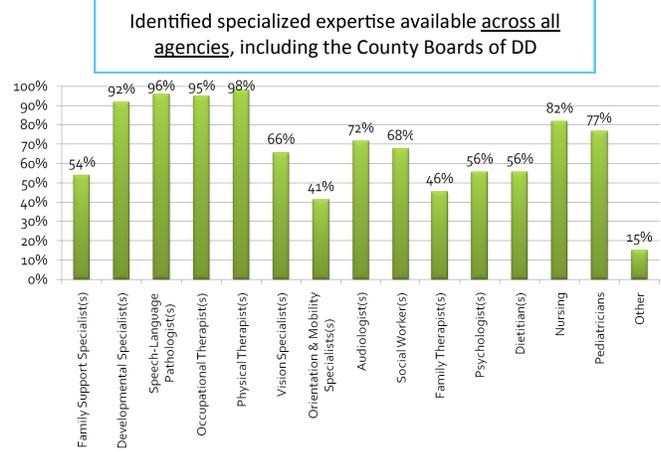
The survey and its analysis were supported by a grant from the Ohio Developmental Disabilities Council.



OHIO HAS AN ABUNDANCE OF SPECIALIZED EXPERTISE POTENTIALLY AVAILABLE TO THE SYSTEM

- Counties describe specialized expertise available across agencies.
- Many counties have participated in statewide training initiatives (e.g., PLAY Project, EBEL, RBI)
- A majority of counties have identified specific needs for further training and additional expertise.
- A majority of counties have considered partnering with other counties to meet those and other needs.

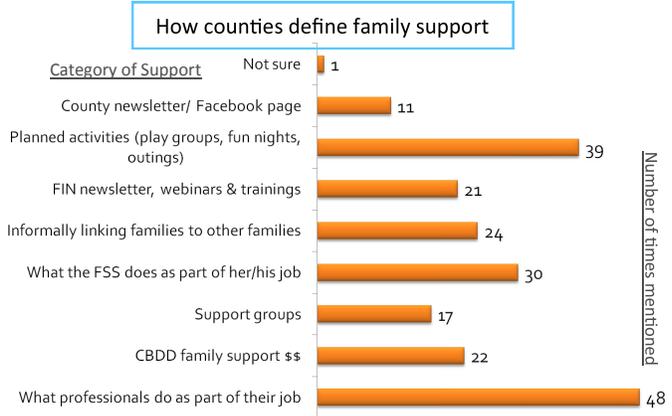
“Every child/family would have an entire team to support the child’s needs with team meetings to address any issues or concerns.”



FAMILIES DO NOT HAVE CONSISTENT AND EQUAL ACCESS TO FAMILY SUPPORT

- Each county defines family support in a different way.
- How family support is offered differs markedly from county to county.
- Only half of counties have a Family Support Specialist, and the position was often described as part-time or combined with another position.
- The move to natural environments for some counties has meant that opportunities for family to family support have diminished.

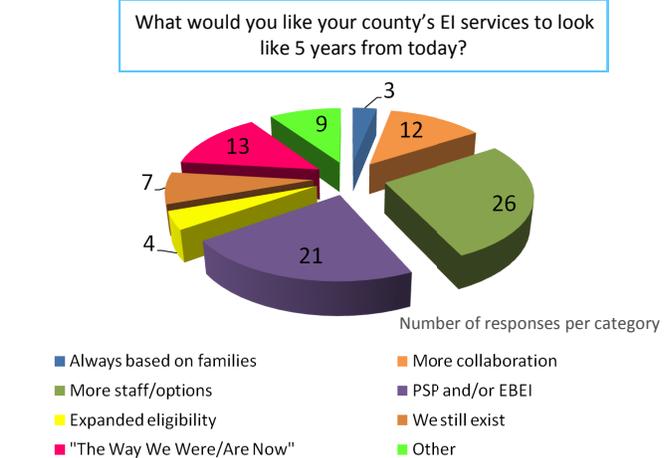
“We had to terminate the FSS position due to lack of funding.”



THE GOOD NEWS? THE MAJORITY OF COUNTIES ARE WILLING AND READY TO CHANGE!

- Counties are struggling to do more with less.
- Changes have been triggered not only from the top (such as cuts in funding, emphasis on compliance) but also from the bottom up (counties wanting to adopt EBEL and a primary service provider approach).
- The majority of counties want to continue to evolve toward evidence-based practices on behalf of families.

“We’d like to move from a medical model to a primary service provider/EBEL model.”



WHAT ARE COUNTIES HOPING FOR?

- Full and stable funding.
- Consistent and stable policies.
- A shared understanding of EBEL by all, including the medical community.
- All infants and toddlers with delays/ disabilities and their families having access to what they need.