

Budget

ESC of Cuyahoga County (046532) - Cuyahoga County - 2016 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (117)

U.S.A.S. Fund #: 466

Plus/Minus Sheet (opens new window)

Purpose Code	Object Code	Salaries 100	Retirement Fringe Benefits 200	Purchased Services 400	Supplies 500	Capital Outlay 600	Other 800	Total
<b>Instruction</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Support Services</b>		212,000.00	84,800.00	637,770.00	0.00	0.00	36,060.00	970,630.00
<b>Governance/Admin</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Prof Development</b>		0.00	0.00	0.00	0.00	0.00	7,200.00	7,200.00
<b>Family/Community</b>		0.00	0.00	0.00	0.00	0.00	16,850.00	16,850.00
<b>Safety</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Facilities</b>		0.00	0.00	5,320.00	0.00	0.00	0.00	5,320.00
<b>Transportation</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Indirect Cost</b>							0.00	0.00
<b>Total</b>		212,000.00	84,800.00	643,090.00	0.00	0.00	60,110.00	1,000,000.00
							<b>Adjusted Allocation</b>	0.00
							<b>Remaining</b>	-1,000,000.00

**Please respond to the prompts or questions in the areas listed below in a narrative form.**

**A) APPLICANT INFORMATION - General Information**

1. Project Title:  
Virtual Interventions to Support School-Family Engagement for Students with Disabilities

2. Project Summary: Please limit your responses to no more than three sentences.  
Demonstrating the way to better outcomes for kids with disabilities, at lower cost.

*This is an ultra-concise description of the overall project. It should only include a brief description of the project and the goals it hopes to achieve.*

3. Estimate of total students at each grade level to be directly impacted each year.

*This is the number of students that will receive services or other benefits as a **direct result** of implementing this project. This does not include students that may be impacted if the project is replicated or scaled up in the future. It excludes students who have merely a tangential or indirect benefit (such as students having use of improved facilities, equipment etc. for other uses than those intended as a part of the project). The Grant Year is the year in which funds are received from the Ohio Department of Education. Years 1 through 5 are the sustainability years during which the project must be fiscally and programmatically sustained.*

Grant Year				
72 Pre-K Special Education	K	1	2	3
4	5	6	7	8
9	10	11	12	

Year 1				
72 Pre-K Special Education	K	1	2	3
4	5	6	7	8
9	10	11	12	

Year 2				
72 Pre-K Special Education	K	1	2	3
4	5	6	7	8
9	10	11	12	

Year 3				
72 Pre-K Special Education	K	1	2	3
4	5	6	7	8
9	10	11	12	

Year 4				
72 Pre-K Special Education	K	1	2	3
4	5	6	7	8
9	10	11	12	

Year 5				
72 Pre-K Special Education	K	1	2	3
4	5	6	7	8

4. Explanation of any additional students to be impacted throughout the life of the project.

*This includes any students impacted or estimates of students who might be impacted through future scale-ups or replications that go beyond the scope of this project.*

TBD = Since the 75 special education students selected for participation in the demonstration program cannot be finalized until the conclusion of the parent interview process during the Spring of 2016, neither the associated grade levels or the number of school-age siblings indirectly impacted can be determined until that time.

5. Lead applicant primary contact: - Provide the following information:

First and last name of contact for lead applicant  
Jennifer Dodd, Ph.D. - Director of Operations and Development

Organizational name of lead applicant  
Educational Service Center of Cuyahoga County

Address of lead applicant  
6393 Oak Tree Blvd. Independence, Ohio 44131

Phone Number of lead applicant  
216-901-4240

Email Address of lead applicant  
Jennifer.Dodd@esc-cc.org

*Community School Applicants: After your application has been submitted and is in Authorized Representative Approved status an email will be sent to your sponsoring entity automatically informing the sponsor of your application.*

6. Are you submitting your application as a consortium? - Select one checkbox below

Yes

No

If you are applying as consortium, please list all consortium members by name on the "Consortium Member" page by clicking on the link below. If an educational service center is applying as the lead applicant for a consortium, the first consortium member entered must be a client district of the educational service center.

[Add Consortium Members](#)

7. Are you partnering with anyone to plan, implement, or evaluate your project? - Select one checkbox below

Yes

No

If you are partnering with anyone, please list all partners (vendors, service providers, sponsors, management companies, schools, districts, ESCs, IHEs) by name on the "Partnering Member" page by clicking on the link below.

[Add Partnering Members](#)

## **B) PROJECT DESCRIPTION - Overall description of project and alignment with goals**

8. Describe the innovative project: - Provide the following information

*The response should provide a clear and concise description of the project and its major components. The following questions will address specific outcomes and measures of success.*

a. The current state or problem to be solved; and

Children with disabilities represent about 15% of the U.S. population-and the percentage is on the rise. In the case of Autism Spectrum Disorder (a severely debilitating developmental disability), its frequency has risen more than 600% such that it now affects 1 in 68 children, including 1 in 42 boys. The costs to serve these children is becoming unsustainable. Schools districts and families need efficient and effective practices to support the educational needs of developmentally complex children. They need an integrated and coordinated approach within and across caregivers and environments to achieve optimal results. This coordinated approach requires training, education and active skill building to all those involved, and one innovative solution that allows for the efficient access to information and continuity in the implementation of strategies across all environments is cloud-based technology. One of the best solutions for strengthening the capacity of parents and teachers to interact with disabled children is by 'showing' them how to address behavior and other developmental concerns (e.g., communication skills)-through professional coaching, training, and practice directly within the natural home and school environment. However providing such services are time-consuming and resource intensive especially of they occur in clinical settings with lag times between appointments. With the high demands that many parents and educators face today, they need strategies for their everyday routines that increase their ability to implement interventions in a meaningful and sustainable way. The solution is a "capture and access system" that empowers parents and teachers to upload videos about child behavioral problems onto a cloud-based software platform that clinicians can

remotely review and address them through video demonstrations sent back to parents and teachers in the comfort of their homes or classrooms.

b. The proposed innovation and how it relates to solving the problem or improving on the current state.

Six school districts from Northeast Ohio (Lakewood, Kenston, Avon Lake, Bedford, Maple Heights and Berea) have formed a unique partnership to demonstrate a novel approach to providing early intervention and behavioral support for families with disabled children-called the Virtual Intervention Program. Rather than the traditional approach of clinicians guiding parents on how to address a particular intervention in a clinical setting, clinicians can now assist parents-and even teachers-in addressing particular behaviors of children as they arise, by providing just-in-time feedback through in-home or in-classroom video evidence utilizing TELEROO Tech Tools. TELEROO Tech Tools (TELEROO) is a cloud-based, state-of-the-art online collection and assessment training model developed by the Canadian company Kids Uncomplicated (see [www.kidsuncomplicated.com](http://www.kidsuncomplicated.com)). It is a non-intrusive method that uses computers, smartphones and tablet apps for the capturing of natural interactions, challenges, and celebrations of children with just the touch of a button. It reduces the anxiety of parents and teachers by providing a unique video modeling approach that allows for the uploading of videos showing children/students in stress situations onto a secure website-and in return clinicians provide parents and teachers with learning strategies on how to address the situations for their review anywhere or at any time. Such strategies can include increasing communication and social skills, increasing learning readiness skills, and other normal activities of daily living. Once a video is uploaded into TELEROO, it is analyzed by a team of clinicians (within 8-hours), who will then provide feedback in the form of a 10/15 minute 'how to' video demonstration that serves as a teaching moment for parents and teachers. The team of clinicians, who are full-time employees of the Cuyahoga County Educational Service Center (ESC), will function as an adjunct 'home team' that creates demonstration videos either singularly or as a team, depending upon the needs of the parents or teachers and the behavioral/developmental issue of the child. Comprised of a speech pathologist, a developmental psychologist, an intervention specialist with social work background, and a behavioral specialist with autism specialty, the ESC Clinical Team will be well-experienced in understanding the needs of disabled children and their families and will want them to experience the highest quality of life and education possible. Once the ESC Clinical Team completes a video demonstration, it will be reviewed by a district's school intervention staff before submission to parents. All videos are stored in a TELEROO privately secured, and password protected student file so as to preserve the history of a child's behavior, communication skills, progress and successes for future review by new teachers and school staff. The videos will also allow for comparisons of progression and consistency, especially during the entire calendar and extended break periods away from the school environment to avoid regression and ensure service consistency. Video demonstrations that provide solutions for use to a wider audience of parents or teachers will be uploaded onto a secure, and common library site on TELEROO developed specifically for the six schools involved in the "Virtual Intervention Program." Therefore, the overall purpose of the program is to empower adults with prompt intervention responses that show (rather than tell), while augmenting their ability to respond to the behavioral/developmental issues of their children. Within the first year of the demonstration program, the costs for third party intervention services for children associated with the school districts will be significantly reduced, which in turn will allow the districts to operate more efficiently by directing the savings towards student learning in the classroom well beyond a five-year timeframe.

9. Select which (up to four) of the goals your project will address. For each of the selected goals, please provide the requested information to demonstrate your innovative project. - (Check all that apply)

a. Student achievement

i. List the desired outcomes.

*Examples: fewer students retained at 3rd grade, increase in graduation rate, increased proficiency rate in a content area, etc.*

The "Virtual Intervention Program" aims to (1) Build capacity that promotes systems-level change, (2) Develop through use of TELEROO a web-based library of videotaped, exemplary videos for parents and teachers that shows them how they can address the behavioral and developmental needs of children, and (3) Collaboratively empowers all parents of children with disabilities through quicker and cost-effective services and support. With these goals in mind, the student achievement outcomes of the program are as follows: STUDENT ACHIEVEMENT OUTCOME 1: As prescribed by the ESC Clinical Team, 72 parents will implement throughout the calendar year a minimum of 720 trouble-shooting demonstration video solutions (approx. 10 videos/child) for managing 2-3 specific behavior/communication issues of children via use of TELEROO, resulting in a significant improvement in student behavior and learning by the end of the calendar year and an increase in student achievement by the end of the school year. STUDENT ACHIEVEMENT OUTCOME 2: As prescribed by the ESC Clinical Team, 72 teachers will implement during the school year a minimum of 360 trouble-shooting demonstration video solutions (approximately 5 videos/child) for managing 2-3 specific behavioral issues of children via use of TELEROO, resulting in a significant improvement in student behavior and an increase in student achievement by the end of the school year. STUDENT ACHIEVEMENT OUTCOME 3: Parents will be motivated to see and understand their disabled child's progress and improvement through interaction with the ESC Clinical team and use of TELEROO, such that they will be prepared to do more with their children as evidenced by timely meeting particular developmental milestones.

ii. What assumptions must be true for this outcome to be realized?

*Examples: early diagnosis and intervention are needed to support all children learning to read on grade level; project-based learning results in higher levels of student engagement and learning, etc.*

For the "Virtual Intervention Program" to be successful, it must lend fidelity to the evaluation design. Therefore the program will annually address, at any one time, 72 participants (12 students/district) in grades K-12, along with their families and teachers, under six-year demonstration timeframe. Student selection will include an application and parent interview process conducted by the ESC Clinical Team with the support of consultants from Kids Uncomplicated. The participants selected will be representative of a school district's population demographics (a heterogeneous group). They will represent different levels of complexity that include the following disabilities: 10% mild, 20% moderate, and 65% severe, 5% profound. Most of 12 students within each district will represent individual classrooms at different grade levels while all of the districts participating in the program will have children in the program encompassing grades K-12 at one time or another. Therefore, the ESC Clinical Team will meet with the program Evaluator to ensure that the final participants selected represent a proper cohort for evaluative purposes. In addition to students, parents will be interviewed by the ESC Clinical Team for their potential to contribute to the success of the "Virtual Intervention Program." Interviews will determine whether they: (a) understand their child's strengths, interests, needs and abilities, (b) help their children communicate and interact with others (while minimizing behavior), (c) have the capacity to take care of their child's needs, (d) work on their child's goals in the context of everyday routines, and (d) understand therapeutic concepts (how to prompt for independence, how to encourage language goals, etc.)

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, etc), or how these are well-supported by the literature.

In 2013, Harvard University's Center on the Developing Child published a 5-minute video titled "Building Adult Capabilities to Improve Child Outcomes: A Theory of Change." (See <http://developingchild.harvard.edu/resourcetag/adult-capabilities/>.) The theory, as developed by the Center's R&D Platform called the Frontiers of Innovation, supports the development of science-based innovation so to achieve breakthrough outcomes for vulnerable children and families. Specifically, the Theory of Change states that children are at the greatest risk for the poorest outcomes for learning, health and behavior and that overcoming these risks requires a concerted focus on the development of adults to create a well-regulated home and school environment where learning can take place. In fact Harvard's Center states, "we need to focus on the development of the adults, their skills and their needs to be better and more effective parents" so they can meet the learning, health and behavior needs of their children. This is especially important since the presence of a disabled child in the home results in increased problems with family functioning, disrupted parent-child relationships, reduced parenting efficacy, and increased levels of parent stress (Johnston & Mash, 2001). Yet one of the more significant ways to support adults who care for disabled children-which has its own set of parenting demands much greater than others-is to provide them with real access to real strategies that they can use to support their children's needs over the long term while experiencing the highest quality of life and education possible. One particularly successful strategy involves the use of video modeling. Long has modeling been known as a technique that is effective for teaching communication, social, and functional living skills to students with emotional, behavioral, and cognitive disorders (Werts, Caldwell, & Wolery, 1996). Research has also revealed that video modeling, also called capture and access technology (where recording of information from live events is reviewable at a later time) can be as effective as live modeling (Thelen, et al., 1979). In fact, some researchers have suggested that video modeling results in more rapid acquisition of skills than live modeling and may even be more generalizable across environments (Charlop & Milstein, 1989). Since video modeling can occur at any time and in any place, the use of mobile devices for video modeling purposes has been found to be effective. (Furniss et al., 2011; Hammond, et al., 2010) This is especially true when observing behavioral scenarios in the natural environment, which results in obtaining an accurate and comprehensive assessment of a child's behavior (Matson, (2008). Although much of the research on video modeling has focused on children, literature also shows its effectiveness with parents. For example, video modeling has been shown to help parents reduce criticisms of children with conduct problems (Webster-Stratton, 1994), while increasing parent descriptions, praise, and imitations in support of child compliance (Foster & Roberts, 2007). The adult-child relationship has also been found critical to influencing the way that a child learns to behave, and even perform academically in school (Lane, et al., 2002; Sutherland, 2001). In today's world of YouTube, cell phone videos, and Cloud innovations, new possibilities exist for the dissemination and implementation of behavior interventions-and video modeling can be at the forefront of this change.

iv. List the specific indicators that you will use to measure progress toward your desired outcome.

*These should be measurable changes, not merely the accomplishment of tasks. Example: Teachers will each implement one new project using new collaborative instructional skills. (indicates a change in the classroom) NOT; teachers will be trained in collaborative instruction (which may or may not result in change).*

Children with disabilities need an entire environment of relationships to ensure their healthy development. These relationships have typically focused on nurturing the physical, cognitive, social, and emotional growth of the disabled child in school, home, and community settings through consultation. But we now know that this approach, which primarily involves giving advice and information to adults, does not necessarily result in the best outcomes. Rather, there needs to be a focus on the development of adults and the strengthening of their capacity to interact with disabled children in both the home and school environments, in addition to the developmental needs of children. Doing so allows teachers to manage better their classrooms so that learning can take place. It also allows for continuity of care across people and environments. It also allows parents the opportunity to integrate strategies into their everyday lives so as to "boost" outcomes for their children while preventing regression during off school times. INDICATOR 1: 72 parents and 72 teachers will undergo training on how to upload behavior incidents with 100% clinical utility into TELEROO addressing 2-3 specific and recurring behavior and communication issues of their children or students. INDICATOR 2: 72 parents will collect 720 in-home behavior incidents (10 per parent) during the calendar year with 100% clinical utility and successfully upload them into TELEROO so that the ESC Clinical Team can within 48 hours complete assessments and upload video response demonstrations back into TELEROO for the parents' use. INDICATOR 3: 72 teachers during the school year will collect minimally 360 in-home behavior specimens (5 per teacher) with 100% clinical utility and successfully upload them into TELEROO so that the ESC Clinical Team can within 48 hours complete assessments and upload video response demonstrations back into TELEROO for the teachers' use.

v. List and describe pertinent data points that you will use to measure student achievement, providing baseline data to be used for future comparison.

DATA POINT 1: 72 parents will implement during the calendar year 720 trouble-shooting or demonstration video solutions (approx. 10 videos/child) for managing 2-3 specific behavioral issues of children via use of TELEROO, resulting in a 50% improvement in student behavior by the end of the calendar year, and a 3% increase in student achievement by the end of school year. [BASELINE: 0] DATA POINT 2: 72 teachers will implement during the school year 360 trouble-shooting or demonstration video solutions (approx. 5 videos/child) for managing 2-3 specific behavioral issues of children via use of TELEROO, resulting in a 50% improvement in student behavior (e.g., discipline referrals, attendance rates, dropouts rates, suspension rates and transfer rates) and a 3% increase in student achievement by the end of school year. [BASELINE: 0] DATA POINT 3: Within 6 months, 72 parents will be motivated to see and understand their disabled child's progress and improvement through interaction with the ESC Clinical team and use of TELEROO, such that they will be prepared to do more with their children within the context of their everyday routines as evidenced by timely meeting particular developmental milestones in the areas agreed to with the ESC Clinical Team. [BASELINE: 0] DATA POINT 4: 72 parents will collect 720 in-home behavior specimens (10/parent) during the calendar year with 100% clinical utility and successfully upload them into TELEROO so that the ESC Clinical Team can within 48 hrs complete assessments, and upload video response demonstrations back into TELEROO for parents' use. (BASELINE: 0 videos uploaded.) DATA POINT 5: 72 teachers during the school year will collect 360 in-home behavior specimens (5/teacher) with 100% clinical utility and successfully upload them into TELEROO so that the ESC Clinical Team can within 48 hrs complete assessments, and upload video response demonstrations back into TELEROO for teachers' use. (BASELINE: 0 videos uploaded.)

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

The ESC Clinician Team will analyze data provided by the data collection instruments introduced over the course of the "Virtual Intervention Program." Output from surveys and participation records will be analyzed and reported over the course of the program. Through these data collection instruments, the ESC will be able to determine if the program is being implemented efficiently and effectively. Data gathered through the evaluation process will be continually reviewed and analyzed by the ESC Clinician Team, Project Implementation Manager and

Design Team to determine if the implementation needs adjustment. After the first year, the findings of the evaluation report will be posted on the ESC website. The results will provide information to making any changes in the program for subsequent years. Also, the ESC will disseminate the report to thousands of its readers through an electronic newsletter. Finally, the ESC will host a conference call at the end of the first year of the project grant where education providers in Ohio will be invited to participate and ask questions about the project's implementation. Because implementation of the "Virtual Intervention Program" is at the classroom level, the ESC Clinician Team will obtain classroom data for the academic year for the participating school districts. The Team will compare the change in the academic measures in the evaluation year to the previous academic year. To provide an accurate evaluation, the Team will conduct the analysis by including similar or "control" classrooms within each school district in the data. In other words, the Team will not just look at the change in student outcomes for the school districts that implement the program, but will also look at the change in student outcomes for those school districts that have similar characteristics to the program districts, but did not participate in the program. Then, the Team will look at the "difference in differences" between the school districts.

b. Spending reductions in the 5 year forecast

i. List the desired outcomes.

*Examples: lowered facility cost as a result of transition to more efficient systems of heating and lighting, etc.; or cost savings due to transition from textbook to digital resources for teaching.*

The "Virtual Intervention Program" is delivered via a cloud-based technology and with in-time clinical and behavioral/developmental strategies for families via their personal devices. The virtual components can be accessed anytime/anywhere and shared by teachers and families based on appropriate permission setting. This program therefore releases a greater share of scarce resources back to individual districts to enhance classroom teaching and learning. SPENDING REDUCTION OUTCOME 1: Through use of TELEROO (video uploading/review), and with the support of the ESC Clinical Team, parents will have increased access to just-in-time services and support to address the needs of their children with disabilities so as to free up their time and grow to live healthier, more balanced lives. SPENDING REDUCTION OUTCOME 2: Through use of TELEROO, and the support of the ESC Clinical Team, parents will migrate away from long drawn-out school-based consultations with wait times of up to 6 weeks to virtual consultations with wait times of 48 hours (e.g., takes time to get an intervention team together with a parent and to get everyone up to speed and create a new plan, which includes the waiting time after another problem crops up). SPENDING REDUCTION OUTCOME 3: Through use of TELEROO, and with the support of the ESC Clinical Team, the number of severely disabled children needing costly intervention services with third party providers will be reduced at an average cost of \$50,000 per child, creating a greater utilization of resources in the classrooms of all the participating school districts. SPENDING REDUCTION OUTCOME 4: Through use of TELEROO, and with the support of the ESC Clinical Team and parents and teachers in implementing the adult learning strategies prescribed within the demonstration videos, there will be a savings in clinical time, a reduction in the number of legal actions, and an increase in student retention and teaching time in the classroom.

ii. What assumptions must be true for this outcome to be realized?

*Example: transition to "green energy" solutions produce financial efficiencies, etc.; or available digital resources are equivalent to or better than previously purchased textbooks.*

Kids Uncomplicated (KU) has been using TELEROO with parents and teachers in Canada since 2011. It has secured grant funding from the National Research Council of Canada and has participated in large-scale collaborations regarding telehealth policy and implementation. KU was recently chosen as one of 15 companies in Canada to represent the Canadian delegation to Brussels in September for software innovation with social impact. Its TELEROO Tech Tools software product is currently participating in a research study through the University of Alberta, Canada. Preliminary results are very promising: (A) In 2015 a random selection 15 files (out of 140) of children with mild to severe behavior (e.g., kicking, hitting, bolting, biting, head-banging, spitting, pinching, pushing, tantrums (yelling, screaming etc.) revealed behaviors as high as 10x per day lasting from 10 minutes to several days per behavior incident. Within one year of support utilizing TELEROO and a team of clinicians, all behaviors were extinguished except those displayed by 2 children. In the cases, behaviors decreased by 50%. (B) A recent examination of 150 program files (within 1-2 years of programming), 100% of the children became fully toilet trained. All children had generalized functional communication systems across environments including the school, home, and community. The children varied in age from 3 to 16 years old at the onset of programming. (C) In 2010 time on service was between 4 to 8 years depending on severity. With the implementation of TELEROO, (as measured in August 2015) time on service is now consistently between 12 to 23 months. (Children have increased independence and functional skills no longer requiring the services). The frequency of therapeutic contacts with families and also between team members doubled. That is, there is a significant increase in collaboration time across team members including parents.

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, etc), or how these are well-supported by the literature.

Special education costs are rising at an alarming rate. Public schools spend an average of two to three times on each student eligible for special education as they do for students without disabilities (Center for Special Education Finance). For example, Ohio has increased special education funding in recent years, from \$569 million in the fiscal year 2013 to more than \$700 million in 2014, according to data from the Ohio Coalition for the Education of Children with Disabilities' 2015 profile report. Therefore, it is no surprise that 1 in 7 students in Ohio has disabilities requiring intervention-with a per student cost that ranges anywhere from \$9,000 to \$42,800 for a student with intense needs. This significant economic burden represents costs associated with medical care to special education to lost parental productivity. The costs are also not sustainable for families and educational programs. Efficient, effective, and sustainable methods of intervention are needed by all those affected. One such method is video modeling. Video modeling is more cost efficient than in vivo modeling because it requires less time for training and implementation. (Graetz, et al. 2006; Charlop-Christy, et al., 2000) In fact, the most challenging aspect of video modeling is the technical savvy needed to record and edit video sequences. With the recent emergence of video camera-equipped smartphones and the iPad, opportunities to utilize video modeling strategies have grown. The iPad, with a built-in camera and easy to use, inexpensive apps will allow for the easy creation of videos to use to teach parents how to manage behavioral issues associated with their children. Creating videos, developing a video library, and tracking student progress is an innovative model perfect for sharing with other teachers as well. The iPad is a compact, lightweight, and easy to travel, making it extremely easy to use in a multitude of settings. The iPad is relatively inexpensive technology as compared to live sessions. The devices typically offer simple one-touch video recording and playback, and some include editing software that allows for clip trimming, titles, and soundtracks. It is a truly portable tool for creating, editing and using video as a learning/behavioral aid. Opportunities to utilize video modeling include (1) modeling communication and language strategies (2) task-sequencing of complex everyday tasks (grooming, packing a backpack, etc.); (3) videotaped social stories for

managing social situations; (4) behavioral advice and guidance; and (6) general support and encouragement.

iv. List the specific indicators that you will use to monitor progress toward your desired outcome.  
*These should be specific dollar savings amounts. THESE MUST MATCH THE COST SAVINGS AS PROJECTED IN THE FINANCIAL IMPACT TABLE (FIT).*

SPENDING REDUCTION INDICATOR 1: Through use of TELEROO (for video uploading and review) and with the support of the ESC Clinical Team, parents will have increased access to just-in-time services and support to address the needs of their children with disabilities so as to free up their time by 50%. SPENDING REDUCTION INDICATOR 2: Through use of TELEROO and with the support of the ESC Clinical Team, 72 parents will migrate parents away from long drawn-out school-based consultations with wait times of up to 6 weeks to wait times of 48 hours through production of 720 videos, amounting to a savings of 14 days per video. SPENDING REDUCTION INDICATOR 3: Through use of TELEROO and with the support of the ESC Clinical Team, and on an annual basis, 6 severely disabled children from the six school districts needing costly intervention services with third party providers, saving approximately \$300,000 annually (or \$50,000 per district). SPENDING REDUCTION INDICATOR 4: Through use of TELEROO, and with the support of the ESC Clinical Team and parents and teachers in implementing the adult learning strategies prescribed within the demonstration videos, there will be a reduction in the number of legal actions by 3%, and an increase in student retention and teaching time in the classroom by 25%.

v. List and describe pertinent data points that you will use to measure spending reductions, providing baseline data to be used for future comparison.

DATA POINT 1: Through parent surveys determine the percentage of time saved in using just-in-time services of TELEROO and the ESC Clinical Team. [BASELINE: initial survey results.] DATA POINT 2: Administer end of year survey to the school districts to determine retention of participating students in the program, and the resulting savings amount. [BASELINE: 0 children referred to third part intervention services.] DATA POINT 3: Administer surveys to the school districts to determine reductions in legal actions. [BASELINE: Estimated current average cost per legal action.] DATA POINT 4: Through teacher surveys gauge reduction in teacher time addressing behavioral issues resulting in more teaching time. [BASELINE: Estimated current average time to address behavioral issues in the classroom by participating teachers.]

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

The success of the "Virtual Intervention Program" relies on the participation of all school districts, families, and teachers. Therefore the ESC Clinical Team will monitor participation of all program members. If one of the families or classrooms does not participate in the program, the Team will note the reasons so that steps can be taken to mitigate or eliminate the barriers to participation. The ESC Clinical Team will also measure participation of school districts in the program through documenting contributions and attendance for scheduled meetings and conference calls. Districts will complete annual reports indicating money spent in on program areas. Also, the ESC Clinical Team will be expected to document their time and interactions with families and school districts both manually and also within the context of TELEROO technology. TELEROO analytics will also be used to monitor the number of videos stored and streamed for review. Parent participation will be documented both by the ESC team and also through TELEROO.

c. Utilization of a greater share of resources in the classroom

i. List the desired outcomes.  
*Example: change the ratio of leadership time spent in response to discipline issues to the time available for curricular leadership.*

ii. What assumptions must be true for this outcome to be realized?  
*Examples: improvements to school and classroom climate will result in fewer disciplinary instances allowing leadership to devote more time to curricular oversight.*

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, etc), or how these are well-supported by the literature.

iv. Please provide the most recent instructional spending percentage (from the annual Ohio School Report Card) and discuss any impact you anticipate as a result of this project.  
*Note: this is the preferred indicator for this goal.*

v. List any additional indicators that you will use to monitor progress toward your desired outcome. Provide baseline data if available.  
*These should be specific outcomes, not just the accomplishment of tasks. Example: fewer instances of playground fighting.*

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

d. Implementing a shared services delivery model

i. List the desired outcomes.  
*Examples: increase in quality and quantity of employment applications to districts; greater efficiency in delivery of transportation services, etc.*

SHARED SERVICES OUTCOME 1: The school districts will participate in a functional, individualized, continuous, and home-based "capture and access" delivery model that increases support for and empower parents to address the behavioral and developmental issues of their children with disabilities. SHARED SERVICES OUTCOME 2: Parents, teachers and the ESC Clinical Team will receive the training and support they need to effectively and efficiently serve children and families with disabilities through the use of TELEROO. SHARED

SERVICES OUTCOME 3: As the general library of demonstration videos developed by the ESC Clinical Team grows over the years, and as the efficiencies in team interactions/case collaborations grow in frequency and duration, more time will be available for the Team to address follow-up and fine-tuning strategies of additional support for parents that is more specific and strategic in nature. In addition, general instructional videos can be shared across classrooms and districts. For example, the speech-language pathologist can create a short video demonstration of "how to use picture symbols for communication" for sharing across all classrooms, SHARED SERVICES OUTCOME 4: The "Virtual Intervention Program" will augment what the school district special education programs are already doing for students, teachers and families, such that more time will be available for district Intervention Teams to timely address behavioral/developmental matters with non-program families, and that new teachers and staff efficiently "get up to speed" on the behavioral/developmental issues and progress of children and families in the program. SHARED SERVICES OUTCOME 5: The efforts of the "Virtual Intervention Program" will result in retention of behavioral skills in between "school breaks" and after a child successfully leaves the program.

ii. What assumptions must be true for this outcome to be realized?

*Example: neighboring districts have overlapping needs in administrative areas that can be combined to create efficiencies.*

For the "Virtual Intervention Program" to be successful in providing a home-based "capture and access" delivery model, several conditions must be met. First, parents and teachers will be motivated to participate in the program because they use an iPad mini to collect in-home behavior data, which is simple and easy-to-use because it allows for a clear view of the captured scene (for adjusting the field of view), and does not require a complicated setup. Second, parents and teachers will find the video modeling approach to be useful since it will enable them to share their child's/student's behavior in the natural environment with ESC Clinical Team. Third, clinicians will be able to observe children within the home or classroom contexts, and will be able to guide parents and teachers about how to provide intervention within these environments. Fourth, parents' privacy concerns will be alleviated for in-home video recording and sharing knowing that TELEROO gives explicit control over data sharing (i.e., being able to delete and choose not to share a video on the recording device with the clinicians). Fifth, reactivity to being recorded is minimized as children get used to the camera and cell phones over time.

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, data analysis etc), or how these are well-supported by the literature.

As indicated above, Harvard University's Center on the Developing Child promotes a Theory of Change states that many children are at risk for the poor outcomes in behavior and that overcoming the risk requires a concerted focus on the development of adults to create a well-regulated home and school environment where learning can take place. Two programs in the U.S. are aligned to Harvard's Theory of Change and support a shared services delivery model utilizing video platforms. One is the Parent Management Training Oregon Model (PMTO), and the other is Filming Interactions to Nurture Development (FIND)-both developed by the Oregon Social Learning Center. PMTO is an evidence-based practice that provides parent training programs in both groups, and clinical settings focused on the needs of parents to address the behavioral issues of their children from the age of a toddler to adolescent (Van Ryzin, 2015). The PMTO model specifies that parents are the agents of change and that parents are the focus of intervention. Interventionists directly observe a set of structure parent practices, whether in person or through an online video platform and a supportive and collaborative process, guide parents from coercive parenting to effective parenting practices that include encouragement, effective limit setting, positive involvement, and monitoring. Interventions focus on a child's age, family contexts, the socializing influence of adolescent peers, family structure (single parent, blended, grandparent) and financial resources. The interventions proceed step by step, with each skill serving as a foundation for subsequent skills. FIND is a video coaching program for parents of high-risk children. (See <http://www.osldevelopment.org/find-projects>.) Consistent with other video coaching strategies, FIND employs video to reinforce naturally occurring, developmentally supportive interactions between parents and their children. This simple, practical approach utilizes the concept of Serve and Return developed at the Center on the Developing Child at Harvard University. A serve occurs when a child initiates an interaction using words or gestures, or by focusing their attention on something or someone. The serve is returned when the parent notices and responds. Whether in a group or an individual setting, video recordings are taken of caregiver and child in their home or natural setting. Videos are carefully edited to show brief clips in which the caregiver is engaged in developmentally supportive interactions with the child. Whether an individual or group coaching session, the FIND Coach reviews the edited clips in detail with the caregivers so as to facilitate learning and optimize engagement. Each video focuses on one of the 5 elements of Serve and Return that comprise the FIND model. For each film, three short clips are selected. Each clip begins with a brief description that appears as text on the screen and is read aloud by the coach. This text cues the parent to notice the child's initiation (serve) and their own developmentally supportive response (return). Then the clip is played three times for learning purposes. The "Virtual Intervention Program" proposes to utilize the principles of PMTO and FIND and incorporate Harvard's Theory of Change. But it will also expand upon their efforts by focusing on the building of adult capabilities to improve child outcomes with the support of 'capture and access' technology that focuses on addressing behaviors as they arise during the normal experiences of families or teachers in the classroom.

iv. List the specific indicators that you will use to monitor progress toward your desired outcomes.

*These should be measurable changes, not the accomplishment of tasks.*

*Example: consolidation of transportation services between two districts.*

SHARED SERVICES INDICATOR 1: Provide a functional, individualized and home (classroom) -setting approach through the TELEROO capture system that enables parents and teachers to easily and quickly collect videos of children that have "clinical utility". SHARED SERVICES INDICATOR 2: Increase support for parents and teachers through the TELEROO and empowers them by lessening their anxiety and increasing their quality of life by knowing how to address different behavior and communication concerns across different contexts. SHARED SERVICES INDICATOR 3: Provide a momentum in programming by running 12 months of the year, allowing for more frequent contacts and fewer breaks in service which leads to continuity, and minimal program disruption/attrition. SHARED SERVICES INDICATOR 4: Parents and teachers will receive the training and support they need to effectively and efficiently serve children and families with disabilities through use of TELEROO. SHARED SERVICES INDICATOR 5: The ESC Clinical Team will receive the training they need to effectively and efficiently serve children and families with disabilities through use of TELEROO tech tools. SHARED SERVICES INDICATOR 6: As the general library of demonstration videos developed by the ESC Team of Clinicians for the "Virtual Intervention Program" grows over the years, general instructional videos can be shared across more and more districts. In addition, more time will be available for the Team to address follow-up and fine-tuning strategies of additional support for parents that is more specific and strategic in nature. SHARED SERVICES INDICATOR 7: Augment what the school district special education programs are already doing with students, teachers and families, such that more time will be available for district Intervention Teams to timely address behavioral/developmental matters with non-program families, while allowing new teachers and staff to efficiently "get up to speed" on the behavioral issues, progress,

v. List and describe pertinent data points that you will use to evaluate the success of your efforts, providing baseline data to be used for future comparison.

*Example: change in the number of school buses or miles travelled.*

SHARED SERVICES DATA 1: 100% of the videos collected by parents/teachers for uploading into TELEROO will be 1-10 minutes in duration and have "clinical utility" as determined qualitatively by the ESC Clinical Team. SHARED SERVICES DATA 2: The anxiety of parents/teachers in addressing the behavioral/communication issues of their children/students will be lessened as demonstrated by the ease-of-use of the iPad mini and TELEROO. SHARED SERVICES DATA 3: The program will operate throughout the calendar year resulting in continuity between school and families during breaks and minimal program disruption/attrition. SHARED SERVICES DATA 4: 100% of parents, teachers and the ESC Team of Clinicians will report that they have received superior, mentorship and training on how to utilize TELEROO tech tools through responses to surveys administered after training and after three months of use. SHARED SERVICES DATA 5: As the general library of demonstration videos developed by the ESC Team of Clinicians grows, by year two, 5-10% of their time will be freed up annually for the Team to address follow-up and fine-tuning strategies of additional support for parents that is more specific and strategic in nature. SHARED SERVICES DATA 7: The program will augment what the six school district special education programs are already doing with students, teachers and families, such that the time of district Intervention Teams to timely address behavioral/developmental matters with non-program families will be freed up by 3%, while allowing new teachers and staff to efficiently "get up to speed" on the behavioral issues, progress, and strengths of children and families in the program, freeing up their time by 2%. SHARED SERVICES DATA 8: The program will result in retention of behavioral skills in between "school breaks" by all children in the program and 95% of behavioral skills will be maintained by a child no longer in the program.

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

The success of the "Virtual Intervention Program" relies on the participation of all school districts, families, and teachers. Therefore the ESC Clinical Team will monitor participation of all program members. If one of the families or classrooms does not participate in the program, the Team will note the reasons so that steps can be taken to mitigate or eliminate the barriers to participation. The ESC Clinical Team will also measure participation of school districts in the program through documenting contributions and attendance for scheduled meetings and conference calls. Districts will complete annual reports indicating money spent in on program areas. Also, the ESC Clinical Team will be expected to document their time and interactions with families and school districts both manually and also within the context of TELEROO technology. TELEROO analytics will also be used to monitor the number of videos stored and streamed for review. Parent participation will be documented both by the ESC team and also through TELEROO.

10. Which of the following best describes the proposed project? - (Select one)

- a. New - Never before implemented
- b. Existing - Never implemented in your community school or school district but proven successful in other educational environments
- c. Replication - Expansion or new implementation of a previous Straight A Project
- d. Mixed Concept - Incorporates new and existing elements
- e. Established - Elevating or expanding an effective program that is already implemented in your district, school or consortia partnership

### C) BUDGET AND SUSTAINABILITY

11. Financial Information: - All applicants must enter or upload the following supporting information. The information in these documents must correspond to your responses in questions 12-19.

a. Enter a project budget in CCIP (by clicking the link below)

[Enter Budget](#)

b. If applicable, upload the Consortium Budget Worksheet (by clicking the Upload Documents link below)

c. Upload the Financial Impact Table (by clicking the Upload Documents link below)

[Upload Documents](#)

*The project budget is entered directly in CCIP. For consortia, this project budget must reflect the information provided by the applicant in the Consortium Budget Worksheet. Directions for the Financial Impact Table are located on the first tab of the workbook. Applicants must submit one Financial Impact Table with each application. For consortium applications, please add additional sheets instead of submitting separate Financial Impact Tables.*

1,000,000.00 12. What is the amount of this grant request?

13. Provide a brief narrative explanation of the overall budget.

*Responses should provide a rationale and evidence for each of the budget items and associated costs outlined in the project budget. In no case should the total projected expenses in the budget narrative exceed the total project costs in the budget grid.*

Professional Services: Cuyahoga County Educational Service Center (ESC) [TOTAL: \$296,800] Includes Salaries (Sub-Total: \$212,000): Speech pathologist = \$53,000 (1 FTE); Developmental psychologist = \$53,000 (1 FTE); Intervention specialist with social work background = \$53,000 (1 FTE); Behavioral specialist- with autism specialty = \$53,000 (1 FTE); Fringe Benefits = \$21,200 (40% of salary) x 4 = \$84,800. Professional Services: Kids Uncomplicated - ADMINISTRATION AND CONTINGENCY: [TOTAL = \$220,950] Includes: (a) Human Resources: Posting Sheets, Hiring and Interviewing (2 People x 8hrs/Day X 2 Days X \$125/Hr) = \$4,000, (b) Cohort Selection (3 People x 8hrs/Day X 2 Days X \$125/Hr) = \$6,000, (c) Goals, Strategies, & Measurement (75 Children/Families Average 2 Goals per IEP (1 Family, 1 Child) = 150 goals; 2

Hrs/Goal = 300 hours X \$125/Hr = \$37,500, (d) Site Visits (Month 2, 6, 10, 15) (Based on 2 People x 8hrs/Day X 4 Days X \$150/Hr X 4 trips = \$38400; Flight =\$1300 x 2 people X 4 = \$10400; Hotel = \$175 x 2 X 4 = \$1400; Food = \$50/day X 2 people X 4 days X 4 trips = \$1600; Flight, Hotel and Meals billed on Actuals) = Cost: \$51,800, (e) Oversight (YR 1) (2 People x 4hrs/Wk = 8 Hrs Per Week; 50 Weeks (Yr 1) X \$125/Hr) Cost: \$50,000, (f) "Trouble Shooting" (YR 1) (10 Hrs/Month X \$125/Hr) = \$1,250, (g) Researcher / Analytics: Cost: \$37,505, (h) Teleroo Library Set Up \$ 12,500 + Teleroo Library Maintenance \$26,395. Professional Services: Kids Uncomplicated - TELEROO TECHNOLOGY [TOTAL = \$341,820] Includes: Teleroo Video Library Set Up (Includes 100 Customized Instructional Videos) = \$12,500; Teleroo Video Library Maintenance (1) Average Video Size: 25 MB; Storage for 50,000 videos: 1,250,000 MB; Converted to GB: 1,221 GB = Cost for Storage / month: \$109.86 /Month; (2) 50,000 stored videos; Data Transfer to stream 50,000 videos: 1,250,000 MB; Converted to GB: 1,221 GB = Cost for data transfer / month: \$329.58/Month; (3) 50,000 video views; 109.86 + 329.58 = \$440 Total Monthly = \$440 X 60 months = 26,367. ? Teleroo Child/ Family and Staff Video Files: Based on 10 Districts (Approx) 7 staff/District: SLP, OT, BSupp, Teacher, Supervisor, 2 Aides = 70; 75 families; 5 ESC Personnel; 5 Other; Total = 155 End Users (quotes based on 150 users); Tech Support (2 days/week). Monthly Cost per User 37.98/ month X 150 Users = \$5,697 X 60 months = \$341,820. Professional Services: (a) Evaluator: \$60,000; and (b) ESC Fiscal Oversight: = \$15,000. Technology: [TOTAL: \$36,060] Includes (a) 72 iPad minis and covers for 72 families to collect and share in-home behavior specimens for clinical assessment; (b) (\$200 Apple I pad mini + \$40 cover) x 72 families = \$17,280; (c) 72 iPad minis and covers for 72 teachers to collect and share in-home behavior specimens for clinical assessment; (d) (\$200 Apple I pad mini + \$40 cover) x 72 teachers = \$17,280; (e) Dell laptop computers for ESC Clinician Team: \$300 laptop (Dell 15.6" Inspiron 3542 Laptop PC with Intel Core i3-4005U Processor, 4GB Memory, 500GB Hard Drive and Windows 10) x 5 Clinicians = \$1,500. Training Costs: [TOTAL: \$29,370] Includes: (a) ESC Clinical Team: (2 weeks in Alberta, Canada) (Sub-Total: \$16,850) [Travel: \$1,200 x 5 clinicians = \$6,000 + Hotel: \$125/day x 14 days x 5 clinicians = \$8,750 + Meals: \$30/day x 14 days x 5 clinicians = \$2,100] (b) Teachers: (Sub-Total: \$9,860) [ESC Facility: \$500/day for facility rental = \$500 + Meals for families: 72 teachers x \$30/day = \$2,160 + Teacher Stipends: 72 teachers \$100/day = \$7,200] (c) Families: (Sub-Total: \$2,660) [ESC Facility: \$500/day for facility rental = \$500 + Meals for families: 72 individuals x \$30/day = \$2,160].

14. Please provide an estimate of the total costs associated with maintaining this program through each of the five years following the initial grant implementation year (sustainability costs). This is the sum of expenditures from Section A of the Financial Impact Table.

296,800.00 a. Sustainability Year 1

296,800.00 b. Sustainability Year 2

296,800.00 c. Sustainability Year 3

296,800.00 d. Sustainability Year 4

296,800.00 e. Sustainability Year 5

15. Please provide a narrative explanation of sustainability costs.

*Sustainability costs include any ongoing spending related to the grant project after June 30, 2017. Examples of sustainability costs include annual professional development, staffing costs, equipment maintenance, and software license agreements. To every extent possible, rationale for the specific amounts given should be outlined. The costs outlined in this narrative section should be consistent and verified by the financial documentation submitted and explained in the Financial Impact Table. If the project does not have sustainability costs, applicants should explain why.*

Most of the expenses associated with the "Virtual Intervention Program" are one-time costs associated with training the ESC Clinical Team and its use of TELEROO, purchase of the mini iPads, training parents and teachers on the use of the mini iPads and TELEROO, the ongoing evaluation, and securing TELEROO licenses. Since the program is a demonstration, Kids Uncomplicated has agreed to allow participating families and teachers participating access TELEROO under a one-time (6-year) licensing fee as shown in the first year of the budget. In addition, once the ESC Clinical Team members are trained, the professional development costs will not reoccur, but will continue to yield outcomes for many years to come. This will be especially evident in the creation of demonstration videos for the program's own library on TELEROO. The only expense to be incurred by the six school districts during the sustaining period of the "Virtual Intervention Program" involve salaries of the ESC Clinical Team. After the first year of the program ends (grant year), the cost to sustain the four team members for the remaining 5 years of the program is an annual \$296,800 (salary + fringe). The purpose of the TELEROO demonstration is to generate cost-savings within the school districts associated with the pilot while providing better outcomes for their students with disabilities. A primary source of those savings will be the increased district capacity to retain, or return, high-need students to the district who had been, or may be, served by external provider programs. After the grant funding ends, each district in the consortium has agreed to dedicate a percentage of their actual savings to sustain the ESC clinical team for the remaining five years. For the first year of sustainability, this percentage will be capped at 90% of the annual realized savings for any district. This allows for an equitable distribution among districts based on their individual usage or Return on Investment. This percentage will be reduced by 10% each year to culminate at a cap of 50% of district savings dedicated towards the ESC clinical team. Conversely, each district will retain at least 50% of their annual savings from this project by Year 5. Based on initial Kids Uncomplicated research, a conservative estimate of savings would be between \$50,000 - \$60,000 per district per student that is retained and served within the district. Similar to a district's staff planning, the FTE for the ESC clinical team will be prorated to not exceed the proportion of savings agreed to by each district. After the initial pilot period of grant funding, the ESC will also disseminate project outcomes to a second tier of districts who may be interested in participating in this model, thereby replicating the pilot, expanding the consortium model and further reducing costs for participating districts or allowing for increased FTE in the ESC clinical team.

100 16. What percentage of these costs will be met through cost savings achieved through implementation of the program?

*Total cost savings from section B of the Financial Impact Table divided by total sustainability cost from section A of the Financial Impact Table. If the calculated amount is greater than 100, enter 100 here.*

17. Please explain how these cost savings will be derived from the program.

*Applicants who selected spending reductions in the five-year forecast as a goal must identify those expected savings in questions 16 and 17. All spending reductions must be verifiable, permanent, and credible. Explanation of savings must be specific as to staff counts; salary/benefits; equipment costs, etc.*

Identifying students with disabilities and determining the most appropriate types of services to meet their needs is a difficult task. Finding the right program for students with disabilities is expensive and time consuming. That is why the "Virtual Intervention Program" is a solution to this dilemma because it uses a team of clinicians utilizing the innovative TELEROO product to increase outcomes for children and families with

disabilities. TELEROO also increases access, efficiencies and knowledge transfer for schools, and other educational and health organizations. The model equates to efficient, effective and sustainable practices that allow for significant cost savings without decreasing quality of service. In fact, the service delivery model is improved as parents and teachers increase their capacity to support their children's/student's needs across environments and overtime. Also the outcomes are increased due to continuity in the implementation of strategies across people and environments (e.g., parents are implementing the same strategies in the home that teachers are implementing in the classroom environment). The six school districts associated with the program realize that their purpose is to demonstrate that the use of TELEROO will not only generate cost-savings but will provide better outcomes for their disabled students. One source of those savings will be the ability to bring students who previously had been served by third party programs back into the regular school program, and, or the ability to retain "threshold" students without having to pay the exorbitant fees charged by outside providers that cost, on average, \$50,000 per each disabled student. Such savings are expected to be realized for each districts a minimum of one captured student/year. Identifying students with disabilities and determining the most appropriate types of services to meet their needs is a difficult task. Finding the right program for students with disabilities is expensive and time consuming. That is why the "Virtual Intervention Program" is a solution to this dilemma because it uses a team of clinicians utilizing the innovative TELEROO product to increase outcomes for children and families with disabilities. TELEROO also increases access, efficiencies and knowledge transfer for schools, and other educational and health organizations. The model equates to efficient, effective and sustainable practices that allow for significant cost savings without decreasing quality of service. In fact, the service delivery model is improved as parents and teachers increase their capacity to support their children's/student's needs across environments and overtime. Also the outcomes are increased due to continuity in the implementation of strategies across people and environments (e.g., parents are implementing the same strategies in the home that teachers are implementing in the classroom environment). The six school districts associated with the program realize that their purpose is to demonstrate that the use of TELEROO will not only generate cost-savings but will provide better outcomes for their disabled students. One source of those savings will be the ability to bring students who previously had been served by third party programs back into the regular school program, and, or the ability to retain "threshold" students without having to pay the exorbitant fees charged by outside providers that cost, on average, \$50,000 per each disabled student. Such savings are expected to be realized for each districts a minimum of one captured student/year.

0 18. What percentage of sustainability costs will be met through reallocation of savings from elsewhere in the general budget?

*Total reallocation from section C of the Financial Impact Table divided by total sustainability cost from section A of the Financial Impact Table*  
*Note: the responses to questions 16 and 18 must total 100%*

19. Please explain the source of these reallocated funds.

*Reallocation of funds implies that a reduction has been made elsewhere in the budget. Straight A encourages projects to determine up front what can be replaced in order to ensure the life of the innovative project.*

Recurring costs include support of the ESC Clinical Team paid for in savings realized from efficiencies associated with use of TELEROO. Therefore reallocation of costs are not anticipated.

## D) IMPLEMENTATION

20. Please provide a brief description of the team or individuals responsible for the implementation of this project, including other consortium members or partners.

*This response should include a list of qualifications for the applicant and others associated with the grant. Please list key personnel only. If the application is for a consortium or a partnership, the lead should provide information on its ability to manage the grant in an effective and efficient manner. Include the partner/consortium members' qualifications, skills and experience with innovative project implementation and projects of similar scope.*

Enter Implementation Key Personnel information by clicking the link below:

[Add Implementation - Key Personnel](#)

*For Questions 21-23 please describe each phase of your project including its timeline, and scope of work.*

*A complete response to these questions will demonstrate awareness of the context in which the project will be implemented and the time it will take to implement the project with fidelity. A strong plan for implementing, communicating and coordinating the project should be apparent, including coordination and communication in and amongst members of the consortium or partnership (if applicable). Not every specific action step need be included, but the outline of the major steps should demonstrate a thoughtful plan for achieving the goals of the project. The timeline should reflect significant and important milestones in an appropriate time frame.*

21. Planning

a. Date Range Already occurred.

b. Scope of activities - include all specific completion benchmarks.

In the early fall of 2015, the Cuyahoga County ESC formed a design committee of representatives (superintendents, administrators, and clinicians) from the six school districts to discuss the "Virtual Intervention Program," and any potential obstacles. The committee met several times, including a meeting with Kids Uncomplicated (KU) representatives to discuss licensing, qualifications and utility of the TELEROO product. As part of the planning process, KU representatives visited the school districts to observe classroom configurations/ratios, to determine the complexity of students, and to understand currently implemented strategies and needs of the districts. The design committee discussed several issues. FIRST, since the program is a demonstration, participating school districts will be considered as participants. SECOND, the ESC Team of Clinicians will not incorporate Individualized Education Programs (IEP's) into their work with families or teachers or the use of TELEROO, although there may be familiarity with, and general promotion of, IEPs and the goals of the school districts. THIRD, a data sharing plan will be developed by the Cuyahoga County ESC can help to facilitate its use by the evaluator. FOURTH, the committee met with legal counsel to discuss licensing, confidentiality, and parent permission issues related to the use of TELEROO and understand how it meets the requirements of Family Educational Rights and Privacy Act (FERPA) and that videos can become part of a student's record. Fourth,

only Kids Uncomplicated, the ESC Clinical Team members, participating teachers, select school district staff, and parents can upload/have access to student information in TELEROO for educational purposes. FIFTH, other nonparticipating children shown in videos will be blurred out so as to protect their privacy. SIXTH, TELEROO features a double firewall or security feature to protect identities of participating students that is password protected and permission based.

## 22. Implementation (grant funded start-up activities)

a. Date Range March 2016 - June 2017

b. Scope of activities - include all specific completion benchmarks

**IMPLEMENTATION Timeline:** PHASE I (Mar-16): (a) Notify stakeholders of the award, (b) Secure contract with Kids Uncomplicated (KU), (c) Select/train ESC Clinical Team at KU offices. Training includes: (i) meet leadership team at KU, review manuals, receive tech training (how to adapt forms, intake and onboarding), (ii) attend joint visits with team members, participate in internal meetings, and participate in parent start-up meeting (templates and homework given), (iii) study and review 10 student files and study analytics, and (iv) address ongoing mentorship requirements for families and educational staff. ? PHASE II (Apr-May-16): ESC Clinical Team and KU will select a Student and Parent Cohort after interview/application process. ? PHASE III (May-16): Conduct training for parents and teachers. The slogan "Keep it SIMPLE" the assignment of 2-3 "manageable" tasks at a time will be emphasized. Parents will observe improvements in their child's behavior and understand that TELEROO is not a quick solution, but that regular practice of strategies must occur in home and classroom environments. **LAUNCH Timeline:** PHASE I (Jun-16): Parents/teachers upload baseline videos onto TELEROO for a response from the ESC Clinical Team. Districts maintain activities as part of current programming. ? PHASE II (Jul-16 to Jun-17): Continue development of visual assets: (i) develop general video training libraries, (ii) encourage parents/teachers to capture symptomatic behavior, (iii) help compile and organize visual evidence for individual student files. School staff will regularly communicate with the ESC Clinical Team to discuss individual cases, treatment initiatives and to build both generic and student-specific video files. ? PHASE III (Jul-16 to Jun-17): Each district sends an intervention specialist and speech pathologist to the ESC to adjust the efforts of the ESC Clinical Team if needed. ? PHASE III (Jul-16 to Jun-17): Convene design committee for progress monitoring and communi

## 23. Programmatic Sustainability (years following implementation, including institutionalization of program, evaluation and communication of program outcomes)

a. Date Range July 2017 - 2020

b. Scope of activities - include all specific completion benchmarks

**SUSTAINED DEPLOYMENT:** Sustaining the "Virtual Intervention Program" requires adherence to the Launch Phase with particular attention to the following: **MAINTENANCE STEP 1:** After a behavior videos are recorded, parents and teachers can edit it, before uploading. Parents will only be asked to identify the behavior at issue in the video. Once uploaded, videos are available through TELEROO for clinical assessment. During deployment, an activity log of the capture will automatically be generated and stored on TELEROO, which will track each interaction (amount/type of video), and whether used in the home or classroom. **MAINTENANCE STEP 2:** The ESC Clinical Team will observe incidents in their natural context or observe behaviors that they typically would not see, such as infrequent behaviors. Clinicians then provide a 48-hour response (demonstration video) to the school district staff for submission to families/teachers. Clinicians will review each video uploaded and decide whether it is good enough to conduct an assessment, or whether the scenario should be re-recorded. The clinicians who guide the parents' capture will then fill out a clinical utility questionnaire that rates the clinical utility of each collected video and lists any factors that reduced its quality. Clinicians will send initial responses to the district for distribution to the parent. Clinicians may not always send a video because parents or teachers may only need quick verbal support (via video conference or in person). The school district staff must grant permission prior to ESC Clinical Team contact with parents. **MAINTENANCE STEP 3:** Every six months a follow-up questionnaire and semi-structured interview will be conducted to solicit parent parents' and teachers' feedback about their experience using TELEROO. For families that no longer need to participate in the project, they will return the deployment kit and undergo a final questionnaire and semi-structured interview.

## E) SUBSTANTIAL IMPACT AND LASTING VALUE

24. Describe the expected changes to the instructional and/or organizational practices in your institution.

*The response should illustrate the critical instructional and/or organizational changes that will result from implementation of the grant and the impact of these changes. These changes can include permanent changes to current district processes, new processes that will be incorporated or the removal of redundant processes. The response may also outline the expected change in behaviors of individuals (changes to classroom practice, collaboration across district boundaries, changes to a typical work day for specific staff members, etc.). The expected changes should be realistic and significant in moving the institution forward.*

Please enter your response below:

The qualitative impacts or changes that will occur as a result of implementing the "Virtual Intervention Program" include the following:  
**CHILDREN WITH SPECIAL NEEDS:** (a) Improvement in all areas of child development (e.g., communication, behavior, motor skills); (b) Children are included and experience significant gains in overall functioning; (c) Attention is individualized and focused on children in an overburdened system; (d) Help is received when it is needed; (e) Natural approaches align with family priorities and strengths; (f) Proactive approaches are used versus reactive approaches; and (g) Risk factors for poverty, violence, family break up, and suicide are reduced.  
**FAMILIES:** (a) Increased family stability due to increased access to effective services; (b) Families participate and gain capacity to support their children in meaningful ways; (c) Siblings get the attention they need from parents as the whole family is supported; (d) Siblings are included in the care of children with disabilities; (e) New innovative solutions are generated and incorporated by parents; (f) Family members become more empowered and healthy; (g) Extended family members participate in strategy development and successes; (h) Family functioning increases resulting in greater inclusion in all aspects of society; (i) Strategies can be extended to aging and other at risk family members; and (j) Privacy and Security is maintained without limiting access to efficient service.  
**CLINICIANS & TEACHERS:** (a) Clinicians and teachers are trained and supported increasing collaboration, effectiveness and overall job satisfaction (better retention of employees); (b)

Clinicians can serve more children without negatively impacting the quality of service; and (c) Clinicians stay current on evidenced-based practices through online access to information.

25. Please provide the name and contact information for the person and/or organization who will oversee the evaluation of this project.

*Projects may be evaluated either internally or externally. However, evaluation must be ongoing throughout the entire period of sustainability and have the capacity to provide the Ohio Department of Education with clear metrics related to each selected goal.*

Please enter your response below:

Robert L. Fischer, Ph.D. Case Western Reserve University, Mandel School of Applied Social Sciences 10900 Euclid Avenue, Cleveland, OH 44106-7164 (216) 368-2711 Email address: fischer@case.edu

26. Describe the overall plan for evaluation, including plans for data collection, underlying research rationale, measurement timelines and methods of analysis.

*This plan should include the methodology for measuring all of the project outcomes. Applicants should make sure to outline quantitative approaches to assess progress and measure the overall impact of the project proposal. The response should provide a clear outline of the methods, process, timelines and data requirements for the final analysis of the project's progress, success or shortfall. The applicant should provide information on how the lessons learned from the project can and will be shared with other education providers in Ohio. Note: A complete and comprehensive version of the evaluation plan must be submitted to ODE by all selected projects.*

The evaluation for the "Virtual Intervention Program" will include both process and outcome evaluation elements. The process evaluation will monitor the effectiveness of the training provided and the quantity and quality of video specimen submission by parents and teachers. In addition, the process evaluation will track the response time by clinical teams to the video postings by parents and teachers. The outcome evaluation will also consider knowledge, attitudinal, and behavioral outcomes of relevance to the program model. [Program Outcome Domains include: (A) Parent/Teacher Outcomes (Ability to record and submit behavioral video specimens; Increased knowledge of strategies to deal with problem behaviors; Increased confidence in dealing with problem behaviors; Enhanced ability to respond to problem behaviors; Increased understanding of student strengths and needs). (B) Student Outcomes include: Reduction in problem behaviors; Improved overall behavior; Increased student achievement; Improved communication skills. The proximal outcomes are those for the parents and teachers. If successfully achieved, these are expected to lead to outcomes for the target students. The participant outcomes will be measured in two ways. First, parent/teacher outcomes will be measured by administering self-report surveys at prescribed intervals (i.e., 3, 6, and 12 months post training). Following the first year, surveys will be administered annually. These surveys will assess changes in knowledge, confidence, and self-reported behaviors among parents and teachers. Survey tools will be developed in collaboration with the TELEROO developers and representatives from the school districts and the ESC. In addition, video specimen submissions will be monitored in regard to quantity and quality over time. Second, student outcomes will be measured using administrative records maintains by the 6 school districts in regard to student behaviors and suspensions, and academic performance (e.g., grades, credit completion, grade advancement). The formatting of these data will be agreed upon prior to the start of the study and then transmitted annually to the evaluation team. Comparable data on the comparison group of students will also be provided. In addition to the more quantitative data, qualitative data will be collected annually. This will involve two focus groups (one with parents, one with teachers) with representation across the participating districts. The goal of this work will be to better understand the experience of the program from the parent and teacher perspectives, identify challenges in delivery, and assess impressions of program on student behaviors. STUDY METHODS: Program participants will be informed of the study and asked to sign a research informed consent document prior to participation. Parents will be asked to consent on behalf of their child. Older students (i.e., 12 years of age and older) will also be asked to provide their assent to take part in the study. The study will be conducted under a human subjects protocol approved by the Case Western Reserve University Institutional Review Board. ANALYSIS: Outcome data will be analyzed in three ways. (1) Data on participants will be analyzed over time to examine significant changes within the participant population; (2) Outcome data on target students will be compared to data on a comparison group of nonparticipating students from the same districts who are comparable to the target students; and (3) Data will be analyzed to examine participant subgroups, especially to examine changes among students in cases where parents and teachers were particularly effective in achieving change in their approach to problem behaviors. The evaluation team will provide annual reports on the process and outcome evaluation results available to date.

27. Please describe the likelihood that this project, if successful, can be scaled-up, expanded and/or replicated. Include a description of potential replications both within the district or collaborative group, as well as an estimation of the probability that this solution will prove useful to others. Discuss the possibility of publications, etc., to make others aware of what has been learned in this project.

*The response should provide an explanation of the time and effort it would take to implement the project in another district, as well as any plans to share lessons learned with other districts. To every extent possible, applicants should outline how this project can become part of a model so that other districts across the state can take advantage of the learnings from this proposed innovative project. If there is a plan to increase the scale and scope of the project within the district or consortium, it should be noted here.*

The "Virtual Intervention Program" can be easily scaled up to include other school districts within the state of Ohio. This is because the program's cloud-based or virtual solution allows for remote access and video recording from anywhere or anytime to accommodate the needs of parents and teachers. The time to bring a school district into the system would be within a few months at most, which requires a family to complete an online interview (if needed) and application process. Any school district that wants to join the "Virtual Intervention Program" will benefit from the significant and discounted cost-savings associated with acquiring TELEROO through the efforts of the Educational Service Center of Cuyahoga County and the collaboration of the participating school districts. For instance, the cost of bringing ten children into the program is approximately \$43,000 (which includes TEREROO Individual Client Files and Annual TEREROO Video Library) for an overall cost of \$4,300/child, PLUS a negotiated percentage of the costs associated with the work of the ESC Clinical Team. The team can accommodate additional families and children because the economies of scale produced as a result of developing a general library of demonstration videos for use by the clinicians. In addition to collaboration and high-quality, cost-efficient services to school districts and local agencies, the Cuyahoga County ESC has a long standing history of serving of partnering on regional initiatives and acting as a conduit for information and resources for ODE. This enables the ESC to be a strong partner in a streamlined role of service delivery, which includes its oversight of the ESC Clinical Team. In addition to strong partnerships with school districts and ODE, the ESC has an ongoing commitment to collaborations and partnerships with other ESCs, local government, community agencies and a regional network of over fifteen institutions of higher education to develop other innovative programs and opportunities to meet the needs of school districts across

Northeast Ohio. It will keep them apprised of the progress of the "Virtual Intervention Program" through emails, newsletters, etc.

By virtue of applying for the Straight A Fund, all applicants agree to participate in the overall evaluation of the Straight A Fund for the duration of the evaluation time frame. The Governing Board of the Straight A Fund reserves the right to conduct an evaluation of the project and request additional information in the form of data, surveys, interviews, focus groups and other related data on behalf of the General Assembly, Governor and other interested parties for an overall evaluation of the Straight A Fund.

PROGRAM ASSURANCES: I agree, on behalf of this applicant, and any or all identified consortium members or partners, that all supporting documents contain information approved by a relevant executive board or its equivalent and to abide by all assurances outlined in the Straight A Assurances (available in the document library section of the CCIP).

I agree, on behalf of this applicant, and any or all identified consortium members or partners, that all supporting documents contain information approved by a relevant executive board or its equivalent and to abide by all assurances outlined in the Straight A Assurances (available in the document library section of the CCIP). /s/ Jennifer Dodd, Ph.D. - Director of Operations and Development Educational Service Center of Cuyahoga County

Consortium

ESC of Cuyahoga County (046532) - Cuyahoga County - 2016 - Straight A Fund - Rev 0 - Straight A Fund

Save And Go To 

**Consortium Contacts**

First Name	Last Name	Telephone Number	Email Address	Organization Name	IRN	Address	Delete Contact
Bruce	Willingham	(216) 587-6100	bruce.willingham@mapleschools.com	Maple Heights City	044305	5740 Lawn Ave, Maple Heights, OH, 44137-3870	
Bob	Scott	(440) 933-6210	Robert.Scott@avonlakecityschools.org	Avon Lake City	048124	175 Avon Belden Rd, Avon Lake, OH, 44012-1600	
Andrea	Celico	(440) 439-1500	acelico@bedford.k12.oh.us	Bedford City	043562	475 Northfield Rd, Bedford, OH, 44146-2201	
Nancy	Santilli	(440) 543-9821	nancy.santilli@kenstonapps.org	Kenston Local	047191	17419 Snyder Rd, Chagrin Falls, OH, 44023-2730	
Jeff	Patterson	(216) 529-4000	jeff.patterson@lakewoodcityschools.org	Lakewood City	044198	1470 Warren Rd, Lakewood, OH, 44107-3918	
Michael	Sheppard	(216) 898-8300	msheppard@berea.k12.oh.us	Berea City	043612	390 Fair St, Berea, OH, 44017-2308	
Jennifer	Dodd	(216) 901-4240	Jennifer.Dodd@esc-cc.org	ESC of Cuyahoga County	046532	6393 Oak Tree Blvd Ste 300, Independence, OH, 44131-6964	

Partnerships

ESC of Cuyahoga County (046532) - Cuyahoga County - 2016 - Straight A Fund - Rev 0 - Straight A Fund

Save And Go To 

**Partnerships**

<b>First Name</b>	<b>Last Name</b>	<b>Telephone Number</b>	<b>Email Address</b>	<b>Organization Name</b>	<b>IRN</b>	<b>Address</b>	<b>Delete Contact</b>
Robert L.	Fischer, Ph.D.	(216) 368-2711	fischer@case.edu	Case Western Reserve University, Mandel School of Applied Social Sciences		10900 Euclid Avenue, , Cleveland , OH, 44106-7164	
Robyn	Henderson	(780) 887-1936	Robyn@kidsuncomplicated.com	Kids Uncomplicated		15373 - 117 Ave. , , Edmonton, AB, T5M 3X4	

## Implementation Team

ESC of Cuyahoga County (046532) - Cuyahoga County - 2016 - Straight A Fund - Rev 0 - Straight A Fund

Save And Go To 

Implementation Team								
First Name	Last Name	Title	Responsibilities	Qualifications	Prior Relevant Experience	Education	% FTE	Delete Contact
Jennifer	Dodd	Director of Operations	Will oversee the Program and ESC Clinical Team; hire ESC Clinical Team; oversee work of the Evaluator; participate in quarterly meetings with school districts Superintendents and/or representatives about the program implementation.	Degrees-B.A. Psychology, M.Ed. Early Childhood Special Education, Ph.D. Urban Education Policy; Licensure-PreK-3 Intervention Specialist, K-9 Principal, Superintendent (in progress).	Jennifer Dodd is the Director of Operations and Development at the Educational Service Center (ESC) of Cuyahoga County. Prior to working at the ESC, Jennifer worked as a special education teacher in Independence Schools. Her responsibilities include operations and facility management; fiscal planning; services development; regional expansion through shared services; P-16 cross-system efforts with early childhood, higher education and social agencies; grant/project coordination; data collection and research; and educational budget and policy review.	Jennifer has a Bachelor's in Psychology and a Master's in Early Childhood Special Education from Cleveland State University and currently ho	3	
Robert L.	Fischer, Ph.D.	Professor	Evaluator (see proposal)	Dr. Fischer is an active member of the American Evaluation Association (AEA) and served for six years as president of the Ohio Program Evaluators' Group, a state-wide organization of evaluation professionals. He has served as an evaluation consultant in such areas as social work and community-based intervention, organ donation promotion, faith-based programming, and minority health programming. He is the 2011 recipient of the Roberta O'Keefe Service Award from the Ohio Program Evaluators' Group and a 2006 recipient of the Teacher of the Year Award from the Mandel Center for Nonprofit Organizations.	Robert L. Fischer is a Research Professor at the Jack, Joseph and Morton Mandel School of Applied Social Sciences of Case Western Reserve University. Since 2007 he has served as Co-Director of the Center on Urban Poverty and Community Development at the Mandel School. Dr. Fischer leads a range of evaluation research studies and teaches evaluation methods to students in social science administration and nonprofit management. Dr. Fischer is also faculty director of the Masters of Nonprofit Organizations (MNO) degree program at the Mandel School. Dr. Fischer has presented the findings from his research at national and international conferences in the evaluation, social work and nonprofit research fields and has published these results in various professional journals.	Dr. Fischer received his Ph.D. from Vanderbilt University in policy development and program evaluation and holds a master degree from Vander	5	
Robyn	Henderson	CEO of Kids	Support the training and	(a) Nominated as Entrepreneur of the	Robyn oversees Kids Uncomplicated (KU), a	Robyn has a Master's	20	

	Unlimited	<p>implementation of multidisciplinary cloud based services for children, school district personnel and families of children with disabilities. Activities included but are not limited to training, implementation project oversight, and measurement.</p>	<p>Year by Alberta Women Entrepreneurs (2015), (b) Co-author with Mount Royal University on Positive Behaviour Supports for Children, Planning for Success, (c) A committee member for the Ministry of Human Services in developing family and program outcomes measures, and (d) Funded by the National Research Council of Canada for the development of the Professional Development Center for Telerehabilitation (2014-present).</p>	<p>multidisciplinary service company that demonstrates innovations in both their service model and also their technologies (collectively called TELEROO?). These innovations support families, clinicians and educators in developing their own clinical and technological capacities to support children with disabilities. With over 18 years of experience working with children with severe complex needs, she became aware of the substantial support required by these children and their families. Kids Uncomplicated was born out of a desire to make a difference in the lives of families of children with needs around the world. Prior relevant experience: (a) A Subject Matter Expert for the National Research Council of Canada representing the Canadian delegation in Health Innovation to Belgium (2015), (b) Working with international partners (Finland and Germany) on a Eureka Project as supported by the International Relations Office and the Foreign Affairs, Trade and Development Office (DFATD) of the Canadian Trade Commissioner Service, (c) Expert clinical panel member for the Government of Alberta (2004-2014), (d) Voted Council member of the Alberta College of Speech-Language Pathologists and Audiologists (2014-Present), (e)</p>	<p>Degree in Speech-Language Pathology (1999) and was a provisional PhD candidate in the Rehabilitation Medicine Program a</p>
--	-----------	---	---	--	--